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. 89380003501

Issued 07/12/89
Expires 01/12/90

ESTABLISHMENT

JEFFREY J HELGOTH
T11N R7E SEC 8 QTR NW
NW 1/4

FEES: Permit 018754 $60.00

Total $60.00

PERMITTEE JEFFREY J HELGOTH
4201 MILL RD
LINCOLN NE 68514

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2863-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — 6 MONTHS
TYPE OF PERMIT — THIS PERMIT EXPIRES

JEFFREY J. HELGOTH — 4201 MILL RD., RT. 3 LINCOLN, NE 68514
ISSUED TO — ADDRESS

T11N; R7E; Sec. 8 NW 1/4
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

R.J. NUERNBERGER, Lancaster County Treasurer

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO.———

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: $_____

FILE NO. 2863-C

DATE: 7-11-89

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 Sec. 8;
   Block _____: Lot _____: 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 ☒ LAGOON

4. Distance to public sewer: _____ ft.

Jeffrey T. Walgo
Signature of Applicant (Owner or Lessee)

4201 Mill Rd Rt3 Lincoln NE 68514
Address

785-3665

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/12/89. Date Frwd. 7/13/89. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hoff
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 7-13-89. Date Frwd. 7-13-89. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bowne
3. City or County Engineer: Date Rec'd. 7/13/89. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Dwight Dearmont

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9-20-89 by: mm Lagoon is sealed. Need fence.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-28-89 By: Ron Mayfield

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 11 ; Range 7 ; Section & ¼ Section NW ¼. Sec. 08
Property Dimensions: 660 ft. x 1440 ft. Area: 21 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☒ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 7-8-89 to 7-9-89 . Weather: Precip. 0 Temp. 90-95.

OWNER: Gerald Helgoth, Jeff Helgoth
Address: 4201 Mill Rd Rt3 Lincoln NE 68514

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	35"	7-8	AM 8:15	7-9	AM 9:20	7-9	AM 9:30	6"	PM 1:00	1"	210	5"	30/ ½
2	35"	7-8	AM 8:15	7-9	AM 9:20	7-9	AM 9:30	6"	PM 1:00	1¼"	210	4¾"	30/ ½
3	34"	7-8	AM 8:15	7-9	AM 9:20	7-9	AM 9:30	6"	PM 1:00	1¾"	210	4¼"	30/ ¼
4	34½"	7-8	AM 8:15	7-9	AM 9:20	7-9	AM 9:30	6"	PM 1:00	1½"	210	4½"	30/ ¼
5	34"	7-8	AM 8:15	7-9	AM 9:20	7-9	AM 9:30	6"	PM 1:00	1¼"	210	4¾"	30/ ½
6	35"	7-8	AM 8:15	7-9	AM 9:20	7-9	AM 9:30	6"	PM 1:00	1"	210	5"	30/ ½

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

Jeffrey L. Helgoth
Signature of Person Conducting Test

Address 4201 Mill Rd Rt3 Lincoln, NE 68514 Phone 785-3665

(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

hole # 1	2	3	4	5	6
Time 930 $18\frac{1}{4}$	$18\frac{1}{4}$	15	$17\frac{1}{2}$	16	$17\frac{1}{4}$
1000 $19\frac{3}{4}$	$19\frac{1}{2}$	$16\frac{1}{4}$	$18\frac{1}{2}$	$17\frac{1}{4}$	$18\frac{3}{4}$
1030 $20\frac{1}{2}$	$20\frac{1}{4}$	17	$19\frac{1}{4}$	18	$19\frac{1}{2}$
1100 $21\frac{1}{4}$	21	$17\frac{1}{2}$	20	$18\frac{3}{4}$	$20\frac{1}{4}$
1130 $21\frac{3}{4}$	$21\frac{1}{2}$	$18\frac{1}{4}$	$20\frac{3}{4}$	$19\frac{1}{2}$	21
1200 $22\frac{1}{2}$	$22\frac{1}{4}$	$18\frac{3}{4}$	$21\frac{1}{4}$	20	$2\frac{1}{2}$
1230 $23\frac{3}{4}$	$22\frac{1}{2}$	19	$21\frac{1}{2}$	$2\frac{1}{4}$	$21\frac{3}{4}$
1:00 $23\frac{1}{4}$	23	$19\frac{1}{4}$	$21\frac{3}{4}$	$20\frac{3}{4}$	$22\frac{1}{4}$

