LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 95380132401

Issued 07/26/95
Expires 01/26/96
Revenue Code 18754

Establishment
DEAN JOHNSON
T12N R5E SEC 12
6225 W LITTLE SALT RD

FEES: $150.00

TOTAL $150.00

Permittee
DEAN JOHNSON
6225 W LITTLE SALT RD
VALPARAISO NE 68065

Issued By M. Jane Ford
Health Director

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

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
3140 "N" STREET LINCOLN, NE 68510-1514

FILING FEE: $_____ FILE NO. _____

DATE: 7/18/95

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: ~~Section~~ SEE ATTACHED. 25 ACRES
   Twp. 12 N ; Range 5 E ; Section 12 ; Block _____ : Lot _____ : Addition _____ N½NW¼
   Street Address 6225 W Little Salt Rd
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: _____ ft.

Dean M Johnson
Signature of Applicant (Owner or Lessee)

6225 W Little Salt Rd
Address Valparaiso NE 68065

(Do not write below this double line) 464-3220 or 784-2294

1. Health Department: Date Rec'd. 7/26/95. Date Frwd. 7/26/95. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 7/29/95. Date Frwd. 7/27/95. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]
3. City or County Engineer: Date Rec'd. 07/29/95. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 2-22-96 by: [illegible] - sewer line ~~contract~~ stuck - need service - need to scarify trees within 10 ft of S.W. - need drawing
Date: _____ by: _____
Date: 12-15-97 by: [illegible] all corrected except for drawing

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-15-97 By: [illegible]

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)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

Test Location 3/4 mile East of NW. 70th + Little Salt Rd So. side of Rd.

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: 6-19-95 to 6-20-95. Weather: Precip. 0 Temp. 86°.

OWNER: Dean Johnson

Address: Rt. 1, Box 52 Valparaiso NE. 68065-9616
784-2274

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"	6-19	6:30 pm	6-20	6:00 pm	6-20	6:00 pm	6"	7:00 pm	5 3/4"	30m	1/4"	
2	36"	6-19	6:30 pm	6-20	6:00 pm	6-20	6:00 pm	6"	7:00 pm	5 5/8"	30m	3/8"	
3	36"	6-19	6:30 pm	6-20	6:00 pm	6-20	6:00 pm	6"	7:00 pm	5 5/8"	30m	3/8"	
4	36"	6-19	6:30 pm	6-20	6:00 pm	6-20	6:00 pm	6"	7:00 pm	5 5/8"	30m	3/8"	
5	36"	6-19	6:30 pm	6-20	6:00 pm	6-20	6:00 pm	6"	7:00 pm	5 7/8"	30m	1/8"	
6	36"	6-19	6:30 pm	6-20	6:00 pm	6-20	6:00 pm	6"	7:00 pm	5 7/8"	30m	1/8"	

