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. 93380096101

Issued 03/12/93
Expires 09/12/93
Revenue Code 18754

Establishment

DEAN SETTJE
T12N R6E SEC 18
4700 W ROCK CREEK ROAD

FEES: $150.00

TOTAL $150.00

Permittee

DEAN SETTJE
4700 W ROCK CREEK RD
RAYMOND NE 68428

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 ck

FILE NO. _____

DATE: 3-5-93

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. 12 N ; Range 6 E ; Section 18 ;
   Block _____ : Lot _____ : Addition S½ of SE 1/4 of Sec 18
   Street Address 4700 W. Rock Creek Rd

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____

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

4. Distance to public sewer: N/A ft.

Dean Sattler
6152 NW 11th
Lincoln, NE 68521
475-2333
cell 432-4427

Dean Sattler
Signature of Applicant (Owner or Lessee)

4700 W Rock Creek Rd
Raymond, NE 68428
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/15/93. Date Frwd. 3/15/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 3/15/93. Date Frwd. 3/15/93. ACTION: Approved ☑ Disapproved ☐ Signature: Hay Lyn
3. City or County Engineer: Date Rec'd. 03/15/93. Date Frwd. _____. ACTION: Approved ☑ Disapproved ☐ Signature: Virgil Chapman

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 2-24-93 by: mm need fence.
Date: 12-12-97 by: mm need a fence gate & lights & 24" water
Date: 4-10-98 by: my machenge

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
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 12 N ; Range 6 E ; Section & ¼ Section SE 1/4 of SE 1/4 of Sec 18
Property Dimensions: 660 ft. x 1320 ft. Area: 20 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☑
Dates of Tests: 10-16-92 to 10-17-92 DS. Weather: Precip. 0 Temp. 58°

OWNER: Dean Settje

Address: 4700 W Rock Creek Rd Raymond, NE

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	10/16	7:30	10/17	6:50	10/17	6:50	15"	7:29	15 1/8	39	1/8	312
2	37	10/16	7:34	10/17	6:52	10/17	6:52	12 3/4	7:30	12 7/8	38	1/8	304
3	36	10/16	7:37	10/17	6:53	10/17	6:53	18 1/2	7:31	18 9/16	37	1/16	592
4	36	10/16	7:41	10/17	6:54	10/17	6:54	16 1/2	7:32	16 11/16	36	3/16	192
5	36	10/16	7:43	10/17	6:55	10/17	6:55	18 3/4	7:34	18 15/16	39	3/16	208
6	36	10/16	7:46	10/17	6:56	10/17	6:56	15 1/4	7:34	15 3/8	38	1/8	312
			(PM)		(AM)			From nail					

