LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2705-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

6 MONTHS — THIS PERMIT EXPIRES

PLEASANT DALE LUMBER & OIL CO. BOX 7 — ISSUED TO

PLEASANT DALE, NE — ADDRESS

T10N; R5E; Sec 17; Bk1; Lot 1; 12500 W. Wendy Lane — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE 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
MG	8-2-83	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

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

20109-0977

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. 2705-C

DATE: 7-26-88

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. 10N ; Range 5E ; Section 17 [redacted];
   Block 1 : Lot 1 : ~~Addition~~ Workman Subdivision
   Street Address [redacted] 12500 W Wendy Lane

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

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

4. Distance to public sewer: _____ ft.

[redacted]
Signature of Applicant (Owner or Lessee)
Wesley A. Kell
Box 7 Main St Pleasant Dale NE 68423
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/1/88 . Date Frwd. 8/2/88 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Neveril
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8/2/88 . Date Frwd. 8/2/88 . ACTION: Approved ☒ Disapproved ☐ Signature: Walt J. Klug
3. City or County Engineer: Date Rec'd. 8/2/88 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Joseph Cranmer

REMARKS OR REASONS FOR DISAPPROVAL LAGOON MUST BE SEALED.

Site Visits:
Date: 12-2-88 by: rm need Lancd
Date: 2-28-94 by: rm Lancd ok
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 2-28-94 By: Ron Mayhew

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 10 N ; Range 5E ; Section & ¼ Section 17 SW⁴
Property Dimensions: 587.44 ft. x 393 ft. Area: 5.5 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐.
Dates of Tests: 7-22-88 to 7-23-88. Weather: Precip. _____ Temp. 90's.

OWNER: Roger L Anderson
Address: 12500 W. Wendy Lane

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"	7/22	10A	7/22	4P	7/23	4P	6"	8P	1"	4	11"	
2	36"	7/22	10A	7/22	4P	7/23	4P	6"	8P	1/2"	4	11 1/2	
3	36"	7/22	10A	7/22	4P	7/23	4P	6"	8P	0"	4	12"	
4	36"	7/22	10A	7/22	4P	7/23	4P	6"	8P	1"	4	11"	
5	36"	7/22	10A	7/22	4P	7/23	4P	6"	8P	2"	4	10"	
6	36"	7/22	10A	7/22	4P	7/23	4P	6"	8P	0"	4	12"	

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

Roger Anderson
Signature of Person Conducting Test
Address 12500 W. Wendy Cave Phone 477-1759

