LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 94380119801

Issued 07/13/94
Expires 01/13/95
Revenue Code 18754

Establishment
JOHN JUDDS
T12N R6E SEC 28
LOT 11
2000 W BRANCHED OAK ROAD

FEES: $150.00

TOTAL $150.00

Permittee
JOHN JUDDS
2610 S 37 ST
LINCOLN NE 68506

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: $ 150.00

FILE NO. _____

DATE: July 8, 1994

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. 12 North; Range 6 East ~~6th~~ PM; Section 28 SE¼ SW¼;
   Block _____: Lot 11 I.T.: Addition _____
   Street Address 2000 West Branched Oak Road Raymond, NE 68428

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.

John R Zwilds
Signature of Applicant (Owner or Lessee)

2610 S. 37th St. Lincoln, NE 68506
Address

(Do not write below this double line) II-483 6906 or W-467 4666

1. Health Department: Date Rec'd. 7/11/94. Date Frwd. 7/12/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 7/12/94. Date Frwd. 7/12/94. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Spain
3. City or County Engineer: Date Rec'd. 07/11/94. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: Lloyd D. Kaczmarek

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-14-95 by: [illegible]
Date: _____ by: _____
Date: _____ by: _____

Experimental site seepage bed provisional

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-14-95 By: Ron Maynard

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

Test Location NW 27th & Branched Oak Rd. 1/2 mile East No. side of Rd.

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: 7-2-94 to 7-3-94. Weather: Precip. .25 Temp. 70°.

Hole-6-had water in From Pre-Test

OWNER: John R. Judds

Address: 2610 So. 37th Lincoln, NE. 68506
483-6906

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"	7-2	3:00 pm	7-3	7:00 Am	7-3	7:00 Am	6"	11:00 Am	5"	30m	1"	
2	36"	7-2	3:00 pm	7-3	7:00 Am	7-3	7:00 Am	6"	11:00 Am	5 1/4"	30m	3/4"	
3	36"	7-2	3:00 pm	7-3	7:00 Am	7-3	7:00 Am	6"	11:00 Am	5"	30m	1"	
4	36"	7-2	3:00 pm	7-3	7:00 Am	7-3	7:00 Am	6"	11:00 Am	5 1/4"	30m	3/4"	
5	36"	7-2	3:00 pm	7-3	7:00 Am	7-3	7:00 Am	6"	11:00 Am	5"	30m	1"	
6	36"	7-2	3:00 pm	7-3	7:00 Am	7-3	7:00 Am	6"	11:00 Am	5 7/8"	30m	1/8"	

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

Mike Hoagland
Signature of Person Conducting Test

Address 2700 Pan Ave Lincoln, Phone 464-0630
Precast Products Inc.

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sleinauer Loam
Date: July 12, 1994

Approved Percolation Rate (a)
A. 40 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Wood
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
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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: July 12, 1994

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 862 sq.ft.

Jerrold C. Hood
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
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D

DATE: _____

FILE NO. _____

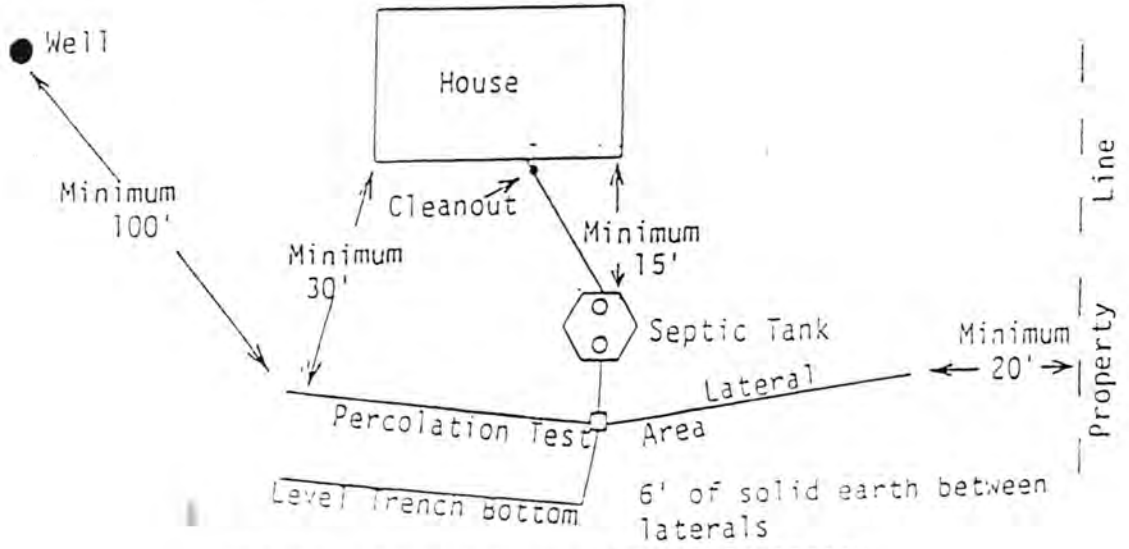
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 203 ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

