LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 471-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 93380095401

Issued 02/12/93
Expires 08/12/93
Revenue Code 18754

Establishment
MANN CUSTOM HOMES INC
T9N R8E SEC 19
MAGEE BLK 2 LOT 1

FEES: $150.00

TOTAL $150.00

Permittee
MANN CUSTOM H INC
6101 S 25 ST
LINCOLN NE 68512

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: 2-10-93

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:

1. Legal description of property: Twp. 9N ; Range 8E ; Section 19 ;
   Block 2 : Lot 1 : Addition MAGEE ADD.
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ ; Other Use ☐
   No. of Bedrooms 4 2 . Describe 2 - bedrooms in Basement at later date.

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

4. Distance to public sewer: _____ ft.

Mann Custom Homes Inc.
Signature of Applicant (Owner or Lessee)

6101 So 25th Lincoln Ne 68512
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 2/10/93. Date Frwd. 2/11/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 2/11/93. Date Frwd. 2/11/93. ACTION: Approved ☒ Disapproved ☐ Signature: Walt Shaw

3. City or County Engineer: Date Rec'd. 2-11-93. Date Frwd. 2-11-93. ACTION: Approved ☒ Disapproved ☐ Signature: Larry Worrell

REMARKS OR REASONS FOR DISAPPROVAL Rural Water District

Site Visits:
Date: 3/29/93 by: L.C.H. Need Drawing
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/17/93 By: Jerrold C. Hood

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

FORM 23-43

FORM HD- 43(73) 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 475-6221)

FILE NO. _____

PROPERTY WHERE SOIL TESTED:
Location: Township _____; Range _____
Section & ¼ Sect. _____
Property Dimensions: ____ ft. x ____ ft.
Area: _____ acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☒; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: Marion Custom Homes
Address _____

Dates of Tests: 12-26-92 to 12-27-92. Weather: Precip. none Temp. 30° F.

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				
Hole 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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
	30"	12-26	09:00	12-27	09:00	12-27	09:00		12:00		30 min		
1	"	"	"	"	"	"	"		"		"	2½	
2	"	"	"	"	"	"	"		"		"	2½	
3	"	"	"	"	"	"	"		"		"	2	
4	"	"	"	"	"	"	"		"		"	1¾	
5	"	"	"	"	"	"	"		"		"	2	
6	"	"	"	"	"	"	"		"		"	2½	

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

Bryan Manley
Signature of Person Conducting Test

Address 612 Walt Dr. Eagle
Phone: 464-0638 (Work) 781-2818 (Home)

(Do not write below this line)

