LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION
3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000
NON TRANSFERABLE

PERMIT

Permit No. 96380145101

SEWAGE INSTALLATION

Issued 07/15/96
Expires 01/15/97
Revenue Code 18754

Establishment
DEAN CUNNINGHAM
T12N R6E SEC 21
LOT 12
18551 NW 12 STREET

FEES: $150.00

TOTAL $150.00

Permittee
DEAN CUNNINGHAM
6733 FRANCIS ST
LINCOLN NE 68505

Issued By M. Jane Ford
Health Director

2359

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

A

FILING FEE: $ 150.00

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: Lot 12 SE Sec 21-12-6

1. Legal description of property: Twp. ~~12~~ 12N Range ~~5~~ 6E ; Section 21 ;
Block _____ : Lot 12 I.T. : Addition East side South of ½
Street Address 18539 NW 12th

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: N/A ft.

Dean A Cunningham
Signature of Applicant (Owner or Lessee)

6733 FRANCIS STREET
Address

(Do not write below this double line)

1. Health Department:	Date Rec'd. 7/10/96. Date Frwd. 7/11/96.	ACTION: Approved ☒ Disapproved ☐ Signature:	Jerrold C. Hoos
2. Supt. Bldg. Insp.: or Village Clerk	Date Rec'd. 7/11/96. Date Frwd. 7/11/96.	ACTION: Approved ☒ Disapproved ☐ Signature:	
3. City or County Engineer :	Date Rec'd. _____. Date Frwd. _____.	ACTION: Approved ☒ Disapproved ☐ Signature:	Jon Plough

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10/1/96 by: L.C.H. Need Drawing
Date: _____ by: _____
Date: _____ by: _____

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
3140 N Street
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(402)-441-8022

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: Lot 12 SE. Sec 21-12-6

Location: Township 12N ; Range 6E ; Section & ¼ Section 21 Eastside South of ½
Property Dimensions: 637.56 ft. x 1368 ft. Area: 20.49 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; SHD Clay Loam ☐ .
Dates of Tests: 4-16-96 to 4-17-96 . Weather: Precip. 0 Temp. 60°.

OWNER: Dean A Cunningham
Address: 6733 Francis

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.) 6 dia	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	4-16	5:00pm	4-16	11:00pm	4-17	9:00pm	24	9:30pm	26	30	2	15 min
2	36	4-16	5:00	4-16	11:00pm	4-17	9:00pm	22½	9:30pm	24	30	1½	20 min
3	36	4-16	5:00	4-16	11:00pm	4-17	9:00pm	27¾	9:30pm	30	30	2¼	13 min
4	36	4-16	5:00	4-16	11:00pm	4-17	9:00pm	21½	9:30pm	23	30	1½	20 min
5	36	4-16	5:00	4-16	11:00pm	4-17	9:00pm	18	9:30pm	21	30	3	10 min
6	36	4-16	5:00	4-16	11:00pm	4-17	9:00pm	30½	9:30pm	32	30	1½	20 min

Water did not remain in holes so we refilled at 5:00pm on the 17th & took readings & refilled until 9:00pm & Ellen took last reading

Dean A Cunningham
Signature of Person Conducting Test

Sum of Percolation Rates: 98
Average of Rates: 16.33
Mean of Rates: _____

Address 6733 Francis Lincoln NE Phone 467-3317

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: JULY 10, 1996

Approved Percolation Rate (a)
A. 16 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold 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 ☐

