LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit No. 98390059001

SEWAGE SYSTEM REPAIR
ALTER SEWAGE SYSTEM/REPLACE LAGOON

Issued 08/12/98
Expires 02/12/99
Revenue Code 3157

FEES: $50.00

PAID

TOTAL $50.00

Establishment

B U TILMAN
T10N R5E SEC 22
LOT 118IT
9150 W O ST

Permittee

B U TILMAN
9150 W O ST
LINCOLN NE 68528-9133

Issued By Health Director
Lincoln-Lancaster County Health Department

007978

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

Individual Sewage Disposal System
Application to Alter, Extend or Repair

❒Municipal Code 24.38 ❒County Resolution Number 2832

Date: August 11, 1998	File No.:

The undersigned hereby applies for a permit to: ☒ **ALTER** ❒ **EXTEND** ❒ **REPAIR** an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. **Legal description of property:**
   Township 10 N Range 5E Section 22 1/4 Section _____
   Block _____ Lot 118 I.T. Addition _____
   Street Address 9150 West "O" St

2. **Property use:** ☒ residential ❒ commercial ❒ other use
   Number of bedrooms 2 + Describe Study

3. **Type of Present Individual Disposal System:** ❒ septic tank ☒ lagoon ❒ other

4. **Description of proposed alteration, extension or repair:** Replace Lagoon

5. **Work to be done by:** ❒ owner ❒ contractor's name Lanny Schwanck

6. **Estimated project:** a. Repair, replace or minor extension with a cost of less than $400.00 (no fee required).
   b. Total cost is greater than $400.00 (Return fee with this application).
   c. A "construction permit" is required if the use, operation, location, or type of the system is being changed.

Print Name Bill Tolman Address 9150 West "O" Phone 475-3564
Applicant Signature (owner or lessee) Bill Tolman

Please include the permit fee ($50.00) with this application

(Please do not write below this line)

Date rec'd 8/10/98 REVIEW: ☒ approved ❒ disapproved By: Jerrold C. Hood

Site visits:

