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: $150.00

FILE NO. _____

DATE: April 4, 1990

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 R5E; Section 36 ;
   Block _____ : Lot 8 Irr. : Addition _____
   Street Address 6505 West 'A'

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: 7 ft.

Fred Nality
Signature of Applicant (Owner or Lessee)

6505 West 'A'
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer : Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: _____ by: _____
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)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 10N ; Range 5E ; Section & ¼ Section NW 36.
Property Dimensions: 1330 ft. x 1276 ft. Area: 39 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: _____ to _____. Weather: Precip. _____ Temp. _____.

OWNER: _____

Address: _____

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.)

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

_____
Signature of Person Conducting Test

Address _____ Phone _____

(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 ☒

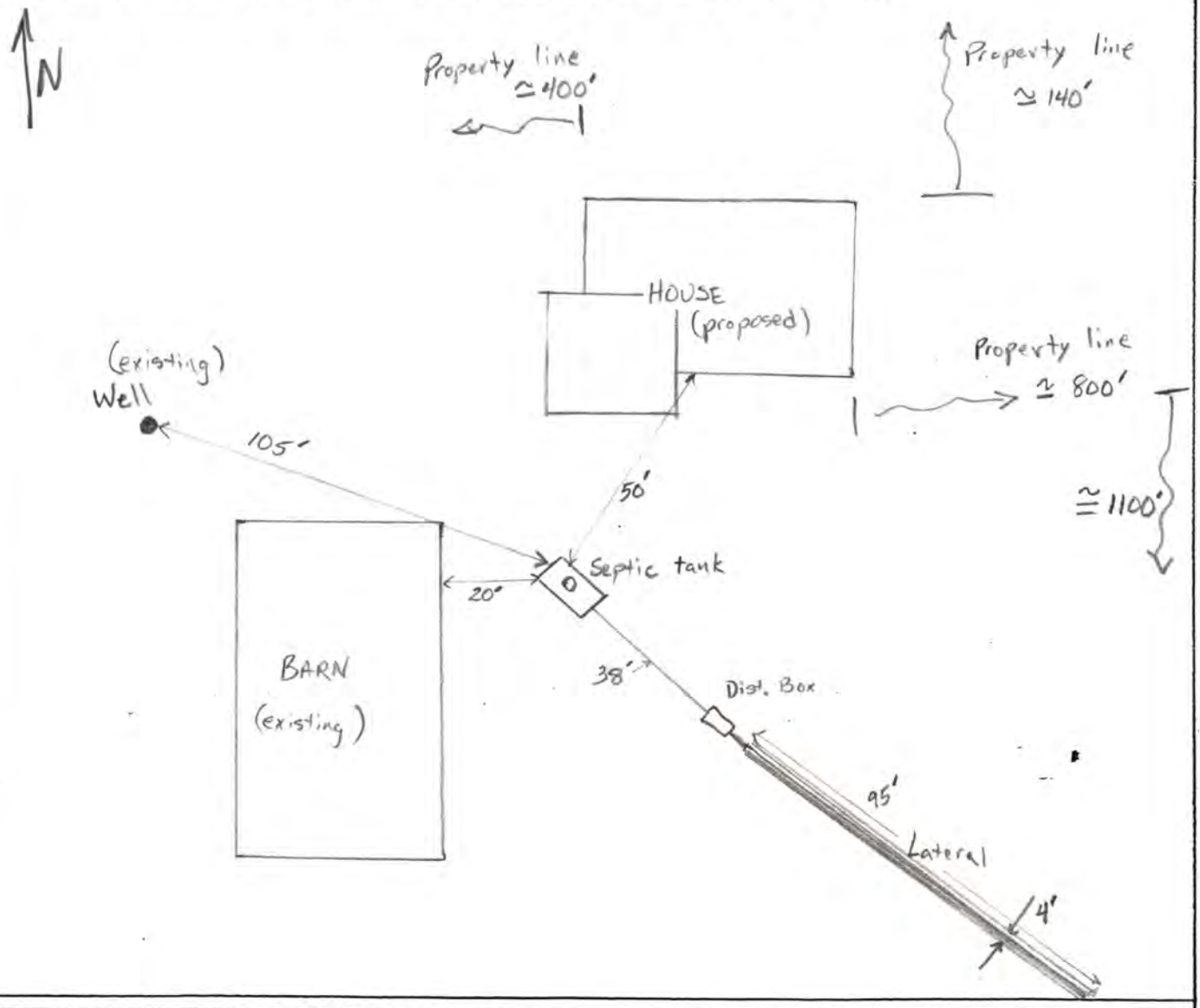
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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2200 St. Marys Avenue
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C