(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 ☒

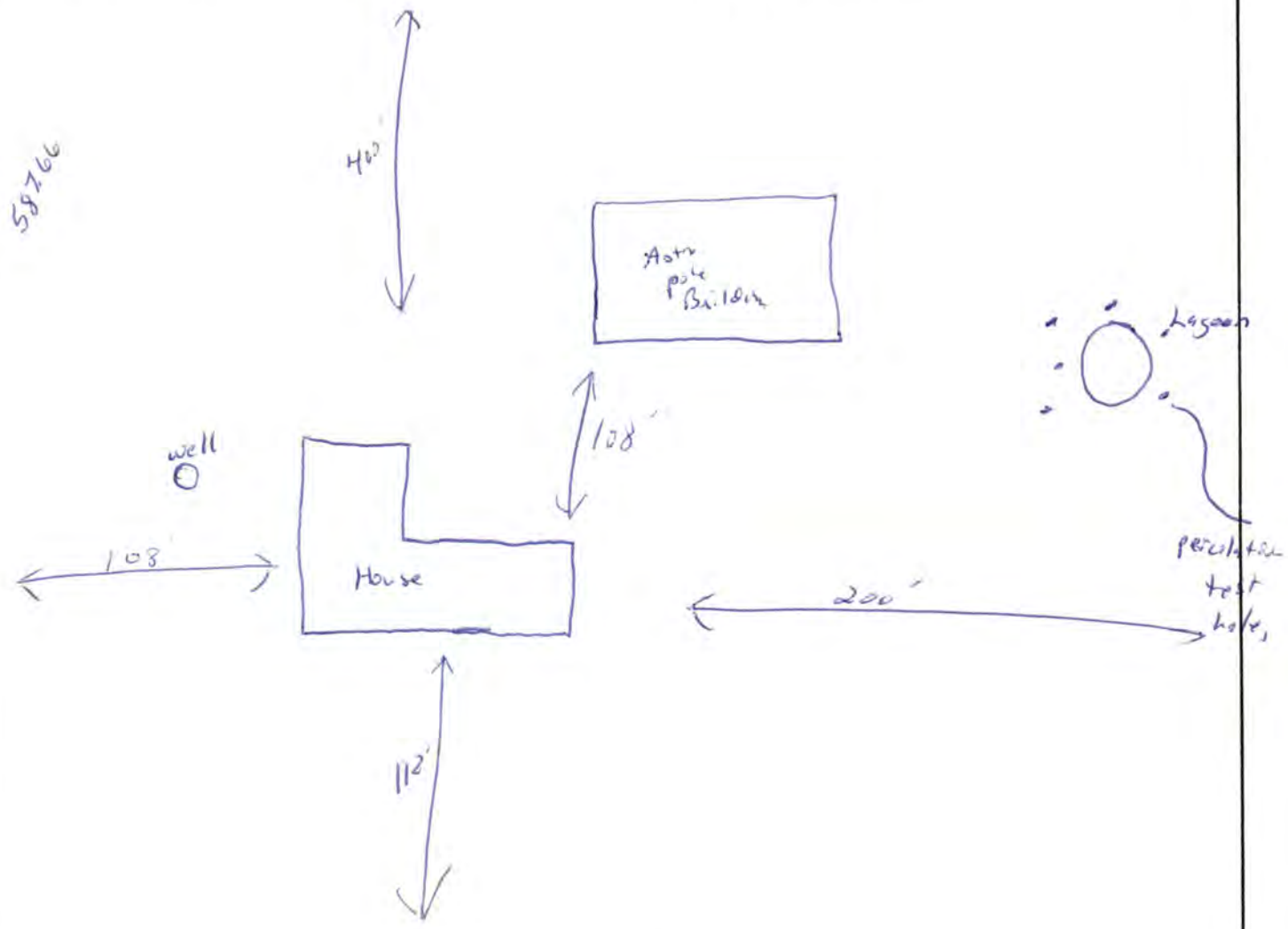
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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Lincoln, Nebraska 68502
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C

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.



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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: 12-2-88

FILE NO. _____

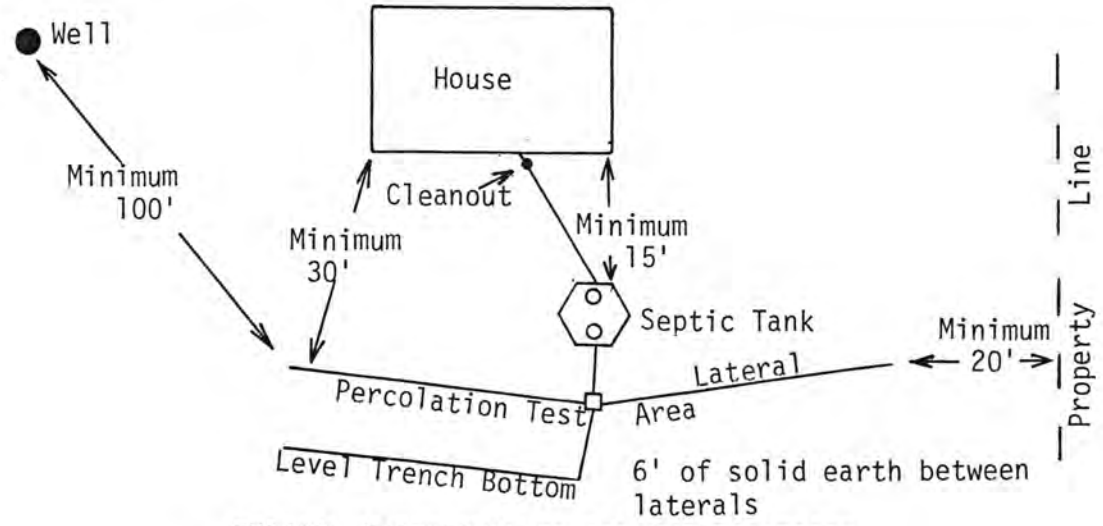
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material 2241 ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank _____ ft.
4. Number of clean-outs _____.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ 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.

