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. 92380084001

Issued 05/12/92
Expires 11/12/92

ESTABLISHMENT

JANET SNIDER
T12N R6E SEC 20
LOT 1
19390 W ROCK CREEK ROAD

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

JANET SNIDER
RR0001
BOX 00100
DWIGHT NE 68635

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
5/13/92	PAID

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

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: 4-27-92

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 ; Section 20 ; Block _____ : Lot (1) : Addition _____
   Street Address 19,390 West Rock Creek road

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

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

4. Distance to public sewer: _____ ft.

Janet Snider
Signature of Applicant (Owner or Lessee)

RR 1, Box 100, Dwight, NE 68635
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/5/92. Date Frwd. 5/5/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 5/5/92. Date Frwd. 5/5/92. ACTION: Approved ☐ Disapproved ☐ Signature: _____
3. City or County Engineer: Date Rec'd. 05/05/92. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6-18-92 by: _____
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-19-92 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~~ 8022

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 12 North; Range 6 East; Section & ¼ Section NW ¼ of Section 20
Property Dimensions: 214 ft. x 214 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: 4-25 to 4-26. Weather: Precip. _____ Temp. _____

OWNER: Janet and Jerry Snider

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	36"	4-25	2:15 PM	4-25	6:30	4-26	2:30	12" 6/100	6:30		30	¼"	
2	36"	4-25	2:15	4-25	"	4-26	2:30	12" 6/100	6:30		30	2 ¼"	
3	36"	4-25	2:16	"	"	4-26	2:30	12" 6/100	6:30		30	1"	
4	36"	4-25	2:16	"	"	4-26	2:32	12" 6/100	6:30		30	2"	
5	36"	4-25	2:16	"	"	4-26	2:32	12" 6/100	6:32		32	2 ¼"	
6	36"	4-25	2:20	"	"	4-26	2:32	12" 6/100	6:33		33	3"	
							to 6:00 then added to refill						

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

Janet Snider
Signature of Person Conducting Test

Address RR1, Box 100, Dwight, NE Phone 566-4105

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): MORRILL CLAY LOAM / SHARPSBURG SILTY CLAY LOAM

Date: APRIL 27, 1992

Approved Percolation Rate (a)
A. 17 min./inch
B. _____ min./inch
_____ min./inch

Gerald 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: 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
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D

DATE: 6-18-92

FILE NO. _____

SPECIFICATIONS AS BUILT

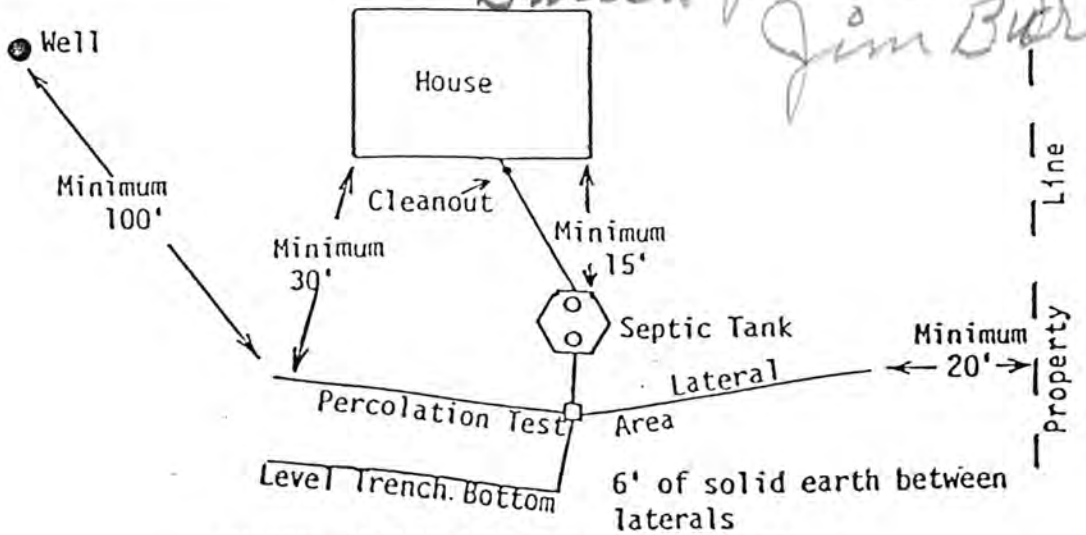
A. BUILDING SEWER:
1. Material Sch 40 PVC; Diameter 4 in.
2. Distance above basement floor no basement in., or below basement floor ____ in.
3. Distance between dwelling and septic tank 27 ft.
4. Number of clean-outs ONE.
5. Distances to:
Well or Suction Line more than 50 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments ____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company ____)
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 18 in.
8. Distances to:
Well or Suction Line 90 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

