LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

No. 95380129401

Permit
SEWAGE INSTALLATION

Issued 04/28/95
Expires 10/28/95
Revenue Code 18754

Establishment
ALBERT CIHOL
T12N R7E SEC 18
22000 N 27 STREET

FEES: $150.00

TOTAL $150.00

Permittee
ALBERT CIHOL
19900 N 27 ST
DAVEY NE 68356

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: _____

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. 12N ; Range 7E ; Section 18 ; Block _____ : Lot ~~10~~ 10 I.T. : Addition Rock Creek
   Street Address ~~20000~~ 19,900 N 27

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2 . Describe _____

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

4. Distance to public sewer: none ft.

Albert Cihal
Signature of Applicant (Owner or Lessee)

19900 No 27 Davey Ne 68336
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/26/95 . Date Frwd. 4/26/95 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4-26-95 . Date Frwd. 4-26-95 . ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

3. City or County Engineer : Date Rec'd. 4-26-95 . Date Frwd. 4-26-95 . ACTION: Approved ☐ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5-22-95 by: jm lower lateral drops 12" approx.
Date: 12-10-97 by: jm no malfunction noted
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-10-97 By: Ron Maynard

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: Rock Creek

Location: Township 12N ; Range 7E ; Section & ¼ Section SW¼ of 18
Property Dimensions: _____ ft. x _____ ft. Area: 30 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ . Sharpsburg
Dates of Tests: 4-23 to 4-25 . Weather: Precip. Drg. Temp. 60 .

OWNER: Albert C. Hall
Address: DAVey Ne 68336

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./ Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36	4/23	4PM	4/24	9AM	4/25	9AM	6	1:00	1½	240	4½	
2	36	4/23	402	4/24		4/25	902	6	1:00	1¼	240	4¾	
3	36	4/23	404	4/24		4/25	904	6	1:00	0	240	6	
4	36	4/23	406	4/24		4/25	906	6	1:00	0	240	6	
5	36	4/23	408	4/24		4/25	908	6	1:00	0	240	6	
6	36	4/23	410	4/24		4/25	910	6	1200	0	180	6	
7	36	4/23	412	4/24		4/25	912	6	1200	0	180	6	
		SUN		MON		TUE			tues				

Albert C. Hall
Signature of Person Conducting Test
Address Davey Ne 68336 Phone 785-7235

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: April 26, 1995

Approved Percolation Rate (a)
A. 40 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

1.5/hr
1.5/hr
1.5/hr
2/hr
2/hr
1.18/hr
1.12/hr
1.54

(144 of lateral 4' wide)

/40 min/in

Jerry please ck my work

Paul

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

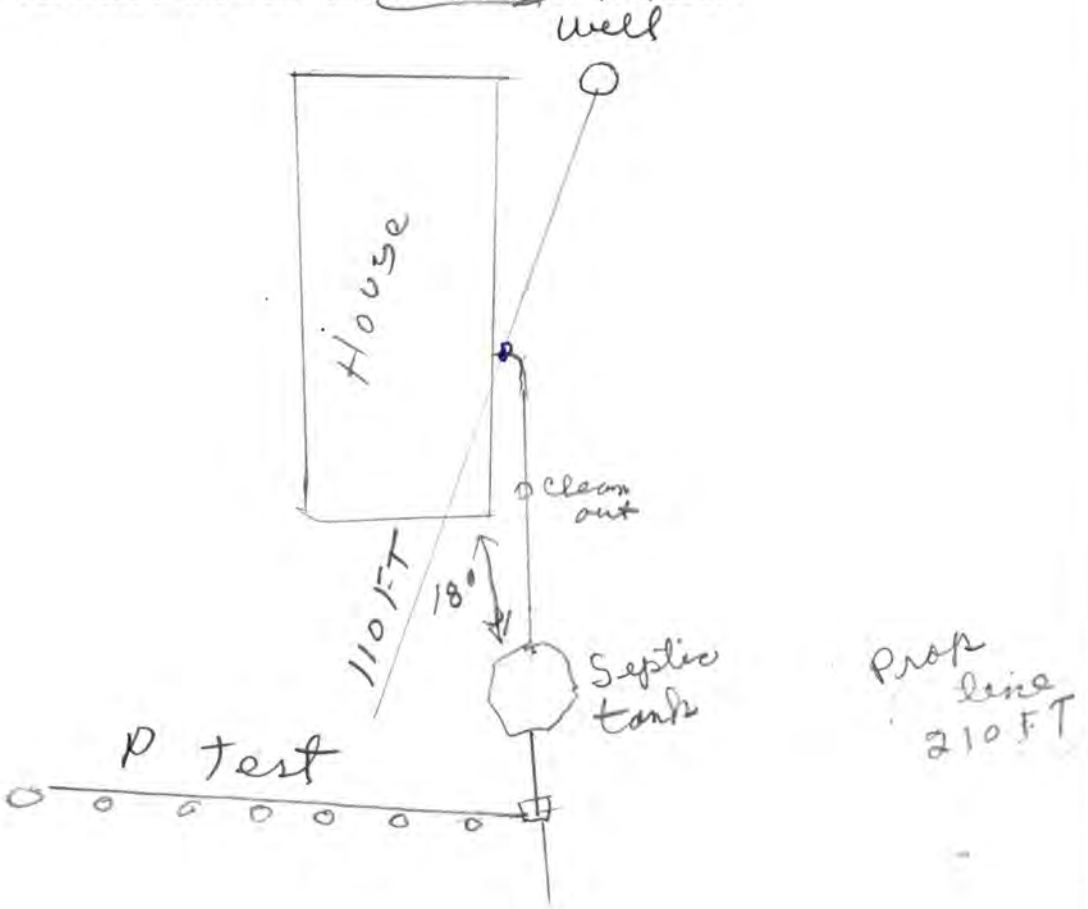
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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: April 26, 1995

