LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 95380137001

Issued 11/08/95
Expires 05/08/96
Revenue Code 18754

Establishment
WILLIAM NORDSTROM
T12N R7E SEC 11
21915 NO 98 STREET

FEES: $150.00

TOTAL $150.00

Permittee
WILLIAM NORDSTROM
21915 N 98 ST
WAVERLY NE 68462

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

A

FILING FEE: $_____

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 11 ; NE4
   Block _____ : Lot _____ : Addition _____
   Street Address 21915 NORTH 98, WAVERLY NE 68462
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe Ranch
3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐
4. Distance to public sewer: _____ ft.

William D. Nordstrom
Signature of Applicant (Owner or Lessee)

21915 N. 98, WAVERLY NE, 68462
Address 402-785-7945 home
441-2806 work

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/7/95. Date Frwd. 11/7/95. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 11-7-95. Date Frwd. 11-7-95. ACTION: Approved ☒ Disapproved ☐ Signature:
3. City or County Engineer: Date Rec'd. 11-7-95. Date Frwd. 11-7-95. ACTION: Approved ☐ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: 550 ft. x 1730 ft. Area: 22 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: _____ to _____. Weather: Precip. _____ Temp. _____.

OWNER: William P. Nordstrom

Address: 21915 N. 98TH Waverly, NE. 68462

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	10-7-94	8:00AM	10-8-94	5:00PM	10-8-94	5:00PM	0	6:00PM	12	60	12	5
2	"	"					"	"	"	11		11	5.4
3	"	"					"	"	"	13		13	4.6
4	"	"					"	"	"	12.5		12.5	4.8
5	"	"					"	"	"	12.5		12.5	4.8
6	"	"					"	"	"	12		12	5

Bill Nordstrom
Signature of Person Conducting Test

Address 21915 N 98 Waverly Ne. 68462 Phone 785-7945

Sum of Percolation Rates: 29.6
Average of Rates: 4.9
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks: Judson Silt Loam
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: November 6, 1995

Approved Percolation Rate (a)
A. 12 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold 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 ☐

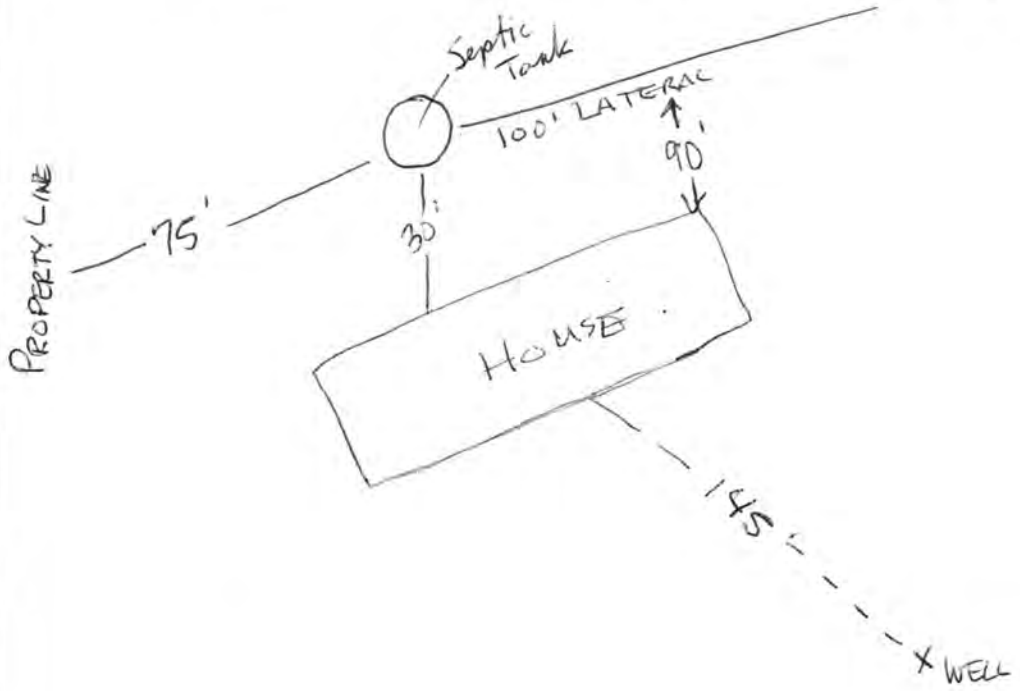
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

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.



