LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2546-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

FEBRUARY 11, 1988
THIS PERMIT EXPIRES

DEAN L. WOITA
ISSUED TO

WAVERLY, NE 68462
ADDRESS

T11N; R8E; Sec 7; Lot 12 I.T.
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	8-11-87	

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. 2546-C

DATE: 8/10/87

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. 11 N ; Range 8 E ; Section 7 ;
   Block _____ : Lot 12 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 ☐

4. Distance to public sewer: _____ ft.

Dean L Worta
Signature of Applicant (Owner or Lessee)

Waverly Neb 68462
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/10/87. Date Frwd. 8/11/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 8-11-87 Date Frwd. 8-11-87. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bowne

3. City or County Engineer: Date Rec'd. 8/11/87. Date Frwd. 8/11/87. ACTION: Approved ☒ Disapproved ☐ Signature: Larry Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9/25/87 by: J. C. H.
Date: 9/25/87 by: J. C. H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/25/87 By: Jerrold C. Hood

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
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B

Holes - 4-5 water would Be gone Before 30min up SO run ever 10 min for 1 hr.

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PROPERTY WHERE SOIL TESTED:

Location: Township 11 N ; Range 8 ; Section & ¼ Section 27.
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: 8-8-87 to 8-9-87. Weather: Precip. D Temp. 70°.

Holes 1-3 had water in From Pre-test

OWNER: Dean Woita
Address: 14120 Kenilworth Waverly NE. 786-3075

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"	8-8	8:00 Am	8-9	6:00 Am	8-9	6:00 Am	6"	10:00 Am	5 3/4"	30m	1/4"	
2	36"	8-8	8:00 Am	8-9	6:00 Am	8-9	6:00 Am	6"	10:00 Am	5 1/2"	30m	1/2"	
3	36"	8-8	8:00 Am	8-9	6:00 Am	8-9	6:00 Am	6"	10:00 Am	5 3/4"	30m	1/4"	
4	36"	8-8	8:00 Am	8-9	6:00 Am	8-9	9:00 Am	6"	10:00 Am	5"	10m	1"	
5	36"	8-8	8:00 Am	8-9	6:00 Am	8-9	9:00 Am	6"	10:00 Am	4"	10m	2"	
6	36"	8-8	8:00 Am	8-9	6:00 Am	8-9	6:00 Am	6"	10:00 Am	4 3/4"	30m	1 1/4	

Mike Hoogland
Signature of Person Conducting Test

Address 3833 NW. 52nd Phone 464-0638 Pre-Cast Step Co.

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

(Do not write below this line)

REVIEWING ACTION

Remarks: Use Hole #6
Soil Type (SCS): Crete Silt Loam
Date: August 10, 1987

Approved Percolation Rate (a)
A. 24 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Wood
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 ☒

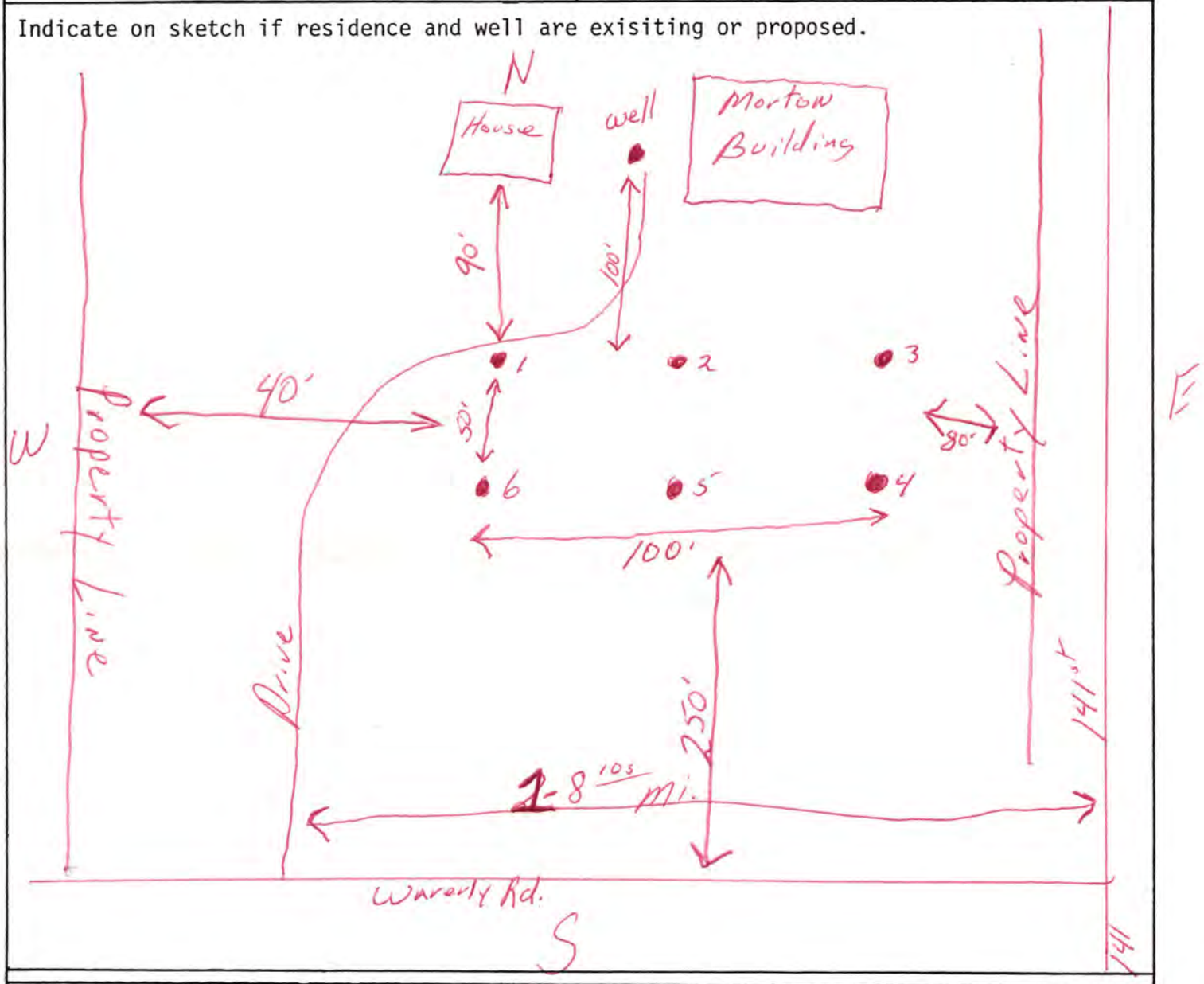
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
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C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 2546-C

