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. 90380066001

Issued 11/15/90
Expires 05/15/91

ESTABLISHMENT

RICK ERICKSON
T11N R7E SEC 15 QTR NW

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

RICK ERICKSON
RR0003
LINCOLN NE 68505

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
11/19/90	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: $ 150.00

FILE NO. _____

DATE: 11/5/90

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. 11N ; Range 7E ; Section NW¼ 15 ;
   Block _____ : Lot _____ : Addition _____
   Street Address RT #3 LINCOLN, NE 68505

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe RANCH

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

4. Distance to public sewer: _____ ft.

Rick Erickson
Signature of Applicant (Owner or Lessee)

RR #3 LINCOLN, NE 68505
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/13/90. Date Frwd. 11/13/90. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nodd

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 11-13-90. Date Frwd. 11-13-90. ACTION: Approved ☒ Disapproved ☐ Signature: Duane Paulish

3. City or County Engineer: Date Rec'd. 11-13-90. Date Frwd. 11-13-90. ACTION: Approved ☒ Disapproved ☐ Signature: Donna Barker

REMARKS OR REASONS FOR DISAPPROVAL NO WELL PERMIT

Site Visits: DIDN'T VISIT ON 12/28/90 BECAUSE OF SLICK ROADS
Date: 7-26-91 by: mm of JS
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-26-91 By: Ron Hymond

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 11N ; Range 7E ; Section & ¼ Section 15 NW¼
Property Dimensions: _____ ft. x _____ ft. Area: 160 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐
Dates of Tests: 11/5/90 to 11/6/90 . Weather: Precip. _____ Temp. 40

OWNER: RICK ERICKSON

Address: RR #3 LINCOLN, NE 68505

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	34	11/5	1:30	11/5	6:00	11/6	1:00	4 1/4	1:30	2 7/8	30	1 3/8	21.8
2	33	11/5	1:30	11/5	6:00	11/6	1:00	3	1:30	1 3/8	30	1 5/8	18.5
3	34	11/5	1:30	11/5	6:00	11/6	1:00	5 3/8	1:30	3 1/4	30	2 1/8	14.1
4	33	11/5	1:30	11/5	6:00	11/6	1:00	3 1/2	1:30	2 1/4	30	1 1/4	24.0
5	35	11/5	1:30	11/5	6:00	11/6	1:00	4 3/8	1:30	2 1/8	30	2 1/4	13.3
6	35	11/5	1:30	11/5	6:00	11/6	1:00	3 1/4	1:30	1 1/4	30	2	15.0

Sum of Percolation Rates: 106.7
Average of Rates: 17.8
Mean of Rates: _____

Rick Erickson
Signature of Person Conducting Test

Address RT 3 Loxcan, NE 68505 Phone 466-0526

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): Shamsburg SHD

Date: 11-13-90

Approved Percolation Rate (a)
A. 17 min./inch
B. _____ min./inch
C. _____ min./inch

