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. 93380107101

Issued 10/01/93
Expires 04/01/94
Revenue Code 18754

Establishment
GLEN MUEHLHAUSEN
T12N R6E SEC 28
LOT 17

FEES: $150.00

TOTAL $150.00

Permittee
GLEN MUEHLHAUSEN
RR0001
BOX 0011D
DAVEY NE 68336

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: 9-30-93

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 28 ;
   Block _____ : Lot 17 I.T. : Addition _____
   Street Address NET AREA. 20.14 AC. (NO PERMIT REQD.) 17701 NW 12th St.

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

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

4. Distance to public sewer: ——— ft.

Glen L Muehlhausen
Signature of Applicant (Owner or Lessee)

RR 1 Box 11D
Address DAVEY, NE 68336
785-5100

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/30/93. Date Frwd. 10/1/93.
   ACTION: Approved ☒ Disapproved ☐
   Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 10-1-93. Date Frwd. 10-1-93.
   ACTION: Approved ☒ Disapproved ☐
   Signature: Gary Lyon

3. City or County Engineer: Date Rec'd. 10/01/93. Date Frwd. _____.
   ACTION: Approved ☒ Disapproved ☐
   Signature: Lloyd D. Williams

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11-17-93 by: JMM need drawing of lines
Date: 1-18-94 by: mm no lines
Date: 1-24-94 by: mm

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1-24-94 By: Ron Mayhew

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

Test Location
1000 Feet So. of NW. 12th + Davey Rd. west side

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: 8-10-93 to 8-11-93. Weather: Precip. 0 Temp. 85°.

Holes 1-4-6 had water in From Pre-Test

OWNER: Glen L. Muehlhausen

Address: R.R. 2 Box 11 D Davey NE. 68336

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"	8-10	6:30 pm	8-11	5:00 pm	8-11	5:00 pm	6"	5:30 pm	5 3/4"	30m	1/4"	
2	36"	8-10	6:30 pm	8-11	5:00 pm	8-11	5:00 pm	6"	5:30 pm	5 3/4"	30m	1/4"	
3	36"	8-10	6:30 pm	8-11	5:00 pm	8-11	5:00 pm	6"	5:30 pm	5 5/8"	30m	3/8"	
4	36"	8-10	6:30 pm	8-11	5:00 pm	8-11	5:00 pm	6"	5:30 pm	5 7/8"	30m	1/8"	
5	36"	8-10	6:30 pm	8-11	5:00 pm	8-11	5:00 pm	6"	5:30 pm	5 7/8"	30m	1/8"	
6	36"	8-10	6:30 pm	8-11	5:00 pm	8-11	5:00 pm	6"	5:30 pm	5 7/8"	30m	1/8"	

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

Mike Hoeyland
Signature of Person Conducting Test

Address 2700 Dan Ave Phone 464-0638
Precast Products INC.

(Do not write below this line)

REVIEWING ACTION

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

Remarks: _____

Soil Type (SCS): _____

Date: _____

_____
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: 11-17-93

FILE NO. _____

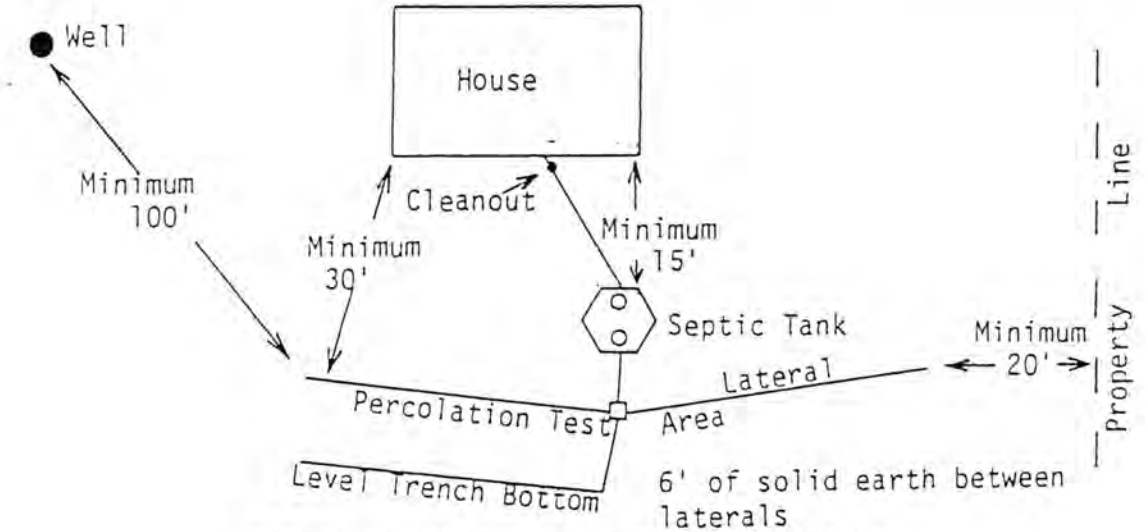
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material 2441; Diameter _____ in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank _____ ft.
4. Number of clean-outs _____.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