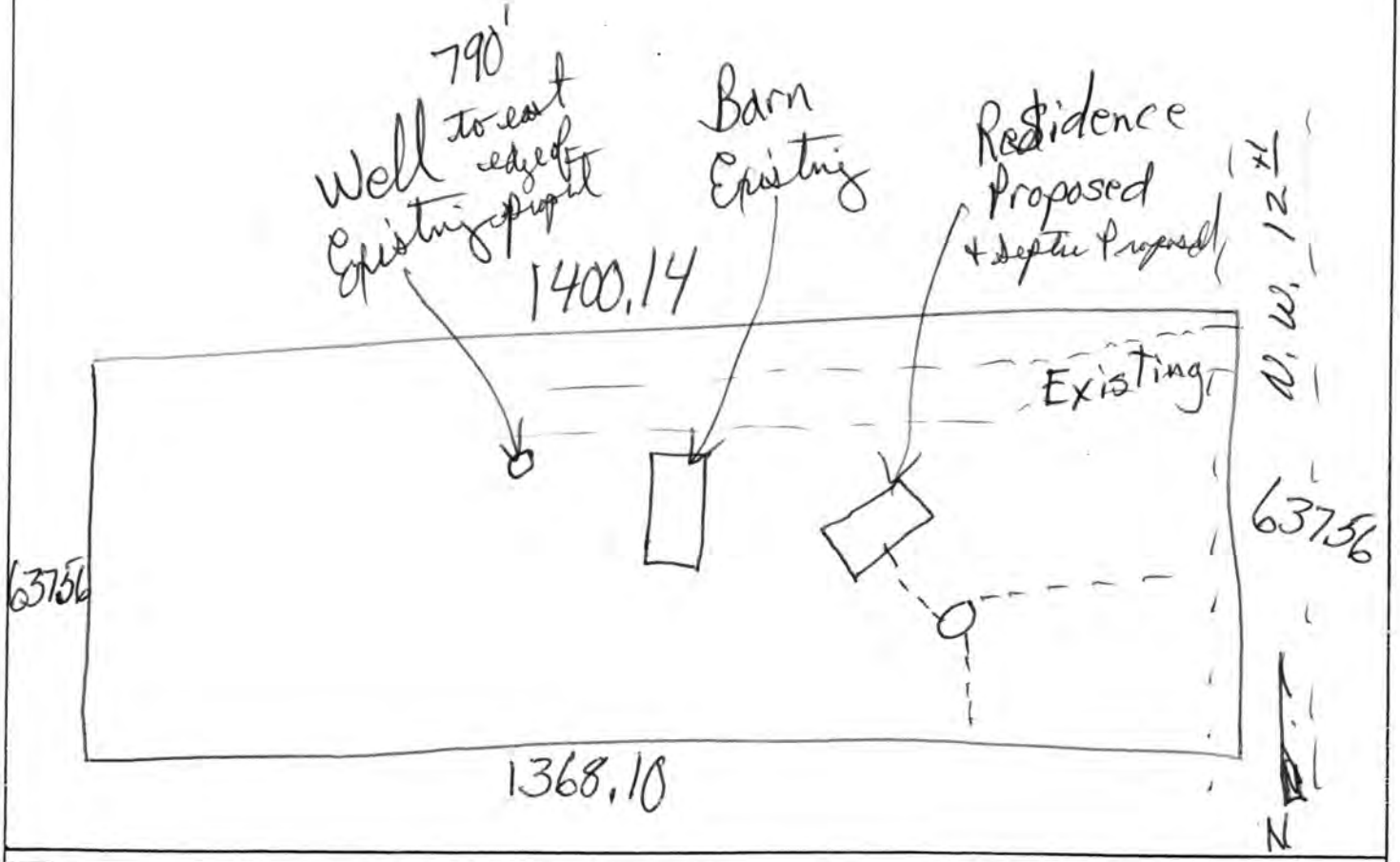
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

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, 1996

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 583 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 Dept.
3140 "N" Street
Lincoln, NE 68510

D

DATE: _____

FILE NO: _____

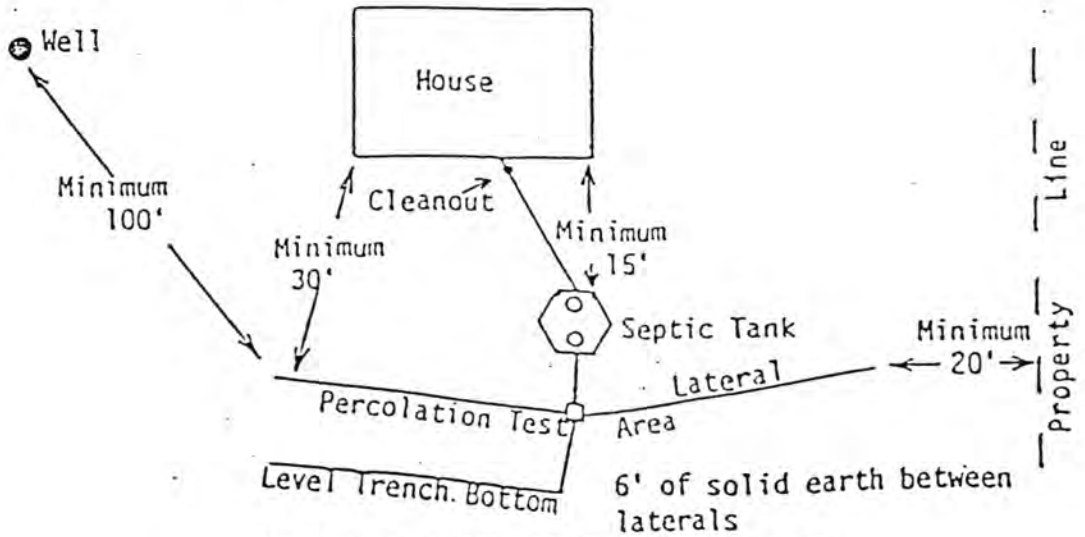
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter _____ in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 90 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line 600 ft.; Stream 200 ft.; Pressure Line 120 ft.; Property Line 80 ft.

