LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT
SEWAGE INSTALLATION

No. 91380070401

Issued 05/21/91
Expires 11/21/91

ESTABLISHMENT
MARK QUICK
T12N R6E SEC 32
WILLARD ESTATES 2ND BLK 2 LOT 8

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE
MARK QUICK
BOX 00053
ITHACA NE 68033

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
5/23/91	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

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: $_____

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 6E ; Section 32 ;
   Block 2 : Lot 8 : Addition WILLARD ESTATES 2ND ADD
   Street Address_____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe_____

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

4. Distance to public sewer: _____ft.

Mark W Zink
Signature of Applicant (Owner or Lessee)

Box 53 Ithaca NE 68033
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/20/91. Date Frwd. 5/21/91. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4-13-91. Date Frwd._____. ACTION: Approved ☒ Disapproved ☐ Signature: Dan L Joyce

3. City or County Engineer: Date Rec'd. 05/21/91. Date Frwd._____. ACTION: Approved ☒ Disapproved ☐ Signature: Joseph R Yearwood

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 5-29-91 by: mm need drawings
Date:_____ by:_____
Date:_____ by:_____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-4-91 By: Ron Mayard

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:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ■ .
Dates of Tests: 4-6-90 to 4-7-90. Weather: Precip. 0 Temp. 65°.
Test Taken At NW. 31st + Raymond Rd. Willard Estate's

OWNER: Mark W. Quick
Address: Box 53 Ithaca, NE. 68033
623-4391

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"	4-6	6:00 pm	4-7	1:00 pm	4-7	1:00 pm	6"	5:00 pm	5 1/8"	30m	7/8"	
2	36"	4-6	6:00 pm	4-7	1:00 pm	4-7	1:00 pm	6"	5:00 pm	5"	30m	1"	
3	36"	4-6	6:00 pm	4-7	1:00 pm	4-7	1:00 pm	6"	5:00 pm	5"	30m	1"	
4	36"	4-6	6:00 pm	4-7	1:00 pm	4-7	1:00 pm	6"	5:00 pm	5"	30m	1"	
5	36"	4-6	6:00 pm	4-7	1:00 pm	4-7	1:00 pm	6"	5:00 pm	5"	30m	1"	
6	36"	4-6	6:00 pm	4-7	1:00 pm	4-7	1:00 pm	6"	5:00 pm	5"	30m	1"	

Mike Hoagland
Signature of Person Conducting Test
Address 2700 Dan Ave Lincoln Phone 464-0638

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

(Do not write below this line) Pre-Cast Step Co.

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: April 9, 1991

Approved Percolation Rate (a)
A. 30 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold 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 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 _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 750 sq.ft.

$4\overline{)180}$ $3\overline{)250}$ 250

Gerrold C. Hoof

Signature of Reviewing Official

T12N, R6E, 32

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: 5-30-91

FILE NO. _____

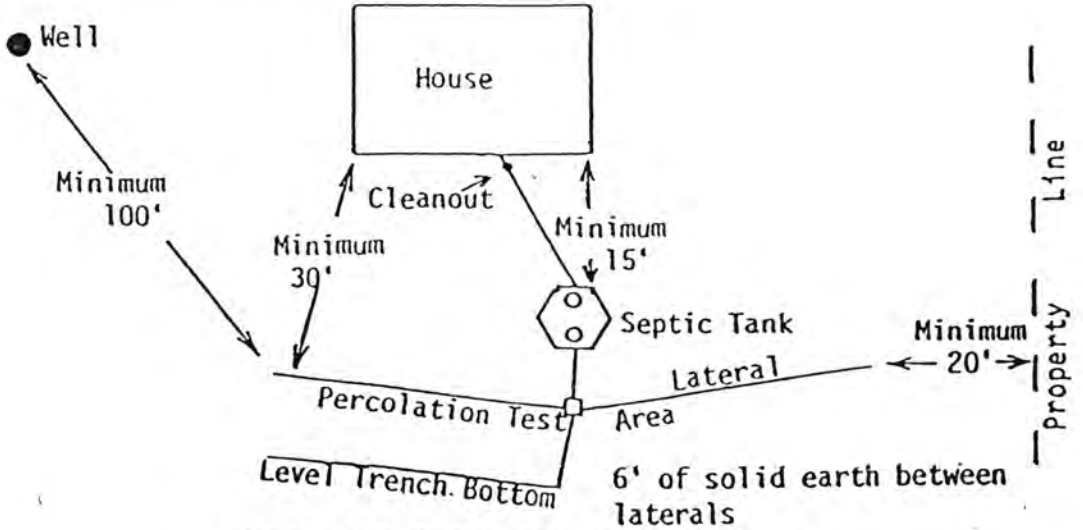
SPECIFICATIONS AS BUILT

A. BUILDING SEWER: Schedule 40
1. Material PVC; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 33 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line 100 ft.; Stream NONE ft.; Pressure Line NONE ft.; Property Line 30 ft.

