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:_____

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 18 ;
   Block _____ : Lot 9 I.T. : Addition _____
   Street Address 3535 Waverly Rd
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms _____. Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐
4. Distance to public sewer: Several miles ft.

488-4141

Leah L. Umberger
Signature of Applicant (Owner or Lessee)

3535 Waverly Rd 488-4141
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/29/91. Date Frwd. 4/29/91. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 4-29-91. Date Frwd. 4-29-91. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bowen
3. City or County Engineer: Date Rec'd. 04/29/91. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Mary Williamson

REMARKS OR REASONS FOR DISAPPROVAL Sewage system must be out of flood plain

Site Visits:
Date: 4-26-91 by: rm
Date: 5-14-91 by: rm will take off top 1ft of top listed
Date: 5-15-91 by: rm correction completed

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-15-91 By: Ron Magnuson

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
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 11N ; Range 7E ; Section & ¼ Section 18 . Lot 9
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: 10-10-90 to 10-11-90 . Weather: Precip. 0 Temp. 70 .

OWNER: Mark Umberger

Address: 3535 Waverly Rd

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	29	10/10	10:30	10/11	10:30	10/11	2:00	16 1/8	2:30	17	30	7/8	
2	29	10/10	10:30	10/11	10:30	10/11	2:00	17 5/8	2:30	18 1/4	30	5/8	
3	29	10/10	10:30	10/11	10:30	10/11	2:00	18	2:30	19 1/4	30	1 1/4	
4	29	10/10	10:30	10/11	10:30	10/11	2:00	18 7/8	2:30	20	30	1 1/8	
5	29	10/10	10:30	10/11	10:30	10/11	2:00	17 3/8	2:30	18 1/4	30	7/8	
6	29	10/10	10:30	10/11	10:30	10/11	2:00	17 1/8	2:30	18 1/4	30	1 1/8	

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

Rosemary Overman
Signature of Person Conducting Test

Address 4337 Madison Phone 464-1745

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 30 min./inch
B. _____ min./inch
C. _____ min./inch

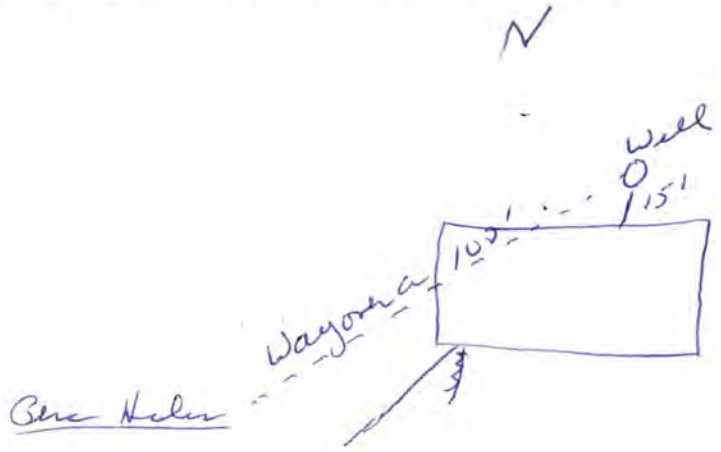
Remarks: _____
Soil Type (SCS): Judson Silty Loam
Date: October 19, 1990

Jerrold C. Hood
Signature of Reviewing Official

mark's

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.

3 bedroom 188' if half moon in 4ft wide trench
4 bedroom 250' if half moon in 4ft wide trench