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: as built

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 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
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D

DATE: _____

FILE NO. _____

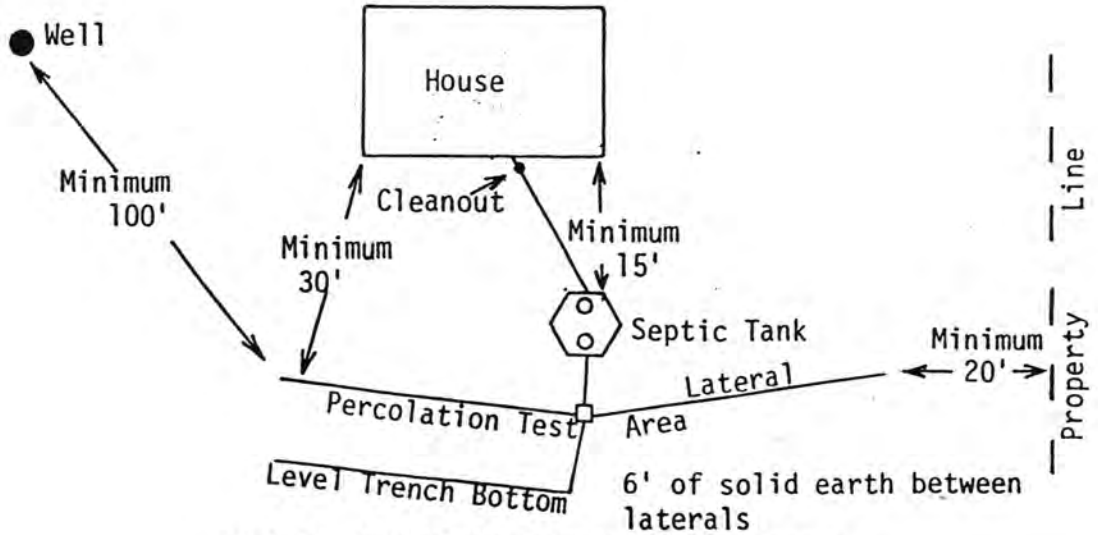
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material _____; 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.

