LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 93380097301

Issued 04/06/93
Expires 10/06/93
Revenue Code 18754

Establishment
KEN EMMONS
T9N R8E SEC 16
14401 OLD CHENEY ROAD

FEES: $150.00

TOTAL $150.00

Permittee
KEN EMMONS
7220 CANDLETREE LN
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"

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

A

FILING FEE: $_____

FILE NO._____

DATE: 3-29-93

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: SEE ATTACHED

1. Legal description of property: Twp. 9N ; Range 8E ; Section 16 ;
Block_____: Lot_____: Addition_____
Street Address 14401 Old Cheney Rd

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
No. of Bedrooms 4. Describe_____

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

4. Distance to public sewer: _____ft.

Kenneth D Emmons Kenneth D Emmons 437-6699 488-8058
Signature of Applicant (Owner or Lessee)

7220 Candletree Lane
Address
68506

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/5/93. Date Frwd. 4/6/93. ACTION: Approved ☑ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4/14/93. Date Frwd._____. ACTION: Approved ☑ Disapproved ☐ Signature: Dale Thorson

3. City or County Engineer: Date Rec'd. 04/06/93. Date Frwd._____. ACTION: Approved ☑ Disapproved ☐ Signature: Augusta Beamon

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 5/18/93 by: J.C. Hood
Date:_____ by:_____
Date:_____ by:_____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/14/93 By: Jerrold C. Hood

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
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9N ; Range 8E ; Section & ¼ Section 16.
Property Dimensions: _____ ft. x _____ ft. Area: 19.89 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☑ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 3/27/93 to 3/28/93. Weather: Precip. — Temp. 65°.

OWNER: Ken Emmons
Address: 7220 Candletree Ln. APT. 63 68506

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	24"	3/27	10:AM	3/28	10:AM	3/28	12:00	20"	12:30	18½"	30	1½	
2	24"	"	"	"	"	"	"	20"	"	19	"	1"	
3	30"	"	"	"	"	"	"	24"	"	19¼	"	¾	
4	12"	"	"	"	"	"	"	6"	"	4"	"	2"	
5	24"	"	"	"	"	"	"	20"	"	19	"	1	
6	30"	"	"	"	"	"	"	24"	"	23	"	1	

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

John L Stahmer
Signature of Person Conducting Test
Address 9811 N.W. 40th Phone 474-9811

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 25 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____
Soil Type (SCS): Sharpsburg, Wymore and Judson all in area
Date: April 5, 1993

Gerrold C. Hood
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
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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: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 918 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 DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
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D

DATE:_____

FILE NO._____

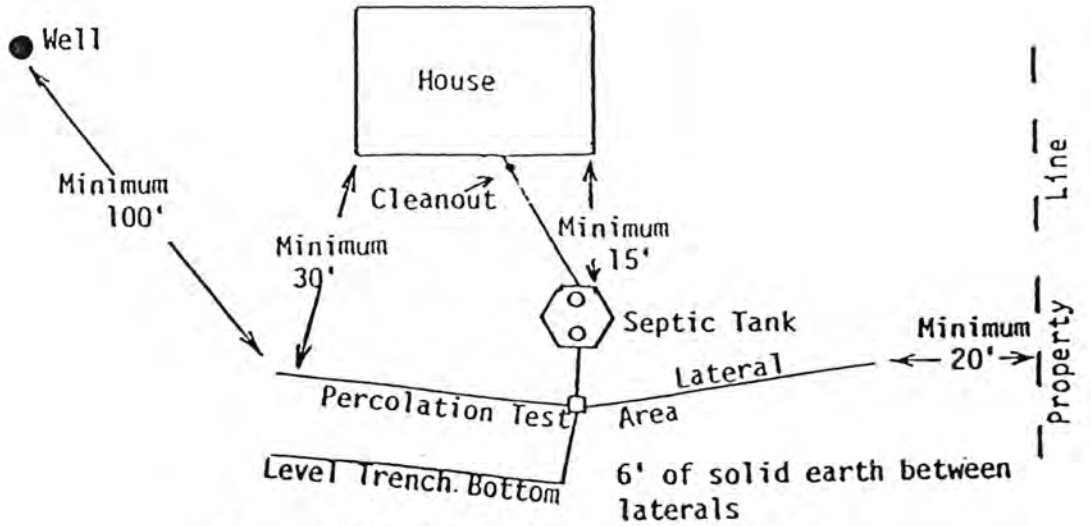
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material_____; Diameter_____in.
2. Distance above basement floor_____ in., or below basement floor_____in.
3. Distance between dwelling and septic tank_____ft.
4. Number of clean-outs_____.
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

Larry Schwarck 5-18-93

144th & Old Cheney

N

