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. 92380088201

Issued 07/17/92
Expires 01/17/93
Revenue Code 18754

Establishment
JAY WOOD
T9N R8E SEC 26 QTR NW
8600 S 162 STREET

FEES: $150.00

TOTAL $150.00

Permittee
JAY WOOD
1100 EVERGREEN DR
LINCOLN NE 68510

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

FILE NO. _____

DATE: 7/1/92

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 26 ;
   Block _____ : Lot _____ : Addition NW 1/4 NW 1/4 40 ACRES
   Street Address 8600 S. 162ND STREET

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms ~~4~~ 3 . Describe _____

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

4. Distance to public sewer: N/A ft. EXPERIMENTAL SYSTEM

Signature of Applicant (Owner or Lessee)

1100 EVERGREEN, LINCOLN NE
Address

(488-4775)

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/7/92. Date Frwd. 7/8/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7/8/92 Date Frwd. 7/8/92 ACTION: Approved ☒ Disapproved ☐ Signature: Mel Godday

3. City or County Engineer: Date Rec'd. 7-8-92. Date Frwd. 7-8-92. ACTION: Approved ☒ Disapproved ☐ Signature: Tammy Wood

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10-30-92 by: P.D
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL *
Date: 11-2-92 By: Paul D. Johnson

* System is provisional approval only experimental system.

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
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-78000

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9N ; Range 8 E ; Section & ¼ Section NE¼ NE¼ Section 26
Property Dimensions: 1320 ft. x 1320 ft. Area: 40 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒
Dates of Tests: 6/7/92 to 6/7/92. Weather: Precip. 0 Temp. 70°

OWNER: JAY R WOOD

Address: 1100 EVERGREEN, LINCOLN, NE

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	34	6/7	12:45	6/7	5PM	6/7	5PM	12"	6PM	7"	60	5"	12
2	34	6/7	12:50	6/7	"	"	"	12"	"	9"	60	3"	20
3	34	6/7	12:55	6/7	"	"	"	12"	"	8,7"	60	5.3"	11,3
4	34	6/7	13:00	6/7	"	"	"	12"	"	8,3"	60	3,7"	16,2
5	34	6/7	13:05	6/7	"	"	"	12"	"	5,5"	60	6.5"	9,2
6	34	6/7	13:10	6/7	"	"	"	12"	"	5,7	60	6,3"	9,5

