LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 471-8000

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 92380094001

Issued 12/10/92
Expires 06/10/93
Revenue Code 18754

Establishment
KEVIN WOLFE
T12N R6E SEC 8

FEES: $150.00

TOTAL $150.00

Permittee
KEVIN WOLFE
3101 S 17 ST
LINCOLN NE 68502

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: 12-9-92

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. 12N ; Range 6E ; Section 8 SE¼ 80 acres owned
   Block _____ : Lot _____ : Addition North 900ft from intersect, 250 west
   Street Address _____

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: Greater than 400 ft.

Kevin Wolfe 437-8509
Signature of Applicant (Owner or Lessee)

3101 South 17th Lincoln NE 68502
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 12/9/92 . Date Frwd. 12/9/92 . ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. _____ . Date Frwd. 12/9/92 . ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. _____ . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4-12-93 by: rm 100ft lateral with too much drop 2 ft drop 6" drop Extremely wet condition of Hosail
Date: 4-19-93 by: rm latest corrected
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-26-93 By: Ken Morgan

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 23-43

FORM HD- 43(73) 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 475-6221)

FILE NO. _____

PROPERTY WHERE SOIL TESTED:
Location: Township _____; Range _____
Section & ¼ Sect. _____
Property Dimensions: ____ft. x ____ ft.
Area: _____ acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay [ ]; Silty Clay Loam [X]; Sandy Loam [ ]
Silty Loam [ ]; Clay Loam [ ]; Sandy Clay [ ]

Owner: Kevin White Const.
Address _____

Dates of Tests: 12-4-92 to 12-5-92. Weather: Precip. Sunny Cool Temp. 35 F.

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				
Hole 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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
+	30"	12-4	12:00	12-5	12:00	12-5	12:00		12:30		30 min		
1	"	"	"	"	"	"	"		"		"	2 3/4	
2	"	"	"	"	"	"	"		"		"	2	
3	"	"	"	"	"	"	"		"		"	2 1/2	
4	"	"	"	"	"	"	"		"		"	2	
5	"	"	"	"	"	"	"		"		"	2 1/2	
6	"	"	"	"	"	"	"		"		"	2 1/2	

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

Bryan Manley
Signature of Person Conducting Test

Address 612 W 17 Da Eagle
Phone: 464-0658 (Work) 781-2818 (Home)

(Do not write below this line)

