LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 3243-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

APRIL 18, 1985 — THIS PERMIT EXPIRES

James L. Crowe — ISSUED TO

Box 347 Ceresco, NE 68017 — ADDRESS

T12N; R5E; Sec 21; Lot 13 I.T.; N.W. 117th — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE 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
JM	10-17-84	60.00

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

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

20109-0977

Jerry Hood

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. 2143-C

DATE: 10-18-84

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 No.; Range 5 E; Section 21;
   Block _____: Lot 13 ~~11~~: Addition _____
   Street Address N.W. 112 th

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: _____ ft. ~~WILL PUT IN WHATEVER SOIL PERCOLATION TEST INDICATES.~~

James L. Crouse
Signature of Applicant (Owner or Lessee)

~~Box 347 Conesco, Ne. 68017~~
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/18/84. Date Frwd. 10/18/84. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10-18-84. Date Frwd. 10-18-84. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bauma

3. City or County Engineer: Date Rec'd. 10/18/84. Date Frwd. 10/18/84. ACTION: Approved ☐ Disapproved ☒ Signature: Harry V. Wenell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11/22/85 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/20/85 By: Jerrold C. Hood

Legal Lot B. of A. #9

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)

Recommend 240' of ½ moon in 4' wide trench
1000. gal concrete tanks + All pipeworks, dist. box + gravel Bid 3440.00

FILE NO. _____

665-2130

PROPERTY WHERE SOIL TESTED: Owner: James Crow

Location: Township 12 N; Range 5 E
Section & ¼ Sect. 21 Lot. 13 IT Address _____

Property Dimensions: ____ ft. x ____ ft.
Area: 19.68 acres. (Attach sketch of property showing hole location).

Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Dates of Tests: 10-9-84 to 10-10-84. Weather: Precip. 0 Temp. 50 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)
1	30"	10/9	10:00	10/10	10:00	10/10	12:00	6"	12:30		30	½	
2	"	"	"	"	"	"	"	"	"		30	0	
3	"	"	"	"	"	"	"	"	"		30	½	
4	"	"	"	"	"	"	"	"	"		30	¼	
5	"	"	"	"	"	"	"	"	"		30	1	
6	"	"	"	"	"	"	"	"	"		30	1½	

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

John Struhmyer
Signature of Person Conducting Test

Address _____
Phone: _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: Sharpsburg Silty Clay Loam

Approved Percolation Rate(s)
A. 37 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: March 1, 1985

Jerrold C. Hoge
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: March 1, 1985

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 208 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 832 sq.ft.

Jerrold E. Hood
Signature of Reviewing Official

REC'D DEC 20 1985

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: 12-6-85

FILE NO. _____

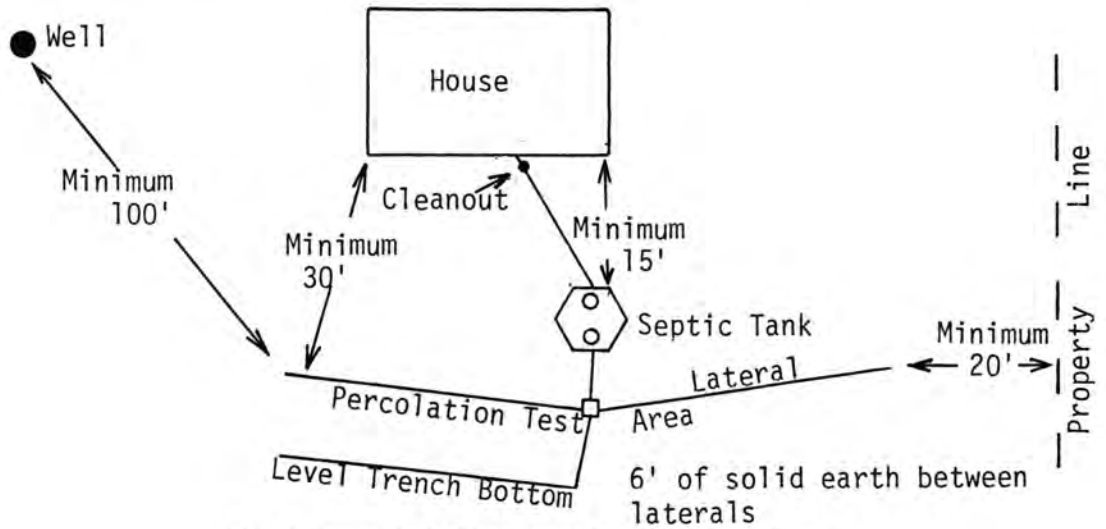
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 36 in.
3. Distance between dwelling and septic tank 82 ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line 100+ ft.; Stream 100 + ft.; Pressure Line _____ ft.; Property Line 100+ ft.

B. SEPTIC TANK:
1. Material concrete ; No. of compartments one .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company PRE-CAST)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
N.A. ~~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 100+ ft.; Pressure Line _____ ft.; Property Line 100+ ft.

C. DISTRIBUTION BOX:
1. Material concrete ; Number - available outlets 5 .
2. Factory Built: Yes ☑ No ☐
(Company PRE-CAST)
3. Distance from Septic Tank 8 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 13"-14" or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines:
Number 3 ; Length of each line 100 , 100 , 40 , _____ , _____ ft.;
Total length of laterals 240 ft.;
Distance between lateral lines 6'4" ft.
3. Trench dimensions: Width 4 ft.; Slope 2" in/100 ft.; Average Depth 24-30 in.
4. Filter Material: gravel
Depth of Material 24-30 in.
5. Distances to:
Well or Suction Line 100+ ft.; Stream 100 + ft.; Pressure Line 100+ ft.; Property Line 100+ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 12-6-85 INSTALLER STROHMYER EXCAVATING