Sum of Percolation Rates: 78,2
Average of Rates: 13,03
Mean of Rates: _____

Jay R Wood
Signature of Person Conducting Test

Address 1100 Evergreen Phone 488-4775

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

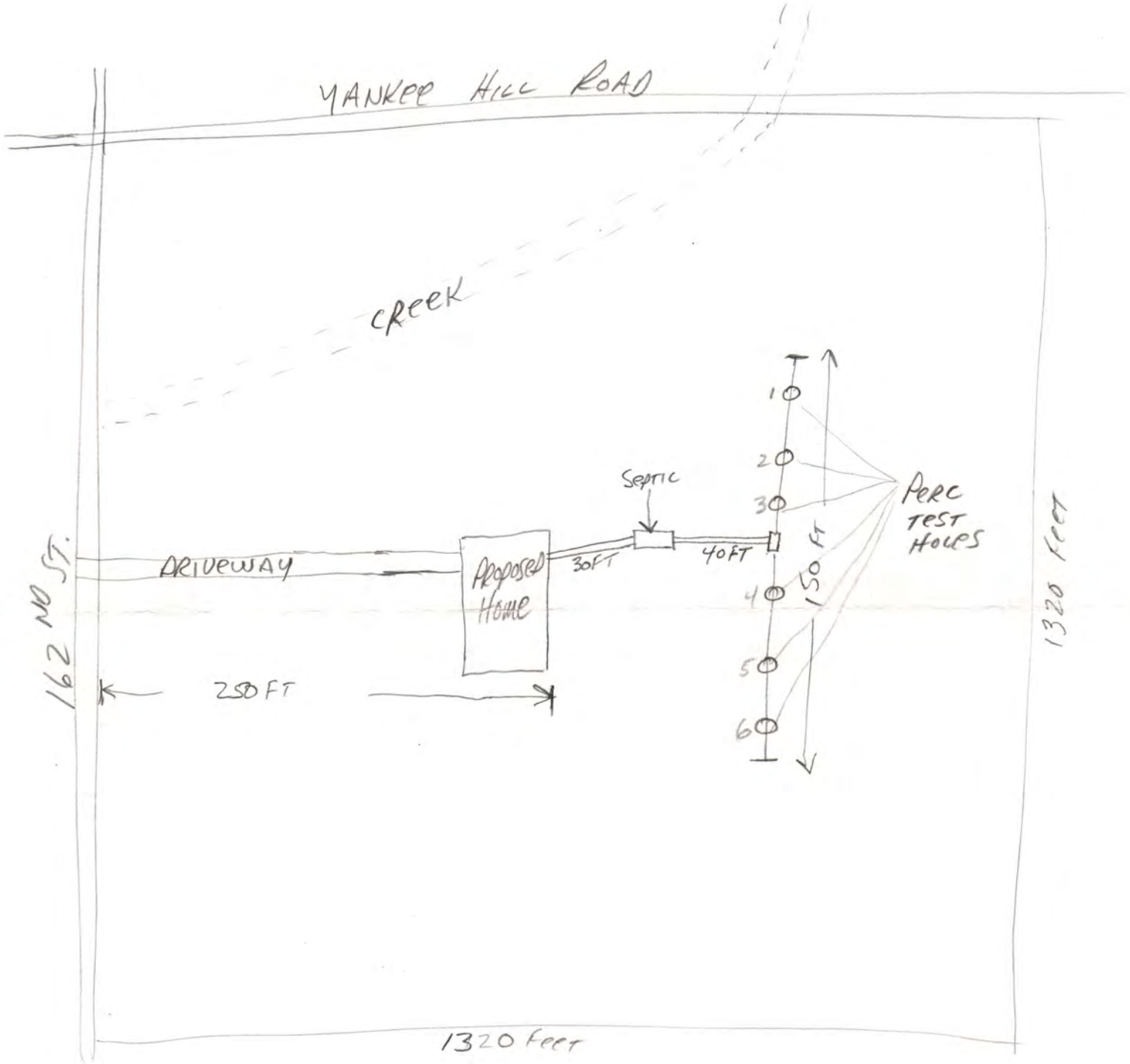
Soil Type (SCS): _____

Date: _____

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

_____
Signature of Reviewing Official

Sketch of Property



40 Acres

N

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

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Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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FILE NO. _____

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Location: Township 9 ; Range 8 ; Section & ¼ Section 26 NE¼ NE¼
Property Dimensions: 1320 ft. x 1320 ft. Area: 40 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☑ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 7/4/92 to 7/5/92. Weather: Precip. 1" Temp. 85.

OWNER: JAY R WOOD

Address: 1100 EVERGREEN

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	34	7/4	5pm	7/5	1pm	7/5	1:15	6"	2:15	5.1	60	.9	66
2	34	7/4	"	7/5	"	7/5	1:15	6"	2:15	5.3	60	.7	85
3	34	7/4	"	7/5	"	7/5	1:15	6"	2:15	5.3	60	.7	85
4	34	7/4	"	7/5	"	7/5	1:15	6"	2:15	5.5	60	.5	120
5	34	7/4	"	7/5	"	7/5	1:15	6"	2:15	5.3	60	.7	85
6	34	7/4	"	7/5	"	7/5	1:15	6"	2:15	5.6	60	.4	150