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

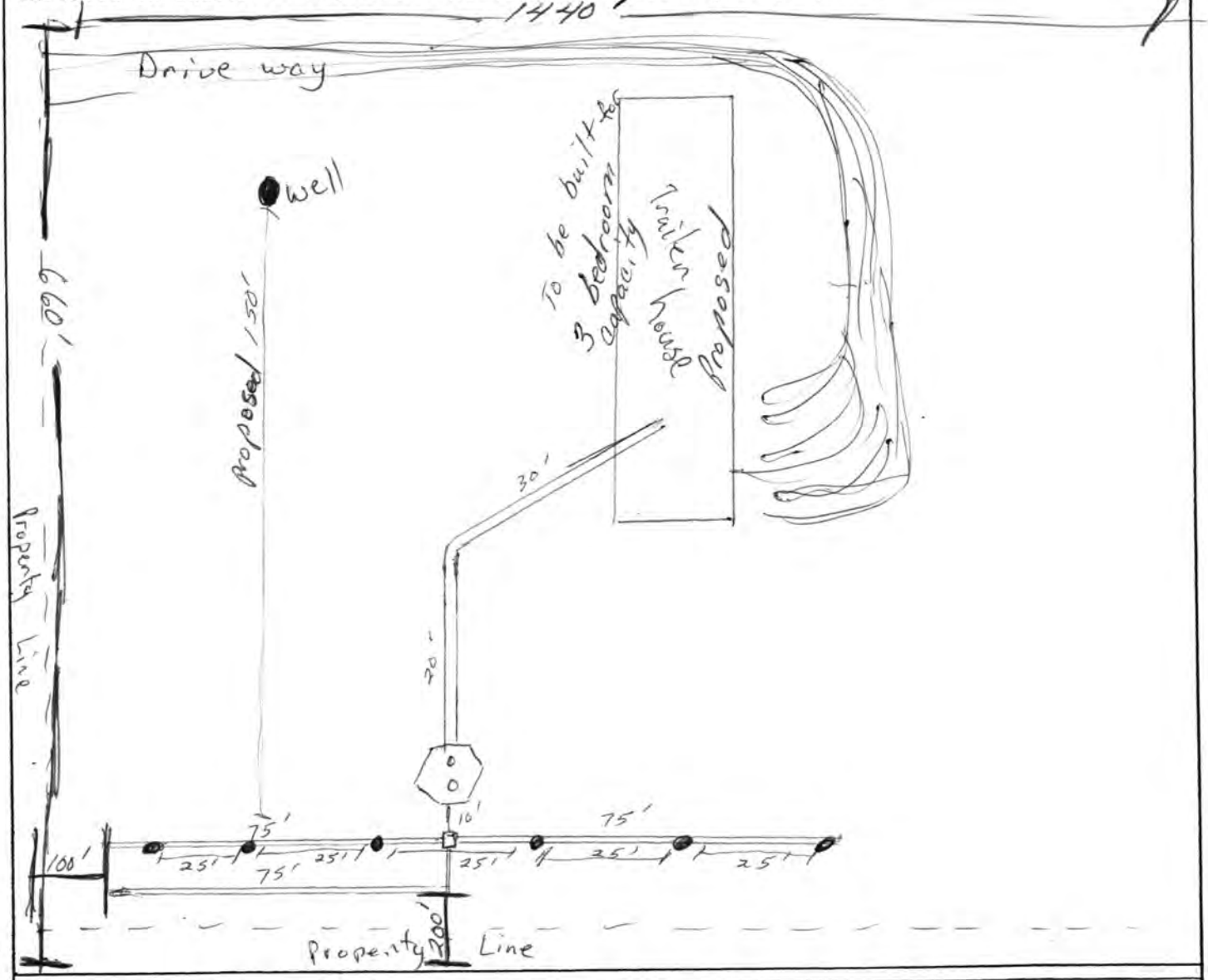
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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

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. _____

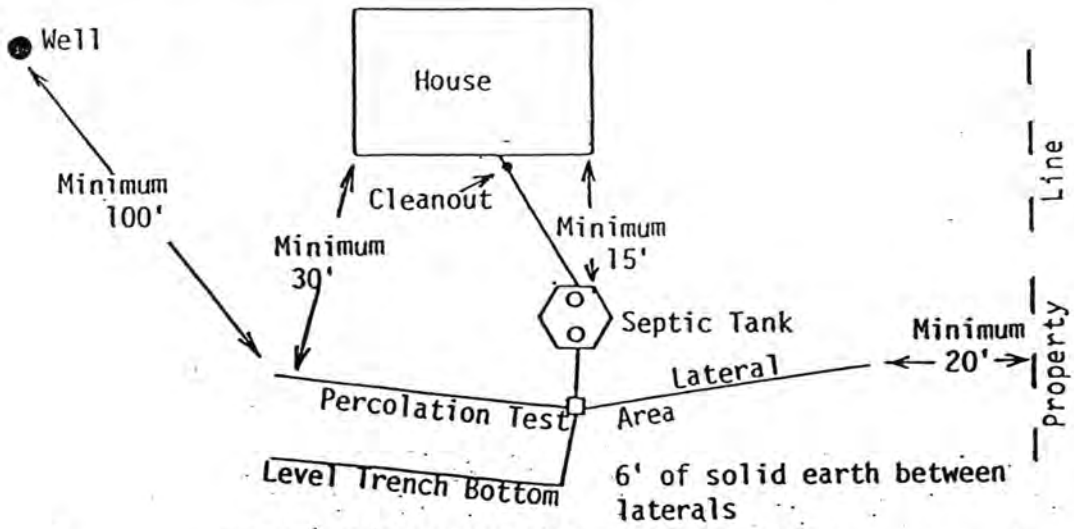
SPECIFICATIONS AS BUILT

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

B. SEPTIC TANK:
1. Material _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
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 _____ 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 4 .
2. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
3. Distance from Septic Tank 10 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 ___ ; Length of each line _____, _____, _____, _____, _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width _____ ft.;
Slope _____ in/100 ft.; Average Depth _____ in.
4. Filter Material: _____
Depth of Material _____ in.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

N

