LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 91380078501

Issued 12/03/91
Expires 06/03/92

ESTABLISHMENT

JOHN PENSICK
T11N R7E SEC 23
LOT 5-8

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

JOHN PENSICK
RR0003
LINCOLN NE 68505

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
12/5/91	PAID

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: $_____

FILE NO._____

DATE: 12-2-92

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 7E ; Section 23 ;
   Block _____ : Lot 5-8 & PT 36 ; Addition _____
   Street Address Rt 3

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.

John D Pensick PENSICK
(Signature of Applicant (Owner or Lessee)

Rt 3 Lincoln Ne
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 12/2/91 . Date Frwd. 12/2/91 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 12/2/91 . Date Frwd. 12/2/91 . ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer : Date Rec'd. 12/2/91 . Date Frwd. 12/2/91 . ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 2-6-92 by: rm see blue insp. sheet
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 2-10-92 By: Ron Maynard

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

FORM 23-43

ATTACHMENT C.

SOIL ABSORPTION TEST DATA REPORT

PROPERTY WHERE SOIL TESTED: Owner: _____

Location: Township _____

Section & 1/4 Sect. _____ Address: _____

Property Dimensions: _____ ft. x _____ ft

Area: _____ acres. (Attach sketch of property showing hole location).

Soil Type: Silty Clay ___; Silty Clay Loam ✓; Sandy Loam ___

Silty Loam ___; Clay Loam ___; Sandy Clay ___

Dates of Tests: Nov. 29 1991 to Nov 30 1991. Weather: Precip. sunny / windy Temp. [illegible] 26°

PERCOLATION TEST DATA FILE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole 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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolat Rates (Min./in
	30"	11-29-91	8:00 am	11/30/91	8:00	11/30/91	8:00 am		12:00 pm		30 min		
1	"	"	"	"	"	"	"		"		"	2 in	
2	"	"	"	"	"	"	"		"		"	1 in	
3	"	"	"	"	"	"	"		"		"	2 in	
4	"	"	"	"	"	"	"		"		"	1 in	
5	"	"	"	"	"	"	"		"		"	1 3/4 in	

