LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2669-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

NOVEMBER 23, 1988 — THIS PERMIT EXPIRES

LARRY G. PICKEL — ISSUED TO

519 W. BURT LINCOLN, NE 68521 — ADDRESS

T1ON; R5E; Sec 32 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE 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
MG	6 2 88	

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: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2669-C

DATE: 5-23-88

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 32 ;
   Block _____ : Lot _____ : Addition Part of N½ of SE¼ 25 acres
   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: _____ ft. Any Conventional system 477-~~0745~~ 4559

Larry A. Lucke
Signature of Applicant (Owner or Lessee)

519 W. Burt
Address

68521

(Do not write below this double line)

1. Health Department: Date Rec'd. 5-23-88 . Date Frwd. 5-23-88 . ACTION: Approved ☒ Disapproved ☐ Signature: Ron Hoyt

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 5/24/88 . Date Frwd. 6/1/88 . ACTION: Approved ☒ Disapproved ☐ Signature: Del Nolte

3. City or County Engineer: Date Rec'd. 5/23/88 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Hugh Bowman

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7-28-88 by: mm
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-28-88 By: Ron Hoyt

FORM 23-43

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
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B

FILE NO. 2669-C

PROPERTY WHERE SOIL TESTED:

Location: Township 10 ; Range 5 ; Section & ¼ Section N½ SE¼ 32.
Property Dimensions: 825 ft. x 1320 ft. Area: 25 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ■ .
Dates of Tests: 5-9-88 to 5-10-88. Weather: Precip. 0 Temp. 70°.
Test Taken 1½ mi So of 112 + W.O ON west Side

OWNER: Larry Pickel
Address: 519 W. Burt Lincoln NE. 68521
477-4559

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	36"	5-9	6:00 pm	5-10	4:00 pm	5-10	4:00 pm	6"	8:00 pm	5½"	30m	½"	
2	36"	5-9	6:00 pm	5-10	4:00 pm	5-10	4:00 pm	6"	8:00 pm	5"	"	1"	
3	36"	5-9	6:00 pm	5-10	4:00 pm	5-10	4:00 pm	6"	8:00 pm	5"	"	1"	
4	36"	5-9	6:00 pm	5-10	4:00 pm-	5-10	4:00 pm	6"	8:00 pm	5½"	"	½"	
5	36"	5-9	6:00 pm	5-10	4:00 pm	5-10	4:00 pm	6"	8:00 pm	5¼"	"	¾"	
6	36"	5-9	6:00 pm	5-10	4:00 pm	5-10	4:00 pm	6"	8:00 pm	5⅝"	"	⅜"	

Mike Hoagland
Signature of Person Conducting Test
Address 2700 Pan Ave Phone 464-0638

Sum of Percolation Rates: .688
Average of Rates:
Mean of Rates:

(Do not write below this line) Pre-Cast Step Co.

REVIEWING ACTION

Remarks:
Soil Type (SCS): Sharpsburg. SH C
Date:

Approved Percolation Rate (a)
A. 44 min./inch
B. min./inch
C. min./inch

Ron Magnuson
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. 7669-C

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

REVIEWING ACTION

Remarks: _____

Date: 5-23-84

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 223 ft.
3. With a Trench Width of 4 ft wide in.
4. Total Area of Lateral needed 893 sq.ft.

_____
Signature of Reviewing Official

Larry Pickle

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
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D

DATE: 7-28-88

FILE NO. _____

SPECIFICATIONS AS BUILT

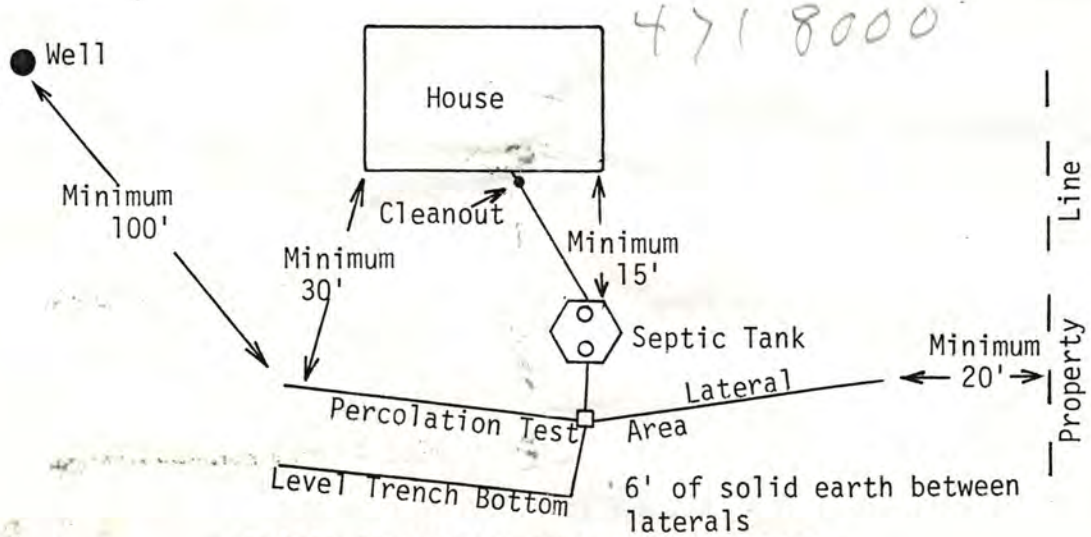
A. BUILDING SEWER:
1. Material Sch #4; Diameter _____ in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank _____ ft.
4. Number of clean-outs _____.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line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

B. SEPTIC TANK:
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 _____; 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 4 ft.; Slope level 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.

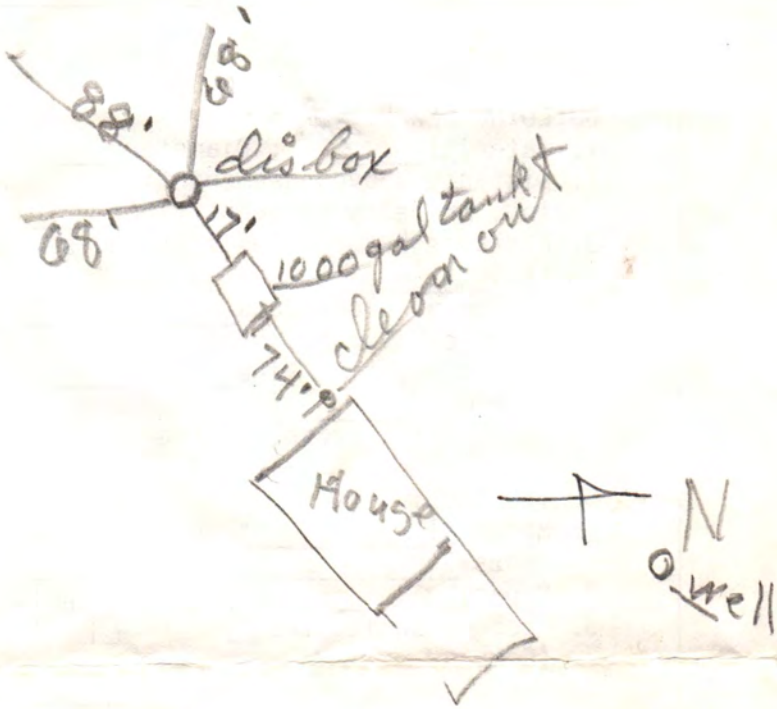
471 8000



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 7-28-88 INSTALLER BURESH PLUMBING



50