Gerald C. Hoge
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 ☒

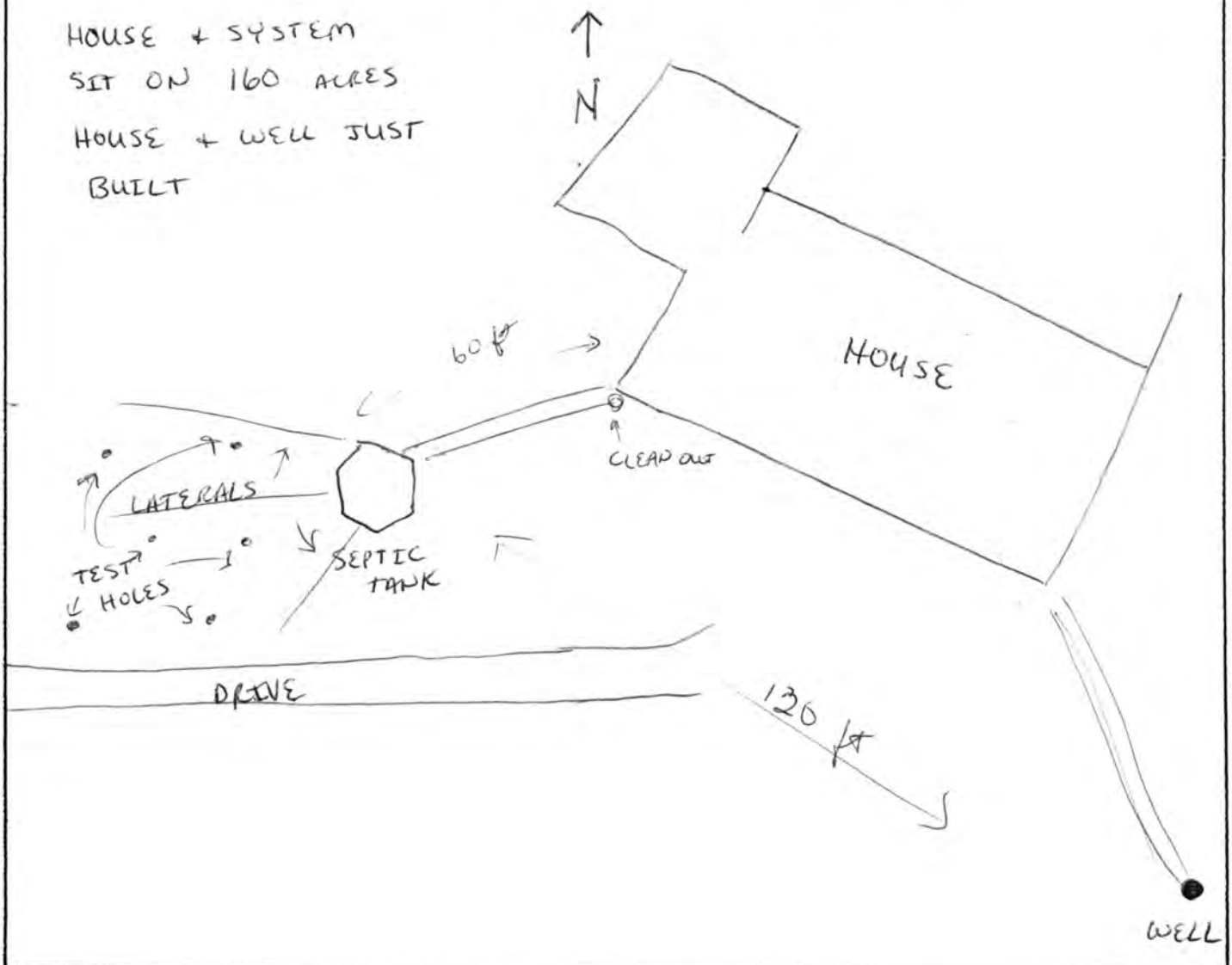
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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C

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: November 13, 1990

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 595 sq.ft.

149
4 | 595
4
19
36
35

Gerrald C. Hoot
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
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D

DATE: _____

FILE NO. _____

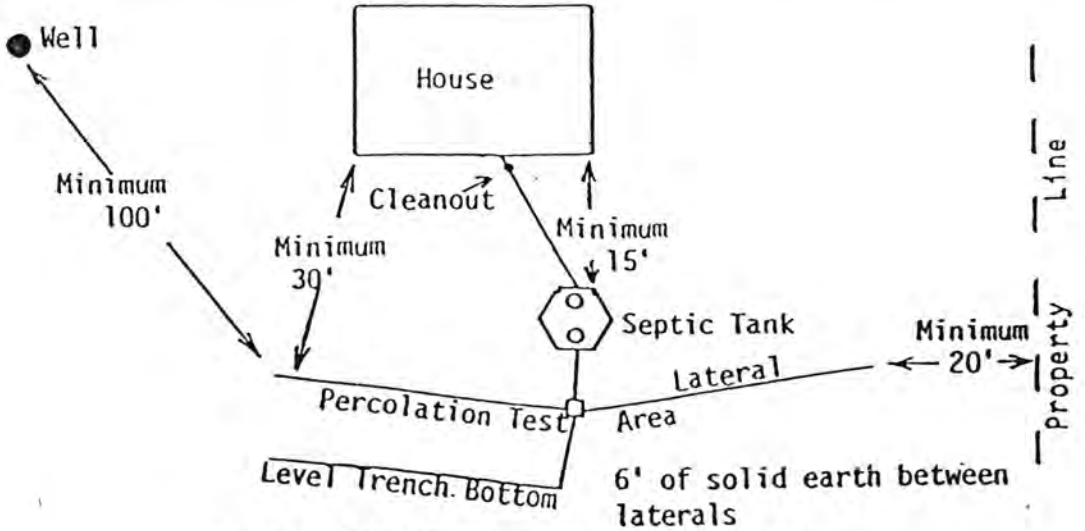
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 18 in.
3. Distance between dwelling and septic tank 133 ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

