LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 2190-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

NOVEMBER 8, 1985 — THIS PERMIT EXPIRES

L. C. FORD — ISSUED TO

5801 N.W. 123RD STREET, RT #4 LINCOLN, NE 68524 — ADDRESS

T10N; R5E; Sec 5; Bk 4: Lot 2: Pawnee Estates, 5801 N.W. 123RD, RT #4 — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH — ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

Return w/these plans & approval -

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: $ 60.00

FILE NO. 2198-C

DATE: 5/8/85

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. 10 N ; Range ~~N 7.5E~~ 7E ; Section 5 ;
   Block 4 : Lot 2 : Addition Pawnee ESTATES
   Street Address 5801 N.W. 123rd Rt. 4, 68524

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.

L.C. FORD
Signature of Applicant (Owner or Lessee)

5801 N.W. 123rd R+4
Address LINCOLN, Ne 68524

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/8/85 . Date Frwd. 5/8/85 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 5/8/85 . Date Frwd. 5/8/85 . ACTION: Approved ☐ Disapproved ☐ Signature:

3. City or County Engineer: Date Rec'd. 5/8/85 . Date Frwd. 5/8/85 . ACTION: Approved ☑ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL

Site Visits:
Date: 6-6-85 by: mm one lateral complete
Date: 6-7-85 by: mm
Date: by:

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-7-85 By: Ron Magnuson

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

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: 474-1541

B

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PROPERTY WHERE SOIL TESTED:

Location: Township 10 North ; Range 5 East of the 6th P.M. ; Section & ¼ Section NW¼ Sec. 5
Property Dimensions: 486.56 ft. x 336.35 ft. Area: 3.75 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☑?
Dates of Tests: 3-21-85 to 3-23-85. Weather: Precip. 0 Temp. 50.

OWNER: Lemuel C. Ford

Address:

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	30	3/21	3 PM	3/22	4PM	3/23	10:55	6	11:25 3/23	4 7/8"	30"	1 1/8"	
2	30	"	"	"	"	"	:57	6	"	5"	"	1 "	
3	26	"	"	"	"	"	:58	6	"	5 1/4"	"	1 3/4"	
4	30	"	"	"	"	"	:59	6	"	5 1/4"	"	1 3/4"	
5	28	"	"	"	"	"	11:01	6	"	5 1/2"	"	1 1/2"	
6	34	"	"	"	"	"	:02	6	"	5 1/4"	"	1 3/4"	
7	35	"	"	"	"	"	:03	6	"	5 5/8	"	3/8"	
8	33	"	"	"	"	"	:06	6	"	5	"	1 "	

Lemuel C. Ford
Signature of Person Conducting Test

Address 4930 W. Wilkins Phone 470 2562

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

(Do not write below this line)

REVIEWING ACTION

Remarks:

Soil Type (SCS): Morrill Clay Loam

Date: March 25, 1985

Approved Percolation Rate (a)
A. 23 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 ☐

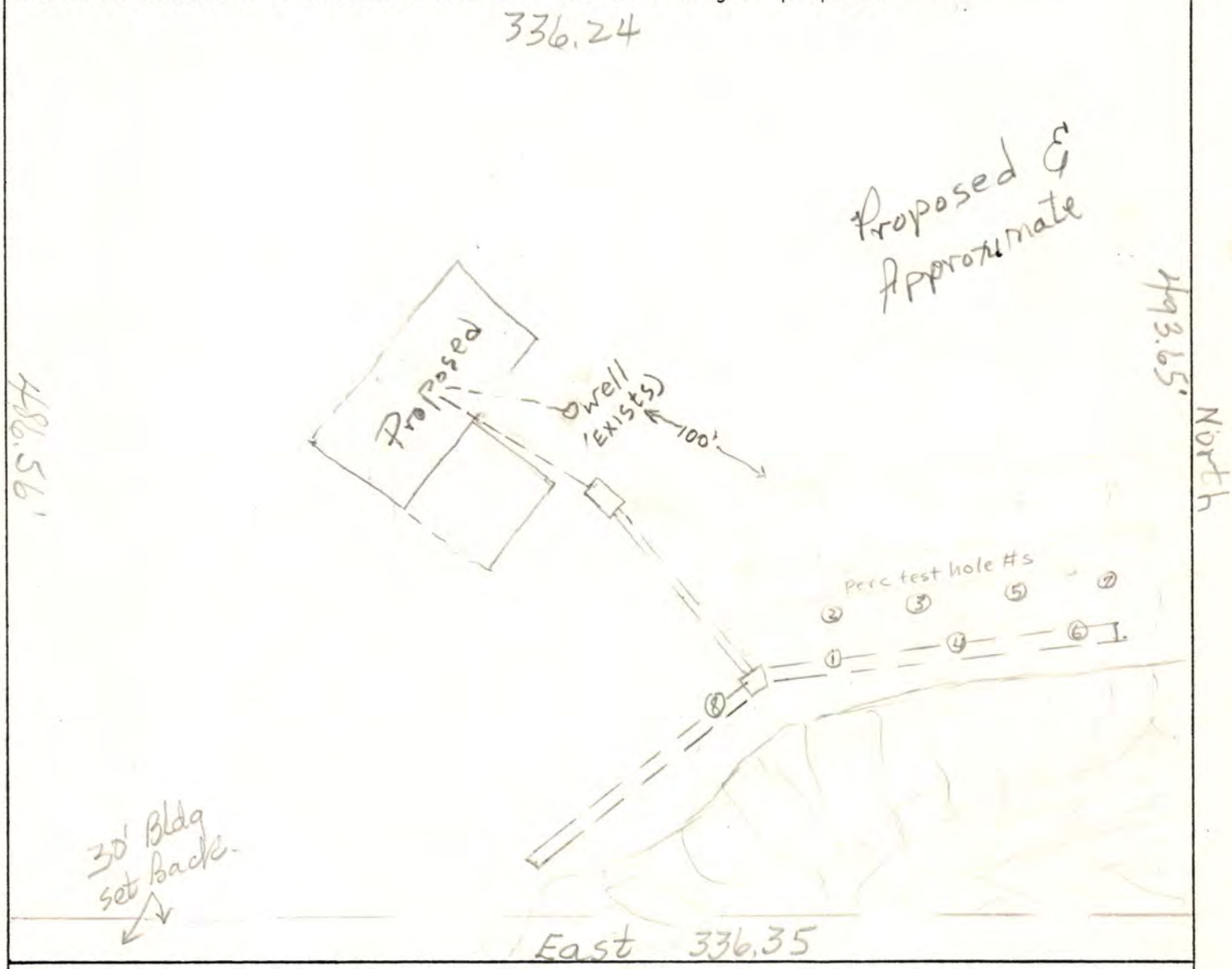
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

