LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit No. 96380151401

SEWAGE INSTALLATION

Issued 11/06/96
Expires 05/06/97
Revenue Code 18754

Establishment

MICHAEL DIETZ
T11N R7E SEC 6
LOT 1
14000 N 27 STREET

FEES: $150.00

TOTAL $150.00

Permittee

MICHAEL DIETZ
BOX00116
BOX 00116
WAVERLY NE 68462

2779

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

A

FILING FEE: $ 150.00 #16704
11/05/96 ls

FILE NO. _____

DATE: 10-31-96

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 6 ;
   Block _____ : Lot I.T. : Addition _____
   Street Address 14000 N 27
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☒
   No. of Bedrooms 1. Describe guest house
3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐
4. Distance to public sewer: miles ft.

W1 6-11-7

Mike Pritz
Signature of Applicant (Owner or Lessee)

~~14000 N 27 Road 68336~~
Address PO Box 116 Wann NE 68062

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/5/96. Date Frwd. 11/6/96. ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Wood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 11/6/96. Date Frwd. 11/6/96. ACTION: Approved ☒ Disapproved ☐ Signature: TK re approval of guest house
3. City or County Engineer: Date Rec'd. 11/06/96. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11-12-96 by: MM
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-14-96 By: Ron Marquardt

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
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: 15 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 10-26-96 to 10-27-96. Weather: Precip. 0 Temp. 50°.

¼ mile North on 27th and Mill Rd.

OWNER: Bob Martin

Address: 14000 N 27

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	36	10-26	10.00	10.26	5:10	10-27	5.00	6	5:30	5¼	30	¾"	40 MIN/IN
2	36	10-26	10:05	10-26	5:15	10-27	5:05	5¾	5:35	4¾	30	1"	30 MIN/IN
3	36	10-26	10:10	1026	5:20	10-27	5:10	6	5:40	5	30	1"	30 MIN/IN
4	36	10-26	10:15	1026	5:25	10-27	5:15	5⅜	5:45	5¼	30	⅝"	48 MIN/IN
5	36	10-26	10:20	10-26	5:30	10-27	5:20	5¾	5:50	5	30	¾"	40 MIN/IN
6	36	10-26	10:25	10-26	5:35	10-27	5:25	6	5:55	5	30	1"	30 MIN/IN

Dave L Dietze
Signature of Person Conducting Test

Address 9651 N 149th Place Phone 786-2682
Waverly NE 68462

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: November 5, 1996

Approved Percolation Rate (a)
A. 36 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
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 ☐