Mike Hoogland
Signature of Person Conducting Test

Address 2700 Dan Ave Lincoln, NE. Phone 464-0638
Precast

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

(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

_____
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 ☐

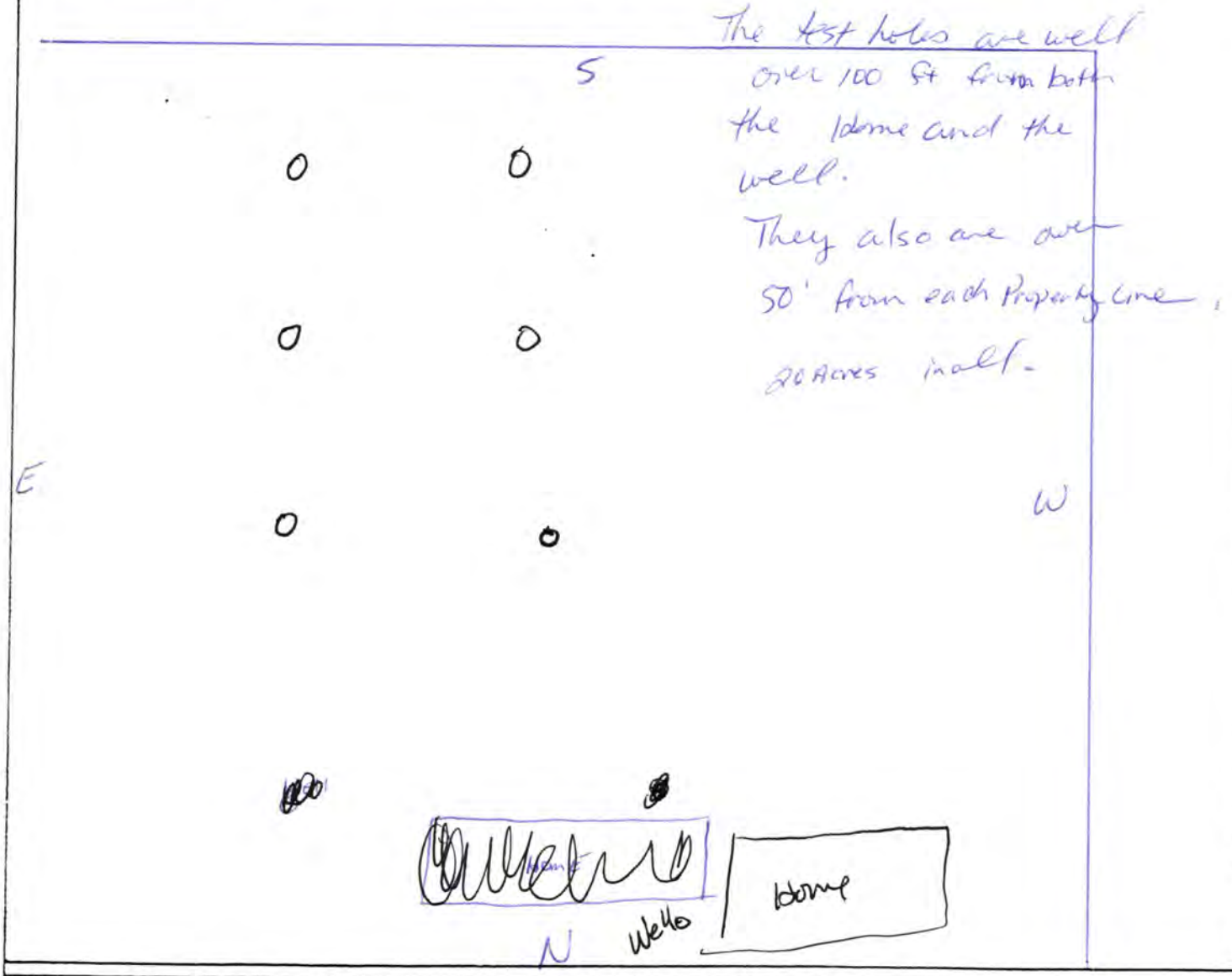
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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: _____

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

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

D

Permit Number: 9538 01324

Sewage Disposal System

As Built Plans & Specifications

Date 12-15-97 Dean Johnson

System Location (Indicate correct number and street)

Address 6225 W Little Salt Rd (no rural route) City Valparaiso NE, Zip 68065

A. Building Sewer

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance 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: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ❑ Yes ❑ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ❑ above ❑ below grade _____ in.
5. Inlet: ❑ baffle ❑ tee
6. Outlet: ❑ baffle ❑ tee
7. Depth to top of tank, below unfinished 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
3. Distance from septic tank: _____ ft.

D. Absorption Field

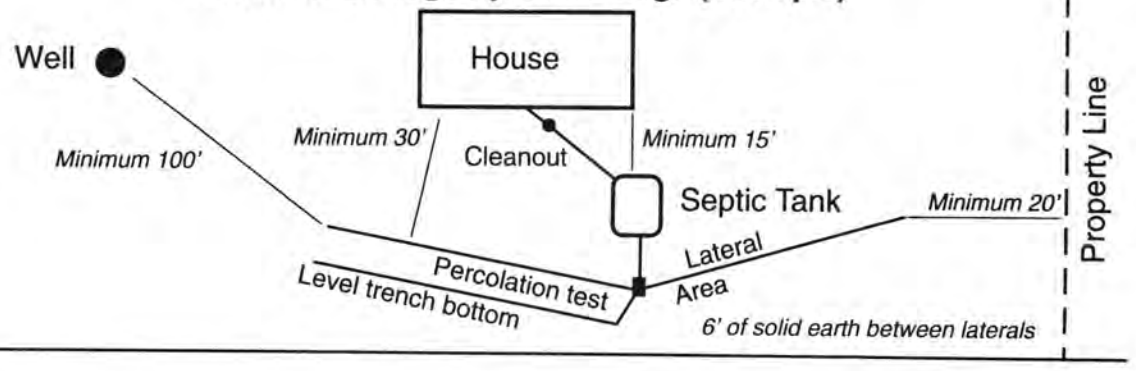
(Provide as-built drawings on back of this form)

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. _____ ft.
   _____ ft. _____ ft., _____ 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.

