LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit No. 97380154901

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 03/20/97
Expires 09/20/97
Revenue Code 18754

Establishment

GARY NICHOL
T9N R8E SEC 19
MCGEE BLK 1 LOT 2
11500 MIDDLE FORK

FEES: $150.00

TOTAL $150.00

Permittee

GARY NICHOL
11500 MIDDLE FORK RD
LINCOLN NE 68526

Issued By M. Jane Ford
Health Director

3421

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

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

A

Permit Number:

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☑ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 11500 Middle Fork (no rural route) City Lincoln NE, Zip 68526

Legal Description 1/4 19 1/4 9N Section 8E Township Range McGee ADD Subdivision 1 Addition 2 Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Gary J Nickel Signature Gary J Nickel

Address 11360 Middle Fork City/State/Zip Lincoln Neb 68526

☐ Check if owner designed system Home Phone 483-1217 Work Phone 464-2900

C. Contractor

Name Rezac Mike. Company Name Rezac Const.

Address 1830 W. Burnham City/State/Zip Lincoln Ne 68522

☐ Check if contractor designed system Work Phone 423-2212

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name John Strohmyer Firm Excavating Inc. Work Phone 489-6023

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ Type of Wastewater: ☐ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department**	Date rec'd 3/20/97 Date frwd 3/20/97	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 3/20/97 Date frwd 3/20/97	**ACTION** ☒ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 3-20-97 Date frwd 3-20-97	**ACTION** ☒ Approved ☐ Disapproved Signature	

Installation Final Written Approval

By _____

Date _____

Business Office Use Only 3179

Date Rec'd 3/19/97

Amt Paid $150.00

Rec'd By _____ Cash/Check No. 7901

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 11,500 middlefork (no rural route) City Lincoln, Nebr. NE, Zip 68526

Owner Gary Nickel Addresss 11,500 middle fork

Soil Type (SCS): WYMORE SILTY CLAY LOAM Percolation Rate: _____ min./inch

Date of Tests 10/1/96 to 10/2/96 Weather: Precipitation D Temperature 73°

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	28	10/1	9:00	10/2	12:00	10/2	1:00	6	10/2	1:30	30	1"	30 MIN/IN
2	29	10/1	9:00	10/2	12:00	10/2	1:05	6	10/2	1:35	30	1 1/8	27 MIN/IN
3	27	10/1	9:00	10/2	12:00	10/2	1:10	6	10/2	1:40	30	1"	30 MIN/IN
4	29	10/1	9:00	10/2	12:00	10/2	1:15	6	10/2	1:45	30	1 1/8	27 MIN/IN
5	24	10/1	9:00	10/2	12:00	10/2	1:20	6	10/2	1:50	30	1 1/4	24 MIN/IN
6	28	10/1	9:00	10/2	12:00	10/2	1:25	6	10/2	1:55	30	1 7/8	34 MIN/IN

Person Conducting Percolation Tests

Name: John A Trahmyer

Phone: 9811 N.W. 40th

Address 430-6023

Sum of Percolation Rates: _____

Average of Rates: 29 MIN/IN

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood Date MARCH 20, 1997

FORM 23-101 10-96

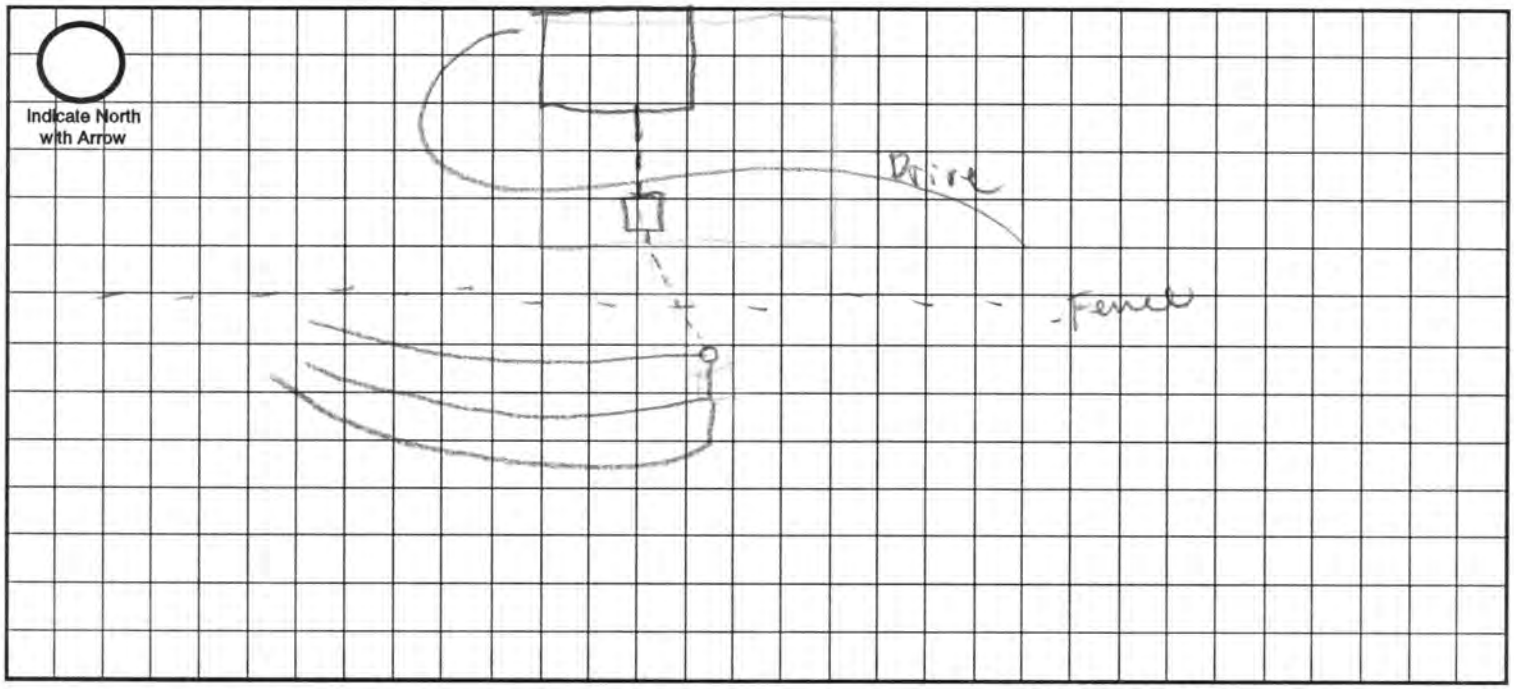
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C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 11,500 middle fork City Lincoln, Nebr. NE, Zip 6685

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 29 (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 738 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor Reese Construction Date 5/17/97

Installer EXCAVATING INC / Tom Kloer Date 5-19-97

FORM 23-102 10-96

NICKEL