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 574 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
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D

DATE: _____

FILE NO. _____

SPECIFICATIONS AS BUILT

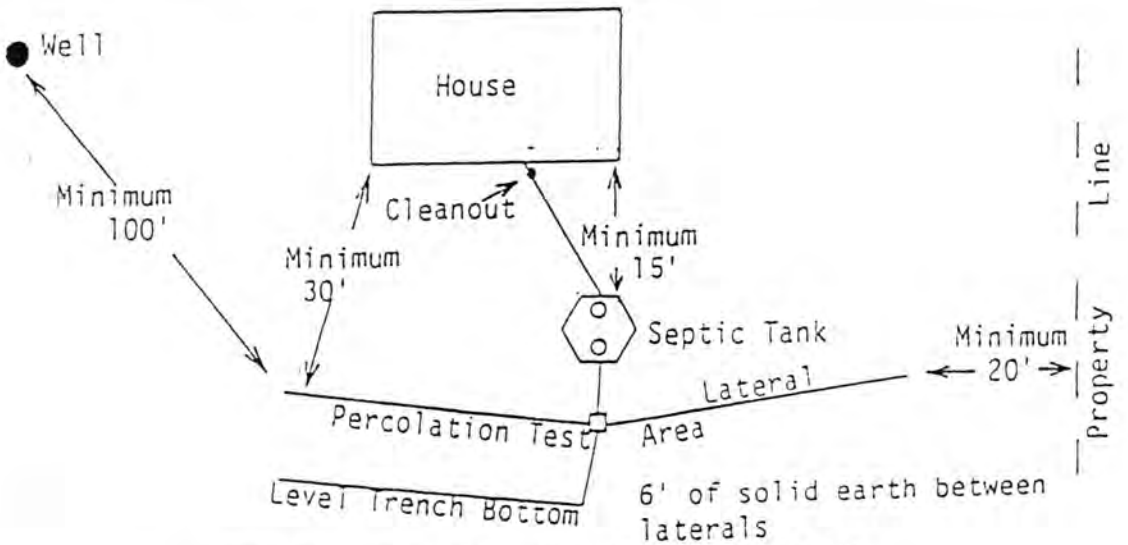
A. BUILDING SEWER:
1. Material Cast ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 19 ft.
4. Number of clean-outs 1 .
5. Distances to: Well or Suction Line 105 ft.; Stream 220 ft.; Pressure Line _____ ft.; Property Line 205 ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments 1 .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐ (Company Precast)
4. Manholes: Over Inlet; diam. 6x12 in. Over Outlet; diam. 10 x 16 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 20 in.
8. Distances to: Well or Suction Line 84 ft.; Stream 220 ft.; Pressure Line 40 ft.; Property Line 205 ft.

