# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2399-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

MARCH 22, 1987
THIS PERMIT EXPIRES

DARWIN D. THELANDER 5020 WAVERLY ROAD LINCOLN, NE 68505
ISSUED TO ADDRESS

T11N; R7E; Sec SE¼ 8; Lot 30 I.T.; 5020 Waverly Road
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

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

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: $ 60.00

FILE NO. 2399-C

DATE: 9-20-86

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 8 SE 1/4 ;
   Block _____ : Lot 30 I.T. : Addition _____
   Street Address 5020 Waverly Rd

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: _____ ft.

Darwin D. Thelander
Signature of Applicant (Owner or Lessee)

5020 Waverly Rd. Lincoln, Ne. 68505
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/22/86. Date Frwd. 9/23/86. ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Hoerl

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9/23/86. Date Frwd. 9/23/86. ACTION: Approved ☒ Disapproved ☐ Signature: Wel Y

3. City or County Engineer: Date Rec'd. 9/23/86. Date Frwd. 9/23/86. ACTION: Approved ☒ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10/13/86 by: L.C.H.
Date: 10-14 am by: [illegible]
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-14-86 By: Ron Bryant

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. 2399-C

PROPERTY WHERE SOIL TESTED:

Location: Township 11 ; Range 7 ; Section & ¼ Section 8 Southeast 1/4.
Property Dimensions: 631 ft. x 345 ft. Area: 5+ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 10-1-85 to 10-2-85 . Weather: Precip. 0 Temp. 65° .

OWNER: Darwin D. Thelander

Address: RT 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 | 28" | 10-1 | 7 00 | 10-1 | 11 00 | 10-2 | 2 30 | 18 3/4" | 3 00 | 19" | 30 | 1/4" | |
| 2 | 31" | 10-1 | 7 02 | 10-1 | 11 00 | 10-2 | 2 31 | 27 3/8" | 3 01 | 28" | 30 | 5/8" | |
| 3 | 29" | 10-1 | 7 04 | 10-1 | 11 00 | 10-2 | 2 32 | 27" | 3 02 | 27 1/2" | 30 | 1/2" | |
| 4 | 33" | 10-1 | 7 06 | 10-1 | 11 00 | 10-2 | 2 33 | 28 1/4" | 3 03 | 28 3/4" | 30 | 1/2" | |
| 5 | 32" | 10-1 | 7 08 | 10-1 | 11 00 | 10-2 | 2 35 | 27" | 3 05 | 28 1/8" | 30 | 1 1/8" | |
| 6 | 33" | 10-1 | 7 10 | 10-1 | 11 00 | 10-2 | 2 36 | 24 3/4" | 3 06 | 25" | 30 | 1/4" | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

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

Darwin D. Thelander
Signature of Person Conducting Test

Address RT 3 Lincoln, Ne. 68505 Phone 466-9670

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): Sharpsburg Silty Clay Loam

Date: October 4, 1985

Approved Percolation Rate (a)
A. 53 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hoeck
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 ☒

