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. 93380103401

Issued 07/30/93
Expires 01/30/94
Revenue Code 18754

Establishment
SUSAN KUCK
T12N R6E SEC 21

FEES: $150.00

TOTAL $150.00

Permittee
SUSAN KUCK
BOX 82850
LINCOLN NE 68500

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: 7-27-93

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 21 W½ ;
   Block _____ : Lot _____ : Addition _____
   Street Address NW 18th & West ~~Bennet Rd~~ ROCK CREEK RD

2. Property Use: Residential ☐ ; Commercial ☐ Other Use ☒
   No. of Bedrooms _____. Describe Home Base Employee part time

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

4. Distance to public sewer: 9 mi ft.

Susan Hubb Smith
Signature of Applicant (Owner or Lessee)

Box 82850
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/27/93. Date Frwd. 7/27/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7/27/93. Date Frwd. 7/27/93. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Spin
3. City or County Engineer: Date Rec'd. 7-27-93 Date Frwd. 7-27-93. ACTION: Approved ☒ Disapproved ☐ Signature: Larry Wilson

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-24-93 by: RM
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-25-93 By: Ron Mayer

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

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 12N ; Range 6E ; Section & ¼ Section 21.
Property Dimensions: _____ ft. x _____ ft. Area: 480 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☒ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 5-16-93 to 5-19-93. Weather: Precip. NO Temp. 75.

OWNER: Lucas Foods

Address: Box 82850 Lin

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		5-16	10A	5-18	3PM	5-19	11⁰⁰	6"	12⁰⁰	5"	23	min	1"
2										5"	23	min	1"
3										5"	23	min	1"
4										5"	23	min	1"
5										5"	23	min	1"
6										5"	23	min	1"

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

Signature of Person Conducting Test

Address 6710 N07 Phone 435-8866

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

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

_____
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: _____

FILE NO. _____

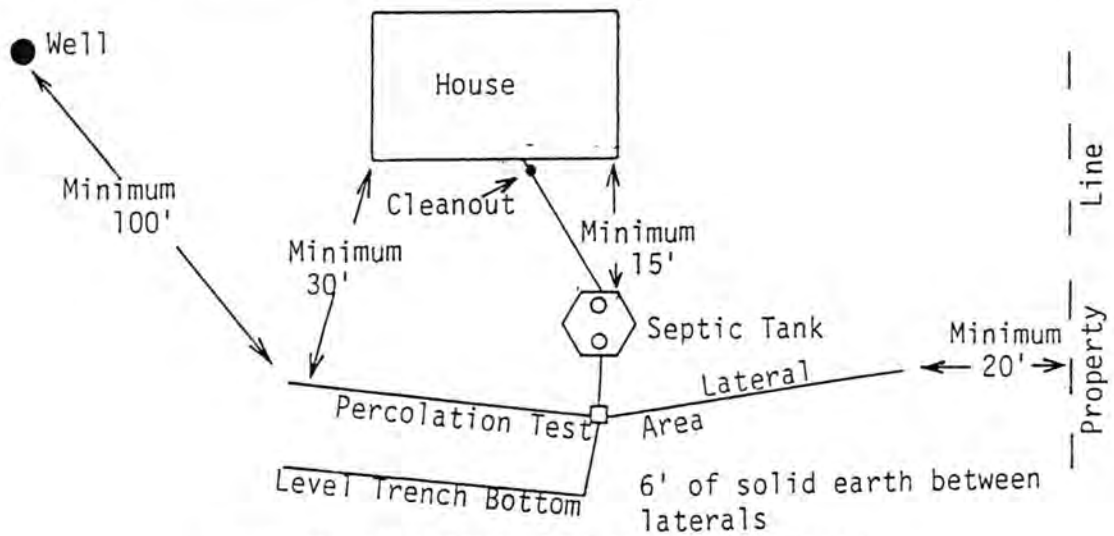
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material SDR 26; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 18 in.
3. Distance between dwelling and septic tank 57 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line 150 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

B. SEPTIC TANK:
1. Material Cement; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
4. Manholes: Over Inlet; diam. 8 in.
Over Outlet; diam. 8 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 100 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