Date _____ By _____
Date 7-21-99 By PD
Date _____ By _____

Installation final written approval

Date _____ By _____

Return to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE. 68510
441-8022

Rec'd 8/10/98
# 13157
50 = 475 for Well

White - EH Pink - Business Office Revised 1/98

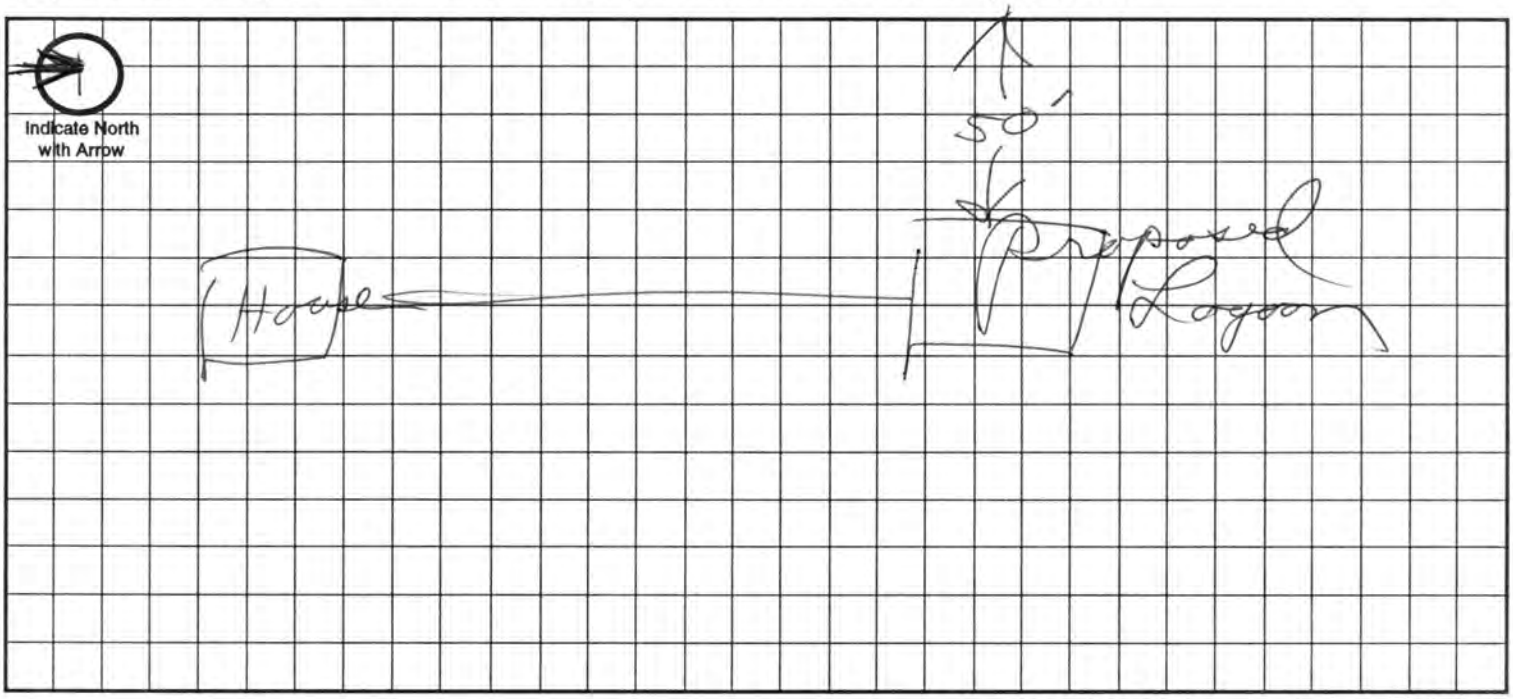
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☒	500 ☒	50 ☒	N/A ☒	30 ☐	50 ☒	100 ☒	200 ☒	☐

E. Required Signatures

Home Building Contractor Existing House Date _____

Installer Larry Schwarck Date 8-2-98

FORM 23-102 10-96

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1343-6

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — December 20, 1978

TYPE OF PERMIT — THIS PERMIT EXPIRES

B.U. Tilman — Rural Route 6, Box 102, Lincoln, NE 68502

ISSUED TO — ADDRESS

T10N, R5E, Section 22, Lot 118 I.T.

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH

ISSUING OFFICER

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

0109-0977

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: 474-1541

A

FILING FEE: $ 30.00

FILE NO. 1343-C

DATE: June 28, 1978

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 22 ;
   Block _____ : Lot 118 I.T. Addition _____
   Street Address "9300 West "O" St" RR 6 Box 102

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

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

4. Distance to public sewer: 3/4 Mile ft.

B. W. Tilman Owner
Signature of Applicant (Owner or Lessee)

RR 6 Box 102, Lincoln, Nebr 68502
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/29/78 . Date Frwd. 6/30/78 . ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Hoff

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6/30/78 . Date Frwd. 6/30/78 . ACTION: Approved ☒ Disapproved ☐ Signature: Harry M. Sherwood

3. City or County Engineer : Date Rec'd. 6-30-78 . Date Frwd. 6-30-78 . ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9-14-78 by: jw
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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

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: 474-1541

B

FILE NO. 1343

PROPERTY WHERE SOIL TESTED: 10 ~~22~~ ; Range ~~E~~ 5 ; Section & ¼ Section 22 SE 1/2.
Property Dimensions: _____ ft. x _____ ft. Area: AProx 10 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: _____ to _____. Weather: Precip. _____ Temp. _____.

