LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 95380131101

Issued 07/06/95
Expires 01/06/96
Revenue Code 18754

Establishment
STEVE FULTON
T9N R8E SEC 15
LOT 11
6350 S 148 ST.

FEES: $150.00

TOTAL $150.00

Permittee
STEVE FULTON
4012 S 83
LINCOLN NE 68506

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"

REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

Lincoln-Lancaster County
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

FILING FEE: $ 150.00 For Lagoon

FILE NO. _____

DATE: 7-5-95

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. 9N ; Range 8E ; Section 15 ; Block _____ : Lot 11 I.T. : Addition IRREGULAR TRACT NORTHWEST QUARTER
   Street Address 6350 SOUTH 148th STREET.
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe 1340 S.F RANCH
3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒ (LAGOON)
4. Distance to ~~public sewer~~ LAGOON: [redacted] 120' ft.

Steve Lo
Signature of Applicant (Owner or Lessee)

4012 S 83 LINCOLN, NE
Address
DAY- 560-4269
OFFICE- 489-7117

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/6/95 . Date Frwd. 7/6/95 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7/6/95 . Date Frwd. 7/6/95 . ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]
3. City or County Engineer : Date Rec'd. 7-6-95 . Date Frwd. 7-6-95 . ACTION: Approved ☒ Disapproved ☐ Signature: Larry Ulwell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7/28/95 by: L.C.H. sewer only need fence, pipe extension, splash pad, depth marker, drawing
Date: 8/8/95 by: L.C.H.
Date: 10/27/95 by: L.C.H. Need lock on gate.

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-31-95 By: Paul Dyck

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

FORM 22-43

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
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

Test Location 6350 So. 148th

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: 6-29-95 to 6-30-95. Weather: Precip. 0 Temp. 60°.

OWNER: Fulton Construction

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"	6-29	6:00 pm	6-30	5:30 Am	6-30	5:30 Am	6"	7:00 Am	5 5/8"	30m	3/8"	
2	36"	6-29	6:00 pm	6-30	5:30 Am	6-30	5:30 Am	6"	7:00 Am	5 3/4"	30m	1/4"	
3	36"	6-29	6:00 pm	6-30	5:30 Am	6-30	5:30 Am	6"	7:00 Am	5 3/4"	30m	1/4"	
4	36"	6-29	6:00 pm	6-30	5:30 Am	6-30	5:30 Am	6"	7:00 Am	5 5/8"	30m	3/8"	
5	36"	6-29	6:00 pm	6-30	5:30 Am	6-30	5:30 Am	6"	7:00 Am	5 1/2"	30m	1/2"	
6	36"	6-29	6:00 pm	6-30	5:30 Am	6-30	5:30 Am	6"	7:00 Am	5 1/2"	30m	1/2"	

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

Mike Hoogland
Signature of Person Conducting Test

Address 2700 Dan Ave Lincoln, NE. Phone 464-0638
Precast Products Inc.

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

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

_____
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 ☐

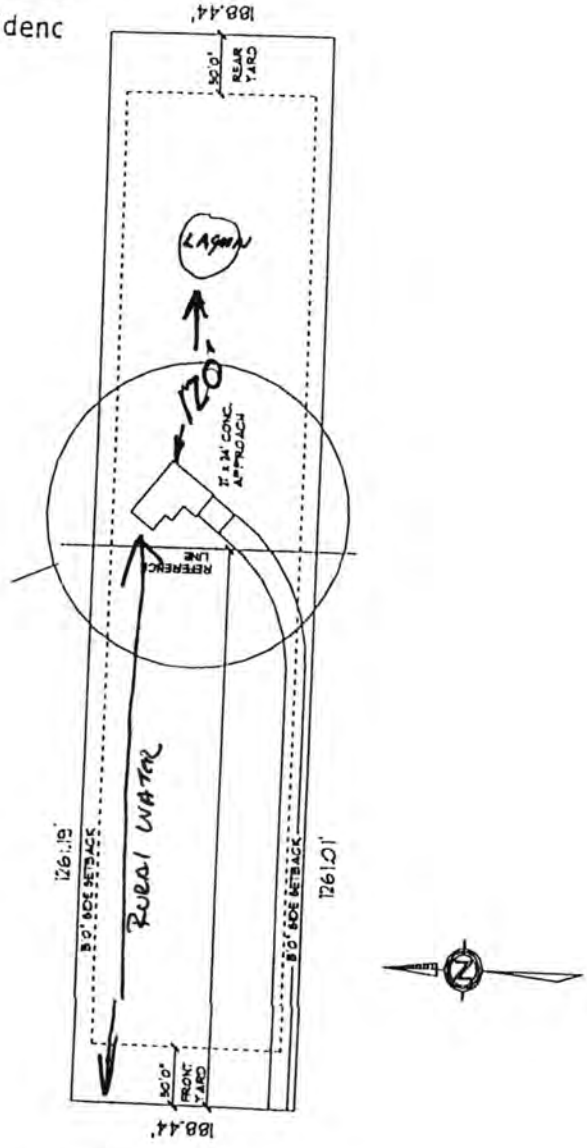
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO. _____