Sum of Percolation Rates: 1920
Average of Rates: 320
Mean of Rates: _____

Dean Settje
Signature of Person Conducting Test

Address 4700 W Rock Creek Rd, Raymond Phone 435-5959 or 475-2333

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

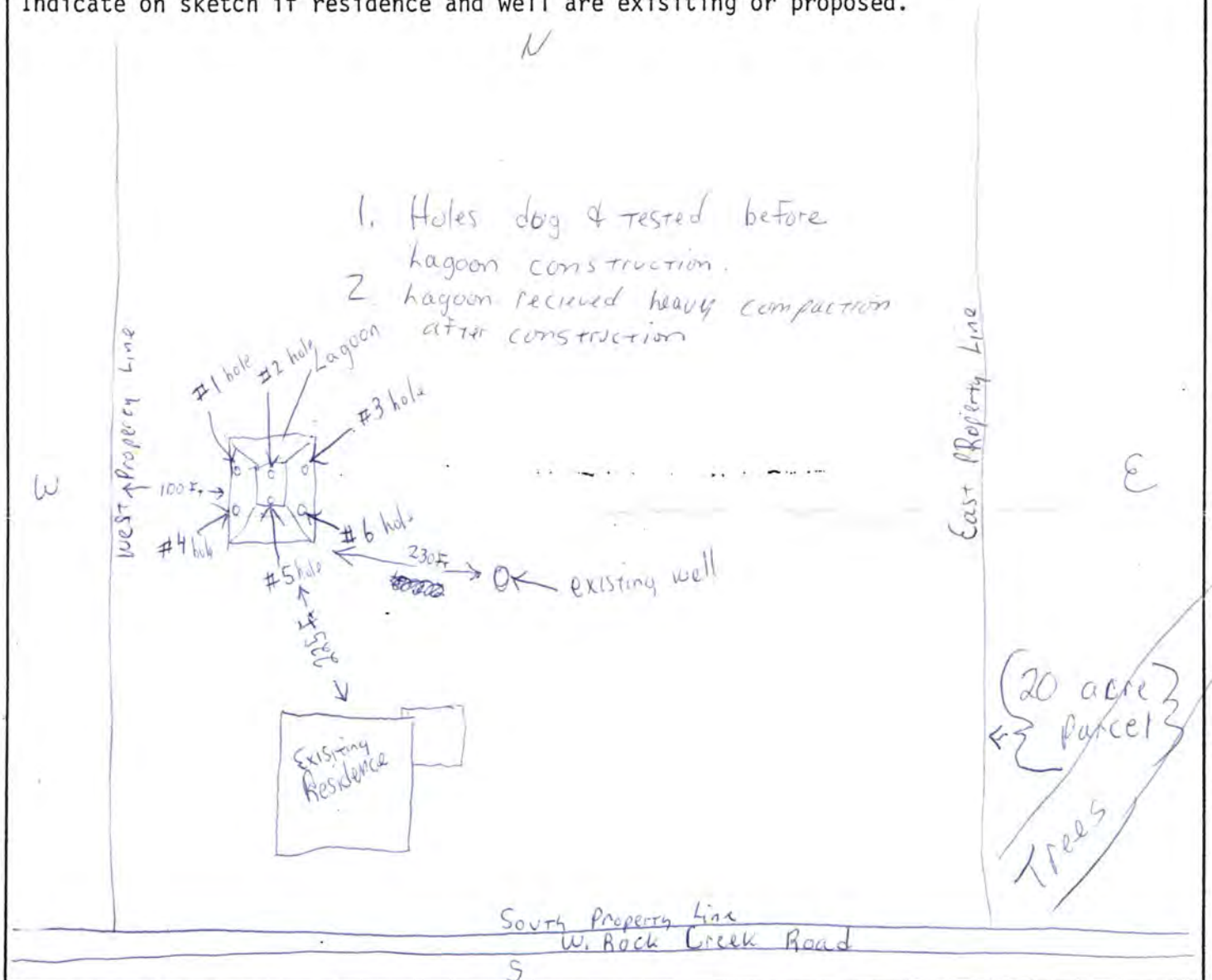
Date: _____

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

_____
Signature of Reviewing Official

FORM 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
Phone: 471-7800

D

DATE: _____

FILE NO: _____

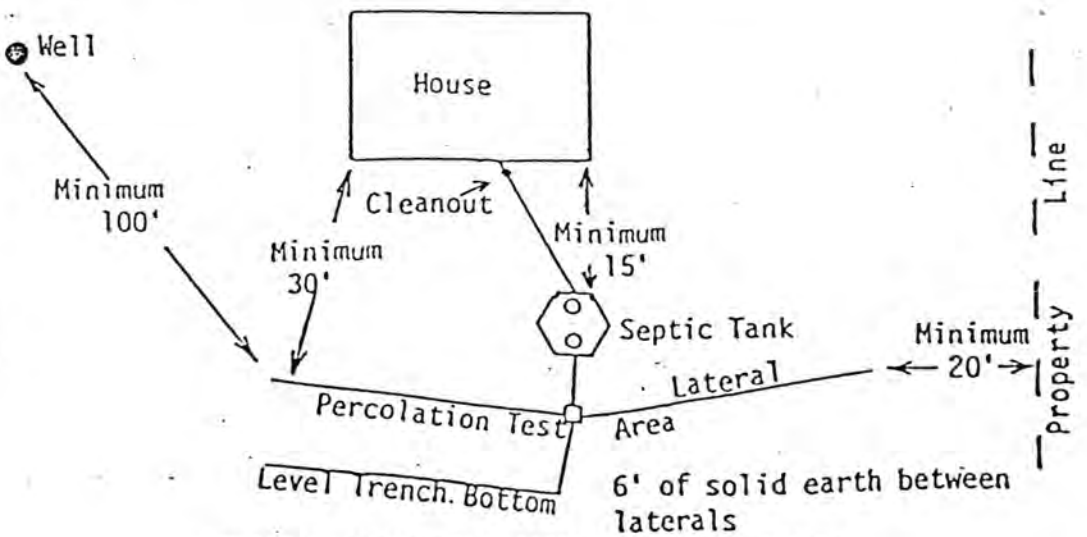
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 6 in.
2. Distance above basement floor — in., or below basement floor 36 in.
3. Distance between dwelling and septic tank 225 ft.
4. Number of clean-outs 4.
5. Distances to:
Well or Suction Line 230 ft.; Stream none ft.; Pressure Line none ft.; Property Line 100 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.

