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. 96380139501

Issued 01/18/96
Expires 07/18/96
Revenue Code 18754

Establishment
HARRY KETTELHUT
T9N R8E SEC 26

FEES: $150.00

TOTAL $150.00

Permittee
HARRY KETTELHUT
BENNET NE 68317

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"

REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

Lincoln-Lancaster County
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

A

FILING FEE: $_____

FILE NO. _____

DATE: Jan 4 - 95

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 9 W½, NE¼
   Block _____ : Lot _____ : Addition _____
   Street Address _____

2. Property Use: Residential ☐ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

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

4. Distance to public sewer: miles & miles ft.

Harry R Kettelhut
Signature of Applicant (Owner or Lessee)

Bennet Neb
Address

(Do not write below this double line) 782-8743

1. Health Department: Date Rec'd. 1/8/96 . Date Frwd. 1/8/96 . ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Wood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 1/12/96 . Date Frwd. 1/12/96 . ACTION: Approved ☑ Disapproved ☐ Signature: Paul DEK Rick Dunn

3. City or County Engineer: Date Rec'd. 01/00/95 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4/3/96 by: J.C.H
Date: _____ by: _____
Date: _____ by: _____

12-19-97 Dr Kettlehut visited the office + explained the soil conditions. System is working. TH gave approval to keep system

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-19-97 By: [signature]

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

FORM 22-43

V# 191

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
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township (9) N Stockton Precinct; Range 8E; Section & ¼ Section W½ NE¼ Sec. 26
Property Dimensions: _____ ft. x _____ ft. Area: 80 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐; Silt Loam ☒; Clay Loam ☐.
Dates of Tests: 11-17-95 to 11-18-95. Weather: Precip. NONE Temp. 40-50.

OWNER: Kettelhut Rev. Tr.

Address: Rt 1 Box 118 - Yankee Hill Rd. Bennet, NE 68317

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	30"	11/17 Fri	10:00 AM	11/17	10:10 AM	11/18	3:00 PM	6¼"	3:30 PM	0"	30 min	6¼"	5 MIN/IN
2	30"	11/17	10:10 AM	11/17	10:20 AM	11/18	3:10 PM	6⅜"	3:40 PM	0"	30 min	6⅜"	5 MIN/IN
3	30"	11/17	10:20 AM	11/17	10:30 AM	11/18	3:20 PM	6"	3:50 PM	0"	30 min	6"	5 MIN/IN
4	30"	11/17	10:30	11/17	10:40 AM	11/18	3:30 PM	6¼"	4:00 PM	0"	30 min	6¼"	5 MIN/IN
5	30"	11/17	10:40	11/17	10:50 AM	11/18	3:40 PM	6"	4:10 PM	½"	30 min	5½"	5 MIN/IN
6	30"	11/17	10:50	11/17	11:00 AM	11/18	3:50 PM	6¾"	4:20 PM	2"	30 min	4¾"	6 MIN/IN

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

_____
Signature of Person Conducting Test

Address Rt 1 Box 118 Yankee Hill Rd. Phone 782-8743

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. 5 min./inch
B. _____ min./inch
C. _____ min./inch

_____
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 ☐

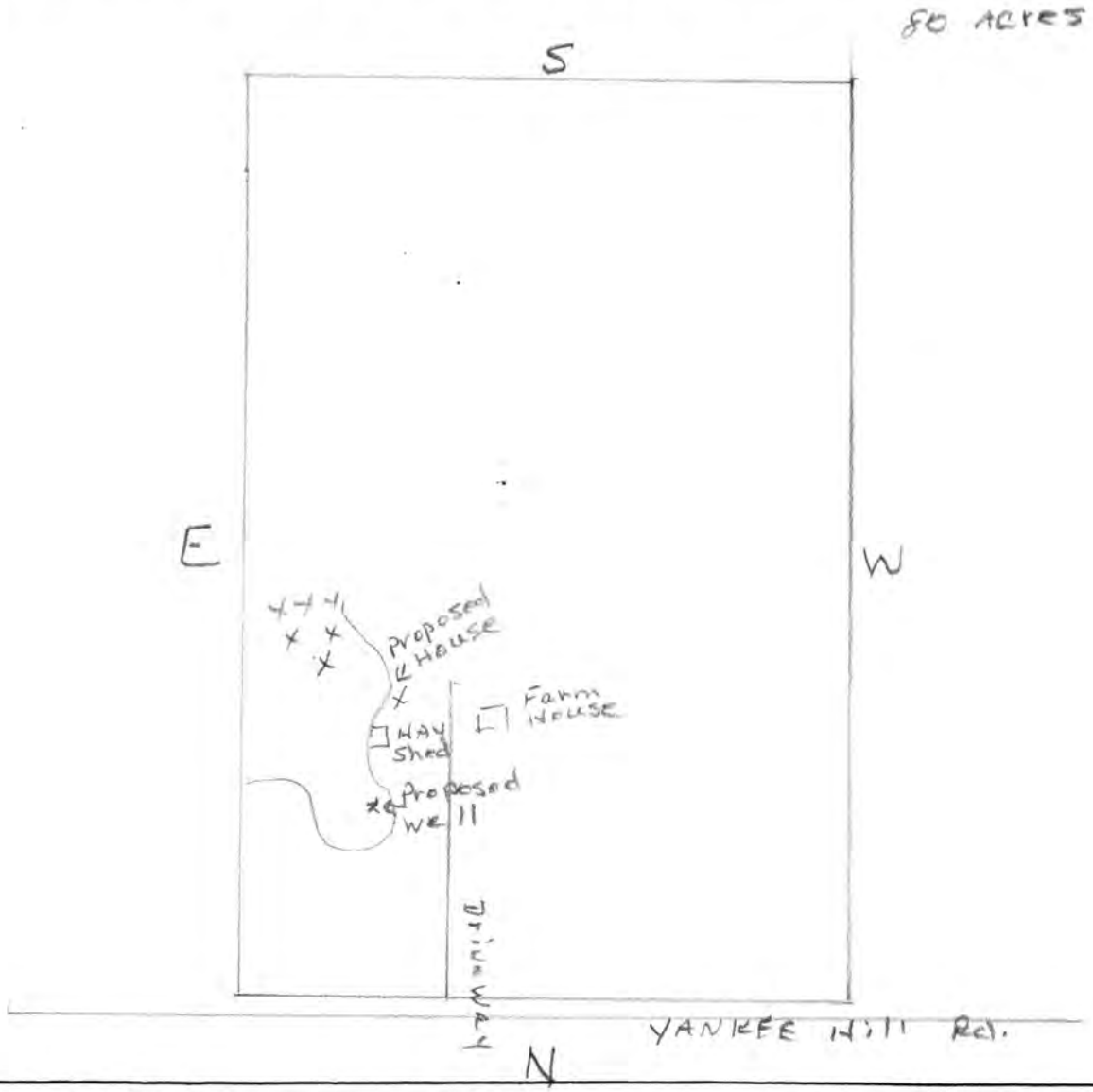
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 94 ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 375 sq.ft.