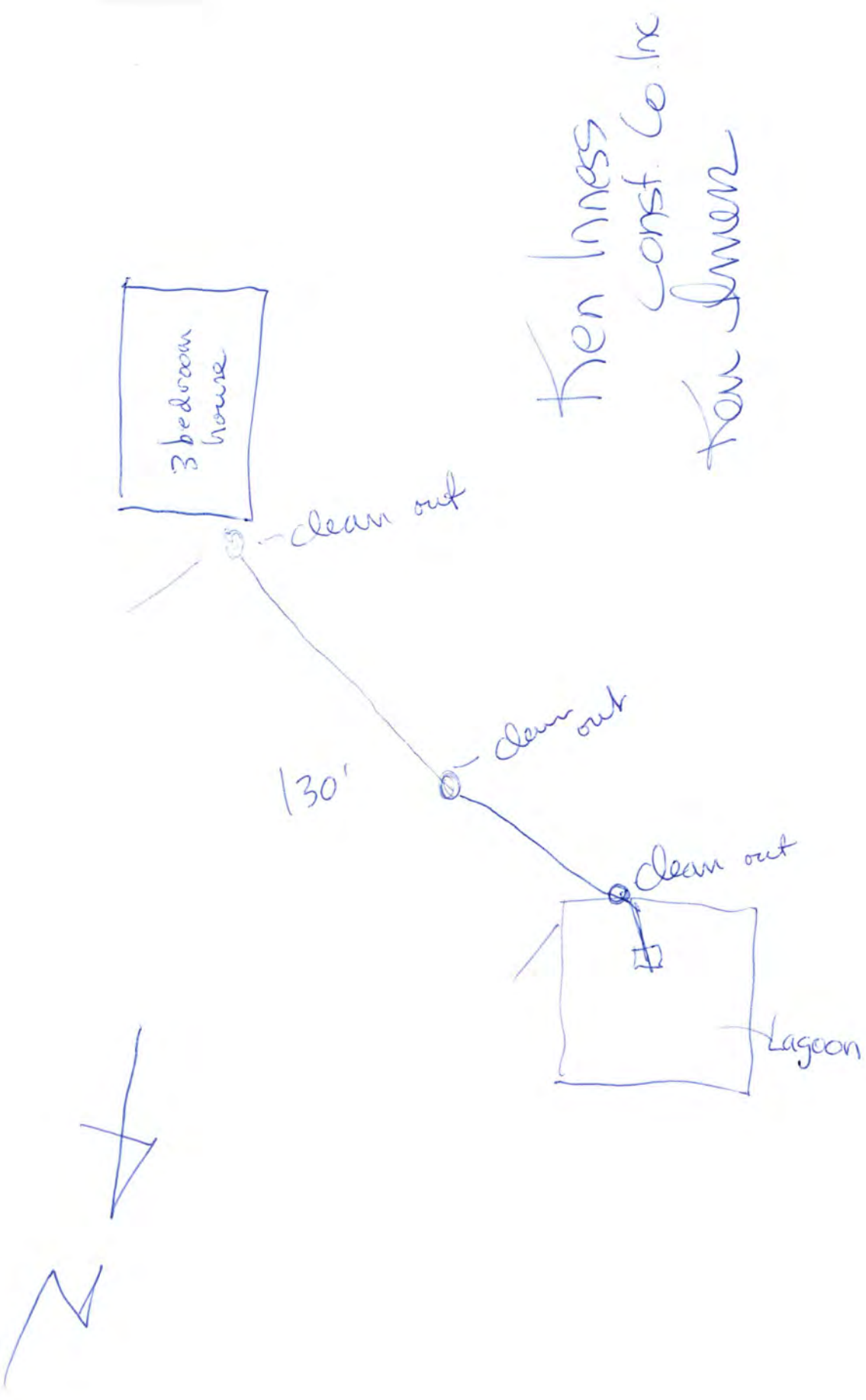
B. SEPTIC TANK:
1. Material _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade _____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐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

C. DISTRIBUTION BOX:
1. Material _____; Number - available outlets _____.
2. Factory Built: Yes ☐ No ☐
(Company _____)
3. Distance from Septic Tank _____ 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 ___ ; Length of each line _____, _____, _____, _____, _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width _____ ft.; Slope _____ in/100 ft.; Average Depth _____ in.
4. Filter Material: _____
Depth of Material _____ in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


Ken Ivess
Const. Co Inc
Fax Amer
3 bedroom house
clean out
130'
clean out
clean out
Lagoon
N