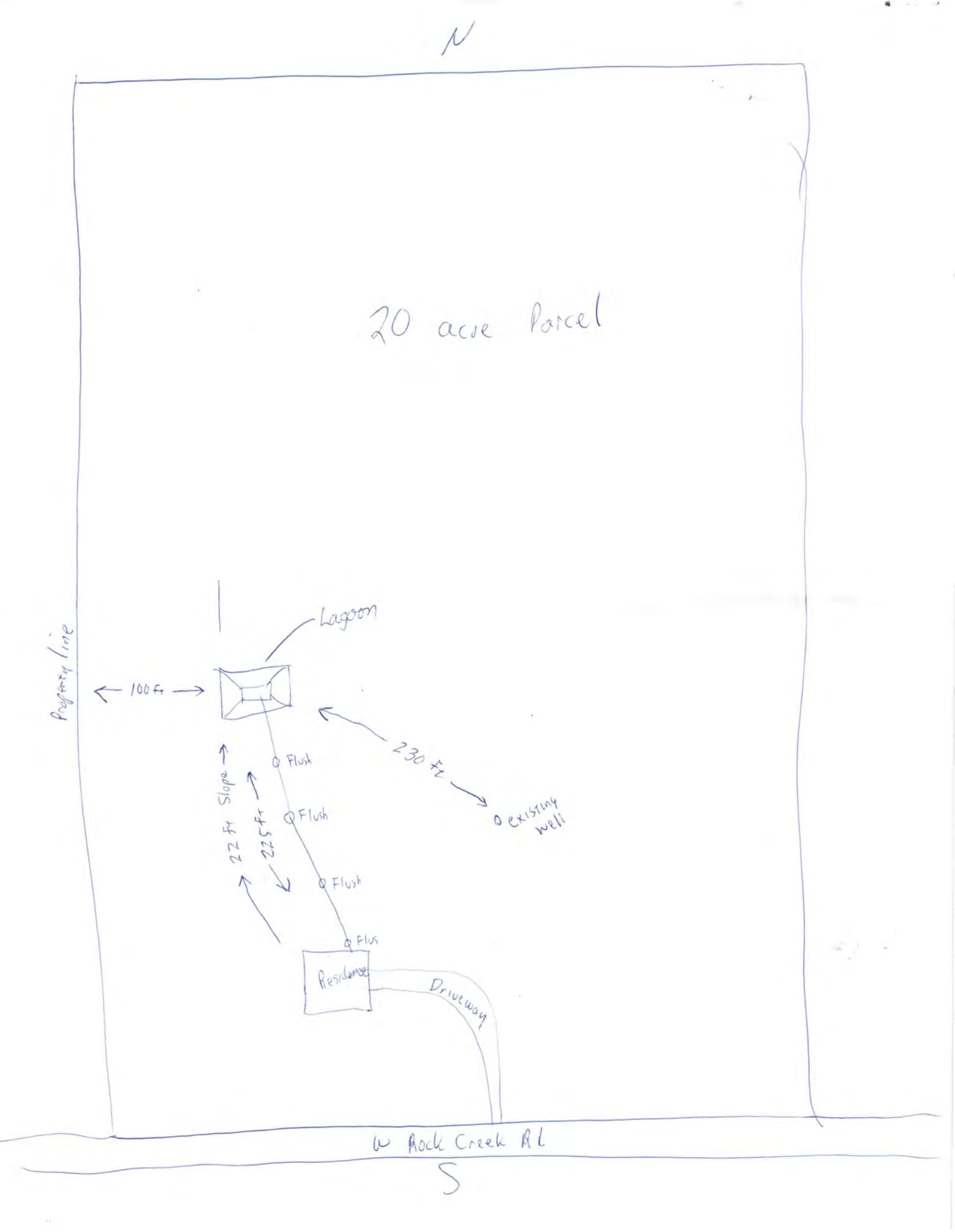
C. DISTRIBUTION BOX:
1. Material _____; Number - available outlets _____.
2. Factory Built: Yes ☐ No ☐
(Company _____)
3. Distance from Septic Tank _____ ft.

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

OVER


N
20 acre Parcel
Property Line
Lagoon
100 Ft
Flush
Flush
Flush
Flus
22 Ft Slope
225 Ft
230 Ft
existing well
Residence
Driveway
W Rock Creek Rd
S