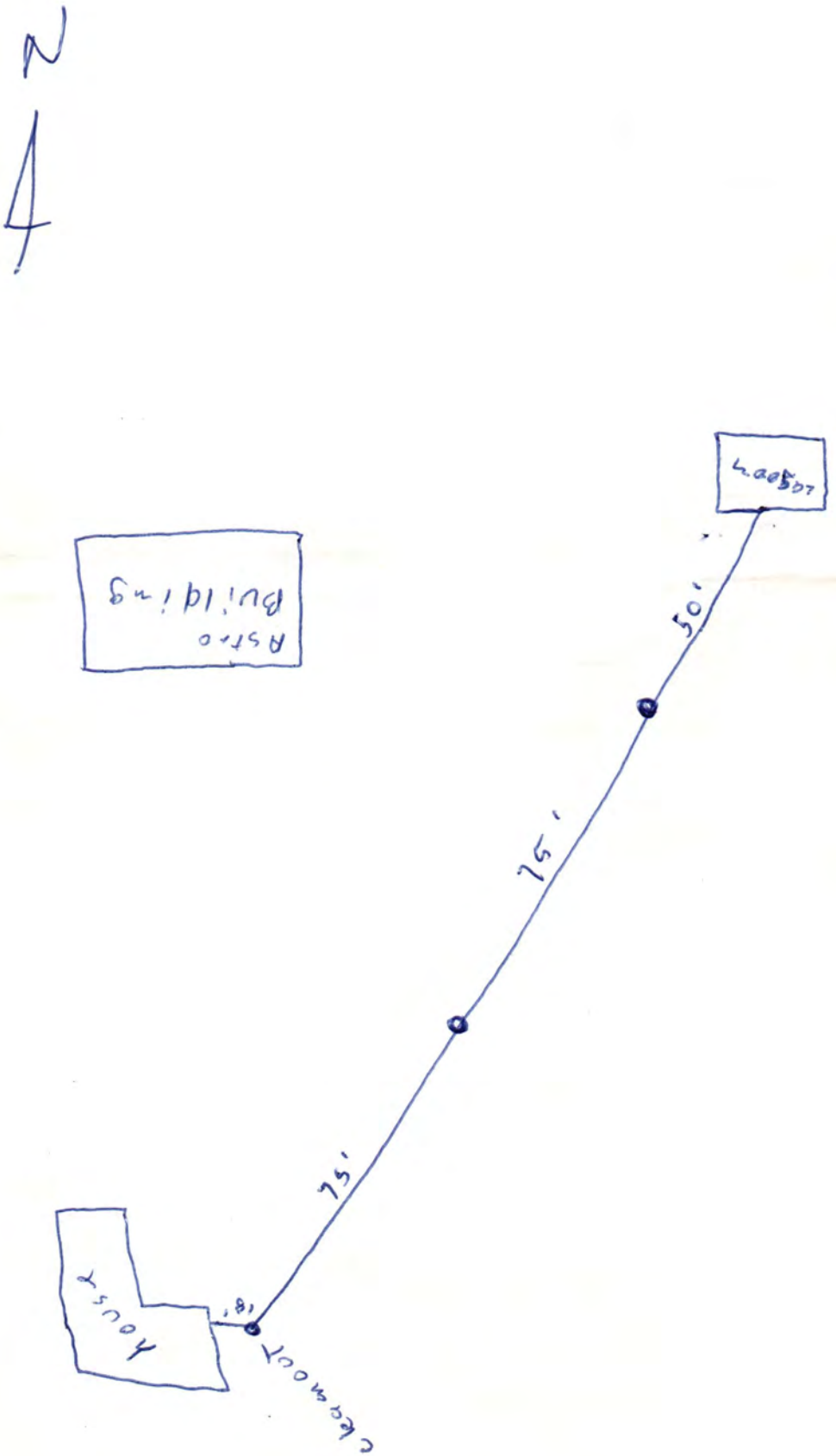
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☐
Diameter of Half Round _____ or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number ___ ; Length of each line _____, _____, _____, _____, _____ 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

