LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 89380002201

Issued 08/15/89
Expires 02/15/90

ESTABLISHMENT

TIM STIEFEL
T10N R5E SEC 31
LOT 25
NE 1/2 OF SE 1/2

FEES: Permit 018754 $60.00

Total $60.00

Issued By COUNTY HEALTH

PERMITTEE

TIM STIEFEL
12600 W VAN DORN ST
DENTON NE 68339

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

893800022

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
Pd. ck# 5476

FILE NO. 893800022

DATE: 8/14/89

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: NE½ of SE½ Twp. 10N; Range 5E; Section 31; Block ____: Lot 25 I.T., Addition ____
   Street Address ____

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: NA ft.

× Tim Stuefel
Signature of Applicant (Owner or Lessee)

SW 126th & West Van Dorn
Address

797-7885

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/14/89. Date Frwd. 8/17/89. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 8/17/89. Date Frwd. 8/17/89. ACTION: Approved ☒ Disapproved ☐ Signature: Rodger Harris

3. City or County Engineer: Date Rec'd. 8/16/89. Date Frwd. ____. ACTION: Approved ☒ Disapproved ☐ Signature: Ralph D. Beaumont

REMARKS OR REASONS FOR DISAPPROVAL ____

Site Visits:
Date: 8/17/89 by: J. C. H. Need fence + drawing
Date: ____ by: ____
Date: ____ by: ____

INSTALLATION FINAL WRITTEN APPROVAL
Date: ____ By: ____

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)

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B

Test SW. 126th + Van down No. Side Taken

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ■ .
Dates of Tests: 7-15-89 to 7-16-89. Weather: Precip. 0 Temp. 67°.

All hole's had water in From Pre-Test

OWNER: Four Wind's Farm's
Address: R.R. 1, Box 45 Denton, NE. 68339
797-7885

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./Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36"	7-15	1:00 pm	7-16	8:00 Am	7-16	8:00 Am	6"	8:30 Am	5 7/8"	30m	1/8"	
2	36"	7-15	1:00 pm	7-16	8:00 Am	7-16	8:00 Am	6"	8:30 Am	5 7/8"	"	1/8"	
3	36"	7-15	1:00 pm	7-16	8:00 Am	7-16	8:00 Am	6"	8:30 Am	5 7/8"	"	1/8"	
4	36"	7-15	1:00 pm	7-16	8:00 Am	7-16	8:00 Am	6"	8:30 Am	5 3/4"	"	1/4"	
5	36"	7-15	1:00 pm	7-16	8:00 Am	7-16	8:00 Am	6"	8:30 Am	5 7/8"	"	1/8"	
6	36"	7-15	1:00 pm	7-16	8:00 Am	7-16	8:00 Am	6"	8:30 Am	5 3/4"	"	1/4"	

Mike Haagland
Signature of Person Conducting Test

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

Address 2700 Dan Ave Lincoln Phone 464-0638

Pre-Cast Step Co.