_____
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. _____

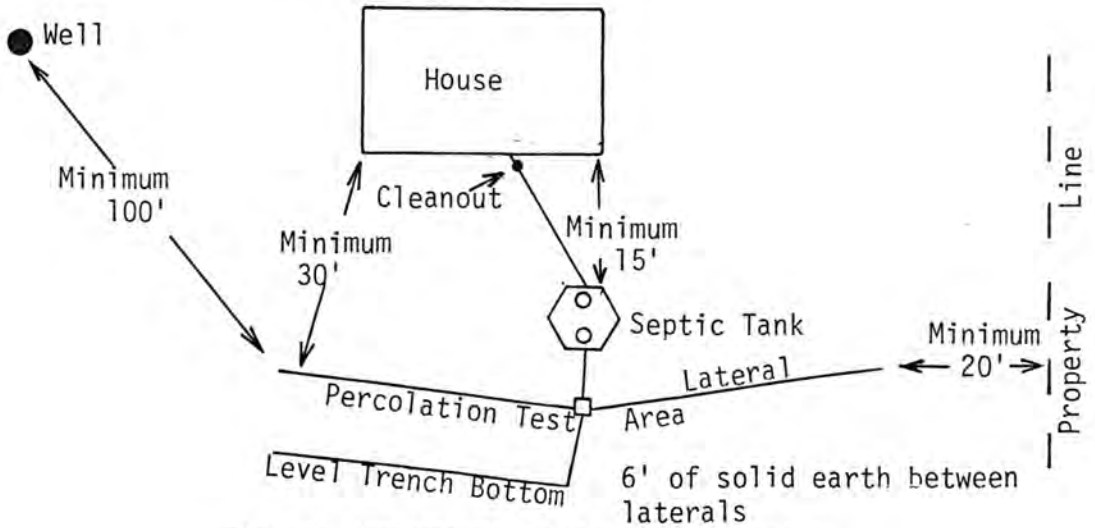
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material SOIL ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 6 in.
3. Distance between dwelling and septic tank 44½ ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line 60 ft.; Stream over 100 ft.; Pressure Line over 100 ft.; Property Line over 100 ft.

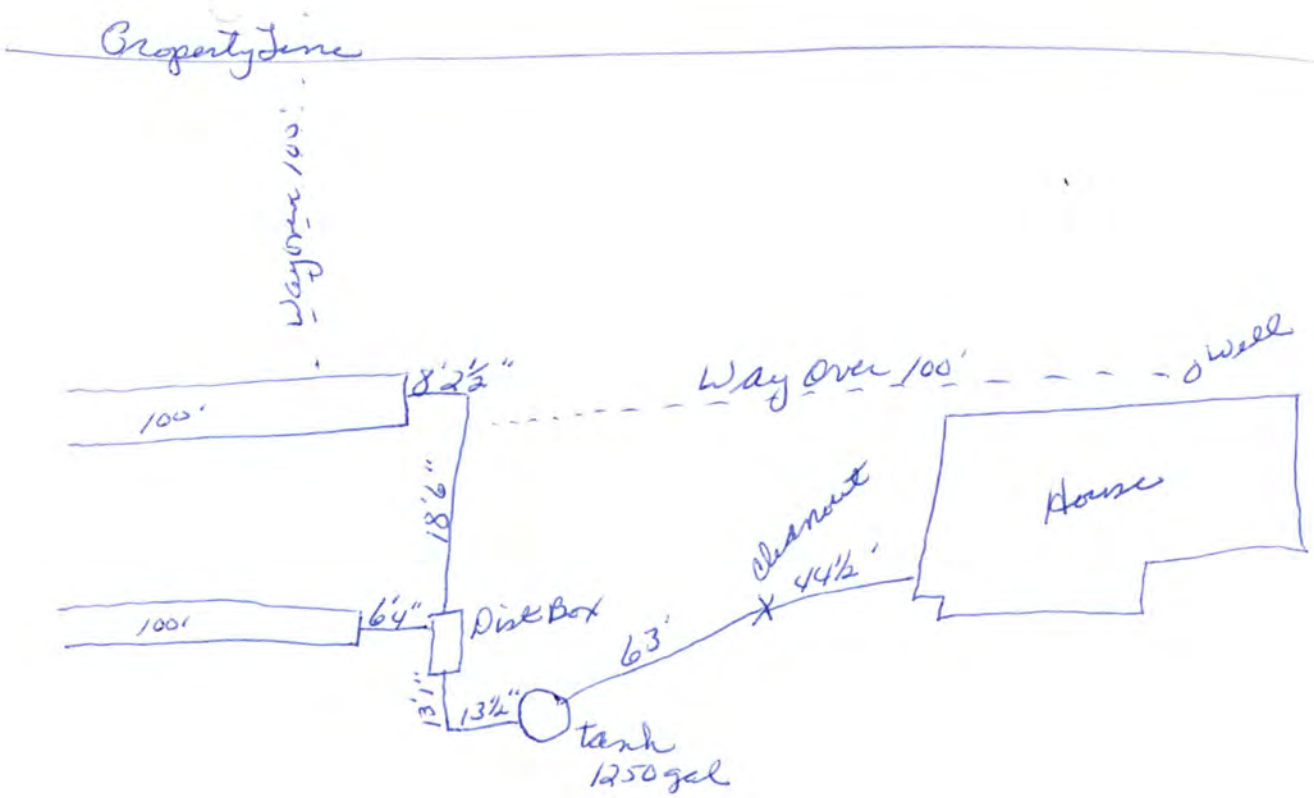
B. SEPTIC TANK:
1. Material Concrete ; No. of compartments _____.
2. Capacity 1250 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Ore Cast)
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 in.
Riser Above ☒ Below ☐ Grade ___ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 28 in.
8. Distances to:
Well or Suction Line over 100 ft.; Stream over 100' ft.; Pressure Line over 100' ft.; Property Line over 100' ft.