Sum of Percolation Rates: 591
Average of Rates: 98.5
Mean of Rates: _____

Jay R Wood
Signature of Person Conducting Test

Address 1100 EVERGREEN Phone 488-4775

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

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

_____
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: _____

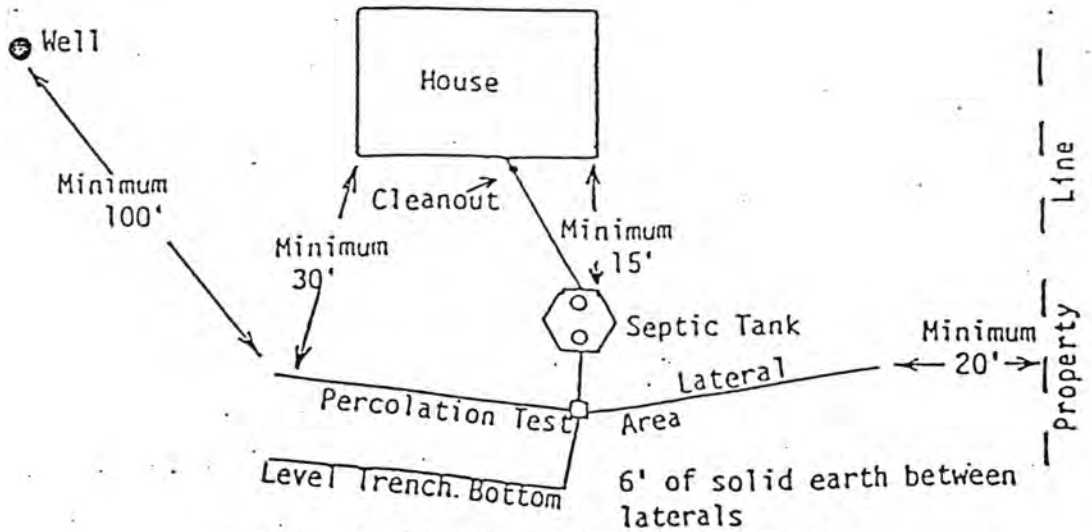
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 18 in.
3. Distance between dwelling and septic tank 100 ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line 100+ ft.; Stream 100+ ft.; Pressure Line 100+ ft.; Property Line 100+ ft.

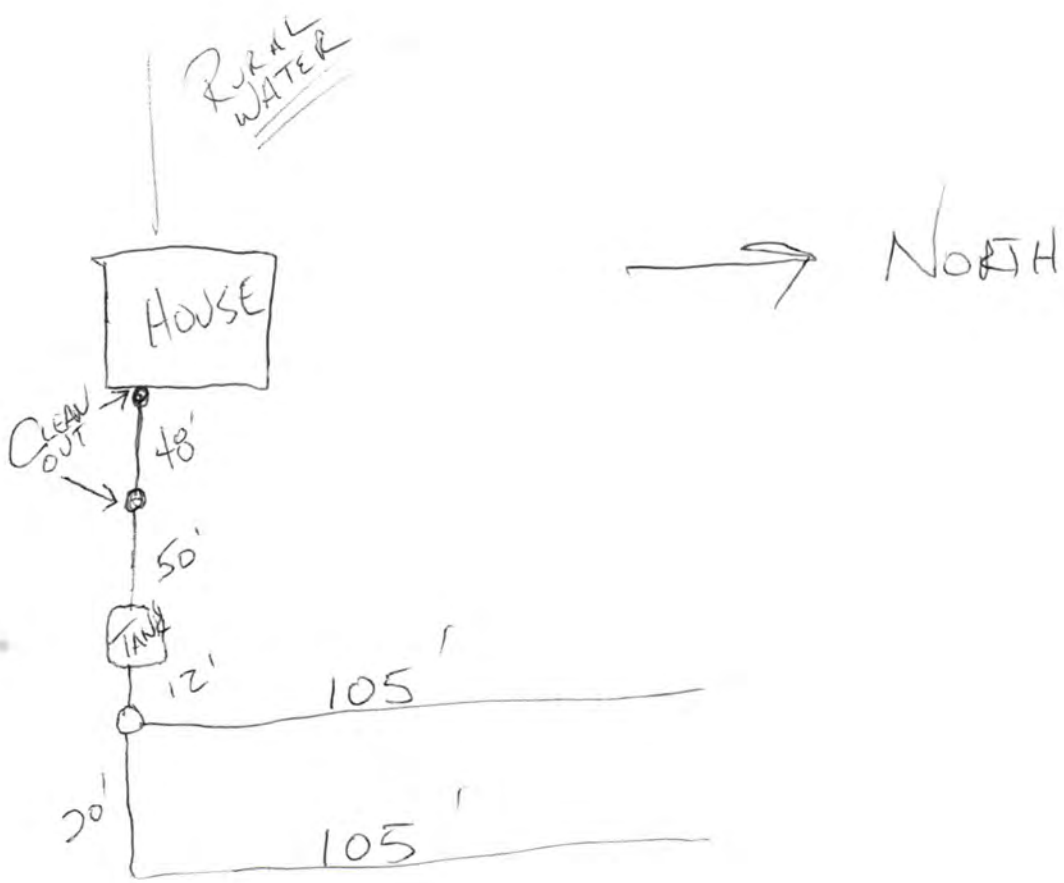
B. SEPTIC TANK:
1. Material CONC; No. of compartments 2.
2. Capacity 100 gals.;
3. Factory Built: Yes ☑ No ☐
(Company PRECAST)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Riser Above ☐ Below ☑ Grade 2 in.
5. Inlet: Baffle ☑ ; or Tee ☐
6. Outlet: Baffle ☑ ; or Tee ☐
7. Depth of top of tank below finished grade 2 in.
8. Distances to:
Well or Suction Line 100+ ft.; Stream 100+ ft.; Pressure Line 100+ ft.; Property Line 100+ ft.