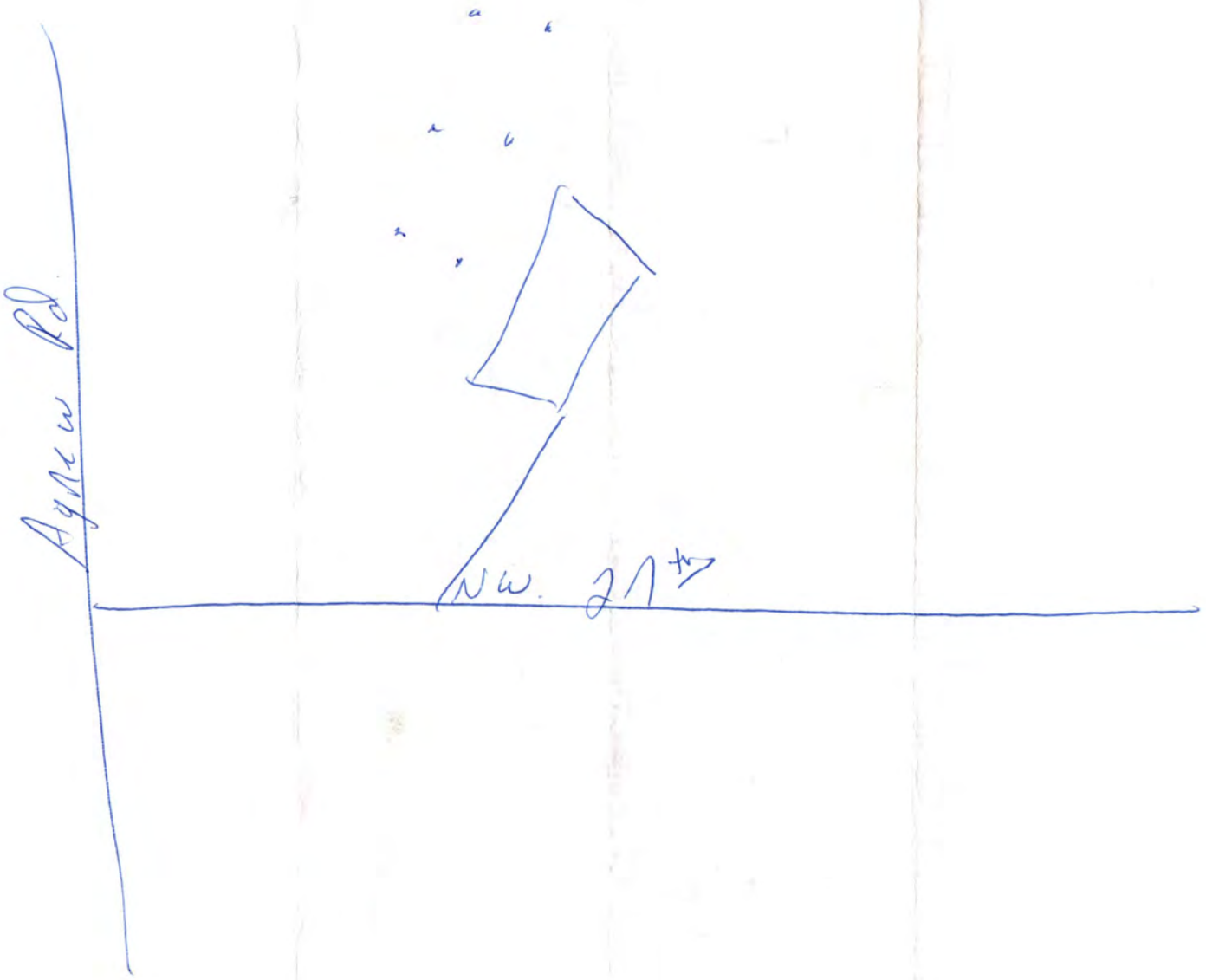
REVIEWING ACTION

REMARKS: Loam Sharpsburg Silty Clay

Approved Percolation Rate(s)
A. 13 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: DECEMBER 9, 1992

Jerrold C. Nook
Signature of Reviewing Official


Dixie Rd
NW. 21st

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 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 543 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: 4/19/95

FILE NO: _____

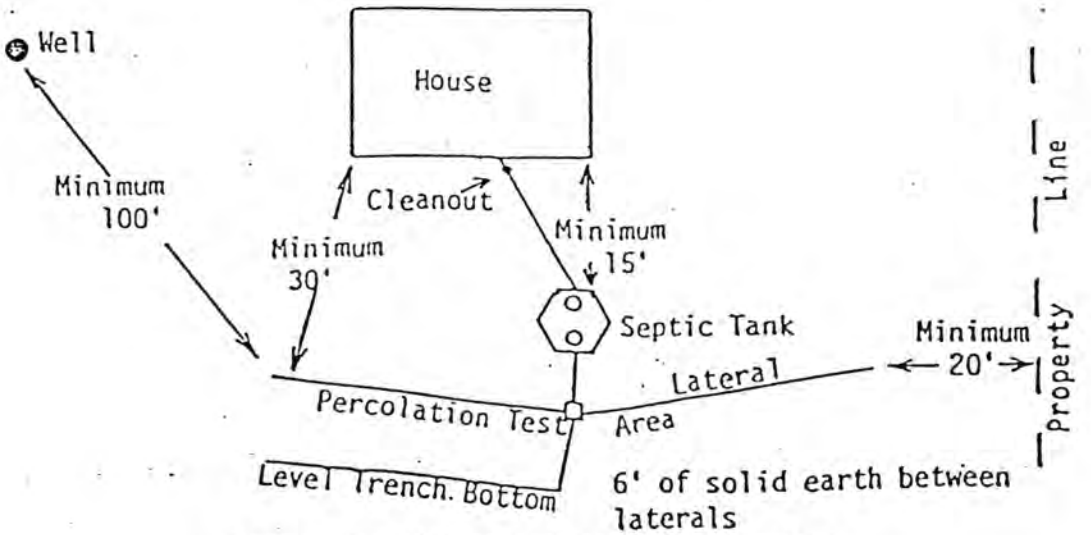
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC Sch 40; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 25 ft.
4. Number of clean-outs 0.
5. Distances to:
Well or Suction Line 100ft. + ft.; Stream N/A ft.; Pressure Line 100 + ft.; Property Line 100 + ft.