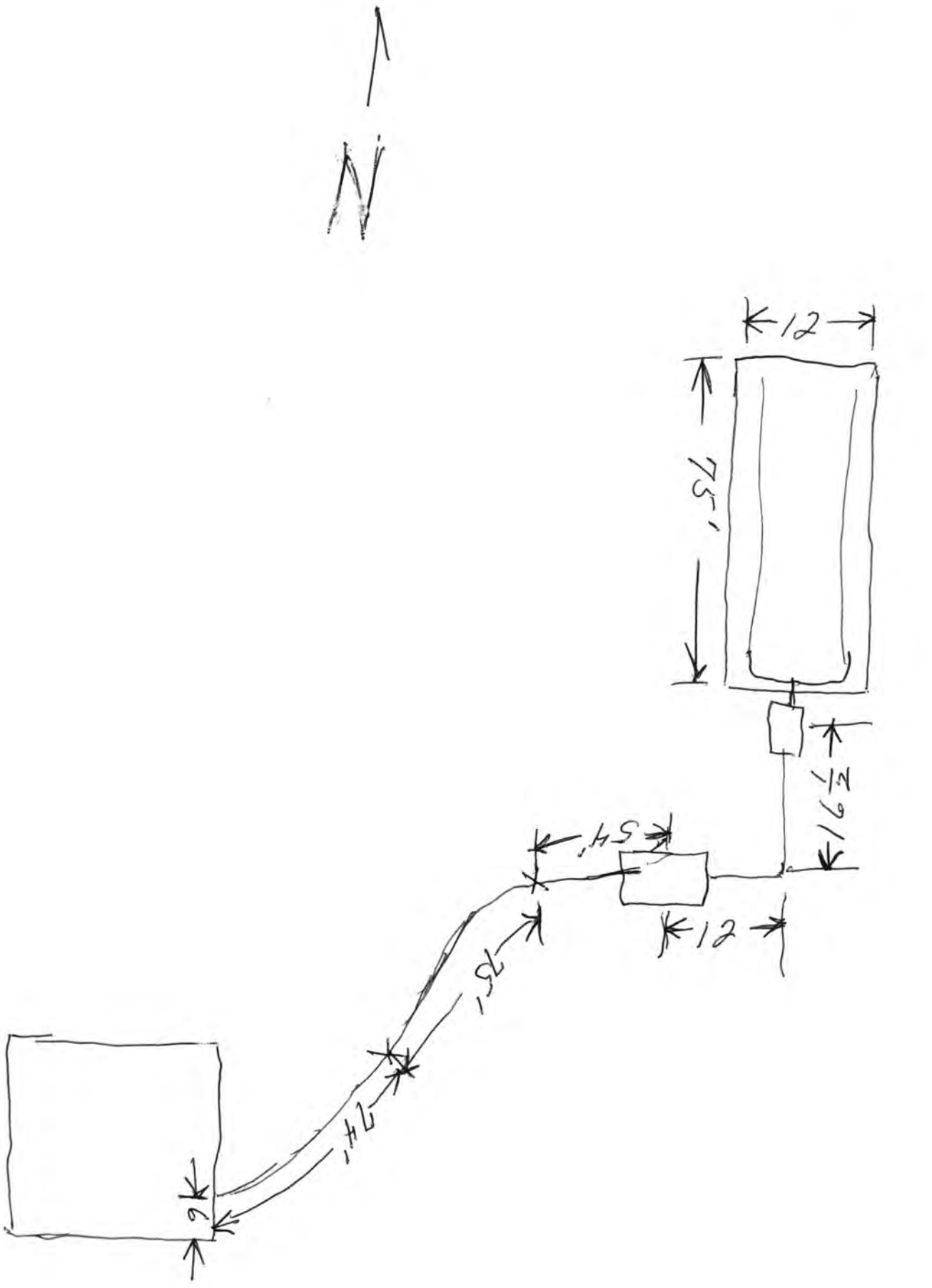
B. SEPTIC TANK:
1. Material Concrete; No. of compartments ____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☒; or Tee ☐
6. Outlet: Baffle ☒; or Tee ☐
7.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

C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets 5.
2. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
3. Distance from Septic Tank 28 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 12 or Perforated Pipe ____.
Material: fiberglass ☐; plastic ☒; concrete ☐; other ____.
2. Lateral Lines:
Number ____; Length of each line ____, P.T. 12 X 75, ____ ft.;
Total length of laterals ____ ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width 30" ft.;
Slope ____ in/100 ft.; Average Depth 30 in.
4. Filter Material: Gravel
Depth of Material 24 in.
5. Distances to:
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN



Capital City Trenching
8-14-95