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



REVIEWING ACTION

Remarks: _____

Date: August 10, 1987

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 451 sq.ft.

Jerrold C. Hood
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
Phone: 471-7800

D

DATE: Sept 25th 1987

FILE NO. _____

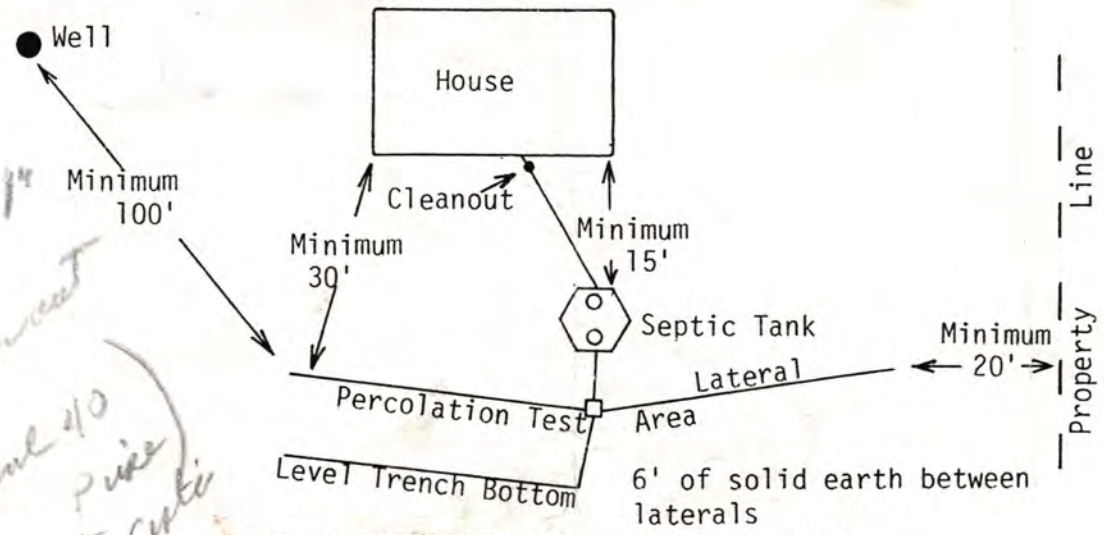
SPECIFICATIONS AS BUILT

A. BUILDING SEWER: SCHEDULE 40
1. Material PLASTIC; Diameter 4 in.
2. Distance above basement floor 42" in., or below basement floor ____ in.
3. Distance between dwelling and septic tank 100 ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line 53 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