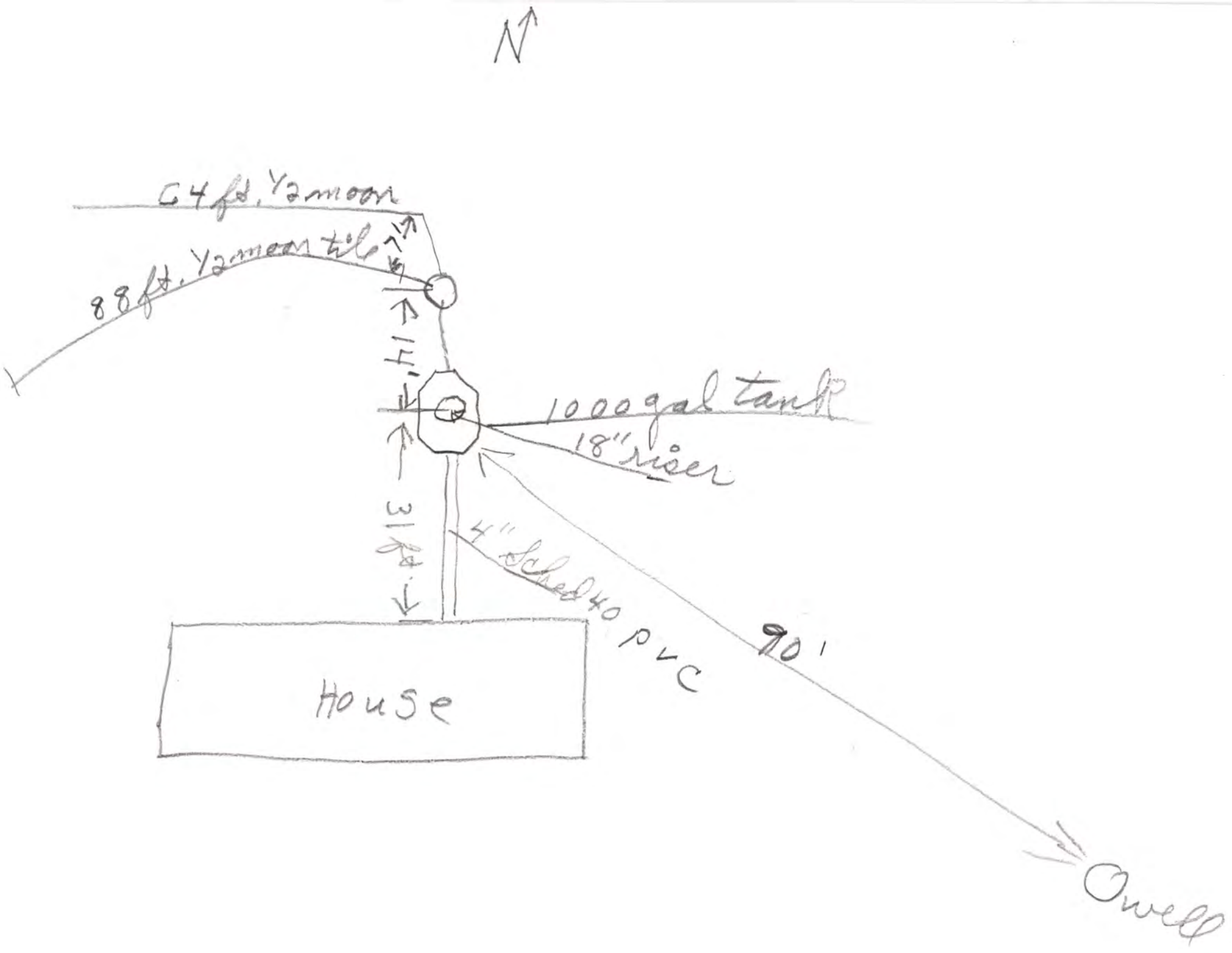
C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets ____.
2. Factory Built: Yes ☒ No ☐
(Company ____)
3. Distance from Septic Tank 14 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 4 in. or Perforated Pipe ____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other ____.
2. Lateral Lines:
Number 2 ; Length of each line 88', 64', ____, ____, ____ ft.;
Total length of laterals 152 ft.;
Distance between lateral lines 10 ft.
3. Trench dimensions: Width 4 ft.;
Slope ____ in/100 ft.; Average Depth 36 in.
4. Filter Material: rd gravel
Depth of Material 12 in.
5. Distances to: more than
Well or Suction Line 100 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line 25 ft.