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Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

Date: MAY 8, 1985

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 665 sq.ft.

Gerrold C. Hoad
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: 6-7-85

FILE NO. _____

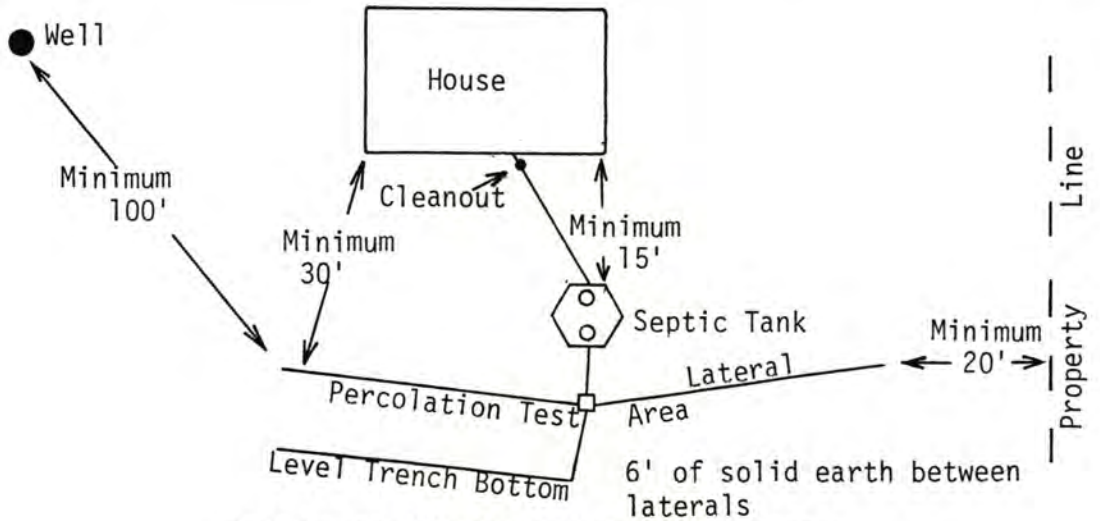
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Plastic; Diameter 4 in.
2. Distance above basement floor ~~18~~ in., or below basement floor 18 in.
3. Distance between dwelling and septic tank _____ ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line over ft.

B. SEPTIC TANK:
1. Material Fiber Glas; No. of compartments One.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Con-a-Glas)
4. Manholes: Over Inlet; diam. 18 in.
Over Outlet; diam. 18 in.
Riser Above ☒ Below ☐ Grade ~~X~~ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☒
7. Depth of top of tank below finished grade 48 in.
8. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Plastic; Number - available outlets Seven.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 174" ~~ft~~. 14'-6"

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 16" or
Perforated Pipe _____.
Material: fiberglass ☒; plastic ☐; concrete ☐ ; other _____.
2. Lateral Lines:
Number 2; Length of each line 90', 90', _____, _____, _____ ft.;
Total length of laterals 180 ft.;
Distance between lateral lines 7 ft.
3. Trench dimensions: Width 5' ft.;
Slope 2 in/100 ft.; Average Depth 48 in.
4. Filter Material: ~~20~~ Road Gravel
Depth of Material 20" in.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 6-7-85 INSTALLER [signature]