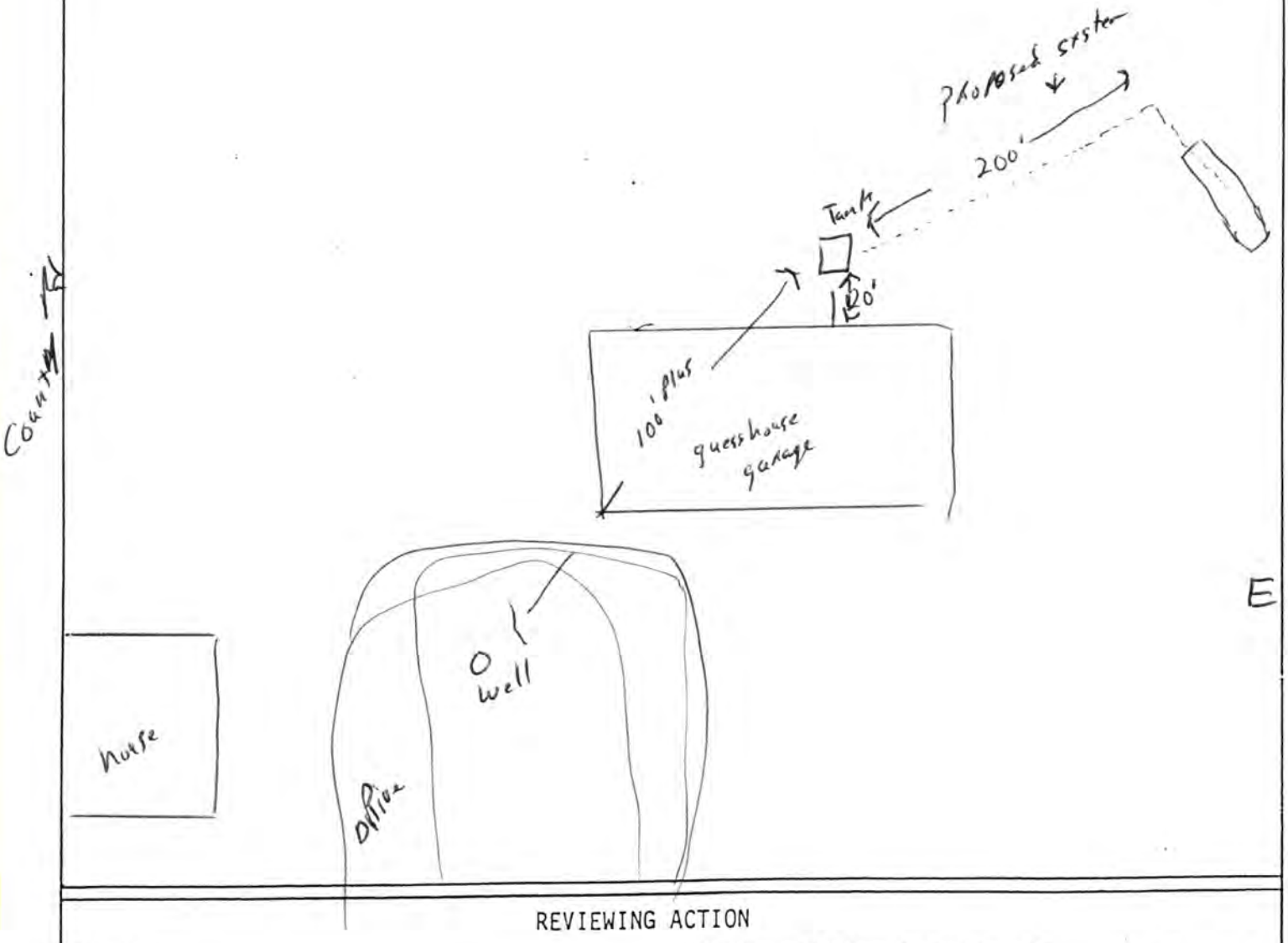
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

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 1000 gals.
2. Total Length of Laterals 68 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 274 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 Dept.
3140 "N" Street
Lincoln, NE 68510

D

DATE: _____

FILE NO. _____

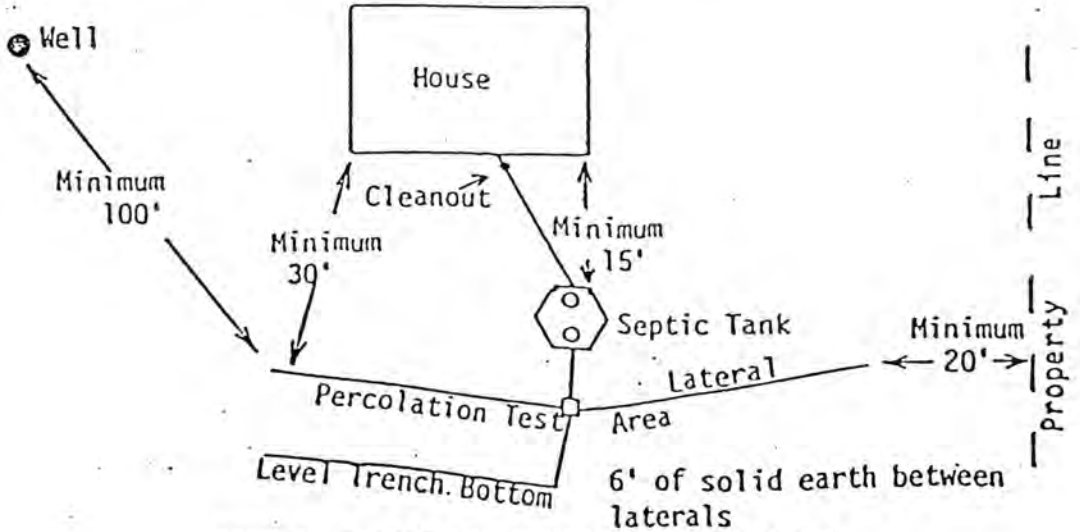
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC SDR26; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 20' ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line 100' plus ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 1000' ft.