C. DISTRIBUTION BOX:
1. Material CONCRETE ; Number - available outlets 5 .
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 26' 1½" ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 20" or
Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines:
Number 2 ; Length of each line 100 , 100 , _____, _____, _____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines ___ ft.
3. Trench dimensions: Width 4 ft.;
Slope level in/100 ft.; Average Depth 5' in.
4. Filter Material: Road Gravel
Depth of Material 2' in.
5. Distances to:
Well or Suction Line over 100' ft.; Stream over 100' ft.; Pressure Line over 100' ft.; Property Line over 100' ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


Property Line
Way over 100'
8'2½"
Way over 100'
Well
100'
18'6"
House
Cleanout
44½'
100'
6'4"
Dist Box
63'
13'1"
13½"
tank
1250 gal

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☐ Evaluation of the Individual Water System Date: 9-6-91

☐ Evaluation of the Sewage Disposal System ☐ Enclosed is $150.00

Legal Description of Property: TWP. 11N; RANGE 7E; SECTION 18; BLOCK ___

LOT 9IT; ADDITION _____; Street Address 3535 Waverly Road

Directions to Property _____

Location of Well N of House Tap Location: Inside ☐ Outside ☐

Location of Sewage System W. of House Year Installed 1991

	NAME	ADDRESS	PHONE
Present Owner:	Mark & Leah Umberger	3535 Waverly Rd	488-4141
Tenant/Buyer:			
Return to:	SAME		

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Leah L Umberger Address 3535 Waverly Rd

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HEALTH DEPARTMENT USE ONLY

Date Received 9-6-91 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 9-6-91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 9-6-91 by RM
Bacteria	☐	☐	Provisional:	☐	Date _____ by ___
Nitrate	☐	☐	Disapproved:	☐	Date _____ by ___