AS BUILT DRAWING OF SYSTEM

DATE 12-2-88 INSTALLER Dale A. Anderson



SURVEY RECORD

SURVEY OF LOT 1 BLK 1 WORKMAN SUB.

SW¼ Section 17 T 10 N, R 5 E OF 6th P.M.

_____, LANCASTER County, Nebraska

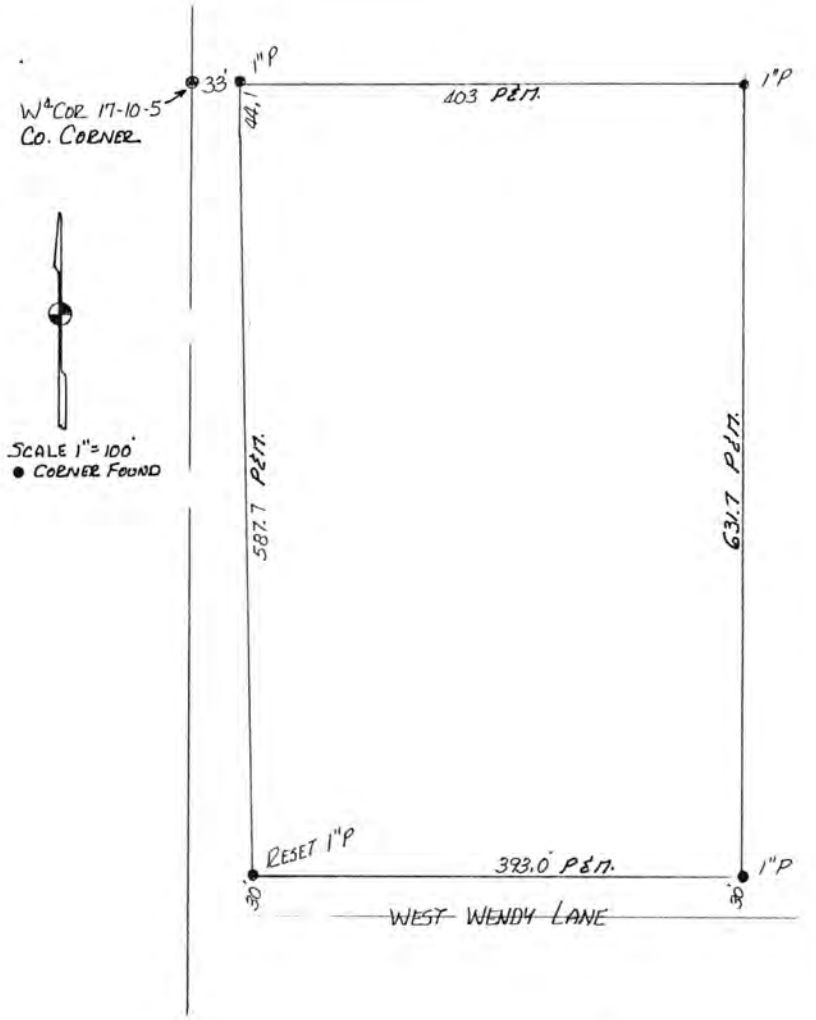
Date 6 MAY 1988 Weather _____

Survey Number _____

TRANSIT ENGINEERING COMPANY

Consulting Engineers ~ Planners ~ Land Surveyors

6500 Pioneer Blvd., Lincoln, Ne 68506 ~ Phone 489-8874



Signed this 21 day of JUNE, 1988

Name: KB Smith

Land Surveyor's Seal

Surveyor's Licence No. L.S. 250