N. 98TH

REVIEWING ACTION

Remarks: _____

Date: NOVEMBER 7, 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 526 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 Dept.
3140 "N" Street
Lincoln, NE 68510

D

DATE: _____

FILE NO: _____

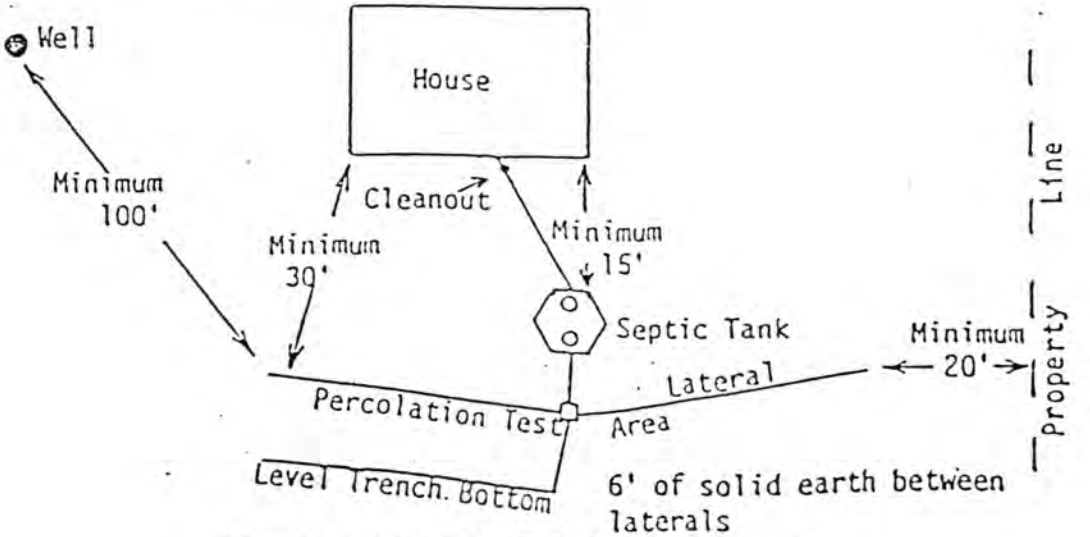
SPECIFICATIONS AS BUILT

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 30 ft.
4. Number of clean-outs _____.
5. Distances to:
Well or Suction Line 203 ft.; Stream — ft.; Pressure Line — ft.; Property Line 75 ft.

B. SEPTIC TANK:
1. Material Cement; No. of compartments _____.
2. Capacity 1500 gals.;
3. Factory Built: Yes ☒ No ☐
(Company ARPS)
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 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 24 in.
8. Distances to:
Well or Suction Line 150 ft.; Stream NA ft.; Pressure Line 60 ft.; Property Line 75 ft.

C. DISTRIBUTION BOX:
1. Material None; 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 12 or Perforated Pipe —.
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 1 ; Length of each line 100, ___, ___, ___, ___ ft.;
Total length of laterals 100 ft.;
Distance between lateral lines ___ ft.
3. Trench dimensions: Width 5 ft.; Slope 2 in/100 ft.; Average Depth 38 in.
4. Filter Material: Gravel
Depth of Material 22 in.
5. Distances to:
Well or Suction Line 150 ft.; Stream NA ft.; Pressure Line 60 ft.; Property Line 75 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN