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. 91380071201

Issued 06/05/91
Expires 12/05/91

ESTABLISHMENT

STAN GREVE
T11N R6E SEC 35
CUMBERLAND HEIGHTS LOT 7
201 HUMPHREY

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

STAN GREVE
700 Y ST
LINCOLN NE 68508

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
6/6/91	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: $_____

FILE NO._____

SW 35-11-6,

DATE: 6/3/91

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 6E; Section 35;
   Block _____: Lot 7 : Addition CUMBERLAND HEIGHTS
   Street Address 201 HUMPHREY
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2 . Describe EARTH BERM RANCH
3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐
4. Distance to public sewer: _____ ft. WILL PUT IN WHAT PERC TEST INDICATES

STAN GREVE

Stan Greve
Signature of Applicant (Owner or Lessee)

7004 LINCOLN NE 68506
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/4/91. Date Frwd. 6/4/91. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nead
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 6/4/91. Date Frwd. 6/4/91. ACTION: Approved ☐ Disapproved ☐ Signature: _____
3. City or County Engineer: Date Rec'd. 6/4/91. Date Frwd. 6/4/91. ACTION: Approved ☒ Disapproved ☐ Signature: Glenn Brutels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 2-5-92 by: rm sewer line + tank & dist Box
Date: 2-6-92 by: rm
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 2-6-92 By: Ron Mayfield

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

FORM 23-43

16 3/2 209567

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 _____; Range 35; Section & ¼ Section 11 - 6.
Property Dimensions: 331.06 ft. x 633.02 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: _____ to _____. Weather: Precip. _____ Temp. _____

OWNER: _____

Address: _____

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	6/1	3:00	6/2	12:00	6/2	12:30	15	1:00	15 1/8		1/8	
2	"	"	"	"	"	"	"	16 3/8	1:03	16 3/4		3/8	
3	"	"	"	"	"	"	"	16 1/2	1:04	16 1/2		0	
4	"	"	"	"	"	"	"	18	1:05	18 1/8		1/8	
5	"	"	"	"	"	"	"	18 3/8	1:06	18 1/2		1/8	
6	"	"	"	"	"	"	"	21 1/4	1:07	23		1 3/4	

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

Signature of Person Conducting Test

Address 700 Y Lincoln 68508 Phone 438 2950

(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 #6 (CONT)

1	12:30	21 1/4	1:07	23
2	1:07	16 3/8	1:37	18 3/4
3	1:37	17 1/4	2:07	19 1/4
4	2:07	17 7/8	2:37	20 1/8
5	2:37	17 3/8	3:07	19 1/8
6	3:07	17 1/2	3:37	20
7	3:37	18	4:07	19 3/4
8	4:07	18 3/8	4:37	20
9	4:37	19 1/8	5:07	20 3/4

	2 1:37	3 2:37	4 3:37	5	6	7	8
#1	15 1/8	15 1/8	15 1/4	15 1/4			
#2	17 1/8	17 1/2	17 7/8	18 1/4			
#3	16 1/2	16 1/2	16 1/2	16 1/2			
#4	18 1/4	18 1/2	18 5/8	18 3/4			
#5	18 3/4	19 1/8	19 1/4	19 3/8			
#6	ABOUT						

GRENIER

PRE SATURATE

		START		END	
HOLE	DEPTH	DATE	TIME	DATE	TIME
1	18"	6/8	2:30	6/8	6:30
(PRE #6) 2	"	"	"	"	"
3	"	"	"	"	"
4	"	"	"	"	"
5	"	"	"	"	"
6	"	"	"	"	"
7	"	"	"	"	"
8	"	"	"	"	"
9	"	"	"	"	"

: GREEVE DATE 6/9/91

HOLE	11:30 START	12:00 END READING	
1	8	8 1/8	1/8
2	10 3/4	12 3/4	2
3	11 5/8	13	1 3/8
4	9 3/4	11	1 1/4
5	9	11 1/4	2 1/4
6	8 3/4	9 1/8	3/8
7	9	10 1/4	1 1/4
8	8 1/2	9 3/8	1 1/4
9	8 1/2	9 1/2	1 1/2

12:00		12:30	
1	7 1/2	7 5/8	1/8
2	8	10	2
3	6 1/2	9 7/8	3 3/8
4	8 3/4	9 7/8	1 1/8
5	7 3/4	9 1/2	1 3/4
6	8	8 1/2	1/2
7	8	8 3/4	3/4
8	7 1/2	8 1/2	1
9	7	8 1/8	1 1/8

12:30 — 1:00

1	7 1/2	7 3/4	1/2
2	7 1/2	9 1/2	2
3	6 3/8	9 1/2	3 1/8
4	9	10	1
(3) 5	7 7/8	9 3/8	1 3/4
6	8 1/2	8 7/8	3/8
7	8	9	1
8	7 1/8	8	7/8
9	7 1/2	8 1/2	1 3/8