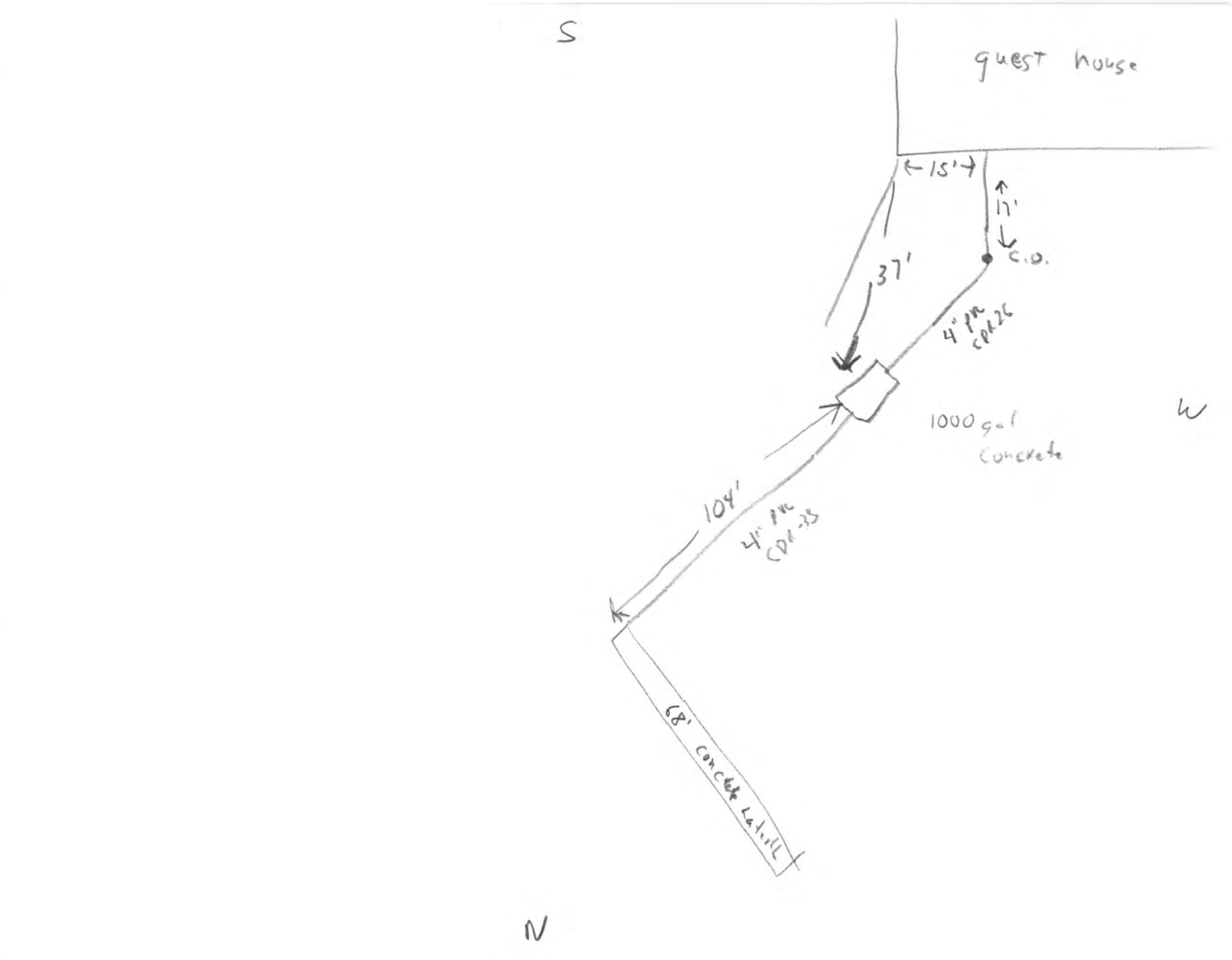
B. SEPTIC TANK:
1. Material Concrete; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Pres Cast)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee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

C. DISTRIBUTION BOX:
1. Material N/A; Number - available outlets _____.
2. Factory Built: Yes ☐ No ☐
(Company _____)
3. Distance from Septic Tank _____ ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round X or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines:
Number 1 ; 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: gravel
Depth of Material _____ in.
5. Distances to:
Well or Suction Line 500' plus ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 1000' ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


S
guest house
15'
17'
C.O.
37'
4" PVC
SDR 26
1000 gal
Concrete
W
104'
4" PVC
SDR 35
68' Concrete Lateral
N

NEBRASKA — SHEET NUMBER 14 N. 27th Newcastle