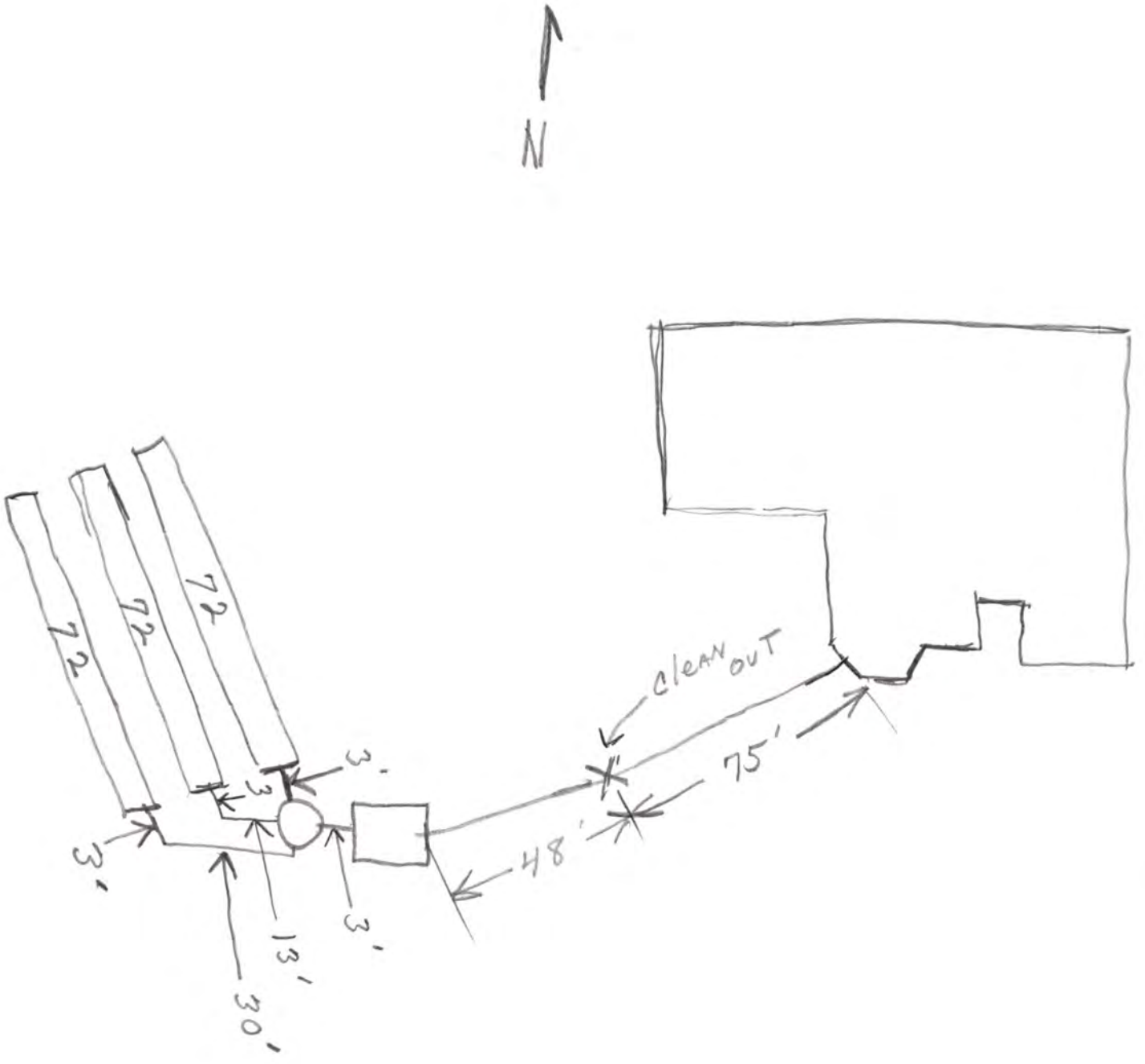
B. SEPTIC TANK:
1. Material CONCRETE ; No. of compartments 1 .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Pre CAST)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☑ Grade 18 in.
5. Inlet: Baffle ☑ ; or Tee ☐
6. Outlet: Baffle ☑ ; or Tee ☐
7. Depth of top of tank below finished grade 18 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 3 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 3 ; Length of each line 72, 72, 72, _____, _____ ft.;
Total length of laterals 216 ft.;
Distance between lateral lines 10 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 Trenching

7-26-91