1:00 — 1:30

1	7 3/4	8	1/4
2	8	9 3/4	1 3/4
3	6 3/4	9 1/4	2 1/2
4	8 3/4	9 3/4	1
(4) 5	7 7/8	9 1/2	5/8
6	8 1/8	8 1/2	3/8
7	8 1/8	9	7/8
8	7	8	1
9	7	8 1/4	1 1/4

1:30

1	7 1/2	
2	7 5/8	
3	6 3/8	
4	8 3/4	
5	7 5/8	
6	8 1/2	
7	8	
8	6 3/8	
9	7	

2:00

1	7 3/4	1/4
2	9 7/8	2 1/4
3	10	3 3/8
4	10	1 1/4
5	9 5/8	2
6	8 3/4	1/4
7	8 7/8	7/8
8	7 7/8	1 1/4
9	8 1/2	1 1/2

2:00

1	7 3/4	
2	7 1/2	
3	6 3/4	
4	9	
5	7 3/4	
6	8 3/4	
7	8 1/8	
8	7	
9	7 1/8	

2:30

1	7 7/8	1/8
2	10 1/8	2 5/8
3	10 5/8	3 7/8
4	10 1/4	1 1/4
5	10	2 1/4
6	8 7/8	1/8
7	9 1/8	1
8	8 1/4	1 1/4
9	9	1 7/8

3:00

	1	7 7/8	9	1/8
	2	7 1/2	9 5/8	2 1/4
	3	7	10 1/4	3 1/4
(7)	4	9	10 1/2	1 1/4
	5	7 3/4	9 3/8	1 3/8
	6	8 3/4	9	1/4
	7	8 1/8	9 1/8	1
	8	7	8	1
	9	7	8 5/8	1 5/8

3:00

3:30

	~~8~~	DELETE	~~8 1/8~~	~~1/8~~
	2	7 3/8	9 1/2	2 1/8
	3	6 1/2	9 1/2	3
	4	9	10	1
(8)	5	7 1/2	9 1/4	1 3/4
	6	8	8 5/8	3/8
	7	8 1/8	9	7/8
	8	6 1/8	8	1 1/8
	9	7	8 1/4	1 1/4

21 MIN./IN

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 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 428 sq.ft.

$3\overline{)428} = 143$

Gerrold C. Hood

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. _____

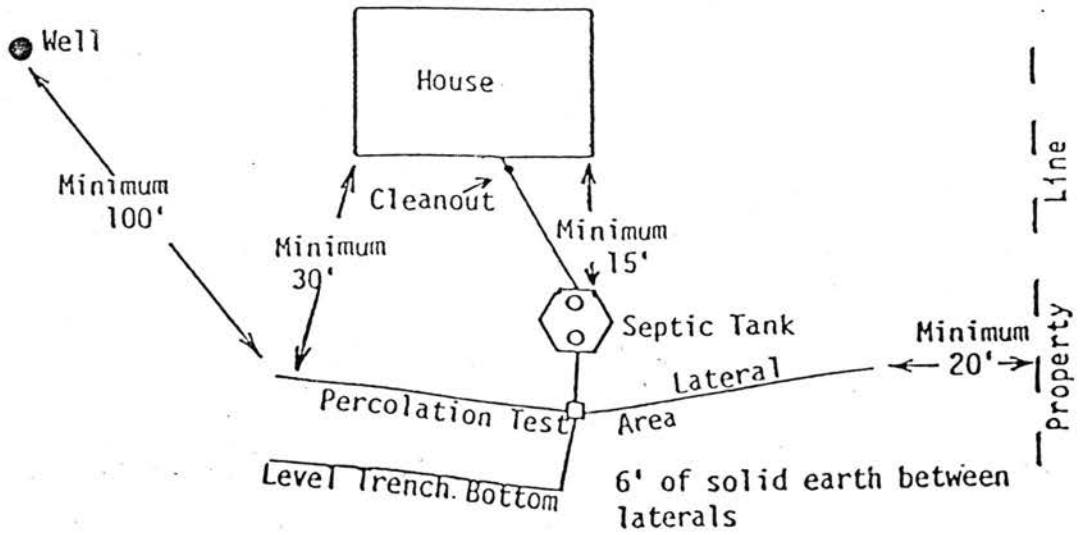
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Class 160; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 30 in.
3. Distance between dwelling and septic tank 108 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 Precast; No. of compartments _____.
2. Capacity 1000 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 10" in.
8. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Precast; 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 _____ or Perforated Pipe 4.
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 2; Length of each line 100, 80, _____, _____, _____ ft.;
Total length of laterals 180 ft.;
Distance between lateral lines 6 ft.
3. Trench dimensions: Width 3 ft.;
Slope 32 in/100 ft.; Average Depth _____ in.
4. Filter Material: Road Gravel
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

Larry Schwarck 201 Hvgh 2-6-92