_____
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. _____

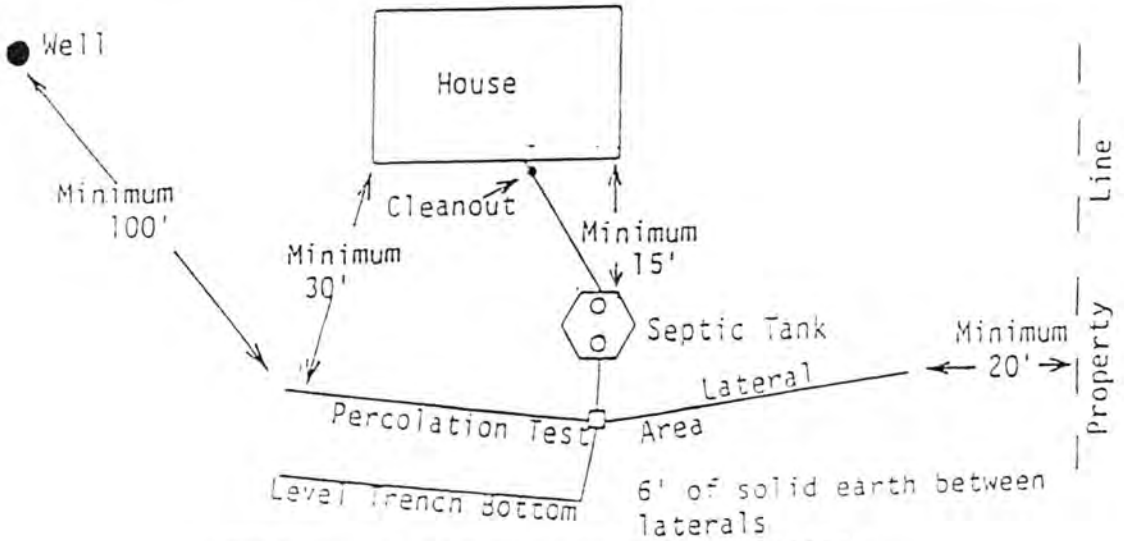
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Plastic; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 24 in.
3. Distance between dwelling and septic tank _____ ft.
4. Number of clean-outs _____.
5. Distances to:
Well or Suction Line 150 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

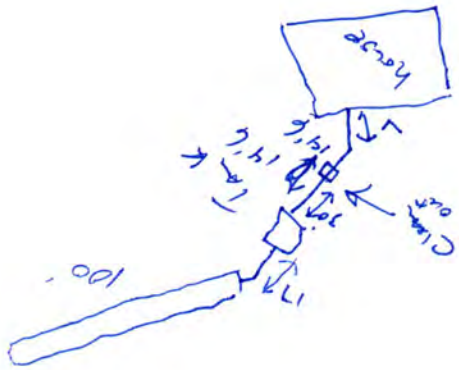
B. SEPTIC TANK:
1. Material Concrete; No. of compartments 1.
2. Capacity 1000 Gals.;
3. Factory Built: Yes ☒ No ☐
(Company Amercon)
4. Manholes: Over Inlet; diam. 4 in.
Over Outlet; diam. 4 in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 12 in.
8. Distances to:
Well or Suction Line 150 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ 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 2 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 _____ ft.;
Slope 2 in/100 ft.; Average Depth 30 in.
4. Filter Material: gravel
Depth of Material _____ in.
5. Distances to:
Well or Suction Line 150 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN



1/10 MILE SOUTH OF ROAD

Drawing as built
May 0. Rettelhut