LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 93380106801

Issued 09/27/93
Expires 03/27/94
Revenue Code 18754

Establishment
DALE SACKETT
T10N R5E SEC 2

FEES: $150.00

TOTAL $150.00

Permittee
DALE SACKETT
5800 NW 84 ST
MALCOLM NE 68402

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: $_____

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. 10N ; Range 5E ; Section 2 NW¼;
   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 ☐

4. Distance to public sewer: ____ ft.

Signature of Applicant (Owner or Lessee)

5800 NW. 84th
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/24/93. Date Frwd. 9/27/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9/27/93. Date Frwd. 9/27/93. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 9-27-93. Date Frwd. 9-27-93. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date:_____by:_____
Date:_____by:_____
Date:_____by:_____

Evidence indicates onsite septic system installed in Pawnee Clay glacial till - a soil with known severe limitations

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

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: 8-14 to 8-15. Weather: Precip. NO Temp. WARM

OWNER: Del Seabolt

Address: 5800 NW 84th

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
Hold No.	Hole Depth (in.)	Pre-Saturation Period Start Date (Mo./Day)	Start Time (Hr./Min.)	End Date (Mo./Day)	End Time (Hr./Min.)	Percolation Readings Start Date (Mo./Day)	Start Time (Hr./Min.)	Start Water Level (in.)	End Time (Hr./Day)	End Water Level (in.)	Elapsed Time (Min.)	Results Water Level Drop (in.)	Percolation Rates (Min./in.)
1	34	8-14		8-15		8-15	9:10	6 AG	9:42	4 AS	32	2	16-1
2	32	8-14		8-15		8-15	9:16	6 AG	9:46	4 AS	30	2	16-1
3	36	8-14		8-15		8-15	9:25	6 AG	10:00	3½ AS	35	2½	14-1
4	36	8-14		8-15		8-15	9:35	6 AG	10:13	3¼ AS	38	2¾	14-1
5	36	8-14		8-15		8-15	9:43	6 AS	10:20	3½ AS	37	2½	14-1
6	35	8-14		8-15		8-15	9:50	6 AG	10:23	4 AS	33	2	16-1

Sum of Percolation Rates: 90-6
Average of Rates: 15-1
Mean of Rates: _____

Signature of Person Conducting Test

Address 70, 91 WESTON, NB 68070 Phone 642-5788

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): Pawnee Clay Loam or Mayberry Clay Loam

Date: September 23, 1993

Approved Percolation Rate (a)
A. 13 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 ☐

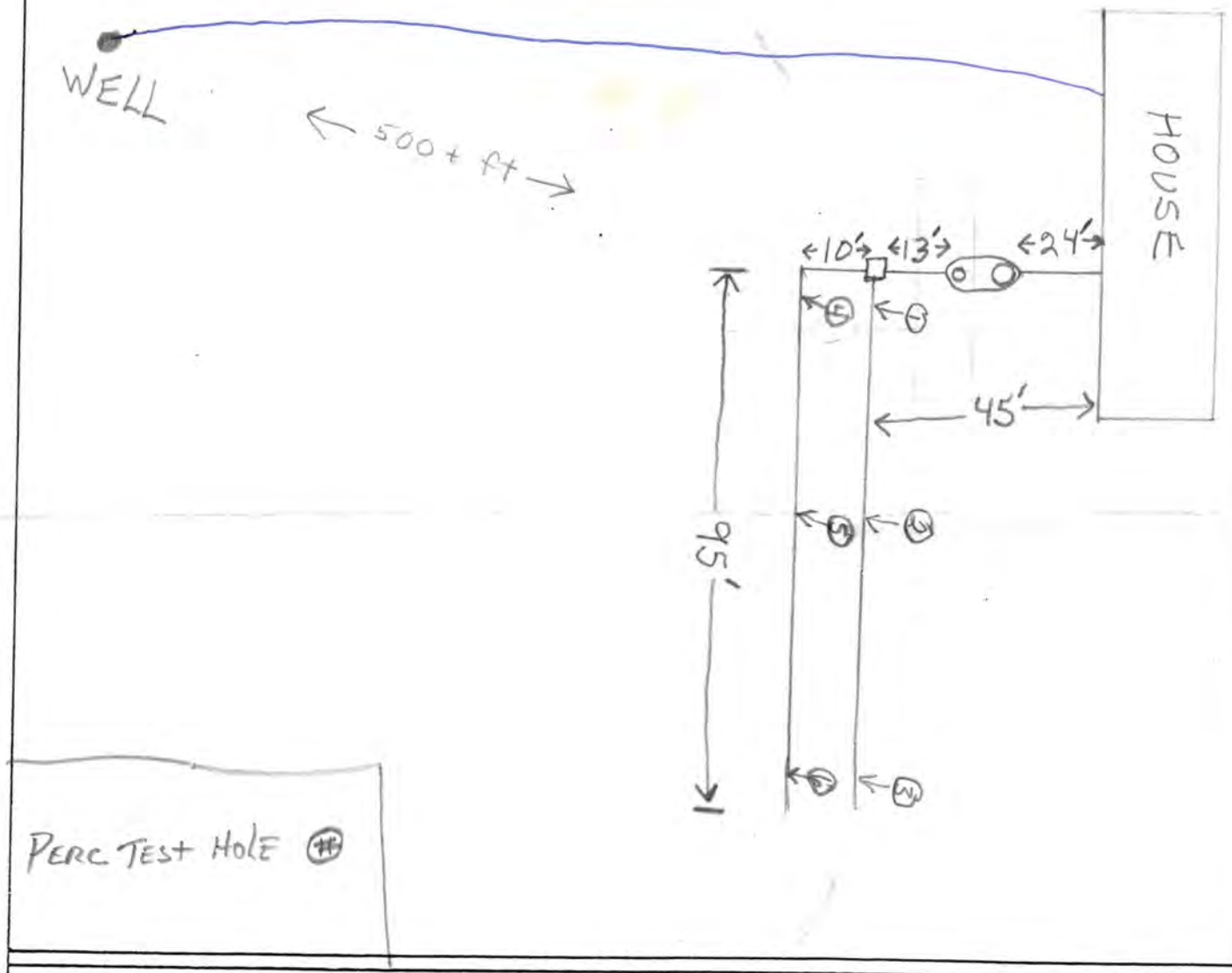
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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 _____ gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed _____ 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. _____