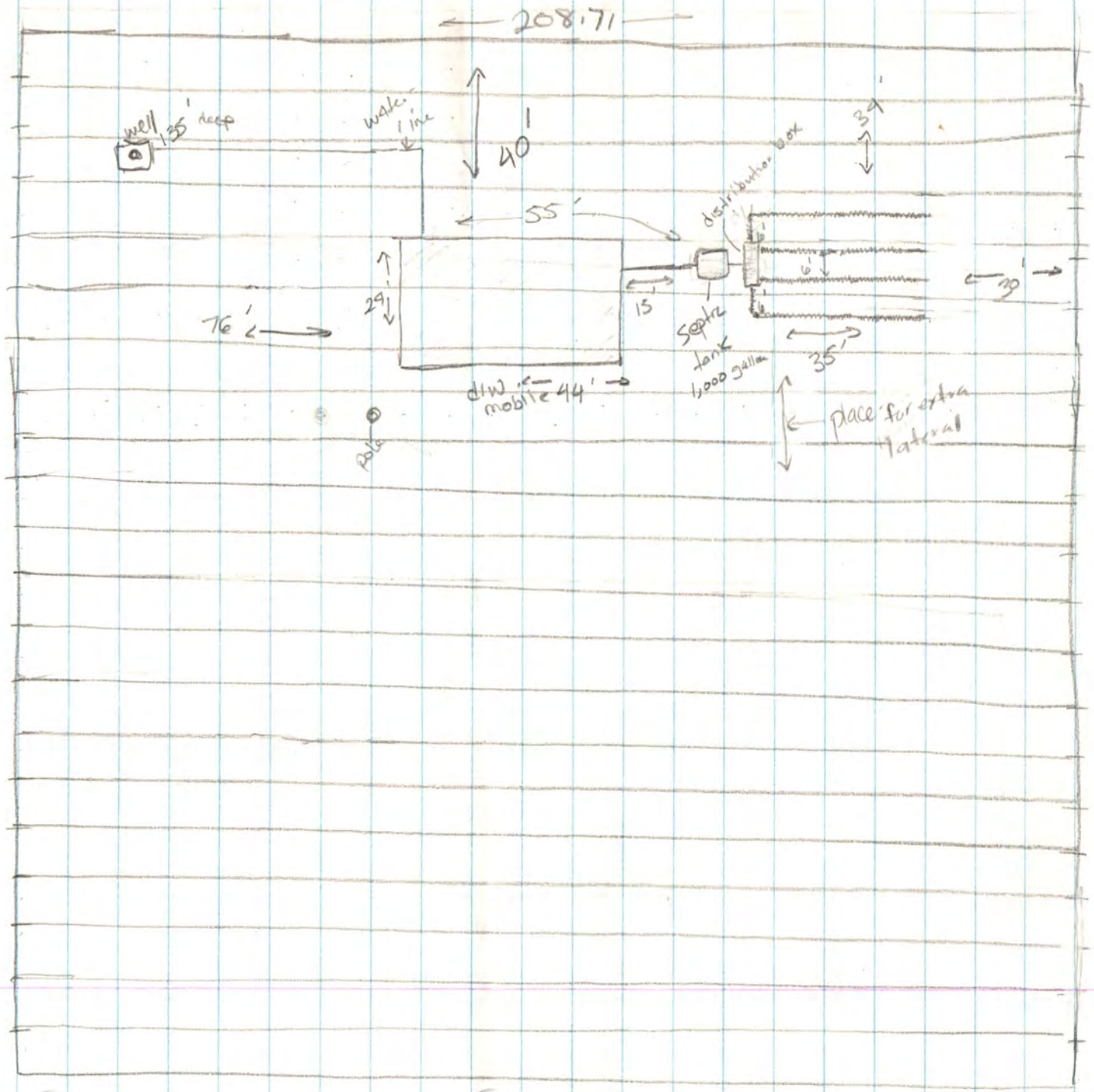
Buresh Plumbing
Jim Buresh



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N
64 ft. ½ moon
88 ft. ½ moon tile
w/ 4 ft.
1000 gal tank
18" riser
4" Sched 40 PVC
90°
House
Well

Each square is 10'