OWNER: B. U. Tilman
Address: RR 6 Box 102 Lincoln NE 68502

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		6-15	11:30	6-15	3:30	6-16	900	1 3/4	3:30	2 1/8	30	3/8	
2								2 1/8		2 3/8		1/4	
3								1 3/4		2		1/4	
4								1 3/8		1 1/2		1/8	
5								2		2 3/8		3/8	
6								3 1/4		3 3/4		1/2	

B. U. Tilman
Signature of Person Conducting Test
Address RR 6 Box 102 Phone _____

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: 6-19-78

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

James Weverka
Signature of Reviewing Official

WILLIAM 15th + 16th

678

1130
12
1230
100
130
200
230
300
330

1 ½ ¾ 1 1 1/8 1 3/8 1 5/8 1 3/4 2 1/8 3/8

2 ¾ 1 1/8 1 1/8 1 3/8 1 5/8 1 7/8 2 1/8 2 3/8 1/4

4 ¼ ⅜ ⅝ ¾ 1 1 1/4 1 3/8 1 ½ 1/8

3 ½ ¾ 1 1 1/8 1 1/4 1 3/8 1 3/4 2 1/4

3/8 ¾ 1 1 1/8 1 3/8 1 5/8 2 2 3/8 3/8

6 1 1 3/8 1 3/4 2 2 3/8 2 3/4 3 3 1/4 1/2

Lin-Lan-Health 474-1541

I'll Quilt at Dana to Van

474 25th Ave Van Alstyne

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

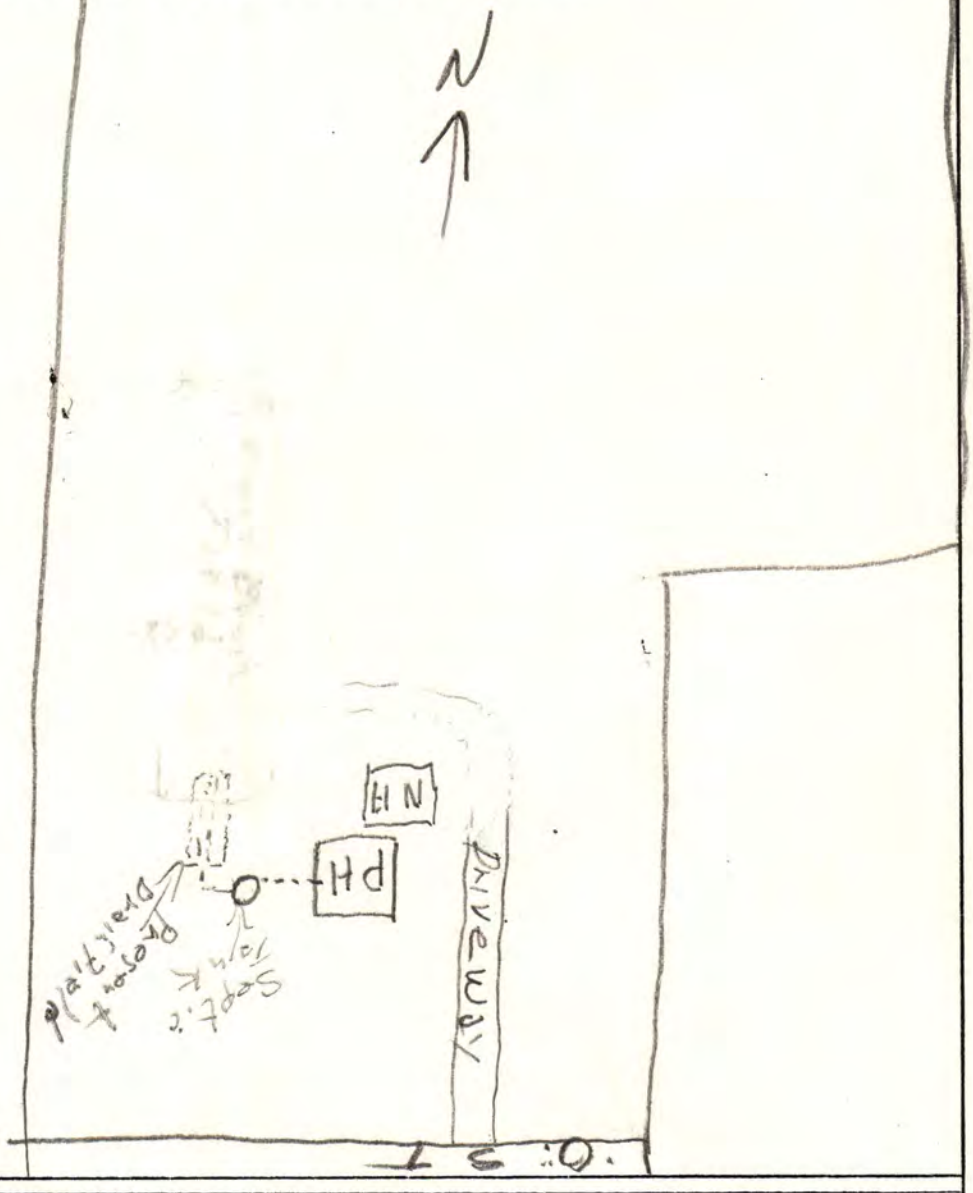
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska . 68502
Phone: 474-1541