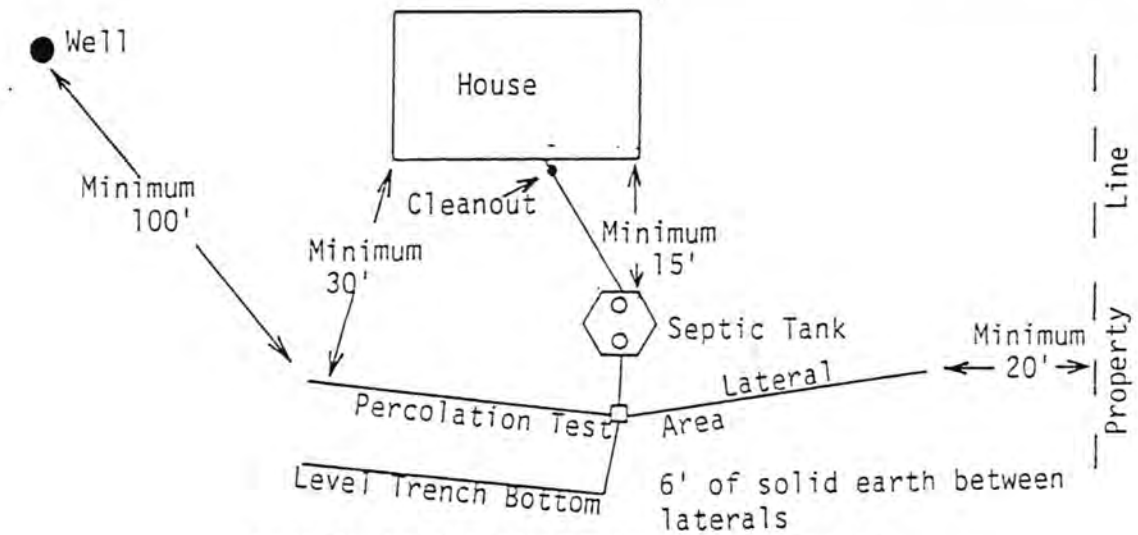
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PLASTIC; Diameter 4 in.
2. Distance above basement floor NO BASEMENT in., or below basement floor ____ in.
3. Distance between dwelling and septic tank 24 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line 1,000 + ft.;
Stream 1,000 + ft.; Pressure Line ____ ft.; Property Line ____ ft.

B. SEPTIC TANK:
1. Material CONCRETE; No. of compartments 1.
2. Capacity 1,000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company AMERICAN CONCRETE PROD.)
4. Manholes: Over Inlet; diam. 24 in.
Over Outlet; diam. 10 in.
Riser Above ☐ Below ☒ Grade 24 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 500+ Ft ft.;
Stream — ft.; Pressure Line ____ ft.; Property Line 600+ ft.