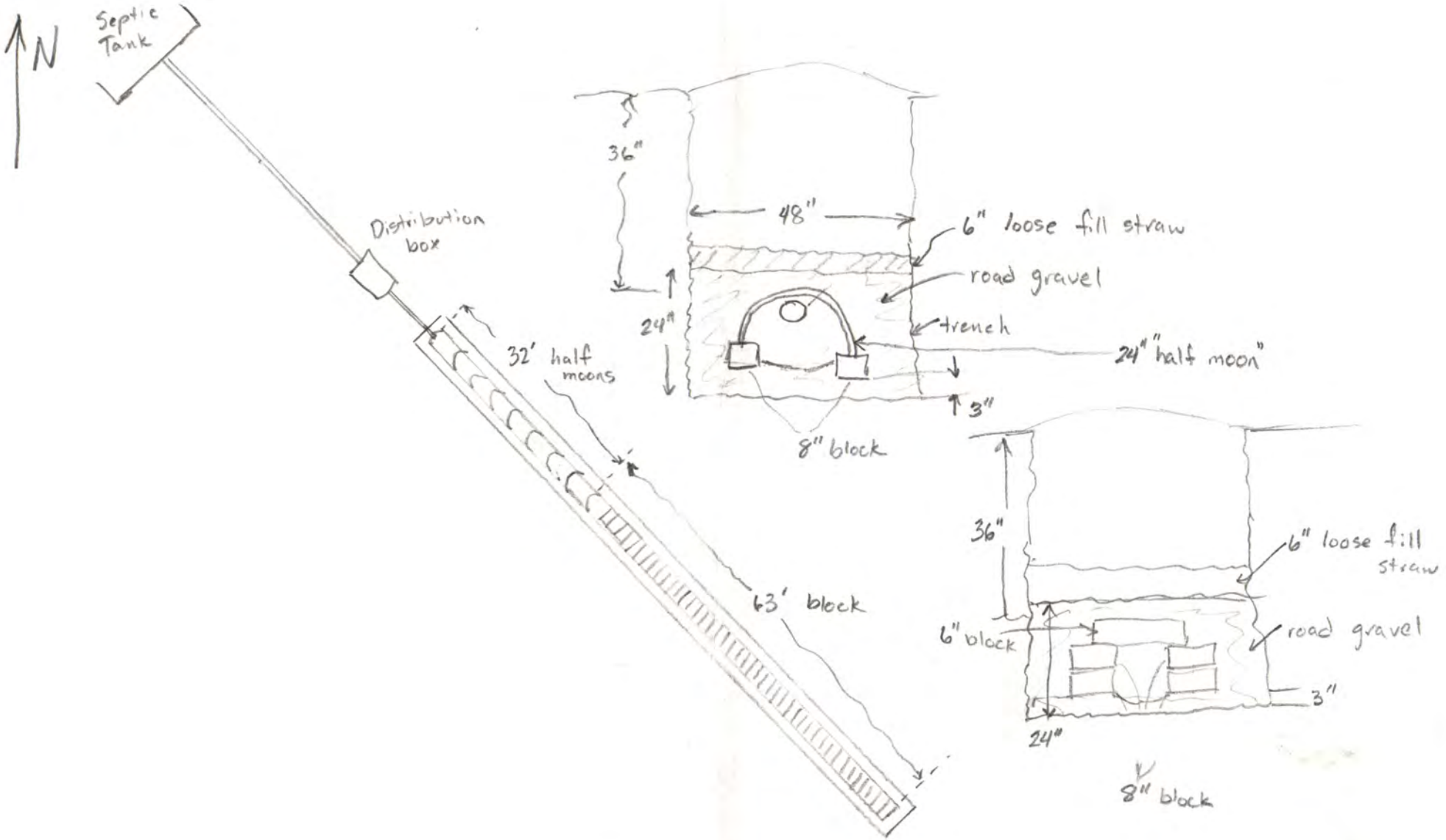
B. SEPTIC TANK:
1. Material Concrete; No. of compartments 3.
2. Capacity 1500 gallons gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre-Cast Step Co.)
4. Manholes: Over Inlet; diam. 24 in.
Over Outlet; diam. -0- in.
Riser Above ☒ Below ☒ Grade N/A in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 40 in.
8. Distances to:
Well or Suction Line 105 ft.; Stream 1000+ ft.; Pressure Line ? ft.; Property Line 200 ft.

C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets 6 ?.
2. Factory Built: Yes ☒ No ☐
(Company Pre-Cast Step Co.)
3. Distance from Septic Tank 38 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 24" or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines:
Number 1 ; Length of each line 95', _____, _____, _____, _____ ft.;
Total length of laterals 95 ft.;
Distance between lateral lines -0- ft.
3. Trench dimensions: Width 4 ft.;
Slope 6 in/100 ft.; Average Depth 36 in.
4. Filter Material: Road gravel
Depth of Material 24 in.
5. Distances to:
Well or Suction Line 150' ft.; Stream ? ft.; Pressure Line ? ft.; Property Line 250 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N
Septic Tank
Distribution box
32' half moons
63' block
36"
48"
24"
6" loose fill straw
road gravel
trench
24" "half moon"
3"
8" block
36"
6" loose fill straw
6" block
road gravel
3"
24"
8" block