Sum of Percolation Rates ____

Average of Rates: ____

Inches per Minute: 19

Bryan Mosley

Signature of Person Conducting Test

Address 5501 W. Kingsley

Phone 470-2731

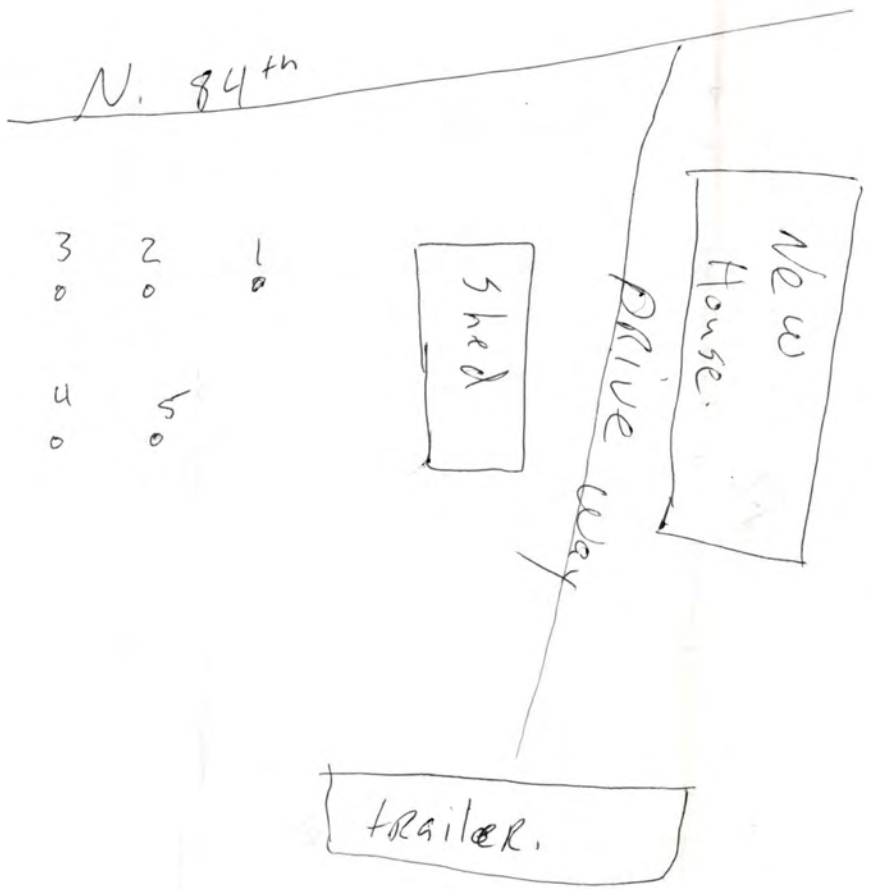
[illegible] Silty Clay Loam

Sharpsburg

49

2-6-92 [illegible]

2-10-92 Ron Mayer


N. 84th
New House.
Drive way
Shed
trailer.
30
20
10
40
50

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: December 2, 1991

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 206 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 618 sq.ft.

$4 \overline{)618}$ (154 ft) (155 ft)

4 2/2 92

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: _____

FILE NO. _____

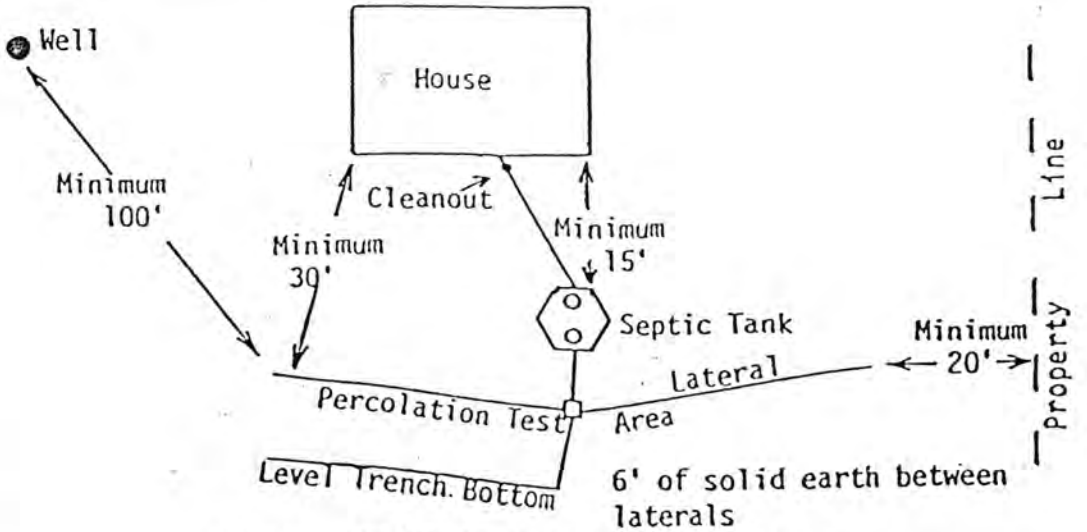
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 173 ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

