FILE # 2806

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — 6 MONTHS

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

HEP, INC. 3520 BALDWIN; LINCOLN, NE 68504

LICENSEE OR PERMITTEE — ADDRESS

TION: R6E: Sec. 30: Lot 1; Cushman Park Addition; 4600 West F Street

NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 60.00	018754	$ 60.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. — Date and Amount

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

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

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. 2806

DATE: MARCH 20 1989

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: (20 ACRES +) Twp. 10 NORTH Range 6 EAST ; Section 30 ; Block ____ : Lot 4 : Addition CUSHMAN PARK
   Street Address 4600 WEST F STREET

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2 . Describe ____

3. Type of Individual Sewage Disposal System: Septic Tank ☑ ; Other ☐

4. Distance to public sewer: NONE ft. EXPERIMENTAL SYSTEM

HEP INC
Signature of Applicant (Owner or Lessee)

3520 BALDWIN
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/20/89. Date Frwd. 3/21/89. ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 3/21/89. Date Frwd. 3/21/89. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]
3. City or County Engineer: Date Rec'd. 3-21-89. Date Frwd. 3-21-89. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL SYSTEM MUST BE ABOVE FLOOD PLAIN.

Site Visits:
Date: 4/13/89 by: L.C.H.
Date: ____ by: ____
Date: ____ by: ____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/10/89 By: L. C. Hood

* EXPERIMENTAL SYSTEM PROVISIONAL APPROVAL

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
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 10 North ; Range 6 EAST ; Section & ¼ Section 30 .
Property Dimensions: _____ ft. x _____ ft. Area: 20+ 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. NONE Temp. 35-45.

OWNER: HEP INC

Address: 3520 Baldwin

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"	3-18	1:30	3-19	12:30	3-19	12:30	12"	3-19 1:00	12½"	30	½	
2	36"	3-18	1:30	3-19	12:30	3-19	12:30	12"	3-19 1:00	12½"	30	½	
3	36"	3-18	1:30	3-19	12:30	3-19	12:30	12"	3-19 1:00	12"	30	0	
4	36"	3-18	1:30	3-19	12:30	3-19	12:30	12"	3-19 1:00	12"	30	0	
5	36"	3-18	1:30	3-19	12:30	3-19	12:30	12"	3-19 1:00	12"	30	0	
6	36	3-18	1:30	3-19	12:30	3-19	12:30	12"	3-19 1:00	12"	30	0	

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

DARYLL LIGHTNER HEP INC
Signature of Person Conducting Test

Address 3520 Baldwin Phone 466-9400

(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 ☐

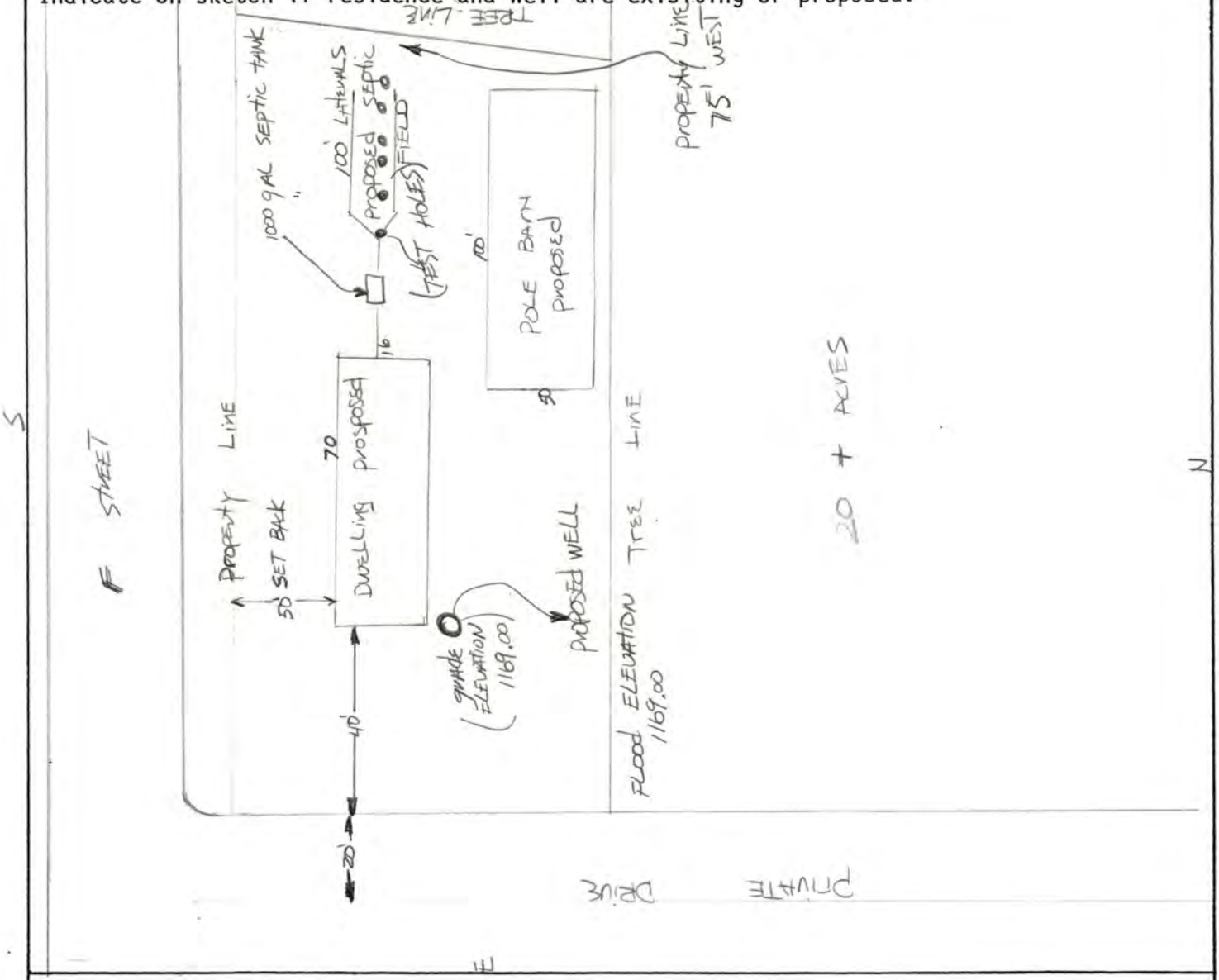
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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