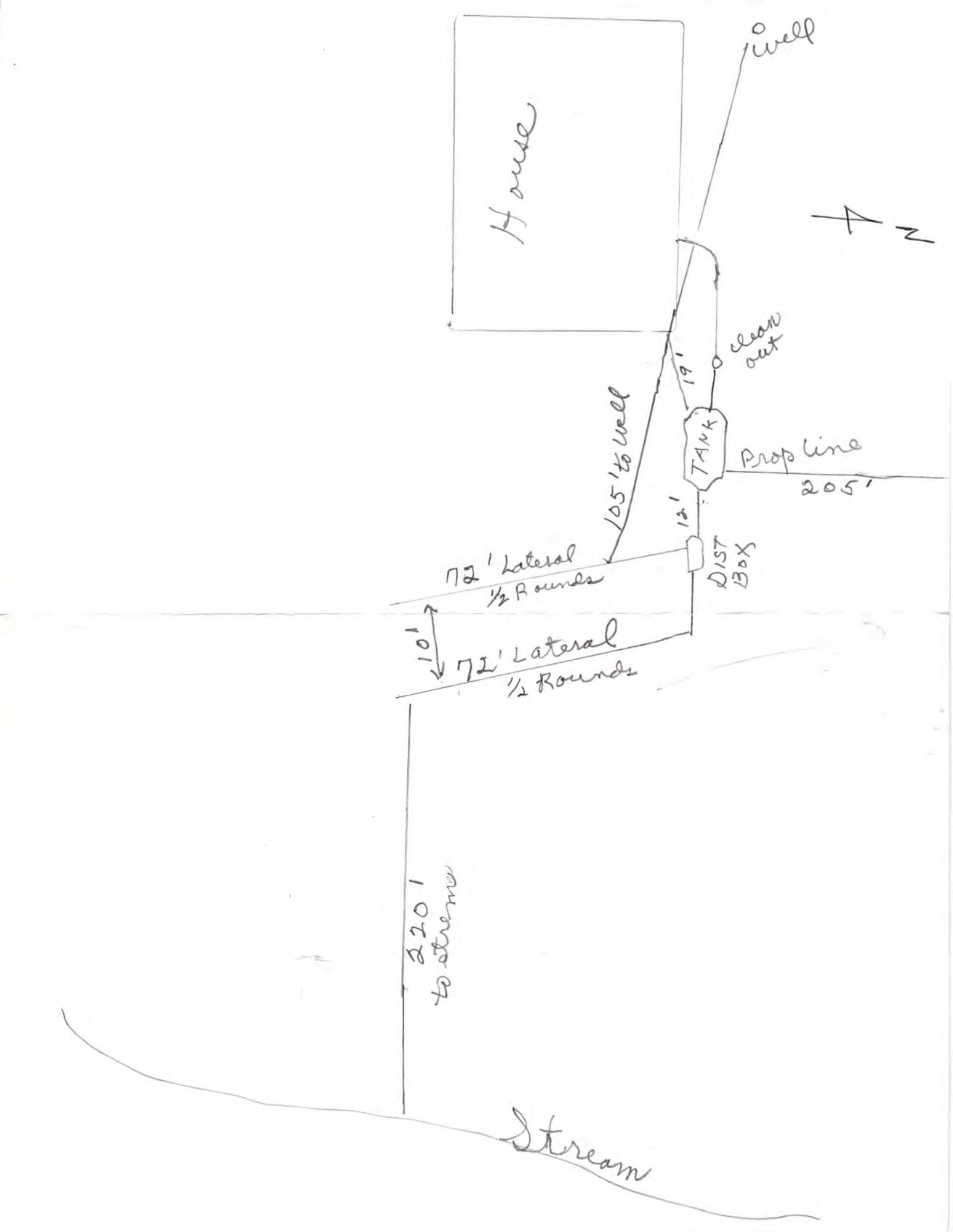
C. DISTRIBUTION BOX:
1. Material Concrete ; Number available outlets 5 .
2. Factory Built: Yes ☒ No ☐ (Company Pre Cast)
3. Distance from Septic Tank 12 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐ Diameter of Half Round 16" or Perforated Pipe _____. Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines: Number 2 ; Length of each line 72 , 72 , _____ , _____ , _____ ft.; Total length of laterals 144 ft.; Distance between lateral lines 10 ft.
3. Trench dimensions: Width 4 ft.; Slope 3 in/100 ft.; Average Depth 34 in.
4. Filter Material: gravel Depth of Material 22 in.
5. Distances to: Well or Suction Line 105 ft.; Stream 220 ft.; Pressure Line 50 ft.; Property Line 205 ft.

84 well to septic



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


well
House
N
clean out
19'
105' to well
TANK
Prop line
205'
12'
DIST BOX
72' Lateral
½ Rounds
10'
72' Lateral
½ Rounds
220'
to stream
Stream