LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 94380120301

Issued 07/26/94
Expires 01/26/95
Revenue Code 18754

Establishment
SUPERIOR HOMES
T12N R7E SEC 25
LOT 5
9850 BRANCHED OAK ROAD

FEES: $150.00

TOTAL $150.00

Permittee
SUPERIOR HOMES
6000 SOTHDALE RD
LINCOLN NE 68516

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: $ 150.00

FILE NO. _____

DATE: 7-25-94

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. 12 N ; Range 7E ; Section 25 ;
   Block _____ ; Lot 5 ; Addition Parcel 1
   Street Address 9850 + Branched Oak Rd

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.

Superior Homes
Teresa Slama
Signature of Applicant (Owner or Lessee)

6000 Southdale Rd
Address Lincoln, Ne. 68516

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/26/94. Date Frwd. 7/26/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

3. City or County Engineer: Date Rec'd. 7-26-94. Date Frwd. 7-26-94. ACTION: Approved ☒ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-9-94 by: P.D.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-10-94 By: Paul [illegible]

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

Test Location
98th + Branched Oak Rd.

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 12 N ; Range 7 E ; Section & ¼ Section 25 SW ¼
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: 5-29-94 to 5-30-94 . Weather: Precip. 0 Temp. 85°
Phase 1 #1 Lot 5

OWNER: Wade Neth

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"	5-29	12:00 Pm	5-30	8:00 Am	5-30	8:00 Am	6"	12:00 Pm	5 1/4"	30m	3/4"	
2	36"	5-29	12:00 Pm	5-30	8:00 Am	5-30	8:00 Am	6"	12:00 Pm	5 1/8"	30m	7/8"	
3	36"	5-29	12:00 Pm	5-30	8:00 Am	5-30	8:00 Am	6"	12:00 Pm	5 1/2"	30m	1/2"	
4	36"	5-29	12:00 Pm	5-30	8:00 Am	5-30	8:00 Am	6"	12:00 Pm	5 1/8"	30m	7/8"	
5	36"	5-29	12:00 Pm	5-30	8:00 Am	5-30	8:00 Am	6"	12:00 Pm	5 1/8"	30m	7/8"	
6	36"	5-29	12:00 Pm	5-30	8:00 Am	5-30	8:00 Am	6"	12:00 Pm	5"	30m	1"	

Mike Haugland
Signature of Person Conducting Test

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

Address 2700 Dawn Ave Lincoln NE Phone 464-0638
Precast

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 37 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: July 26th 1994

Gerald C. Hoel
Signature of Reviewing Official

441-8323

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
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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: July 26, 1994

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 832 sq.ft.

Jerrold C. Hoad
Signature of Reviewing Official

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

LINCOLN-LANCASTER COUNTY HEALTH
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
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D

DATE: 8-10-94

FILE NO. _____

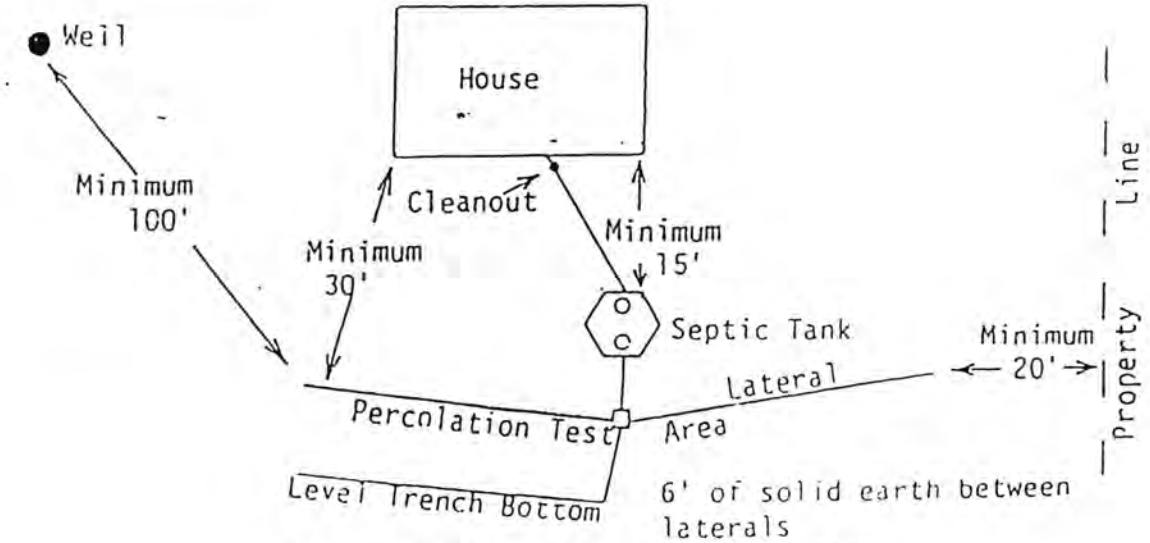
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 24 in.
3. Distance between dwelling and septic tank 39' ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