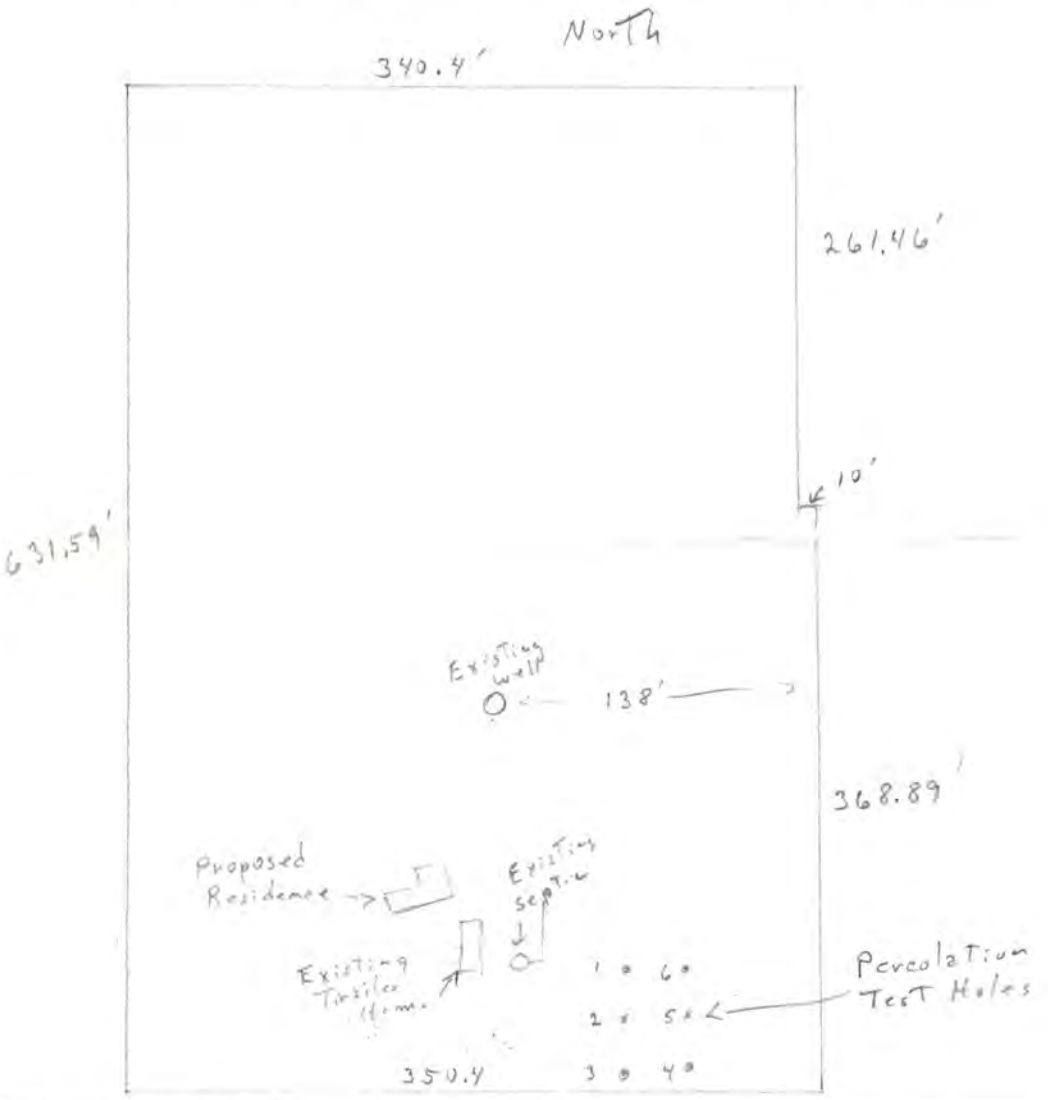
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

**C**

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

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Indicate on sketch if residence and well are exisiting or proposed.




REVIEWING ACTION

Remarks: _____

Date: October 4, 1985

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 156 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 625 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. _____

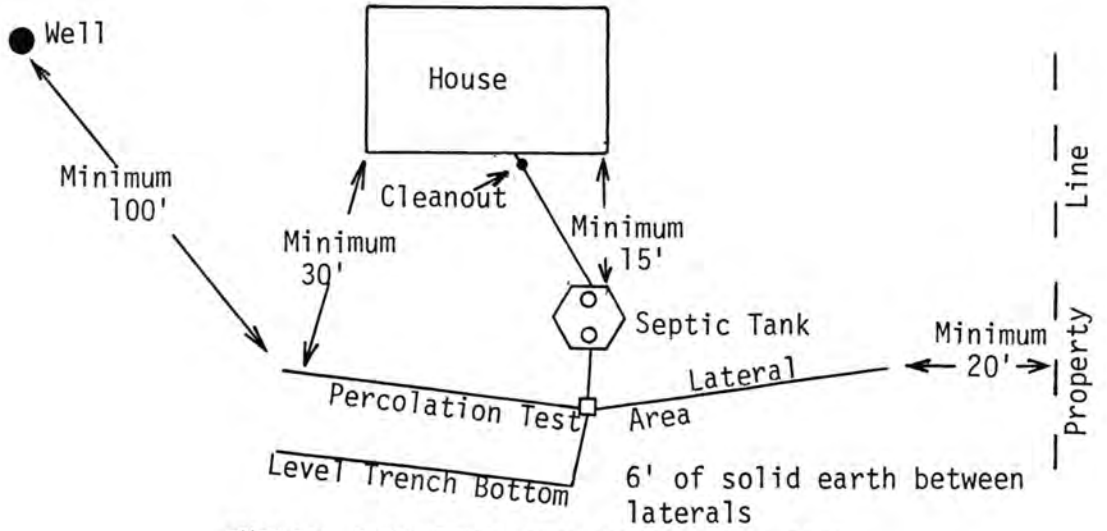
## SPECIFICATIONS AS BUILT

A. BUILDING SEWER: 3034 Sch 40 PVC
1. Material Plastic; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 316 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 Am Cast Concrete; No. of compartments one.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast Steps)
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 over ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line over ft.

