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. 9038000B201

Issued 01/02/90
Expires 06/02/90

ESTABLISHMENT

DOUG JOSS
T9N R8E SEC 26
SW1/4 NW1/4 & N1/2 SW1/4

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

DOUG JOSS
5210 JADE CT
LINCOLN NE 68516

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

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

9038000082

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: 12/28/89

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;
   SW¼ NW¼ + W½ SW¼
   Block _____: Lot _____: Addition _____
   Street Address 9500 So. 162nd

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: whatever percolation test indicate ft.

Doug Goss by Dick Robison
Signature of Applicant (Owner or Lessee)

5210 Jade Court
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 12/28/89. Date Frwd. 1/4/90. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 1-4-90. Date Frwd. 1-4-90. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bauer

3. City or County Engineer: Date Rec'd. 1/4/90. Date Frwd. 1/4/90. ACTION: Approved ☒ Disapproved ☐ Signature: Larry Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4/18/90 by: J. C. Hood
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4/18/90 By: Jerrold C Hood

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

FORM 23-43

RECEIVED MAR 0 9 1990

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 9N ; Range 8E ; Section & ¼ Section 26 SW¼, NW¼ of N½ SW¼
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: 2-28-90 to 3-1-90. Weather: Precip. — Temp. 40.

¾ No of HW 2 on 162nd

OWNER: Doug Joss

Address: 5210 Jade Ct 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	32"	2-28	12:30	3-1-90	12:00	3-1-90	7:00 pm	12 1/8	3:30	13	30	5/8	
2	"							10 1/4		10 7/8		5/8	
3	"							8 1/8		9 1/4		3/4	
4	"							12 1/4		13 1/4		1	
5	"							13		14 3/8		1 3/8	
6	"							8		8 1/2		1/2	

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

Larry Schwarte Surveying
Signature of Person Conducting Test

Address 8200 Old Cheney Rd Phone 489-7294

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 37 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____

Soil Type (SCS): Wymore Silty Clay Loam & Pawnee Clay Loam

Date: March 9, 1990

Gerrold C. Woods
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
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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 16, 1990

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 832 sq.ft.

Gerrold C. Hoos
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: 474-1541

D

DATE: 4-18-90

FILE NO. _____

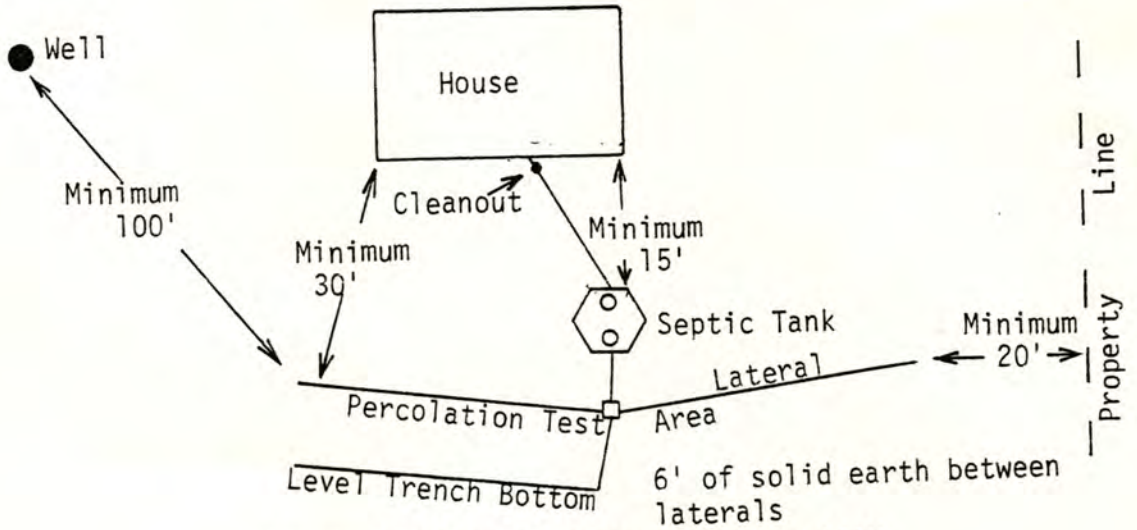
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material #160; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 16 in.
3. Distance between dwelling and septic tank 110 ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Precast; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company _____)
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 10" in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Precast; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 11 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 4.
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 3; Length of each line 100, 100, 80, _____, _____ ft.;
Total length of laterals 280 ft.;
Distance between lateral lines 10 ft.
3. Trench dimensions: Width 3 ft.;
Slope 6 in/100 ft.; Average Depth 36 in.
4. Filter Material: Road Gravel
Depth of Material 6 in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Larry Schwarck