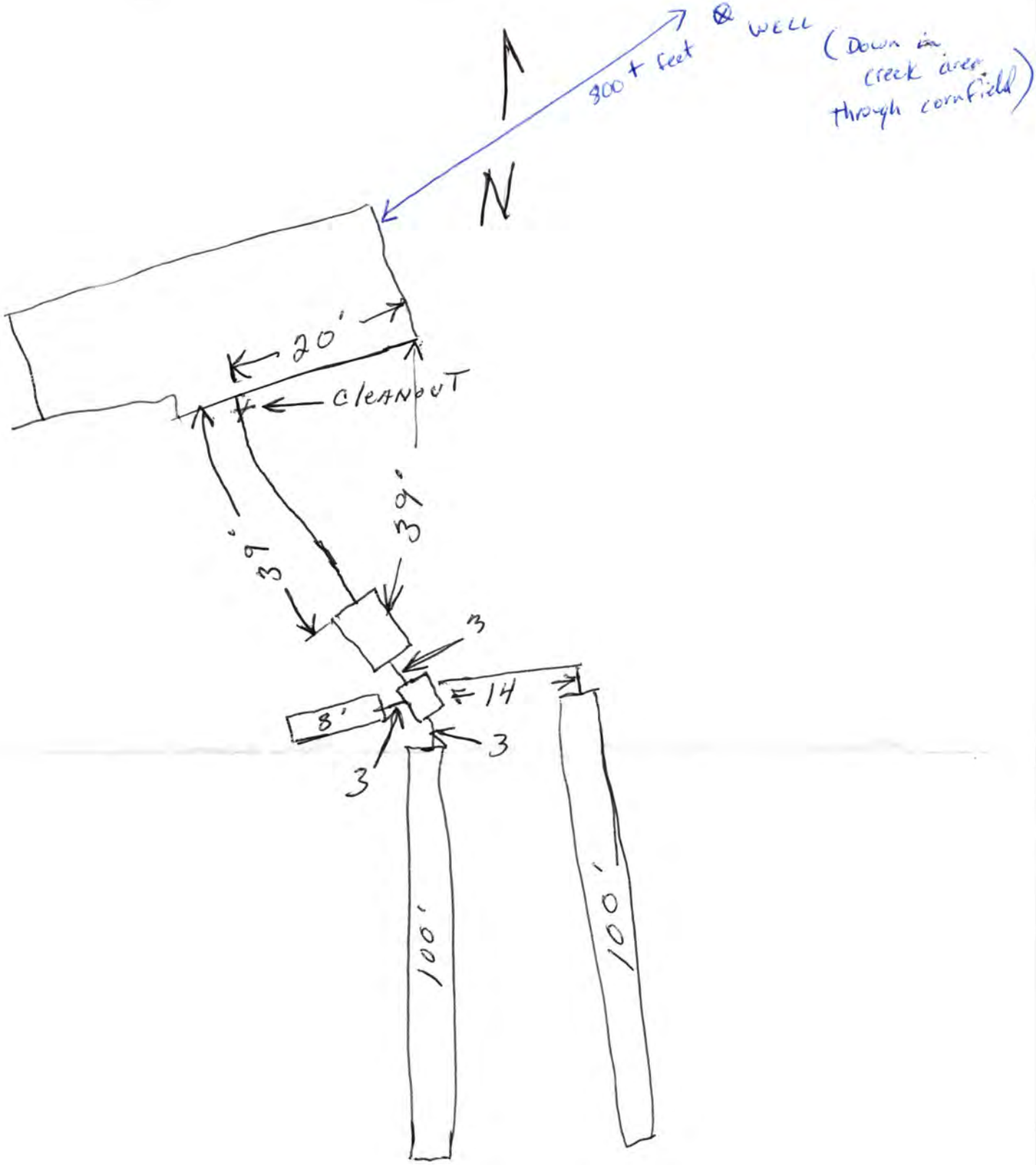
B. SEPTIC TANK:
1. Material Concrete; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Pre Cast)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ___ in.
5. Inlet: Baffle ☑ ; or Tee ☐
6. Outlet: Baffle ☑ ; or Tee ☐
7. Depth of top of tank below finished grade 12 in.
8. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number available outlets 5 .
2. Factory Built: Yes ☑ No ☐
(Company Pre Cast)
3. Distance from Septic Tank 3 ft.

