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. 92380080901

Issued 03/17/92
Expires 09/17/92

ESTABLISHMENT

RICHARD GRUNDMAN
T11N R6E SEC 35
CUMBERLAND HEIGHTS LOT 23
221 PENNSYLVANIA

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

RICHARD GRUNDMAN
1000 MANATT ST
LINCOLN NE 68521

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
3/18/92	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: $ 150.00

FILE NO. _____

DATE: 3-12-92

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 23 : Addition CUMBERLAND HEIGHTS
   Street Address 221 PENNSYLVANIA

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: (? 2000 ~ 3000) ft.
   NOT APPLICABLE

Richard Grundman
Signature of Applicant (Owner or Lessee)

1000 MANATT, LINCOLN 68521
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/16/92. Date Frwd. 3/16/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 3/16/92 Date Frwd. 3/16/92 ACTION: Approved ☒ Disapproved ☐ Signature: M Gordon

3. City or County Engineer: Date Rec'd. 3-16-92. Date Frwd. 3-16-92. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-21-92 by: mm Sewer line & tank
Date: 8-24-92 by: mm
Date: _____ by: _____

* Experimental system PROVISIONAL

INSTALLATION ~~FINAL~~ WRITTEN APPROVAL
Date: 8-24-92 By: Lon Mayeux

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

* See note on blue paper

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
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Lincoln, Nebraska 68502
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 11 ; Range 6 ; Section & ¼ Section 35 .
Property Dimensions: 633 ft. x 331 ft. Area: 4.82 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐
Dates of Tests: 3/14/92 to 3/15/92 . Weather: Precip. 0 Temp. 50

OWNER: RICHARD GRUNDMAN

Address: 1000 MANATT, LINCOLN 68521

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	30	3/14	1:PM	3/15	1:PM	3/15	2:30	6"	3:00	5	30	1	30
2	"	"	"	"	"	"	"	"	"	4½	"	1½	20
3	"	"	"	"	"	"	"	"	"	5½	"	½	60
4	"	"	"	"	"	"	"	"	"	4¼	"	1¾	17.1
5	"	"	"	"	"	"	"	"	"	5¼	"	¾	40

Sum of Percolation Rates: 167.1
Average of Rates: 33.42
Mean of Rates: _____

Signature of Person Conducting Test

Address 9811 N.W. 40th LNK Phone 437-6023

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 27 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____
Soil Type (SCS): Sharpsburg silty clay loam
Date: March 16, 1992

Gerrold 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 ☒

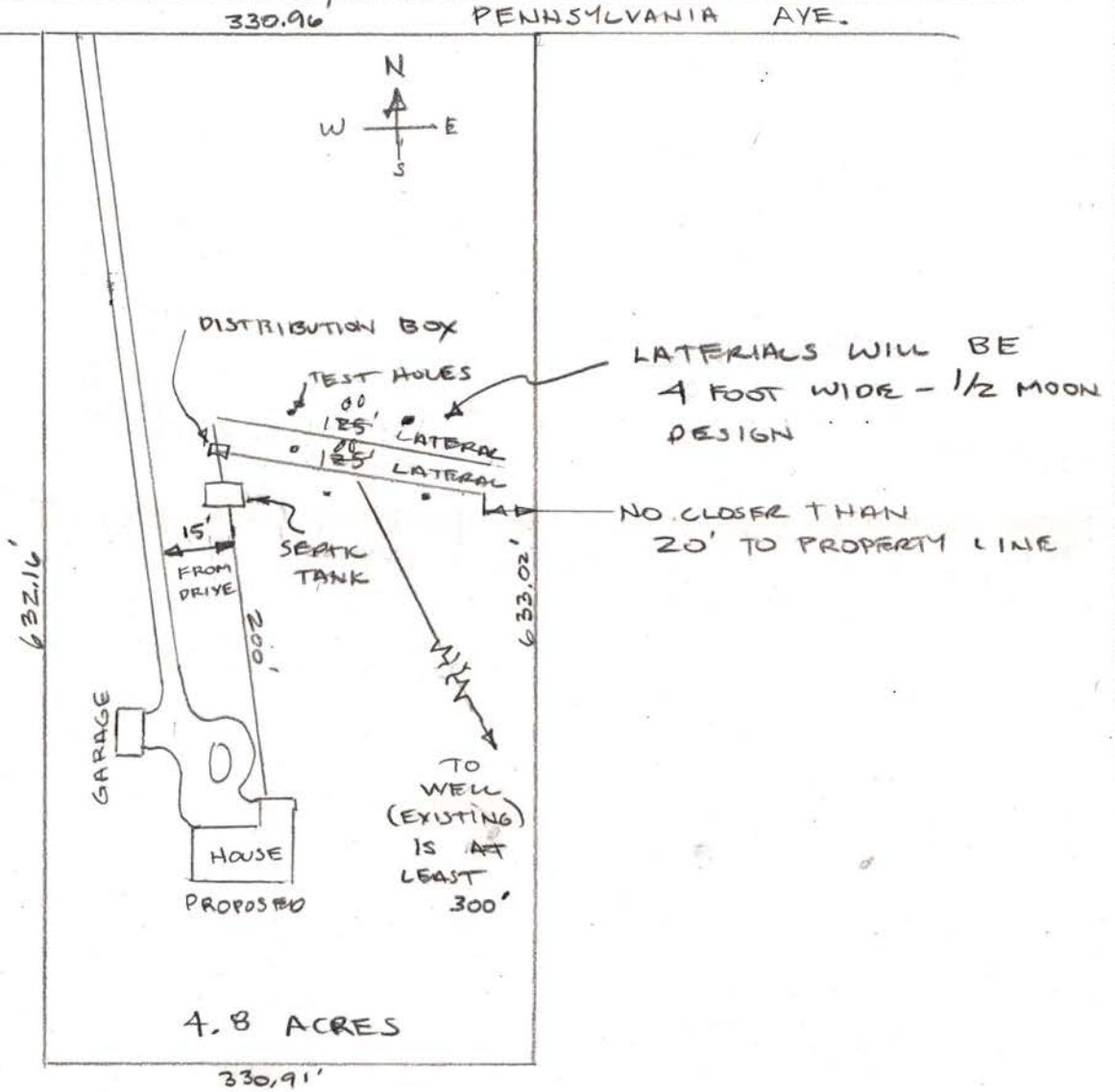
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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: March 16, 1992

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 713 sq.ft.

Jerrold C. Hoel
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
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D

DATE: _____

FILE NO: _____

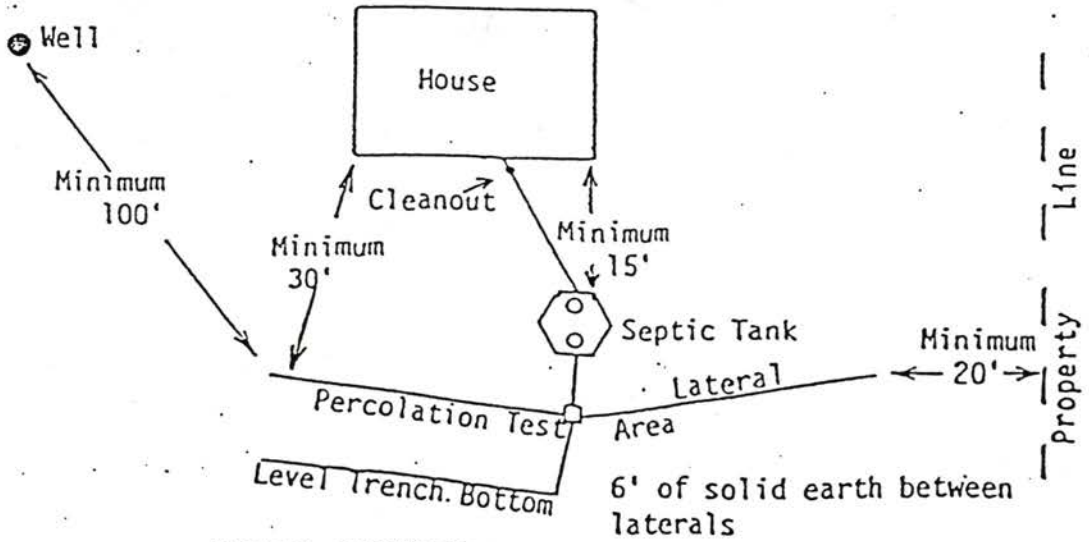
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material 2241 ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 120 ft.
4. Number of clean-outs 3.
5. Distances to:
Well or Suction Line 600 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 200 ft.

