LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1277-C

INDIVIDUAL SEWAGE DISPOSAL SYSTEM CONSTRUCTION — TYPE OF PERMIT

September 23, 1978 — THIS PERMIT EXPIRES

Michael Divine — ISSUED TO

3640 Huntington, Lincoln, NE — ADDRESS

T12N, R5E, Section 27 W½ of SW¼ of SE¼ — 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

Cla

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: 474-1541

A

FILING FEE: $ 30.00

FILE NO. 1277-C

DATE: 3-23-78

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 5E; Section 27; W½ OF SW¼ OF SE¼
   Block _____: Lot _____: Addition _____
   Street Address _____

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

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

4. Distance to public sewer: miles ft.

Michael Divine
Signature of Applicant (Owner or Lessee)

3640 Huntington 68504
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/23/78. Date Frwd. 3/23/78. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 3/27/78. Date Frwd. 3/27/78. ACTION: Approved ☒ Disapproved ☐ Signature: Gary N. Stevens

3. City or County Engineer: Date Rec'd. 3-23-78. Date Frwd. 3-23-78. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10/1/78 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/1/78 By: Jerrold C. Hood

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

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PROPERTY WHERE SOIL TESTED:

W ½ SW ¼ 35, E ½

Location: Township 12N; Range 5E; Section & ¼ Section 27.
Property Dimensions: _____ ft. x _____ 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: 3-22-78 to 3-23-78. Weather: Precip. no Temp. 45.

OWNER: Michael Divine
Address: 3640 Huntington 68504

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
Hold No.	Hole Depth (in.)	Pre-Saturation Period Start Date (Mo./Day)	Pre-Saturation Period Start Time (Hr./Min.)	Pre-Saturation Period End Date (Mo./Day)	Pre-Saturation Period End Time (Hr./Min.)	Percolation Readings Start Date (Mo./Day)	Percolation Readings Start Time (Hr./Min.)	Percolation Readings Start Water Level (in.)	Percolation Readings End Time (Hr./Day)	Percolation Readings End Water Level (in.)	Elapsed Time (Min.)	Results Water Level Drop (in.)	Percolation Rates (Min./in.)
1	30	3-22	8	3-23	12	3-23	6A	6	10	4½	14	1½	
2	"	"	"	"	"	"	"	"	"	4¾		1¼	
3	"	"	"	"	"	"	"	"	"	4⅜		1⅝	
4	"	"	"	"	"	"	"	"	"	4½		1½	
5	"	"	"	"	"	"	"	"	"	4⅜		1⅜	
6	"	"	"	"	"	"	"	"	"	4⅜		1⅜	

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

Santek Service Inc
Signature of Person Conducting Test

Address 2425 Aon Phone 475-1486

(Do not write below this line)

REVIEWING ACTION

Remarks: ~~Shappsburg~~ Shappsburg silty clay loam
Soil Type (SCS): _____
Date: March 23, 1978

Approved Percolation Rate (a)
A. 42 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
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 ☐

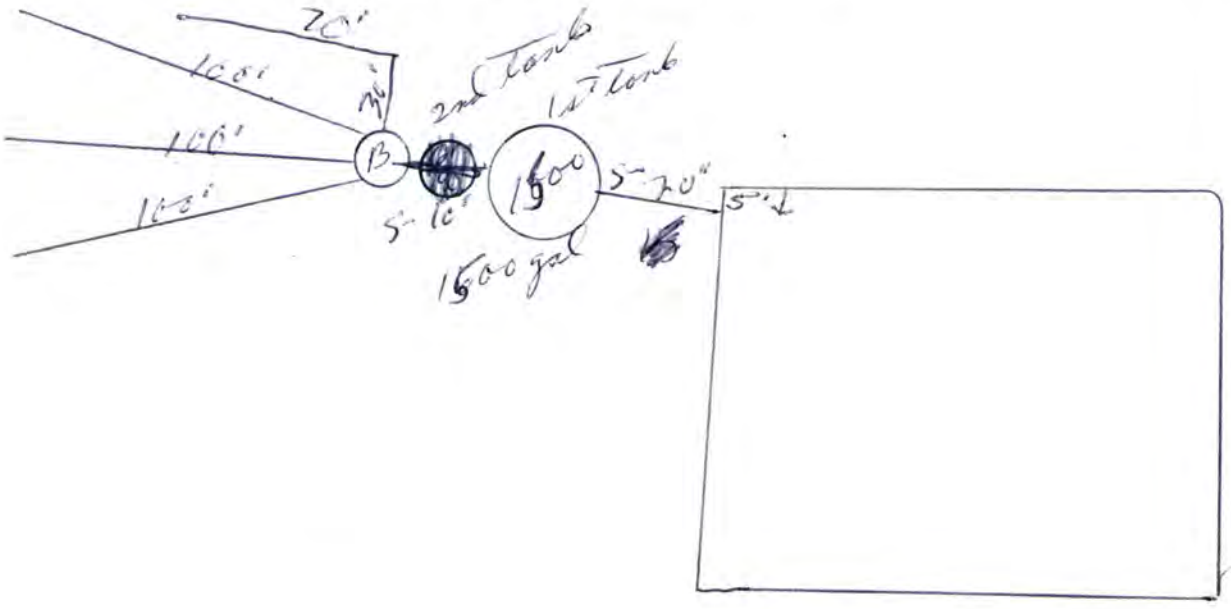
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

