LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit No. 96380143001

SEWAGE INSTALLATION

Issued 05/06/96
Expires 10/06/96
Revenue Code 18754

Establishment

MIKE BEESON
T12N R7E SEC 36
LOT 23

FEES: $150.00

TOTAL $150.00

Permittee

MIKE BEESON
724 CHARLESTON ST
LINCOLN NE 68508

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

001724

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: _____

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 12N ; Range 7E ; Section 36 ;
   Block _____ : Lot 23 & D : Addition _____
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: _____ ft.

Mike Beeson by John McNaught
Signature of Applicant (Owner or Lessee)

224 Charleston Lincoln 68508
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/6/96 . Date Frwd. 5/6/96 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Hook

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 5/7/96 . Date Frwd. 5/7/96 . ACTION: Approved ☒ Disapproved ☐ Signature: TK

3. City or County Engineer: Date Rec'd. 5-6-96 . Date Frwd. 5-6-96 . ACTION: Approved ☒ Disapproved ☐ Signature: Larry Wilson

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7-16-96 by: mm
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-16-96 By: Ron Magnuson

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 23-43

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 5-2-96 to 5-3-96. Weather: Precip. A Rain Temp. 60's.

OWNER: Mike Beason

Address: _____

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36	5-2	6⁰⁰	5-3	9⁰⁰	5-3	4⁴⁰	1'3"	4⁵⁰	1'4"	10	1	10 min/in
2	36	5-2	6⁰⁰	5-3	9⁰⁰	5-3	4⁵⁰	1'5"	5⁰⁰	1'5¼	10	¼	40 min/in
3	36	5-2	6⁰⁰	5-3	9⁰⁰	5-3	5⁰⁰	1'9"	5¹⁰	1'9⅝	10	⅝	16 min/in
4	36	5-2	6⁰⁰	5-3	9⁰⁰	5-3	5¹⁰	1'9½"	5²⁰	1'10"	10	½	20 min/in
5	36	5-2	6⁰⁰	5-3	9⁰⁰	5-3	5²⁰	1'6"	5³⁰	1'6¼	10	¼	40 min/in
6	36	5-2	6⁰⁰	5-3	9⁰⁰	5-3	5³⁰	1'7	5⁴⁰	1'7⅝	10	⅝	16 min/in

John McNaught
Signature of Person Conducting Test

Address 4518 250th Alvo NE Phone 781-9355

Sum of Percolation Rates: 142
Average of Rates: 23 2/3
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: May 6, 1996

Approved Percolation Rate (a)
A. 40 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold C. Hook
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks :_____

Date: May 6, 1996

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 215 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 862 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

Lincoln-Lancaster County Health Dept.
3140 "N" Street
Lincoln, NE 68510

D

DATE: _____

FILE NO: _____

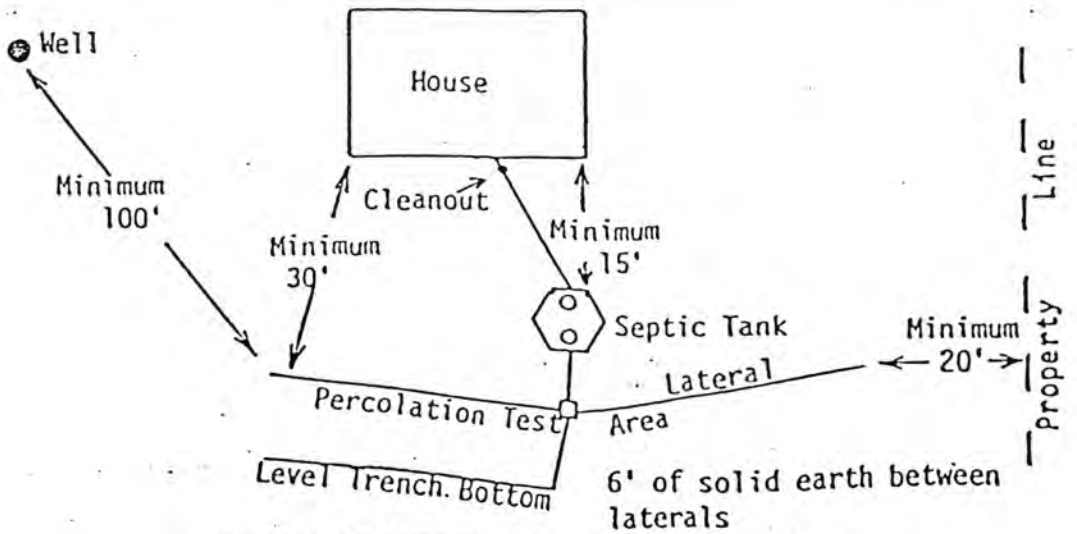
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Sch 40; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor ____ in.
3. Distance between dwelling and septic tank 90 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line 215 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments 3.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Precast)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Riser Above ☒ Below ☒ Grade 6 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 30 in.
8. Distances to:
Well or Suction Line 215 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