Indicate on sketch if residenc



REVIEWING ACTION

Remarks: _____

Date: _____

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

_____
Signature of Reviewing Official

PLOT PLAN

SCALE: 1" = 150'

LEGAL: LOT - 11, IRREGULAR TRACT, SEC. 15, T - 9N, R - 8E, 6th PM LANCASTER COUNTY

ADDRESS: 6350 SOUTH 148th STREET

FORM 20104-0477
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
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

D

AUG 11 1995

DATE: _____

FILE NO. _____

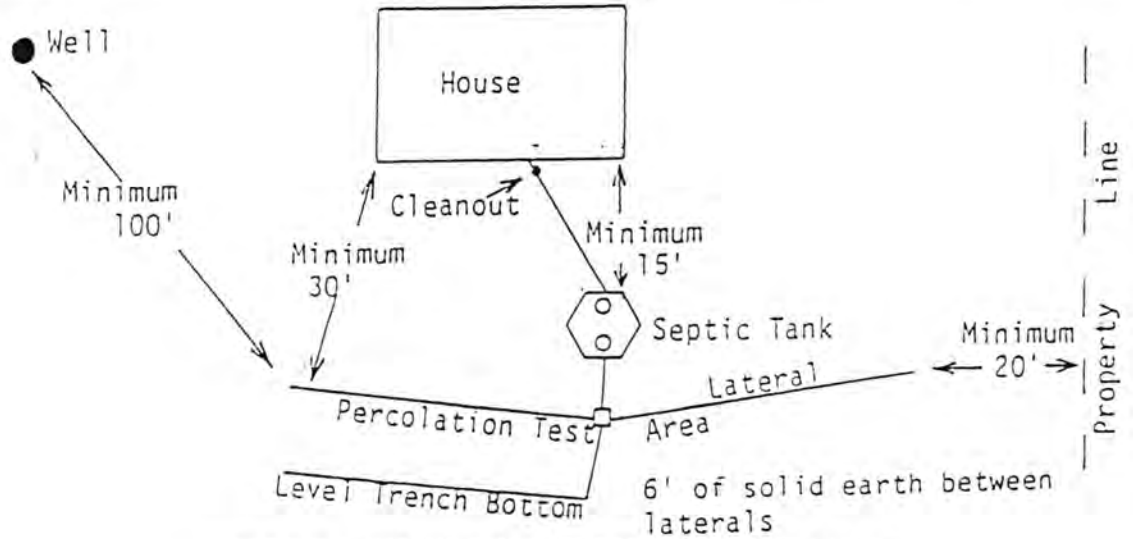
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material ~~4~~ 160; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 39 in.
3. Distance between dwelling and septic tank 255 ft.
4. Number of clean-outs 4.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

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

C. DISTRIBUTION BOX:
1. Material _____; Number - available outlets _____.
2. Factory Built: Yes ☐ No ☐
(Company _____)
3. Distance from Septic Tank _____ 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 ___ ; Length of each line _____, _____, _____, _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width _____ ft.;
Slope _____ in/100 ft.; Average Depth _____ in.
4. Filter Material: _____
Depth of Material _____ in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Aug 1 - 95

Larry Schenck

6350 Sq. Ft