C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets 6.
2. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
3. Distance from Septic Tank 5 ft.

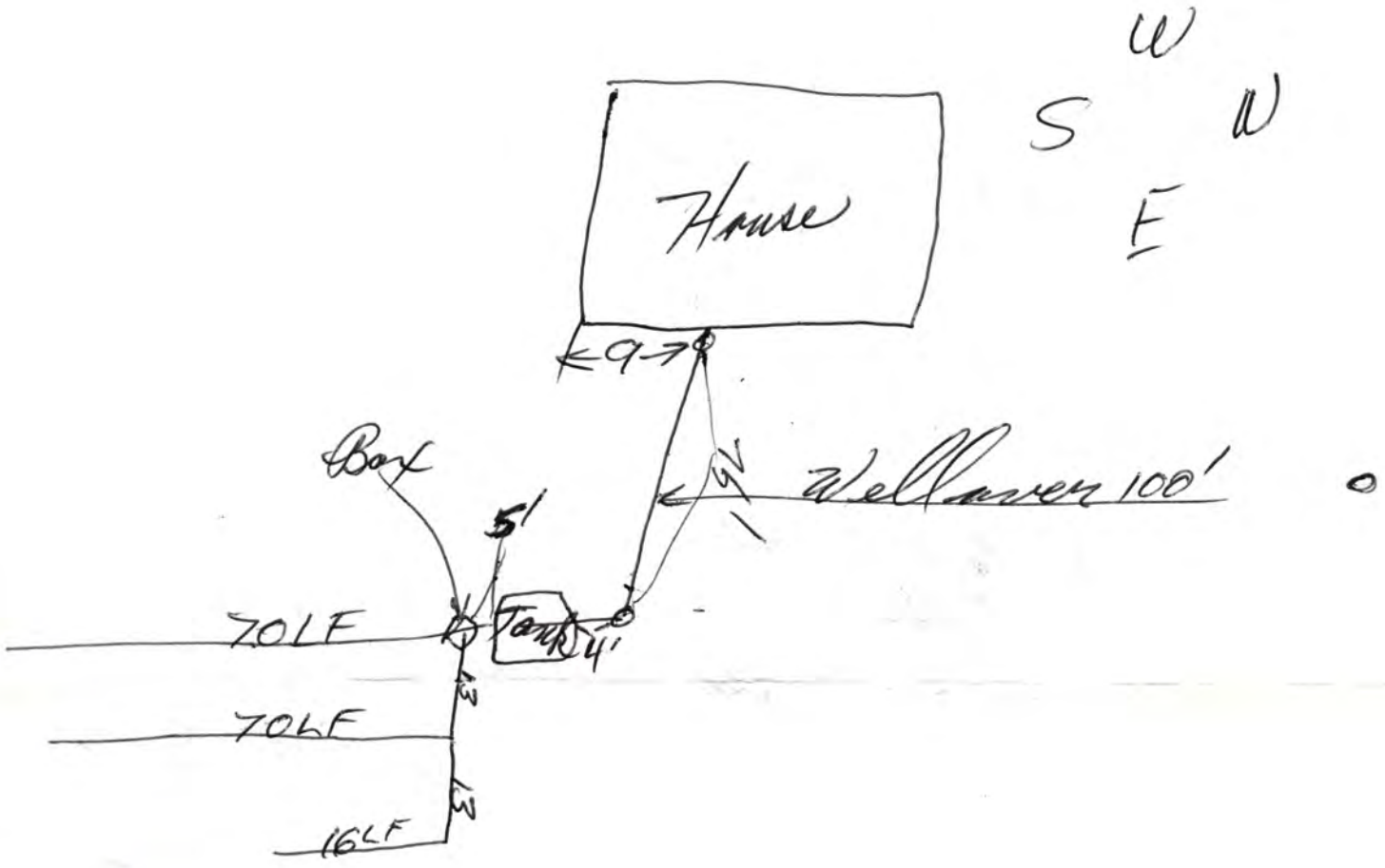
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 20" or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines:
Number 3; Length of each line 68, 68, 66, _____, _____ ft.;
Total length of laterals 166 ft.;
Distance between lateral lines 15 ft.
3. Trench dimensions: Width 5 ft.;
Slope 0 to 2" in/100 ft.; Average Depth 3'6" in.
4. Filter Material: Rock Gravel
Depth of Material 24 in.
5. Distances to:
Well or Suction Line over ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line over ft.