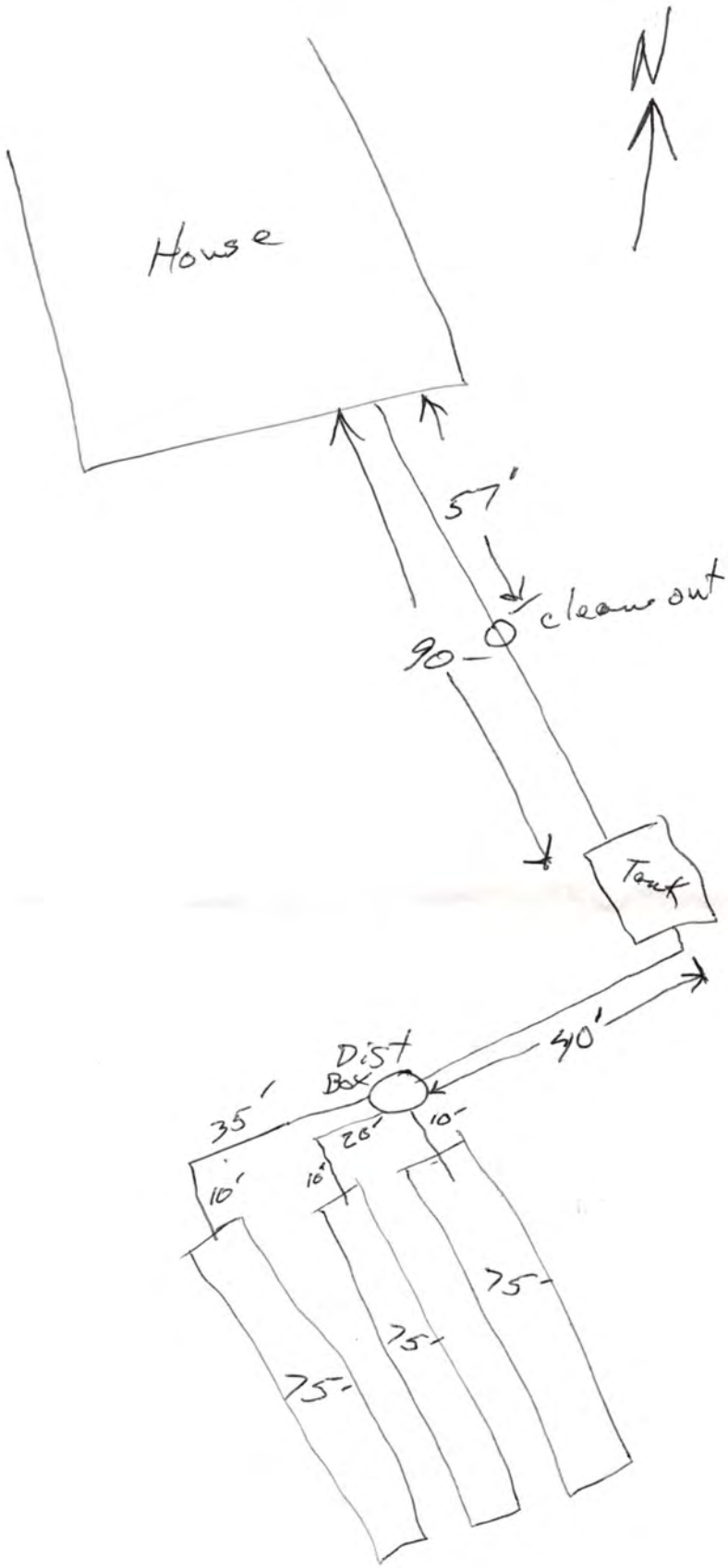
C. DISTRICTION BOX:
1. Material Concrete; Number - available outlets ____.
2. Factory Built: Yes ☒ No ☐
(Company Precast)
3. Distance from Septic Tank 40 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round ____ or Perforated Pipe ____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other ____.
2. Lateral Lines:
Number 3 ; Length of each line 75, 75, 75, ____, ____ ft.;
Total length of laterals 225 ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width 5 ft.;
Slope 3 in/100 ft.; Average Depth 36 in.
4. Filter Material: Gravel
Depth of Material 30 in.
5. Distances to:
Well or Suction Line 250 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

125 90 215


N
House
57'
cleanout
90°
Tank
40'
Dist Box
35'
10'
20'
10'
10'
75'
75'
75'

NEBRASKA — SHEET NUMBER 10