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



REVIEWING ACTION

Remarks: _____

Date: March 23, 1978

Minimum Design Requirement
1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals 391 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed ____ sq.ft.

Jerrold C. Hook
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: 474-1541

D

DATE: _____

FILE NO. 1277-C

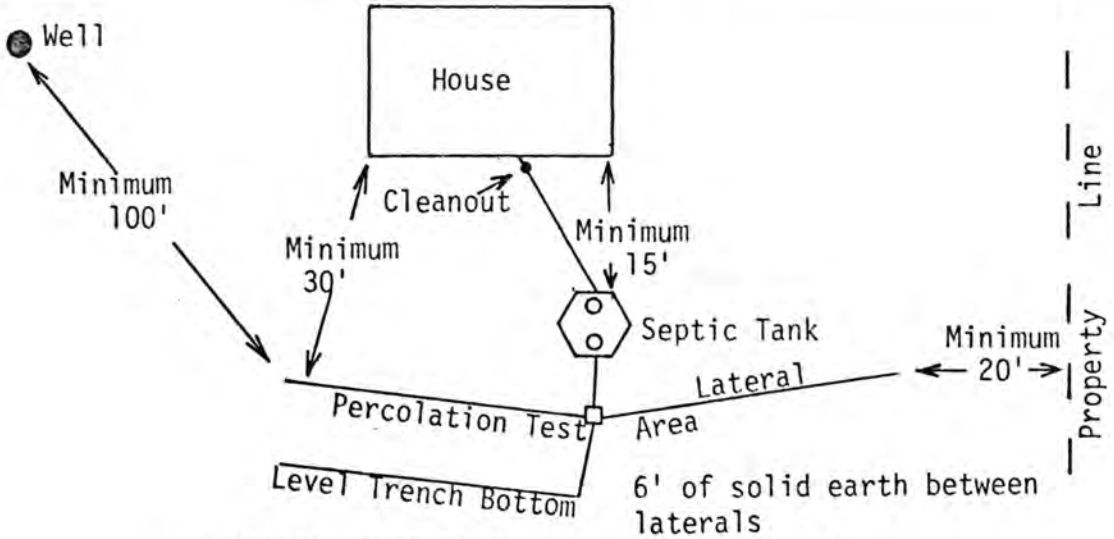
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Pla ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 15 ft.
4. Number of clean-outs ____.
5. Distances to: Well or Suction Line 100 ft.; Stream 50 ft.; Pressure Line ____ ft.; Property Line ____ ft.