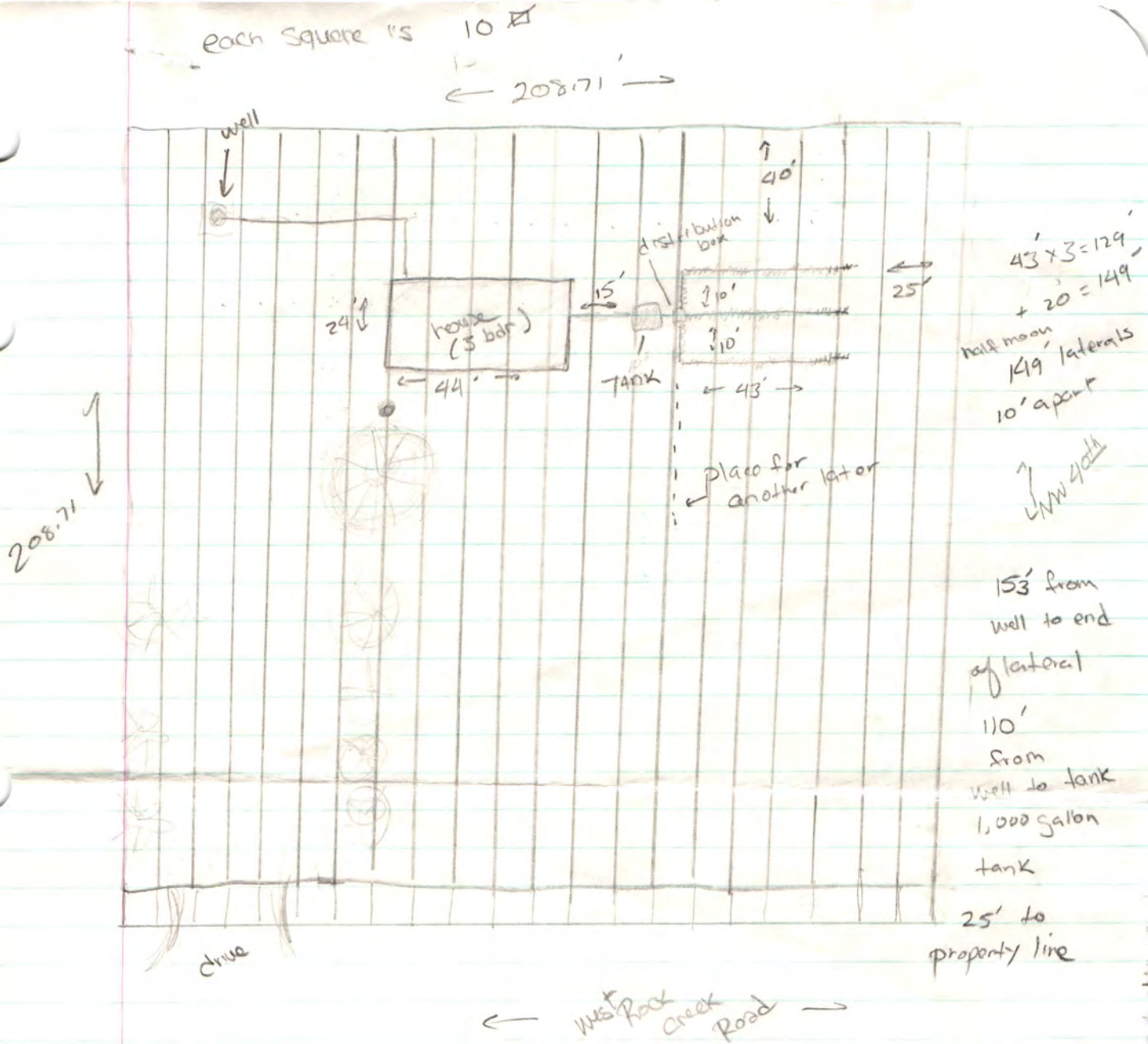


208.71'

35 x 4 = 140 + 12 / 152 of half moon laterals 3' deep

NW 40th

Rock Creek road


each square is 10'
← 208.71' →
well
40'
distribution box
43' x 3 = 129'
+ 20 = 149'
half moon
149' laterals
10' apart
25'
24'
house (3 bdr)
15'
10'
10'
44'
tank
43'
place for another later
208.71'
153' from well to end of lateral
110' from well to tank
1,000 gallon tank
25' to property line
drive
← West Rock creek Road →

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
2200 St. Mary's Avenue
Lincoln, NE 68502-3785
(402) 471-8000

Legal Description 20-12-6 Location _____

Owner/Requestor Jim Baresh

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

- ✓ New system, initial
- ✓ New system, followup
- ___ Existing system, repair
- ___ Existing system, followup
- ___ Loan approval
- ___ Consultation
- ___ Other (Specify)

REMARKS Sewer line, tank, dist. box & one lateral in main 6-18-92
Subsurface lateral ~~Sewer line~~ appears to close to the property line on the west. Contractor agreed to measure 33 ft from center of road for property line & pull on drawing.
2nd inspection in afternoon 2nd lateral complete & drawing mod.

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   A. Leach Field
   B. Septic Tank
   C. Sewer Line
   D. Frost-Proof Hydrant
   E. Lagoon
   F. Accumulated Manure
   G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System ✓ Septic ___ Lagoon

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: Ron Maraviart Received by: _____

Date: 6-18-92

WA1002