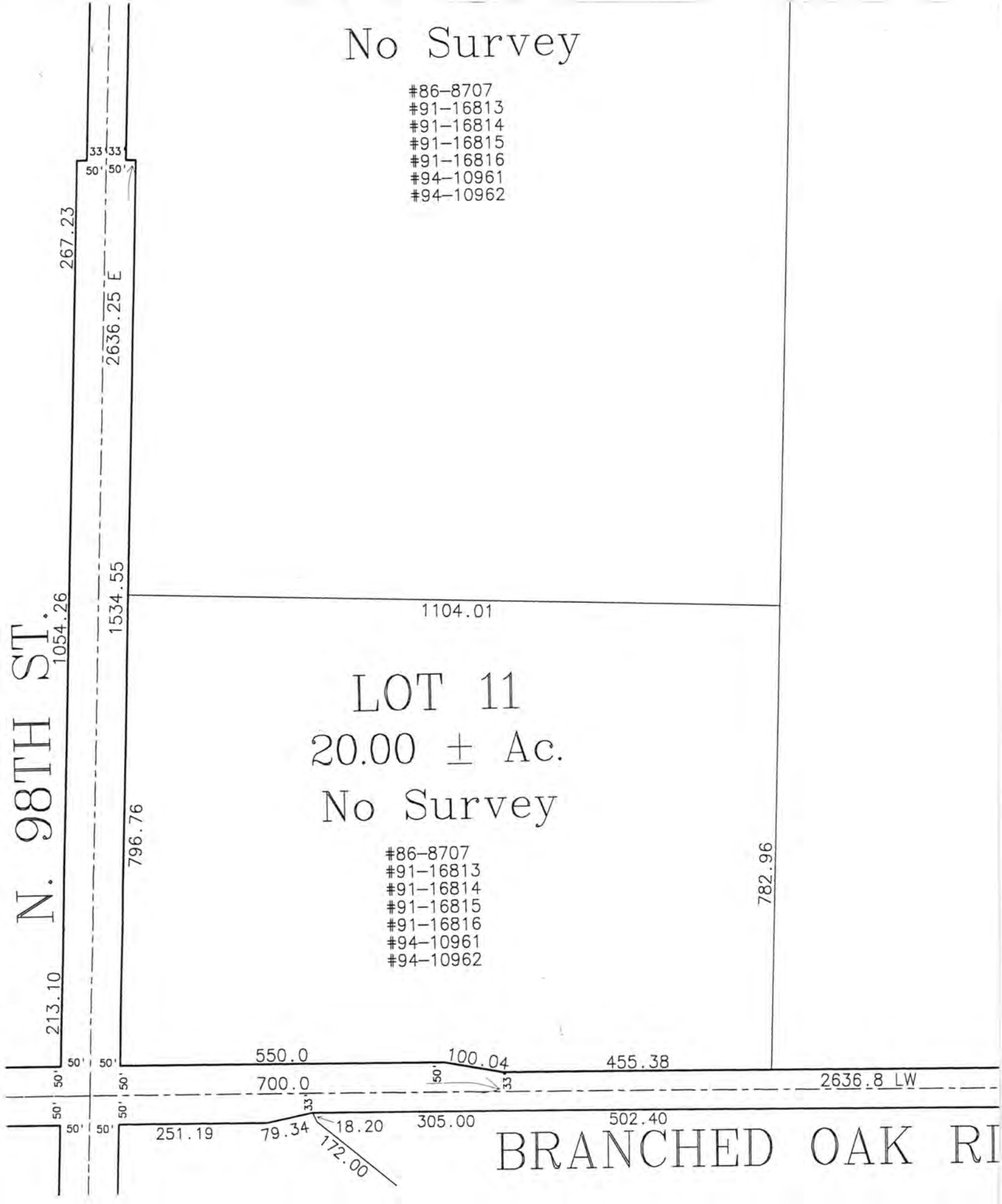
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☑ Perforated Pipe ☐
Diameter of Half Round 24 or
Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☑ ; other _____.
2. Lateral Lines:
Number 3 ; Length of each line 8 , 100 , 100 , _____ , _____ ft.;
Total length of laterals 208 ft.;
Distance between lateral lines 14 ft.
3. Trench dimensions: Width 4 ft.;
Slope _____ in/100 ft.; Average Depth 36 in.
4. Filter Material: Gravel
Depth of Material 24 in.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN



Capital City Trenching
Roadbed Easement


No Survey
#86-8707
#91-16813
#91-16814
#91-16815
#91-16816
#94-10961
#94-10962
33'
33'
50'
50'
267.23
2636.25' E
1534.55
1104.01
1054.26
N. 98TH ST.
LOT 11
20.00 ± Ac.
No Survey
#86-8707
#91-16813
#91-16814
#91-16815
#91-16816
#94-10961
#94-10962
796.76
782.96
213.10
550.0
100.04
455.38
700.0
2636.8 LW
251.19
79.34
18.20
172.00
305.00
502.40
BRANCHED OAK RI