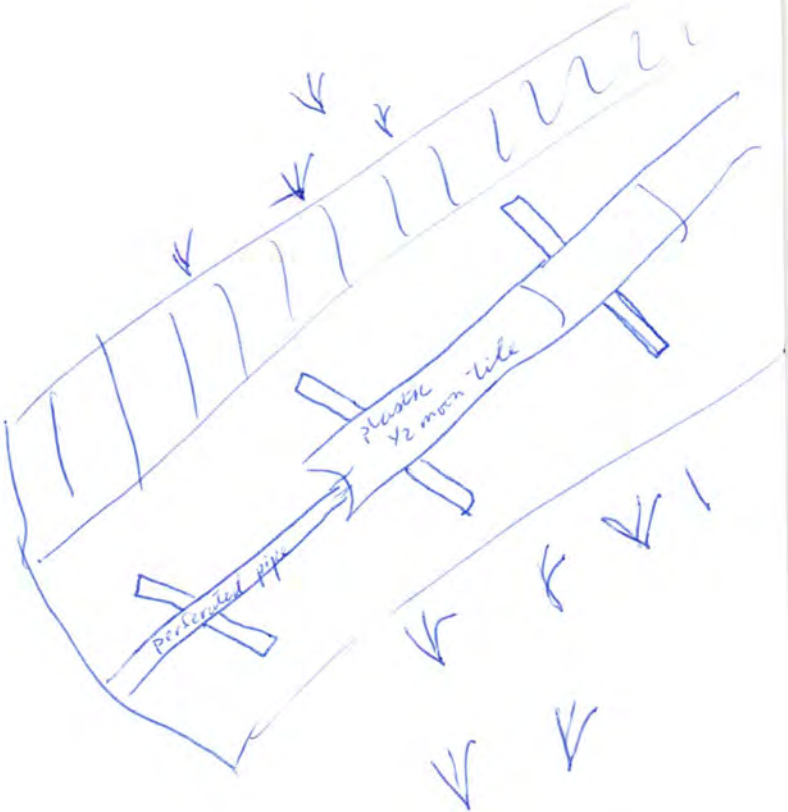
C. DISTRIBUTION BOX:
1. Material CONC; Number - available outlets 6.
2. Factory Built: Yes ☑ No ☐
(Company PRECAST)
3. Distance from Septic Tank 12 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☑ Perforated Pipe ☑
Diameter of Half Round ____ or Perforated Pipe ____.
Material: fiberglass ☐ ; plastic ☑ ; concrete ☐ ; other ____.
2. Lateral Lines:
Number 2; Length of each line 105, 105, ____, ____, ____ ft.;
Total length of laterals 210 ft.;
Distance between lateral lines 20 ft.
3. Trench dimensions: Width 4-4½ ft.;
Slope 2 in/100 ft.; Average Depth 23 in.
4. Filter Material: GRAVEL
Depth of Material 12 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


RURAL WATER
HOUSE
NORTH
CLEAN OUT
48'
50'
TANK
12'
105'
20'
105'


plastic
½ main tile
perforated pipe