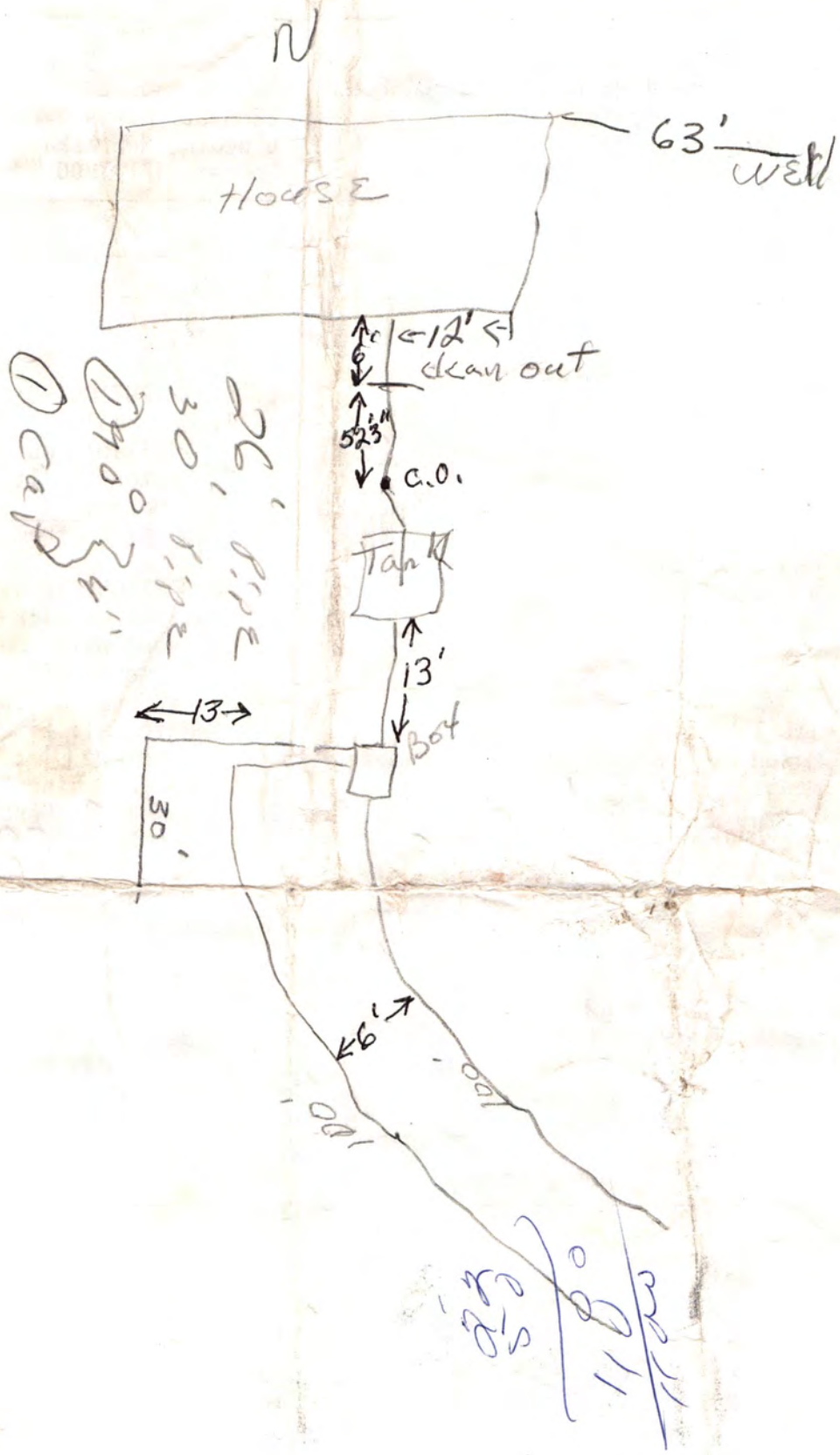
B. SEPTIC TANK:
1. Material / Tank; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☐ No ☑
(Company Pre cast)
4. Manholes: Over Inlet; diam. 12" in.
Over Outlet; diam. 4" in.
Riser Above ☐ Below ☑ Grade 1" in.
5. Inlet: Baffle ☑ ; or Tee ☐
6. Outlet: Baffle ☑ ; or Tee ☐
7. Depth of top of tank below finished grade 12 in.
8. Distances to:
Well or Suction Line 150 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line 110 ft.

C. DISTRIBUTION BOX:
1. Material / Box; Number available outlets 6.
2. Factory Built: Yes ☑ No ☐
(Company _____)
3. Distance from Septic Tank 13 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 4" .
Material: fiberglass ☐ ; plastic ☑ ; concrete ☐ ; other ____.
2. Lateral Lines:
Number 3 ; Length of each line 100, 100, 30, ____, ____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines 7' ft.
3. Trench dimensions: Width 2 ft.;
Slope ____ in/100 ft.; Average Depth 24" in.
4. Filter Material: Road Gravel
Depth of Material 28 in.
5. Distances to:
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line 68 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N
House
63' well
12'
clean out
523"
c.o.
Tank
13'
Bot
13
30'
30' pipe
100' pipe
Oak
oak
oak
6'