C. DISTRIBUTION BOX:
1. Material CONCRETE; Number - available outlets 6 5.
2. Factory Built: Yes ☒ No ☐
(Company AMERICAN CONC. PRODUCTS)
3. Distance from Septic Tank 13 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 2; Length of each line 95, 95, ____, ____, ____ ft.;
Total length of laterals 190 ft.;
Distance between lateral lines 10 ft.
3. Trench dimensions: Width 3 ft.;
Slope 2 in/100 ft.; Average Depth 36 in.
4. Filter Material: PEA GRAVEL
Depth of Material 18-24 in.
5. Distances to:
Well or Suction Line ____ ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Final drawing is on C sheet.

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
WATER WELL

No. 93400038301

Issued 08/16/93
Expires 02/16/94
Revenue Code 19851

Establishment
DALE SACKETT
T10N R5E SEC 2

FEES: $75.00

TOTAL $75.00

Permittee
DALE SACKETT
5800 NW 84 ST
MALCOLM NE 68402

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: 20222-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502
PHONE: 471-7800

FILING FEE $_____

FILE NO._____

DATE: _____

The undersigned hereby requests: Site Clearance and Permit to construct a new individual water well ☒ ; Permit existing well ☐ ; well repair or alteration involving opening of well ☐ ; in conformance with appropriate ordinance, as described herein:

1. Legal description of property: Twp. 10N : Range 5E : Section 2
   Block _____ : Lot _____ : Addition _____
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: _____ Ft. → Not Available
4. Intended use of well R House Hold Needs

Signature of Applicant (owner or lessee)

5800 NW 84th. MALCOLM, NEBR. 68402
Address

Sewage Permit Applied For Yes ☒ No ☒ Not Applicable ☐

1. Health Department: Date Rec'd 8/11/93. Action: Approved ☒ Disapproved ☐
   Date Frwd. 8/12/93. Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 8/13/93. Action: Approved ☒ Disapproved ☐
   Date Frwd. 8/13/93. Signature: Tony Spain
3. City or County Engineers: Date Rec'd 8/12/93. Action: Approved ☐ Disapproved ☐
   Date Frwd. _____. Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9-24-93 by sm
Date: _____ by _____
Date: _____ by _____

Nitrate Level 0.2 PPM Chloride 12 ppm.
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-8-93 By: Ron Bryant

Health Department copy: White
Engineers Copy: Light Green
Building Inspectors Copy: Light Blue

FORM 23-13

ADDENDUM A

Legal Description:

A TRACT OF LAND IN THE NORTHWEST QUARTER OF SECTION 2, TOWNSHIP 10 NORTH, RANGE 5 EAST OF THE 6TH P.M., LANCASTER COUNTY, NEBRASKA, MORE PARTICULARLY DESCRIBED AS FOLLOWS: BEGINNING AT THE NORTHWEST CORNER OF SAID SECTION; THENCE SOUTHERLY ALONG THE WEST LINE OF SAID SECTION, ON AN ASSUMED BEARING OF SOUTH 00 DEGREES 00 MINUTES 00 SECONDS EAST 429.38 FEET; THENCE SOUTH 00 DEGREES 05 MINUTES 42 SECONDS WEST 569.34 FEET; THENCE SOUTH 90 DEGREES 00 MINUTES 00 SECONDS EAST 384.08 FEET; THENCE NORTH 00 DEGREES 05 MINUTES 42 SECONDS EAST, 1495.01 FEET, TO A POINT ON THE NORTH LINE OF SAID SECTION; THENCE SOUTH 89 DEGREES 46 MINUTES 21 SECONDS WEST, ALONG SAID NORTH LINE, A DISTANCE OF 815.00 FEET, TO THE POINT OF BEGINNING.

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. _____

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN NE 68502
Phone: 471-7800

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 2 T. 10 R. 5 Block ____ Lot ____ Addition _____
Owner Dale Sackett Address _____

LOG OF WELL	
Depth Ft. TO	Description
0-20	Brown & yellow clay
20-50	Silty tan clay
50-85	silty tan clay & sand
85-90	silty tan clay
90-95	Blue silty clay

WELL COMPLETION RECORD

Drilling Method: rotary
Depth (from ground level), Ft. 85
Date Completed 8-4-93

Casing: Length, Ft. 50 ; Dia. In. 4
Wall Thickness, Inc. ____ ; type PVC 200

Screen: Length, Ft. 35 Dia. In. 4
Type slotted pipe , slot Size .018

Drop Pipe: Length, Ft. ____ Dia. In. _____

Water Level, Surface to top of water, Ft.:
Static 31' , Pumping _____

Yield: 5 ggm, Measured ☒ , Est. ☐
Chlorination Completed Yes ☒ No ☐

The above information including "Log of Well" is a true record of the job performed by me.

Driller Mozy Well Drlg
(Signed)

Address P.O. Box 308 Hickman

Date 8-9-93

REMARKS _____

DO NOT WRITE BELOW THIS DOUBLE LINE

Health Department forwarded copy of record to Nebraska Conservation and Survey Department for Scientific Record ☐

FORM 23-4