(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

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

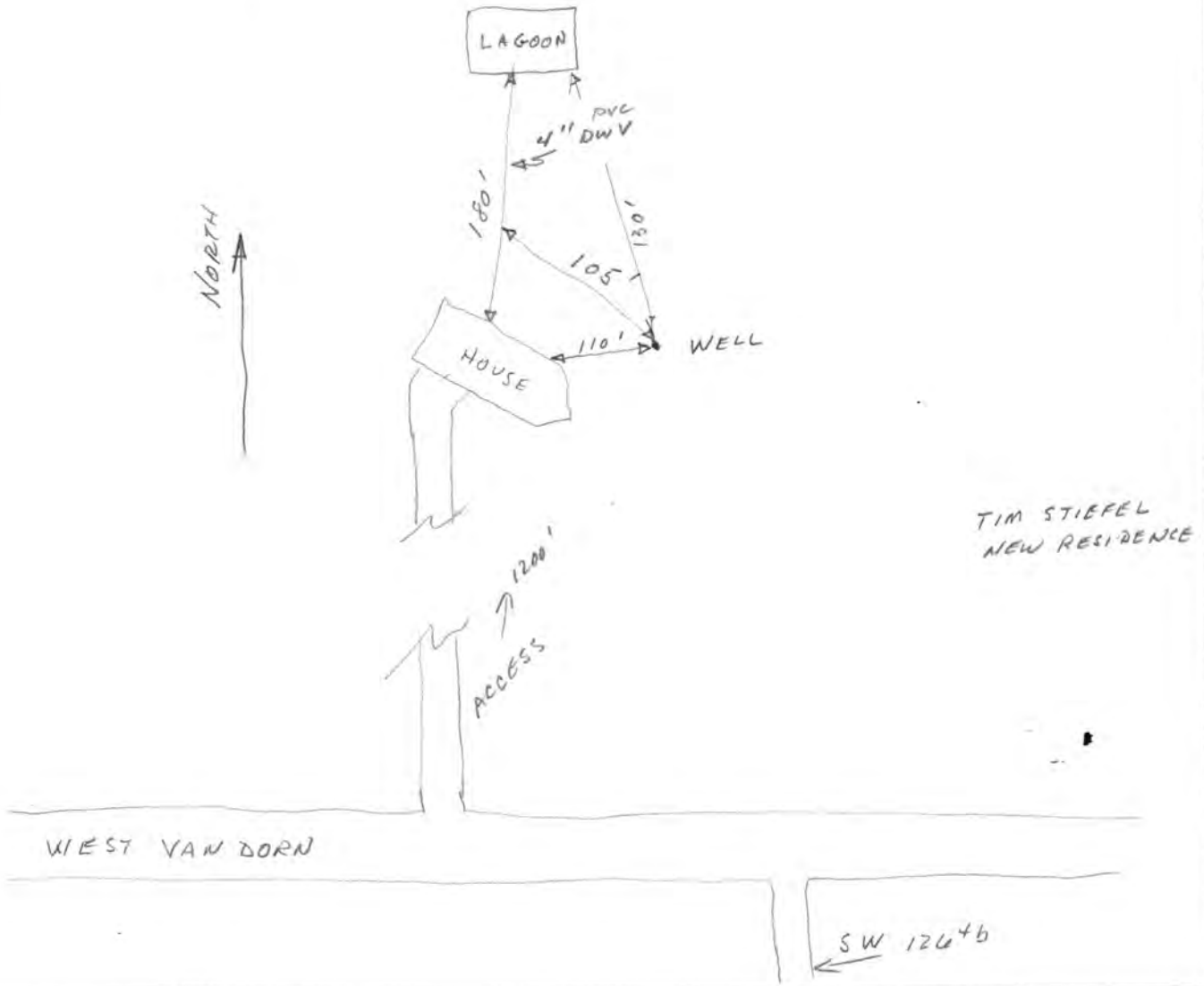
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C

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.



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 ☐

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D

DATE: 8/14/89

FILE NO. _____

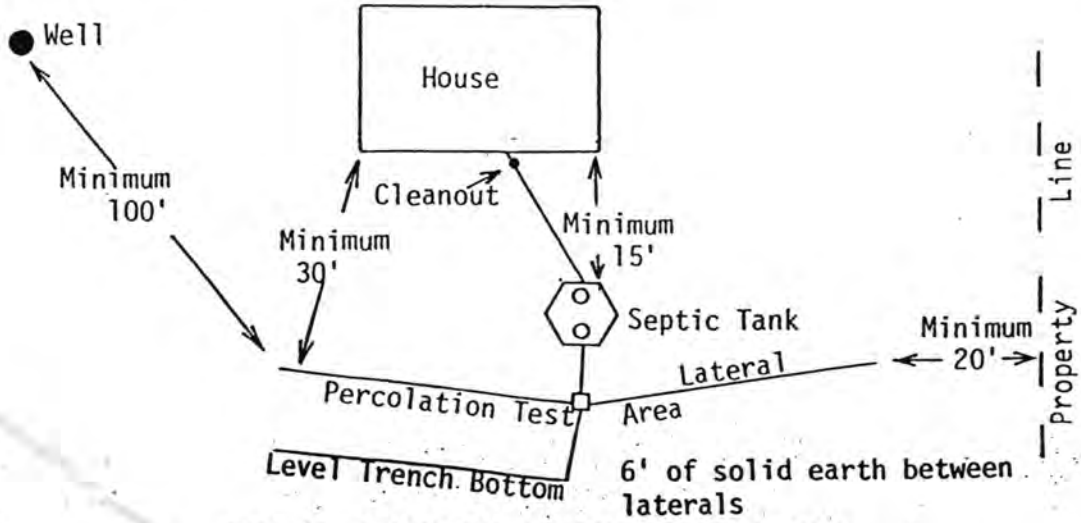
SPECIFICATIONS AS BUILT – LAGOON

A. BUILDING SEWER:
1. Material PVC-DWV ; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor 18" in.
3. Distance between dwelling and ~~septic~~ LAGOON tank 180 ft.
4. Number of clean-outs 3 (COUNTING 1 IN HOUSE)
5. Distances to:
Well or Suction Line 105 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK: – NA – LAGOON
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 N/A ; 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