Comments: _____

_____ See Attached Letter ☐

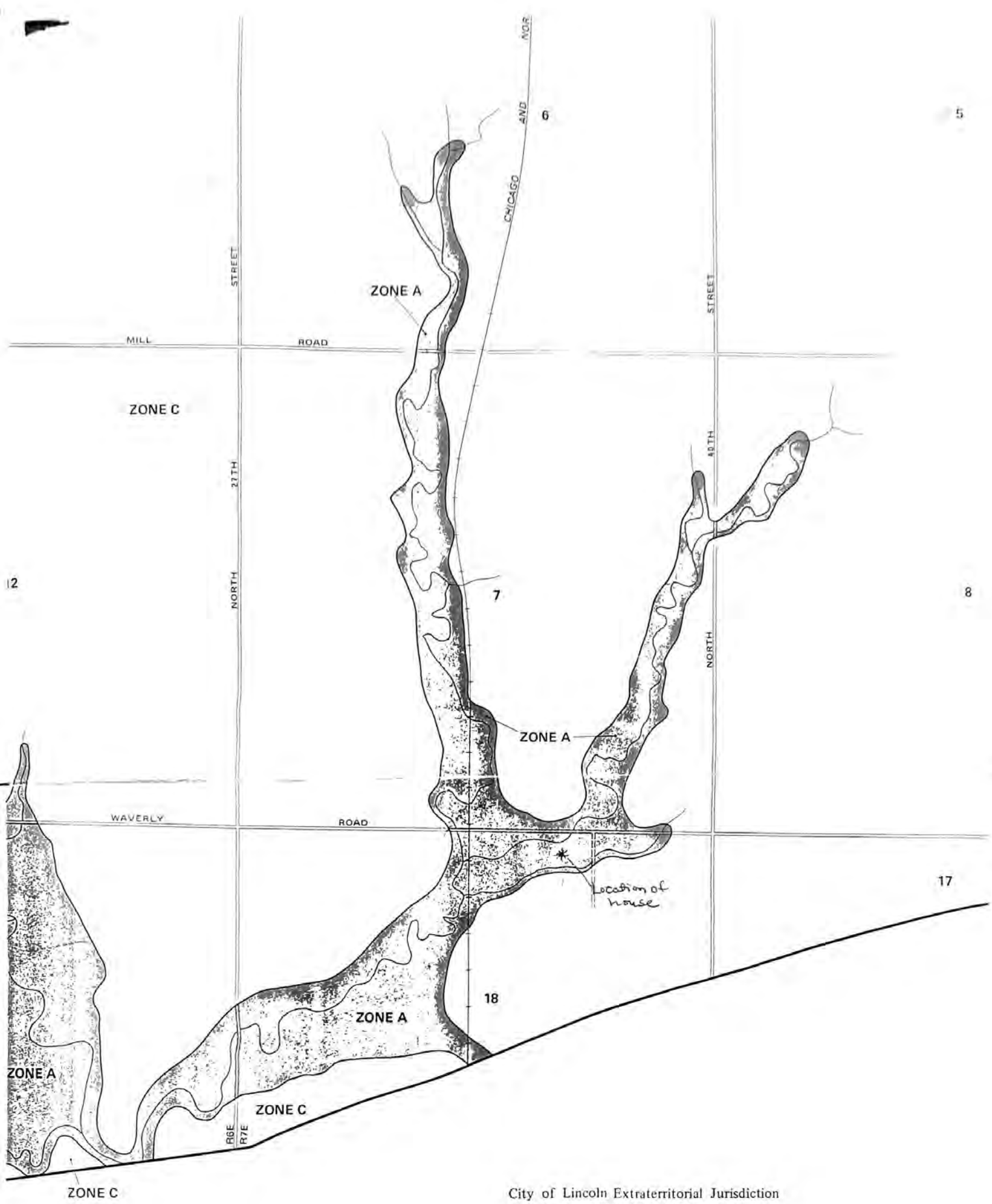
FINAL STATUS

WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
Approved: ☐	Approved: ☒	Provisional Approval: ☐

APPROVED BY Ron Maynard, R.S. DATE 9-6-91

Approval or disapproval is based on written standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832



City of Lincoln Extraterritorial Jurisdiction
AREA NOT INCLUDED

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. 91380069601

Issued 05/03/91
Expires 11/03/91

ESTABLISHMENT

LEAH UMBERGER
T11N R7E SEC 18
3535 WAVERLY RD

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

LEAH UMBERGER
3535 WAVERLY RD
DAVEY NE 68336

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
5/6/91	PAID

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