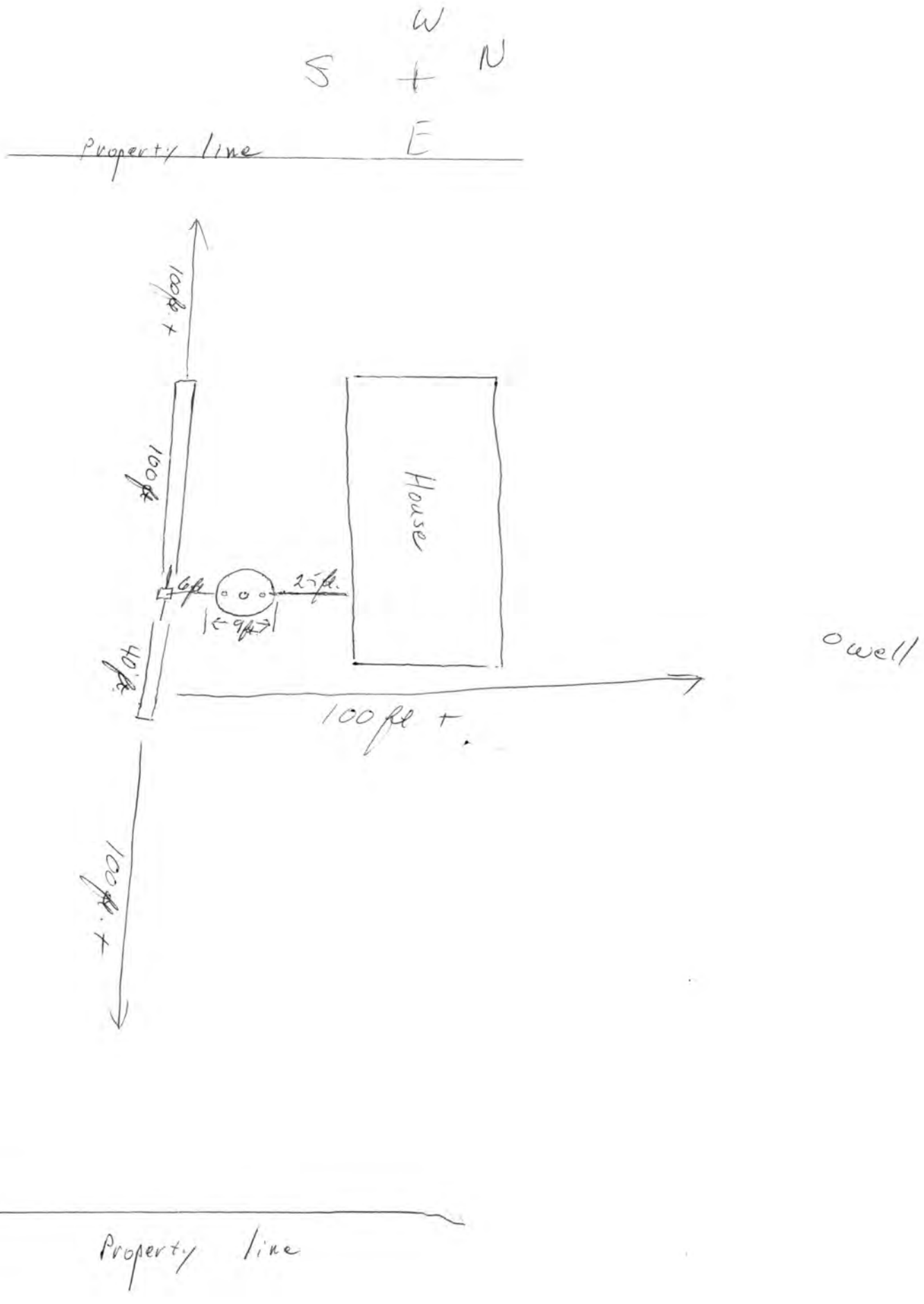
B. SEPTIC TANK:
1. Material Cement; No. of compartments 1.
2. Capacity 1500 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Ayres - Fremont Wel)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ___ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 14 in.
8. Distances to:
Well or Suction Line 100 + ft.; Stream N/A ft.; Pressure Line 100 + ft.; Property Line 100 + ft.

C. DISTRIBUTION BOX:
1. Material Cement; Number - available outlets 6.
2. Factory Built: Yes ☒ No ☐
(Company Same)
3. Distance from Septic Tank 7 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 12" or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 2 ; Length of each line 40, 100, _____, _____, _____ ft.;
Total length of laterals 140 ft.;
Distance between lateral lines 10 ft.
3. Trench dimensions: Width 4 ft.;
Slope 8 in/100 ft.; Average Depth 28 in.
4. Filter Material: Gravel
Depth of Material 24 in.
5. Distances to:
Well or Suction Line 100 + ft.; Stream N/A ft.; Pressure Line 100 + ft.; Property Line 100 + ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


W
S
N
E
Property line
100 ft +
100 ft
House
6 ft
25 ft.
9 ft
40 ft
well
100 ft +.
100 ft. +
Property line