Complete "As Built" drawing on back of this form.

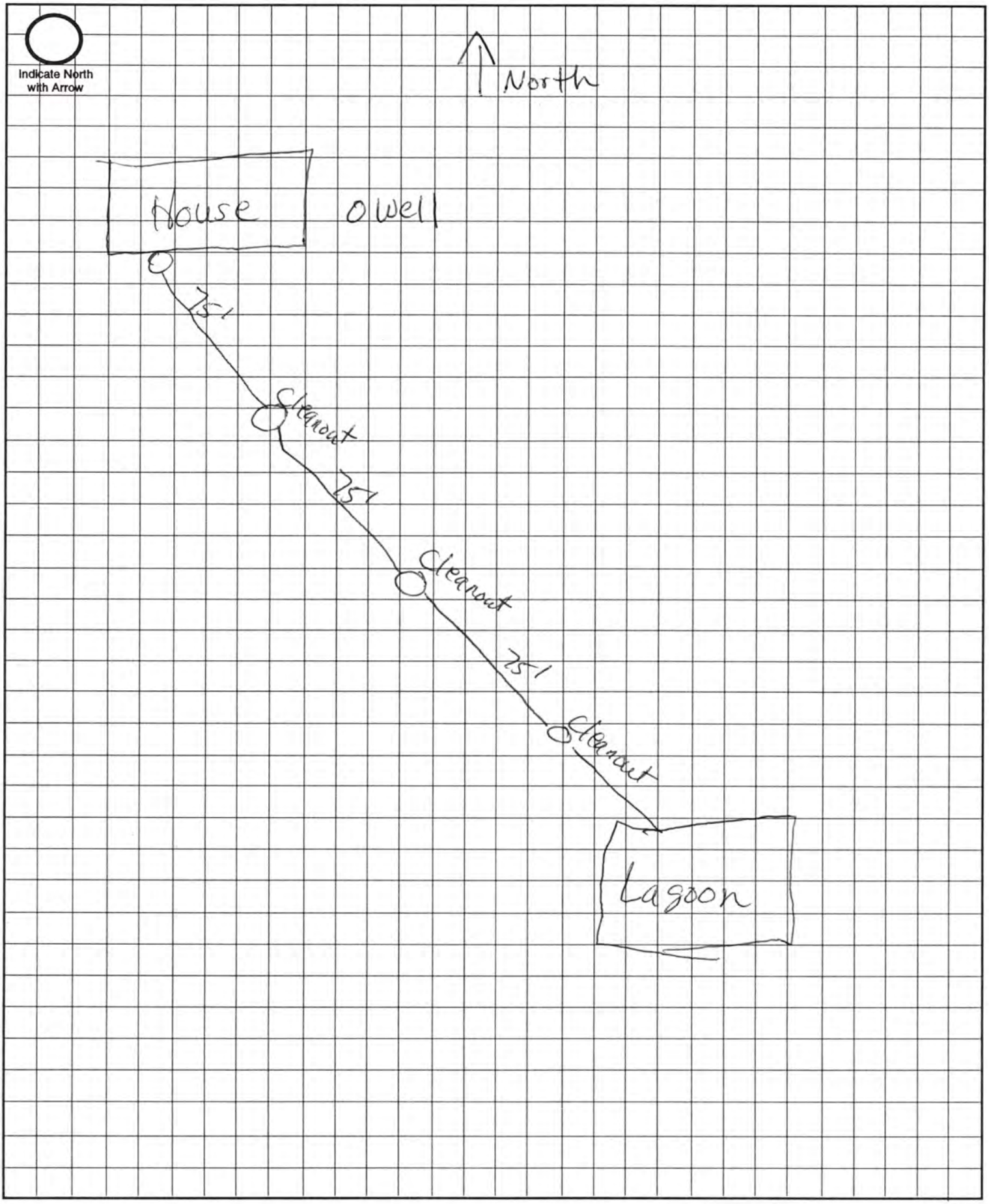
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