RECEIVED MAY 10 1989

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: March 20 1989

FILE NO. _____

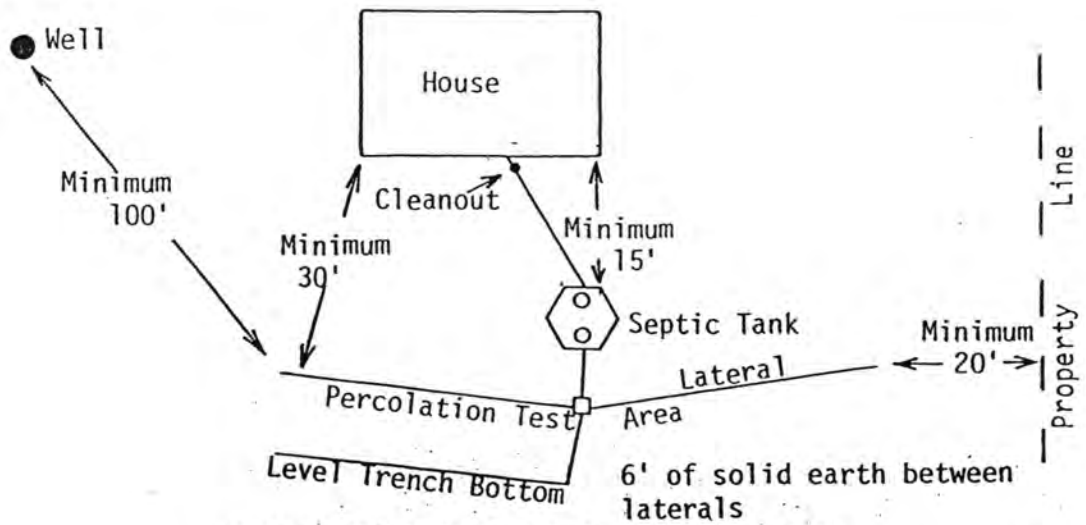
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor ___ in., or below basement floor ___ in.
3. Distance between dwelling and septic tank 10 ft.
4. Number of clean-outs 0 .
5. Distances to:
Well or Suction Line 100 ft.; Stream ___ ft.; Pressure Line ___ ft.; Property Line 50 ft.