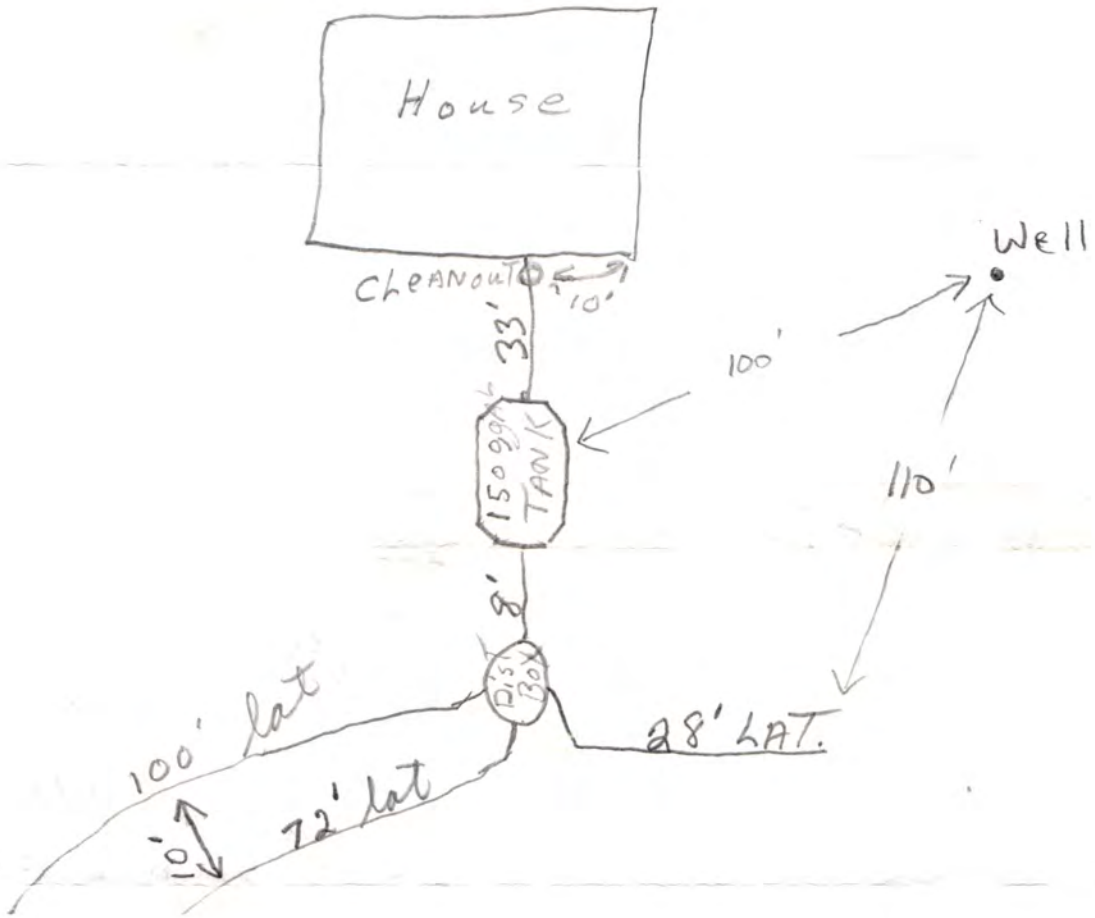
B. SEPTIC TANK:
1. Material CONC; No. of compartments 1.
2. Capacity 1500 gals.;
3. Factory Built: Yes ☑ No ☐
(Company PRE-CAST STEP)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ___ in.
5. Inlet: Baffle ☑; or Tee ☐
6. Outlet: Baffle ☑; or Tee ☐
7. Depth of top of tank below finished grade 18 in.
8. Distances to:
Well or Suction Line 95 ft.; Stream NONE ft.; Pressure Line NONE ft.; Property Line 60 ft.

C. DISTRIBUTION BOX:
1. Material CONC.; Number - available outlets 5.
2. Factory Built: Yes ☑ No ☐
(Company PRE CAST STEP)
3. Distance from Septic Tank 8 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 3; Length of each line 100, 72, 28, _____, _____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines 10 ft.
3. Trench dimensions: Width 4 ft.;
Slope 2 in/100 ft.; Average Depth 42" in.
4. Filter Material: ROAD GRAVEL
Depth of Material _____ in.
5. Distances to:
Well or Suction Line 110 ft.; Stream NONE ft.; Pressure Line 50 ft.; Property Line 70 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


House
CLEANOUT
10'
33'
150 gal TANK
8'
DIST BOX
100' lat
72' lat
28' LAT.
100'
110'
Well