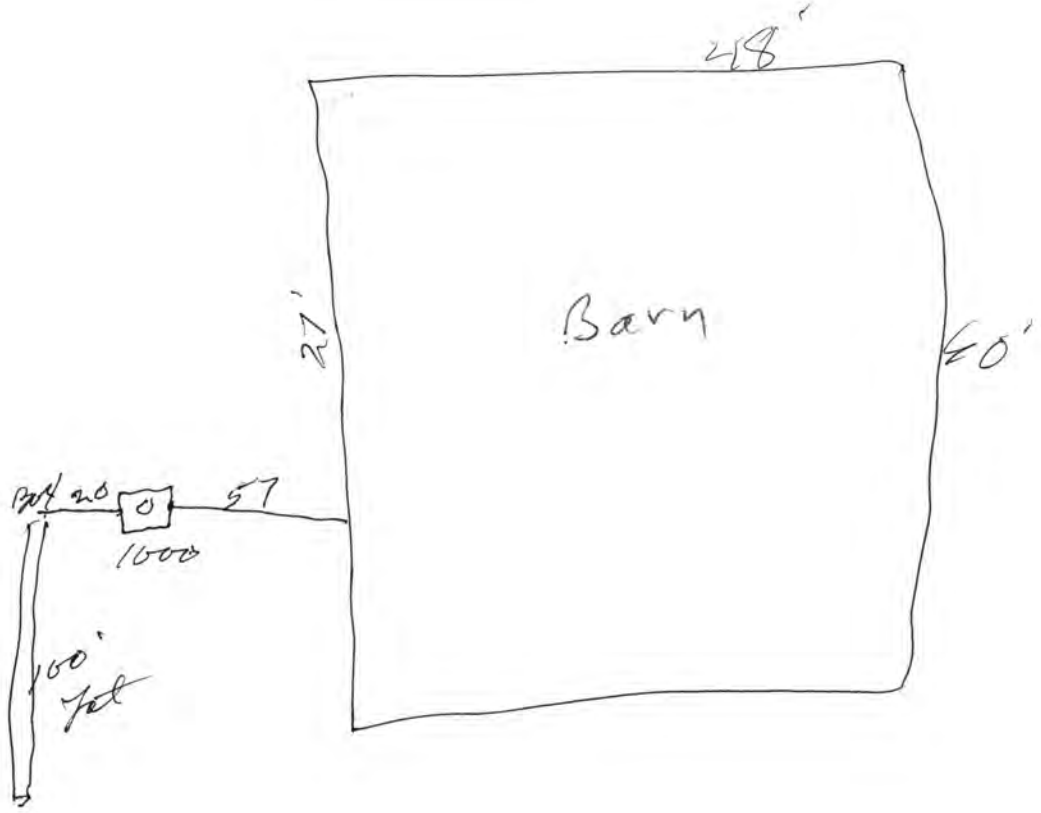
C. DISTRIBUTION BOX:
1. Material Plastic Hard Core; Number - available outlets 7.
2. Factory Built: Yes ☒ No ☐
(Company Hard Core)
3. Distance from Septic Tank ____ ft.

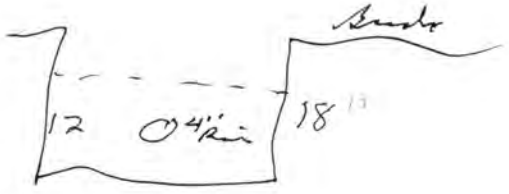
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒
Diameter of Half Round ____ or Perforated Pipe 4".
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other ____.
2. Lateral Lines:
Number 1; Length of each line 100, ____, ____, ____, ____ ft.;
Total length of laterals 100 ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width 36" ±.;
Slope 3 in/100 ft.; Average Depth 18 in.
4. Filter Material: Road Gravel
Depth of Material 12 in.
5. Distances to:
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ½ mi ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N


48'
Barn
60'
27'
20
57
1000
100'
feet


Sheds
12
18

LARRY,

LEGAL DESCRIPTION:

WEST ONE-HALF (W 1/2) OF SECTION 21, AND PART OF THE NORTHEAST QUARTER (NE 1/4) OF SECTION 20

SIZE OF BUILDING

90' WIDE BY 60' LONG

BLUE DOT ON ENCLOSED MAP IS APPROXIMATE LOCATION OF THE BUILDING

THANKS
SUE KUCK


602
T1590
2
19.4 HEL/NW
4
36.4 HEL/NW
Bldg
12
11
10
9
8
7
6
5
4
3
2
1
21
3.5 HEL/NW
HEL/NW
TEST WELL PASSED
29,500
(WELL #4004)
28,000
10.1 HEL/NW
30,000
15.8 HEL/NW
27.6 HEL/NW
27.8 HEL/NW
TEST WELL PASSED
800
T1790
T1791N
R20W SIXTH P.M.