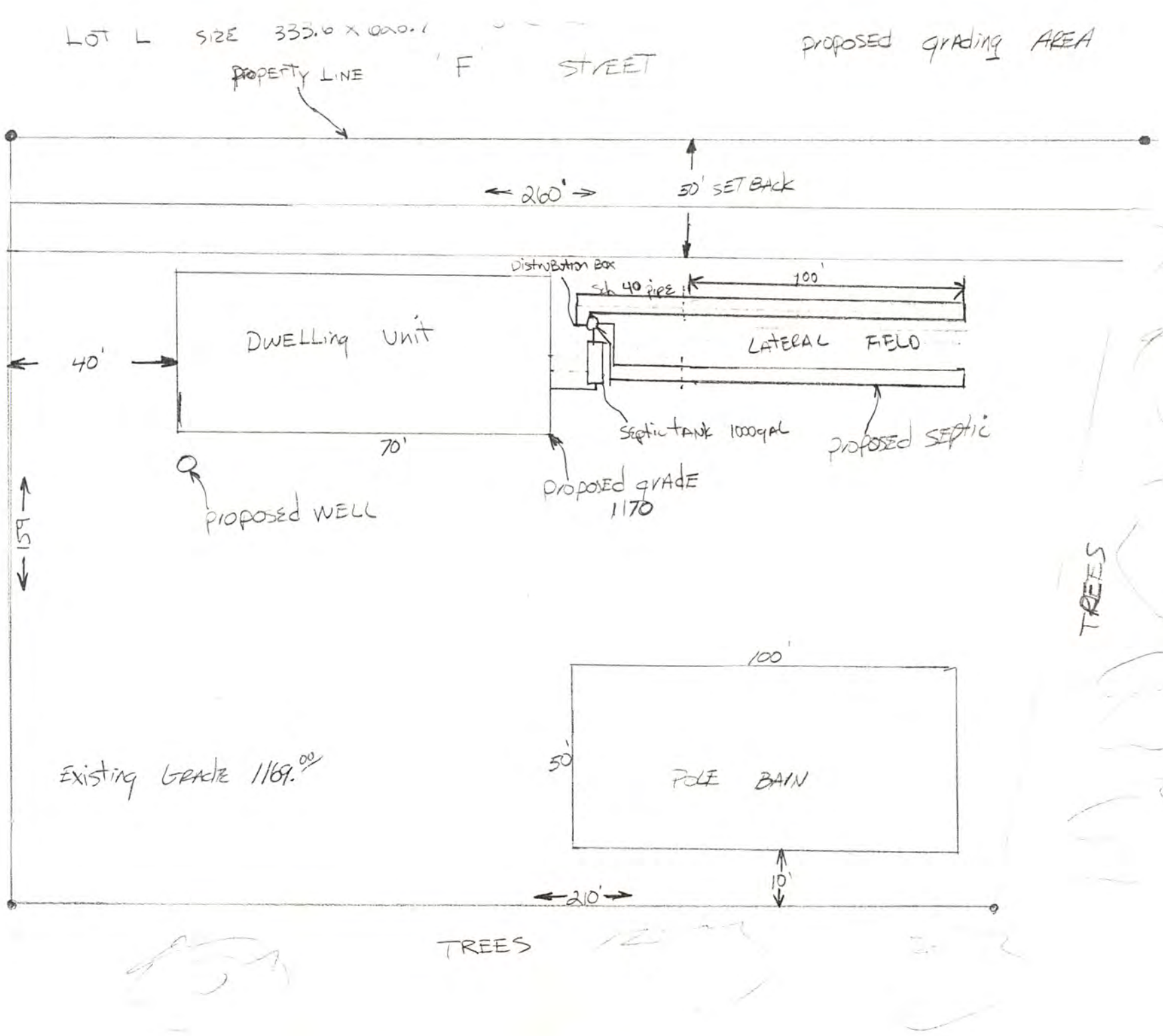
B. SEPTIC TANK:
1. Material Concrete ; No. of compartments one .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company PRECAST)
4. Manholes: Over Inlet; diam. ___ in.
Over Outlet; diam. ___ in.
Riser Above ☐ Below ☐ Grade ___ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 6 in.
8. Distances to:
Well or Suction Line 100 ft.; Stream ___ ft.; Pressure Line ___ ft.; Property Line 50 ft.

C. DISTRIBUTION BOX:
1. Material concrete ; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company PRECAST STEP)
3. Distance from Septic Tank 2' 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 4 ; Length of each line 100 , ___, ___, ___, ___ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines 10 ft.
3. Trench dimensions: Width 8 ft.;
Slope 0 in/100 ft.; Average Depth _____ in.
4. Filter Material: GRAVEL
Depth of Material 30 in.
5. Distances to:
Well or Suction Line 100' ft.; Stream ___ ft.; Pressure Line ___ ft.; Property Line 50 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


LOT L SIZE 333.6 x 660.1
PROPERTY LINE
F STREET
proposed grading AREA
260'
50' SET BACK
DISTRIBUTION BOX
Sch 40 PIPE
100'
DWELLING UNIT
40'
LATERAL FIELD
70'
SEPTIC TANK 1000GAL
PROPOSED SEPTIC
PROPOSED WELL
PROPOSED GRADE 1170
159'
PRIVATE ROAD
TREES
100'
50'
POLE BARN
Existing Grade 1169.00
10'
210'
TREES