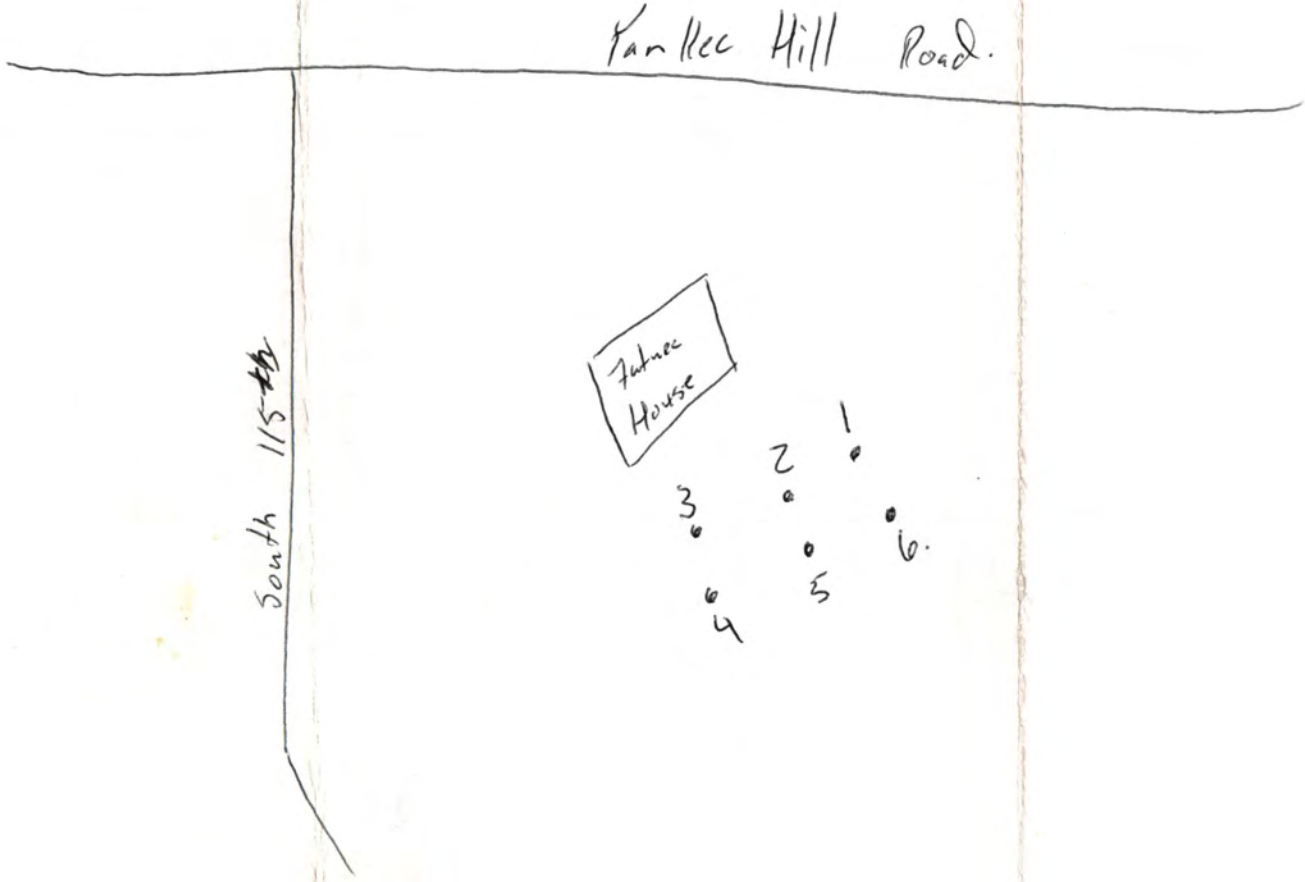
REVIEWING ACTION

REMARKS: Sharpsburg Silty Clay Loam

Approved Percolation Rate(s)
A. 14 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: February 10, 1993

Jerrold C. Hood
Signature of Reviewing Official


Fanlee Hill Road.
South 115
Future House
1
2
3
4
5
6.

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 residence and well are exisiting or proposed.

REVIEWING ACTION

Remarks: _____

Date: February 10, 1993

Minimum Design Requirement
1. Capacity of Septic Tank 1750 gals.
2. Total Length of Laterals 279 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 1114 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
Phone: 471-7800

D

DATE: _____

FILE NO: _____

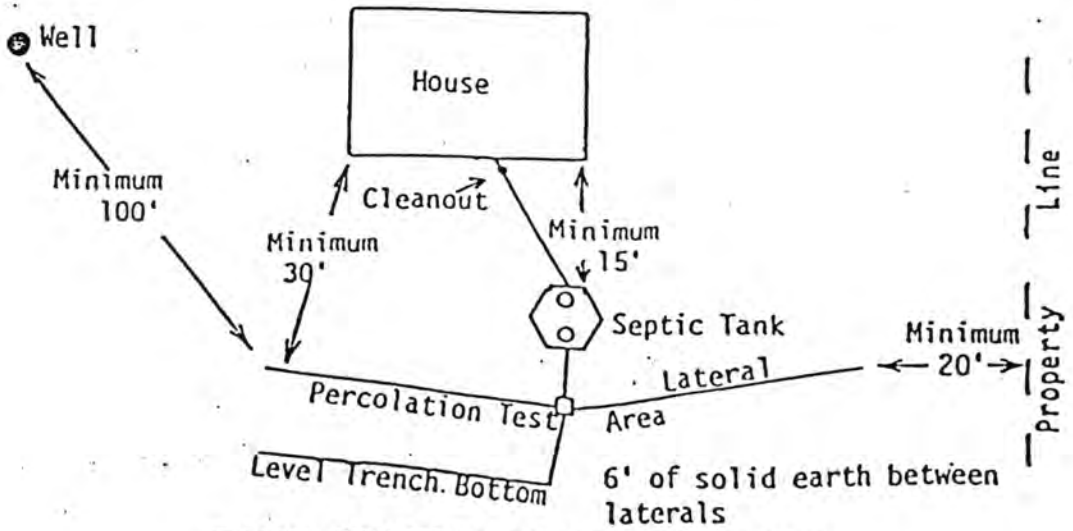
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 16 in.
3. Distance between dwelling and septic tank 79 ft.
4. Number of clean-outs 1 .
5. Distances to: Well or Suction Line 100+ ft.; Stream 100+ ft.; Pressure Line 100+ ft.; Property Line 100+ ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments 1 .
2. Capacity 1850 gals.;
3. Factory Built: Yes ☒ No ☐ (Company Pre Cast)
4. Manholes: Over Inlet; diam. 6 in. Over Outlet; diam. 10 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 100+ ft.; Stream 100+ ft.; Pressure Line 100+ ft.; Property Line 100+ ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets ____ .
2. Factory Built: Yes ☒ No ☐ (Company Pre-Cast)
3. Distance from Septic Tank 18 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐ Diameter of Half Round 22" or Perforated Pipe ____ . Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other ____ .
2. Lateral Lines: Number 3 ; Length of each line 80 , 100 , 100 , ____ , ____ ft.; Total length of laterals 280 ft.; Distance between lateral lines 14 ft.
3. Trench dimensions: Width 4 ft.; Slope 2 in/100 ft.; Average Depth 30" in.
4. Filter Material: Gravel Depth of Material 24 in.
5. Distances to: Well or Suction Line 100+ ft.; Stream 100+ ft.; Pressure Line 100+ ft.; Property Line 100+ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Mann Custom Homes
115th & Yankee Hill Rd

Installed By
Vogt T&T Excavating
5-27-93