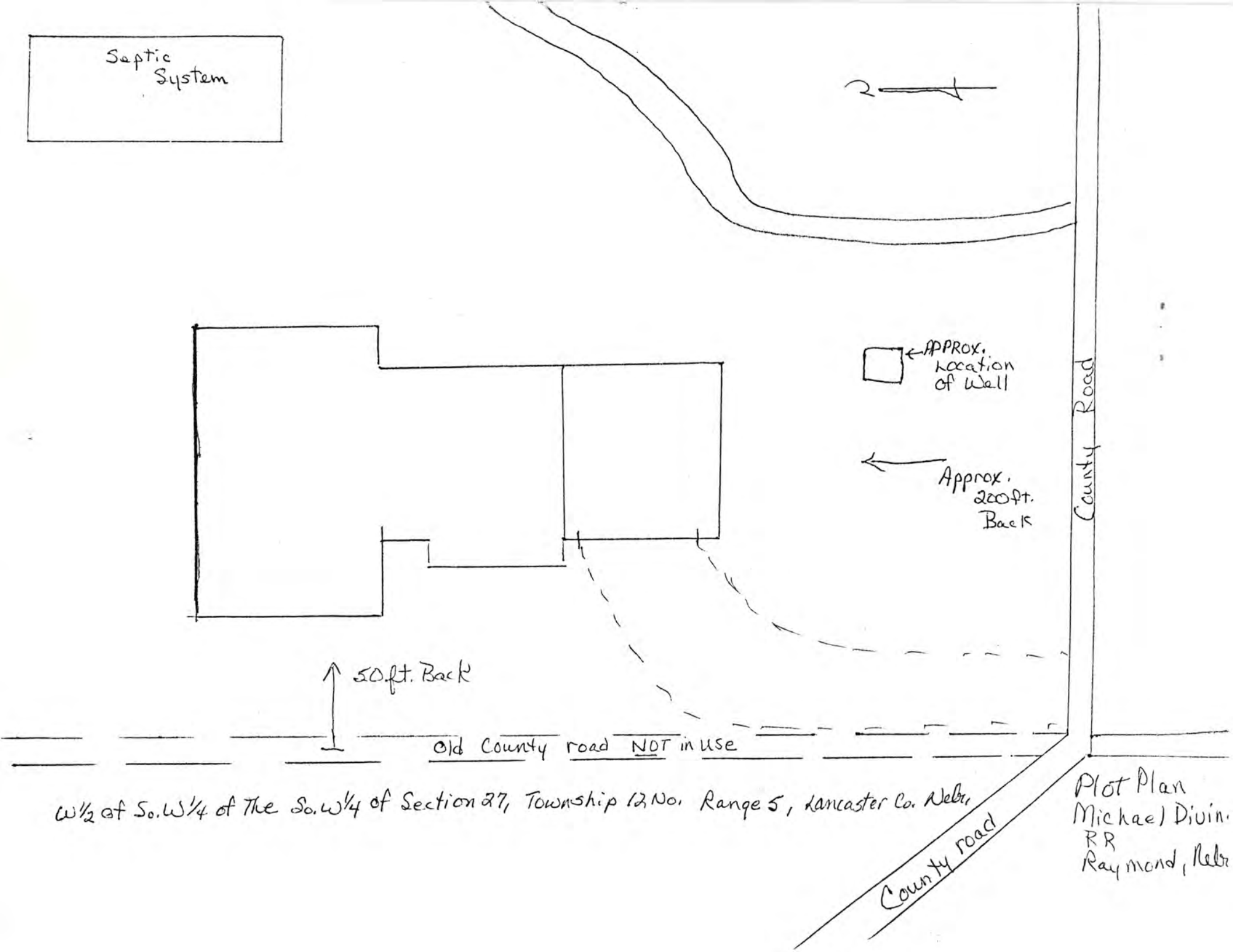
B. SEPTIC TANK: 2
1. Material Conc ; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐ (Company Tank)
4. Manholes: Over Inlet; diam. 8 in. Over Outlet; diam. 8 in. Riser Above ☐ Below ☐ Grade 8 in.
5. Inlet: Baffle ☐ ; or Tee ☒
6. Outlet: Baffle ☐ ; or Tee ☒
7. Depth of top of tank below finished grade 8 in.
8. Distances to: Well or Suction Line 100 ft.; Stream 50 ft.; Pressure Line ____ ft.; Property Line 100 ft.

C. DISTRIBUTION BOX:
1. Material Pla ; Number - available outlets 7.
2. Factory Built: Yes ☒ No ☐ (Company Hancor)
3. Distance from Septic Tank 5 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 ___ ; 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



W½ of So. W¼ of The So. W¼ of Section 27, Township 12 No. Range 5, Lancaster Co. Nebr.

Plot Plan
Michael Divin
RR
Raymond, Nebr

This form is to be completed and returned to the Health Department to initiate a request for loan approval.
Make Checks Payable to: Lincoln-Lancaster County Health Department

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

Enclosed is $45.00 Fee ☒

DATE: 12/5/79

The undersigned hereby requests evaluation of the following for loan approval on the below described property:

☒ Evaluation of the Individual Water Supply
☐ Evaluation of the Sewage Disposal System

Legal description of property: Twp. 12 N ; Range 5 E ; Section 27 ;
Block ; Lot ; Addition
Street Address
Directions on how to get to property
Location of well SE of house
Where is tap: Inside ☒ Outside ☒ Inside of house NE side on west

	NAME	ADDRESS	PHONE
Present Owner:	Michael T. Dove	Rt 1 Box 27 Raymond	783 / wk: 475-8971
Tenant:			
Lending Agency:	Commercial Fed Sav & Loan Assn Attn: Bob Butan		475-63

(Do not write below double lines)

Health Department: Date Received 12/5/79
Received $45.00 Check ☒ Cash ☐

Site Visits: Date 12-11-79 by mm
Date by
Date by

Michael T. Dove
Signature of Applicant

Rt 1 Box 27 Raymond Neb
Address

PRELIMINARY STATUS -- DATE 12-11-79

Water System:
Approved ☒ Disapproved ☐

Sewage Disposal System:
Approved ☒ Provisional Approval ☐
Disapproved ☐

Corrections Required or Reasons for Disapproval

☐ See Attached Letter.

FINAL APPROVAL -- DATE 12-14-79

Water System ☒. Sewage Disposal System ☒. By Ron Mangum

Form Number 20215-0878