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 1343

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

_____

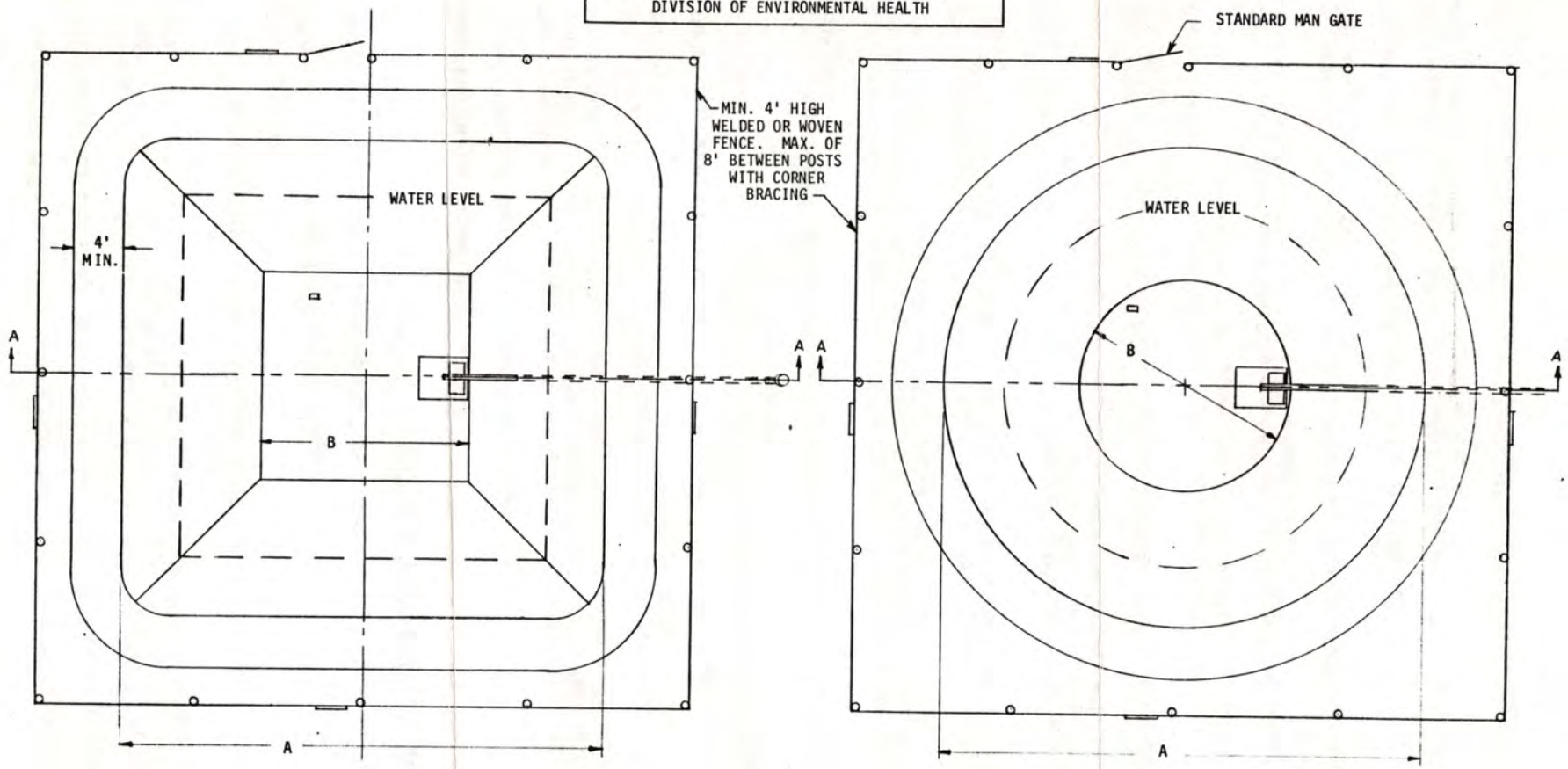
Date: _____

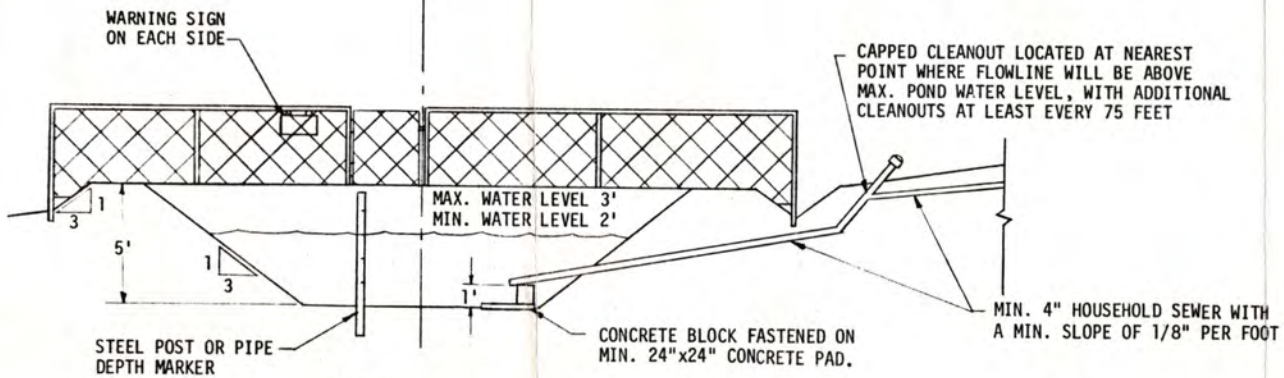
Minimum Design Requirement
1. Capacity of Septic Tank _____ gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed ____ sq.ft.

James Nkeverka
Signature of Reviewing Official

WASTE STABILIZATION POND

LINCOLN-LANCASTER COUNTY HEALTH DEPT.
DIVISION OF ENVIRONMENTAL HEALTH





SECTION VIEW A-A
(APPLICABLE TO BOTH DESIGNS)

NUMBER OF BEDROOMS IN THE HOUSE	LAGOON DIMENSIONS (FEET)			
	SQUARE		ROUND	
	A	B	A	B
2-3	43	13	46	16
4	48	18	52	22

ADDITIONAL INFORMATION ON BACK

B. L. Tolman

APPLICANT'S SIGNATURE

FORM 20111-0278

AS BUILT DRAWING OF SYSTEM

DATE SEPT. 14 - 1978 INSTALLER NORM BERGHUIS