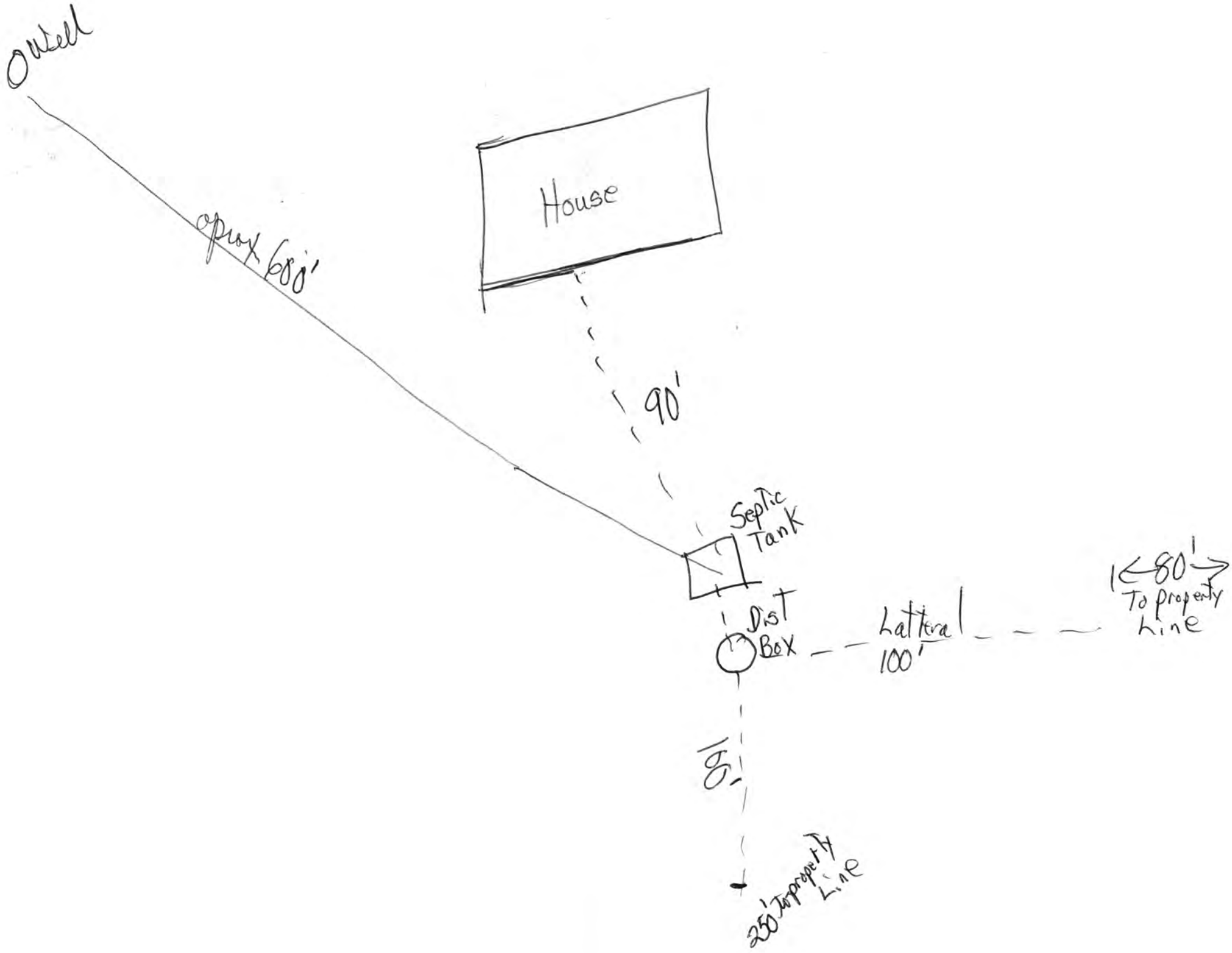
B. SEPTIC TANK:
1. Material Concrete; No. of compartments _____.
2. Capacity 1,000 gallons gals.;
3. Factory Built: Yes ☒ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade _____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade _____ in.
8. Distances to:
Well or Suction Line 600' + ft.; Stream 200 ft.; Pressure Line 120' ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Concrete; 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 2; Length of each line 100, 100, _____, _____, _____ ft.; Total length of laterals 200 ft.; Distance between lateral lines Right Angle 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


Well
approx 600'
House
90'
Septic Tank
Dist Box
Lateral
100'
80'
To property line
50'
250' To property Line