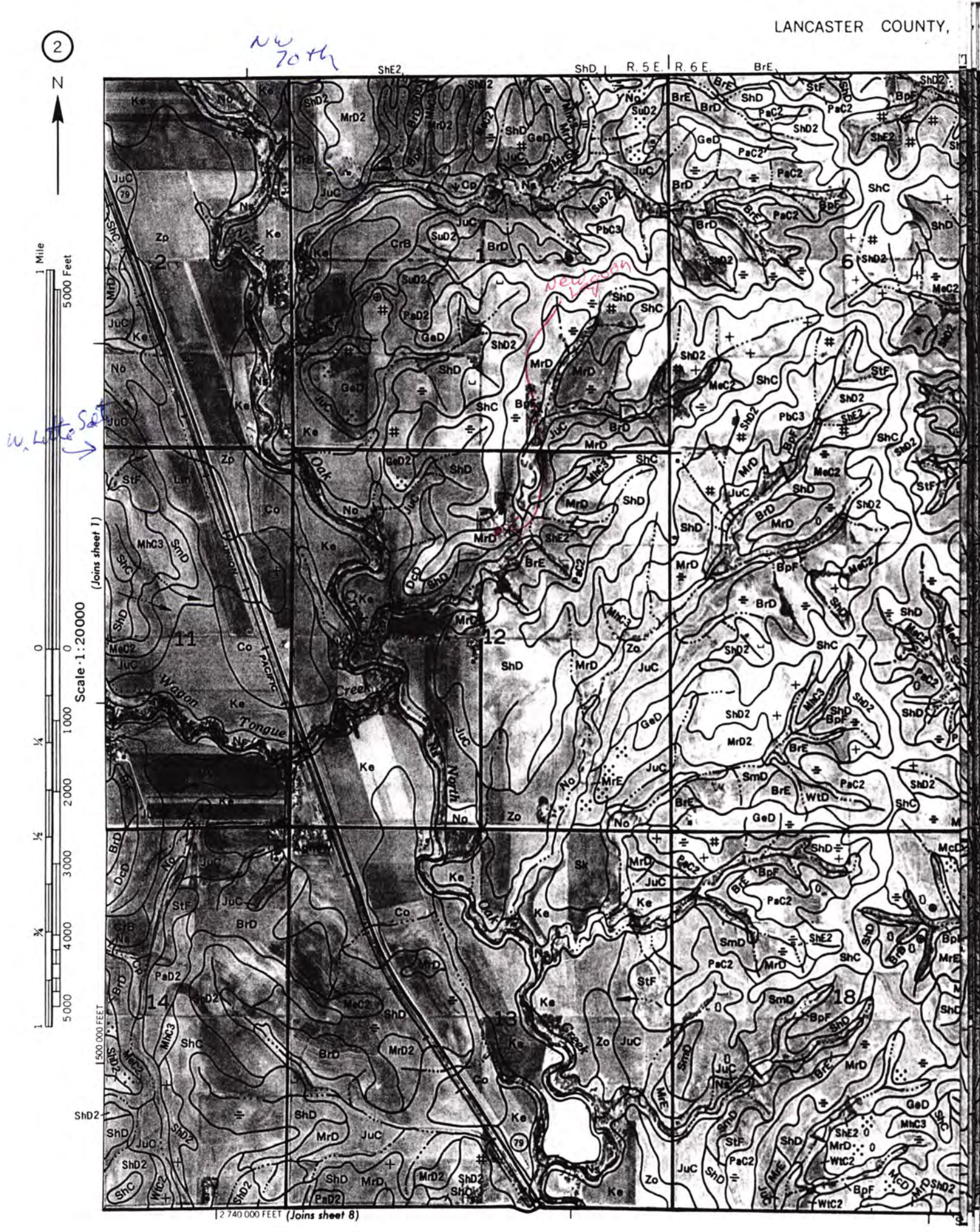
As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s

N½ NE¼

Beginning NW. Corner of N½ of NE¼ thence south 0d 24'4" west assumed bearing distance 1326.75 feet thence south 89 degrees 10'8" E a distance 820.8 feet thence north 0 degrees 24'2" east distance 1325.89 feet thence north 80 degrees 07'. W distance 820.8 feet to point of beginning. Containing 25 ac ±


2
N
NW 70th
R. 5 E.
R. 6 E.
1 Mile
5000 Feet
Scale 1:20000
(Joins sheet 1)
500 000 FEET
2 740 000 FEET (Joins sheet 8)
W. Little Salt
Oak Creek
Wagon Tongue Creek
Pacific
North
Ke
Co
Zp
Zo
No
Ne
Lan
StF
JuC
BrD
BrE
ShD
ShE2
ShC
ShD2
MrD
MrD2
MrE
MeC2
PaC2
PaD2
GeD
SuD2
PbC3
BpF
SmD
WtD
WtC2
MhC3
DcD
CrB
Cp
Sk
1
2
5
6
7
11
12
13
14
18
79