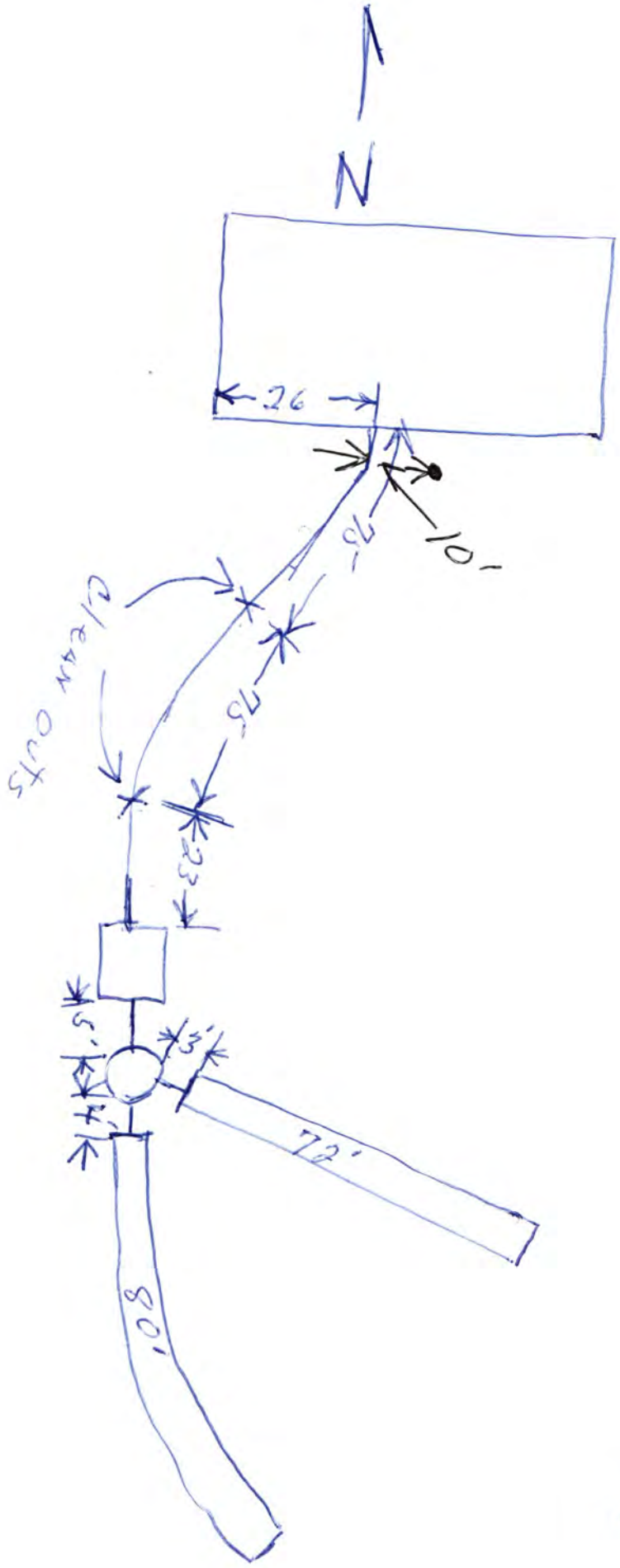
B. SEPTIC TANK:
1. Material Concrete; No. of compartments ____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Pre Cast)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Riser Above ☐ Below ☑ Grade ____ in.
5. Inlet: Baffle ☑; or Tee ☐
6. Outlet: Baffle ☑; or Tee ☐
7.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

C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets 5.
2. Factory Built: Yes ☑ No ☐
(Company Pre Cast)
3. Distance from Septic Tank 5 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 2; Length of each line 72, 80, ____, ____, ____ ft.;
Total length of laterals ____ ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width 4 ft.;
Slope ____ in/100 ft.; Average Depth 40 in.
4. Filter Material: Gravel
Depth of Material 24 in.
5. Distances to:
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN



Capital City Transfer
2-6-92

LINCOLN/LANCASTER COUNTY HEALTH DEPARTMENT
2200 St. Mary's Avenue
Lincoln, NE 68502
(402)471-8000

Legal Description 23-11-7 Location N 84th
Owner/Requestor

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

- X New system, initial
- ___ New system, followup
- ___ Existing system, repair
- ___ Existing system, followup
- ___ Loan approval
- ___ Consultation
- ___ Other (Specify)

REMARKS 2-6-92 Very probable that one slip joint of sewer line is within 50 ft of well.
- Well at 10 ft from sewer
- Approximately first 100 feet of sewer line covered before inspection.
- Staff discussed construction of first 100 ft of sewer line with contractor. Staff felt confident that sewer line was watertight & constructed of 2241 schedule 40 equivalent pipe.

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   - A. Leach Field
   - B. Septic Tank
   - C. Sewer Line
   - D. Frost-Proof Hydrant
   - E. Lagoon
   - F. Accumulated Manure
   - G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System X Septic ___ Lagoon

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. (Location from Water System Component) — circled
5. Lateral Construction, Length, Drop
6. Septic Tank Size + installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: Ron Marquart Received by: ___
Date: 2-6-92

WA1002