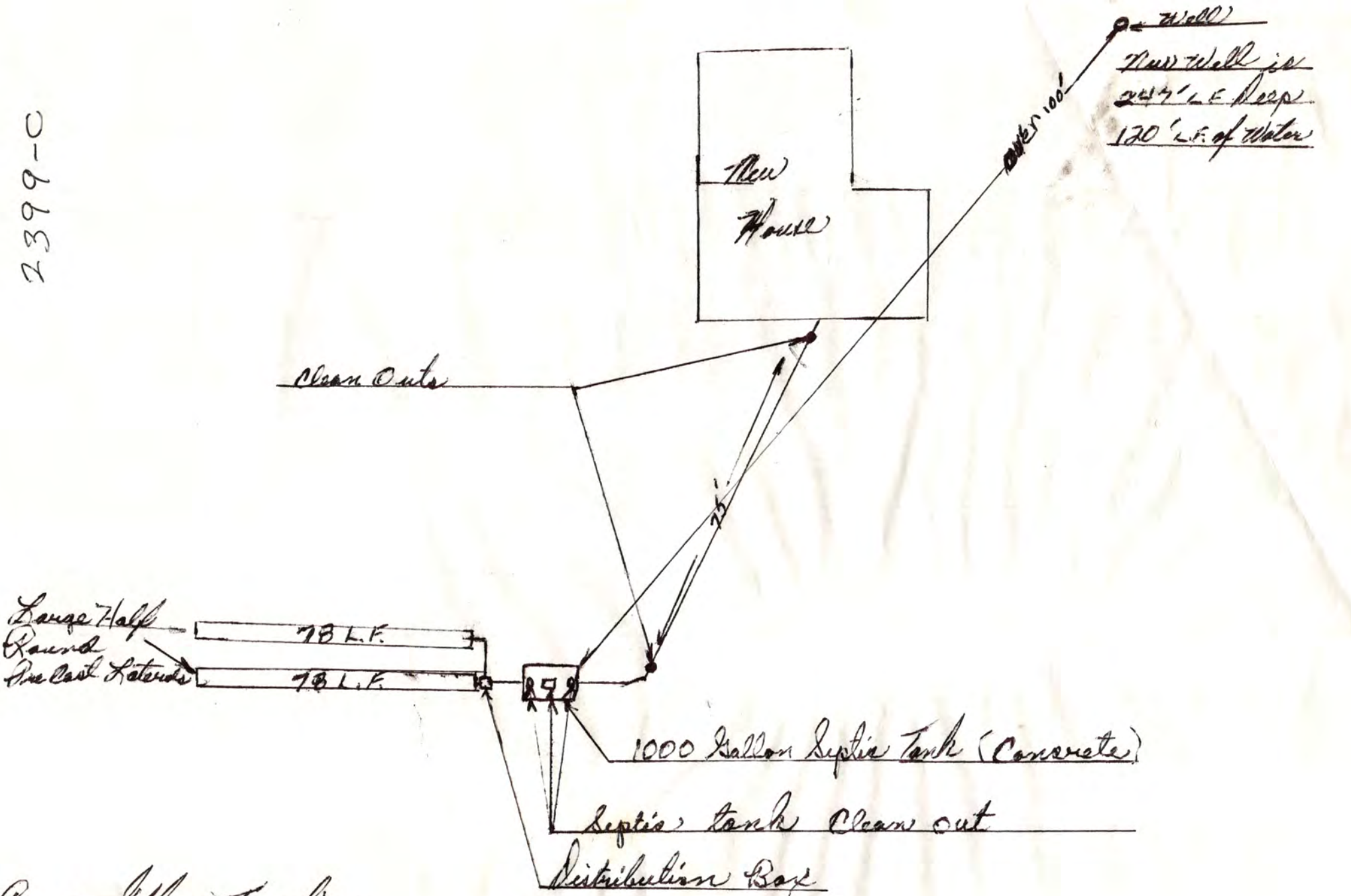

TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 10 - 14 - 86 INSTALLER [signature]



2399-C




By Von Fellers Trenching
Pawnee City
Rt 90 Box 11A
Dawson, Ne 68336

As approved by County
Health Dept.