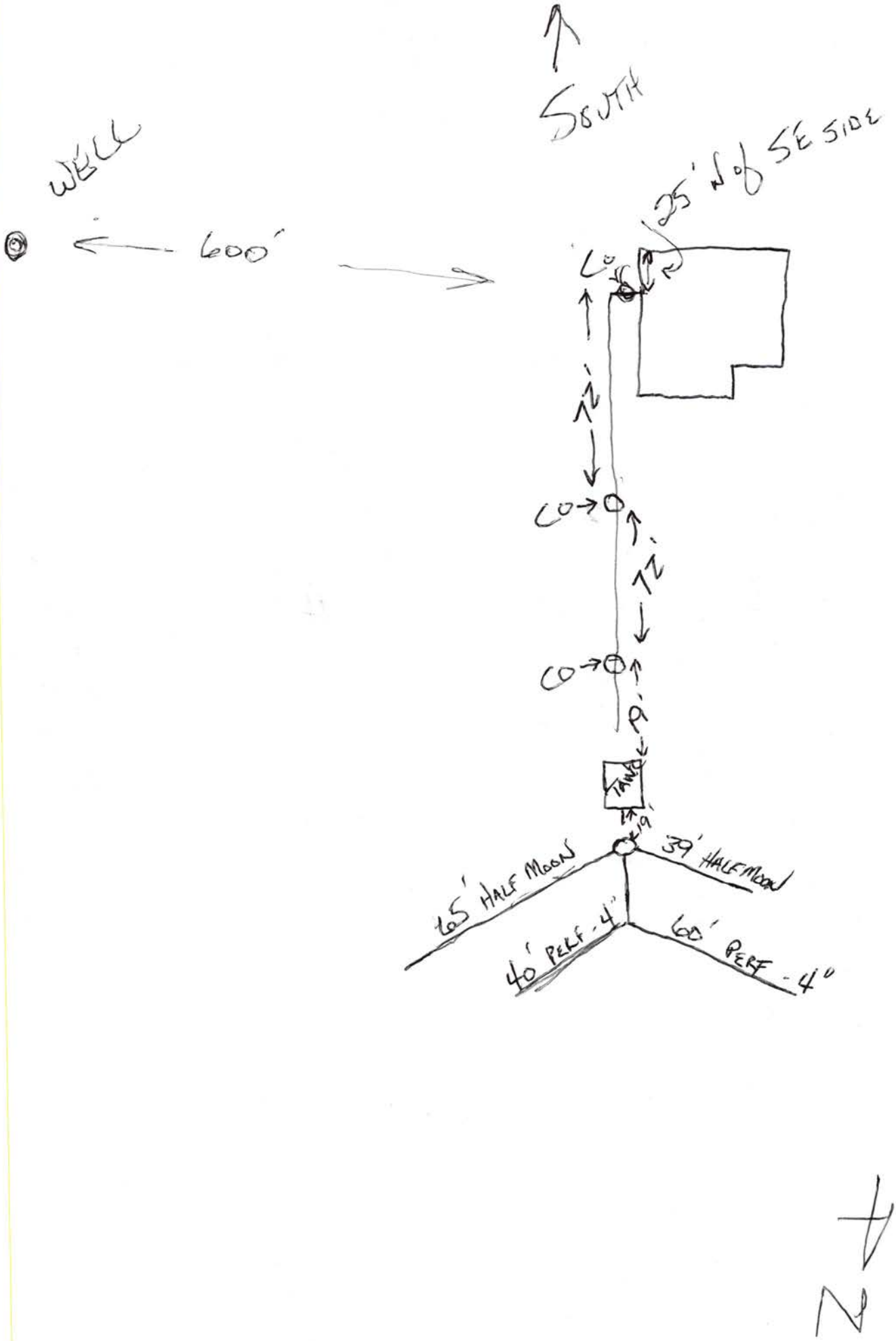
B. SEPTIC TANK:
1. Material Conc ; No. of compartments 2.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company PRECAST)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☑ Below ☐ Grade 2 in.
5. Inlet: Baffle ☑ ; or Tee ☐
6. Outlet: Baffle ☑ ; or Tee ☐
7. Depth of top of tank below finished grade 18 in.
8. Distances to:
Well or Suction Line 600 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 200 ft.

C. DISTRIBUTION BOX:
1. Material Conc ; Number available outlets _____.
2. Factory Built: Yes ☑ No ☐
(Company PRECAST Conc)
3. Distance from Septic Tank 19 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 4 ; Length of each line 65, 39, 40, 60, _____ ft.;
Total length of laterals 204 ft.;
Distance between lateral lines 20 ft
3. Trench dimensions: Width 5 ft.
Slope 3 in/100 ft.; Average Depth 24-30 in.
4. Filter Material: GRAVEL
Depth of Material 18-24 in.
5. Distances to:
Well or Suction Line 640 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 200 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


SOUTH
WELL
600'
25' N of SE SIDE
CO
CO
CO
TANK
19'
65' HALF MOON
39' HALF MOON
40' PERF - 4"
60' PERF - 4"
N

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
2200 St. Mary's Avenue
Lincoln, NE 68502-3785
(402) 471-8000

Legal Description 35-11-6 Location 221 Pennsylvania

Owner/Requestor John Stoltenberg

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

- X New system, initial
- ___ New system, followup
- ___ Existing system, repair
- ___ Existing system, followup
- ___ Loan approval
- ___ Consultation
- ___ Other (Specify)

REMARKS This experimental system does not have the recommended volume of gravel in the seepage beds according to Health Dept. Drawing on experimental system. It does not have the total square footage recommendation because the seepage beds are only 5ft wide.

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   - A. Leach Field
   - B. Septic Tank
   - C. Sewer Line
   - D. Frost-Proof Hydrant
   - E. Lagoon
   - F. Accumulated Manure
   - G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System X Septic ___ Lagoon

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: R Marquardt Received by: _____

Date: 8-24-92

WA1002