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. 91380077301

Issued 10/29/91
Expires 04/29/92

ESTABLISHMENT

J. GREG SCHWINN
T10N R7E SEC 14
LOT 40

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

J. GREG SCHWINN
3712 TIMBERLINE CT
LINCOLN NE 68506

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
10/29/91	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: $ 150.00

FILE NO. _____

DATE: Oct. 29, 1991

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. 10N ; Range 7E ; Section 14 ;
   Block _____ : Lot 40 I.T. : Addition ~~IT S½, 14-10-7 LLCN~~
   Street Address 9000 Holdrege

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: _____ ft. ~~WILL INSTALL WHATEVER SOIL PERC TEST INDICATES~~

(Builder)
Signature of Applicant (Owner or Lessee)

3712 Timberline Ct., 68504
Address

489-9978

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/29/91 . Date Frwd. 10/29/91 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold E. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 10/29/91 . Date Frwd. 10/29/91 . ACTION: Approved ☒ Disapproved ☐ Signature: Mel Goodwin

3. City or County Engineer: Date Rec'd. 10-29-91 . Date Frwd. 10-29-91 . ACTION: Approved ☒ Disapproved ☐ Signature: K D Myhan

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12-4-91 by: rm
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-4-91 By: Ron Mayonnaise

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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Lincoln, Nebraska 68502
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐
Dates of Tests: 11-13-91 to 11-14-91. Weather: Precip. 0 Temp. 58° F

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.)
A	34	11-13	1:30P	11-14	8:15A	11-14	8:25	6"			30	1"	
B	35	11-13	1:35P	11-14	8:15A	11-14	8:25	6"				1½"	
C	33	11-13	1:40P	11-14	8:15	11-14	8:30	7"				1½"	
D	34	11-13	1:45	11-14	8:15	11-14	8:30	6"				1"	
E	32	11-13	1:50	11-14	8:15	11-14	8:30	6"				2" E	
F	33	11-13	2:00	11-14	8:15	11-14	8:30	7"				4½" E	

Tim Hofferber
Signature of Person Conducting Test

Address 3301 S 6th. Phone 434-2400

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 19, 1991

Approved Percolation Rate (a)
A. 15 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

	A	B	C	D	E	F
830	6	6	7	6	6	7
900	1"	4	4	1	4	7
930	1"	3	4	2	3	7
1000	2"	4	5	2 1/2	4	6 1/2
1030	2 3/4	5	5 3/4	3	6	6 1/2
1100	3 1/4	5 1/4	7	4	1	6 1/2
1130	4	5 1/2	2	4 3/4	2 3/4	6 1/2
1200	5	1 1/2	3 1/2	6	4	4 1/2
1230	6	3	5	1	6	7
	1	1 1/2	1 1/2	1	2	Empty. 4 1/2

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: November 19, 1991

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 190 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 570 sq.ft.

Jerrold C. Wood
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. _____

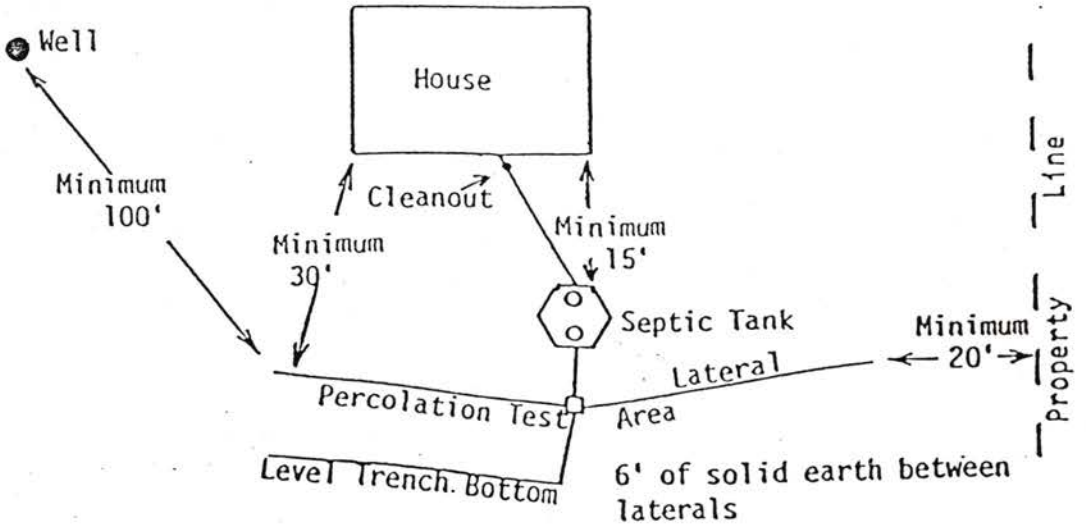
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material D 2241; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 95' ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line 175' ft.; Stream — ft.; Pressure Line — ft.; Property Line 182 ft.

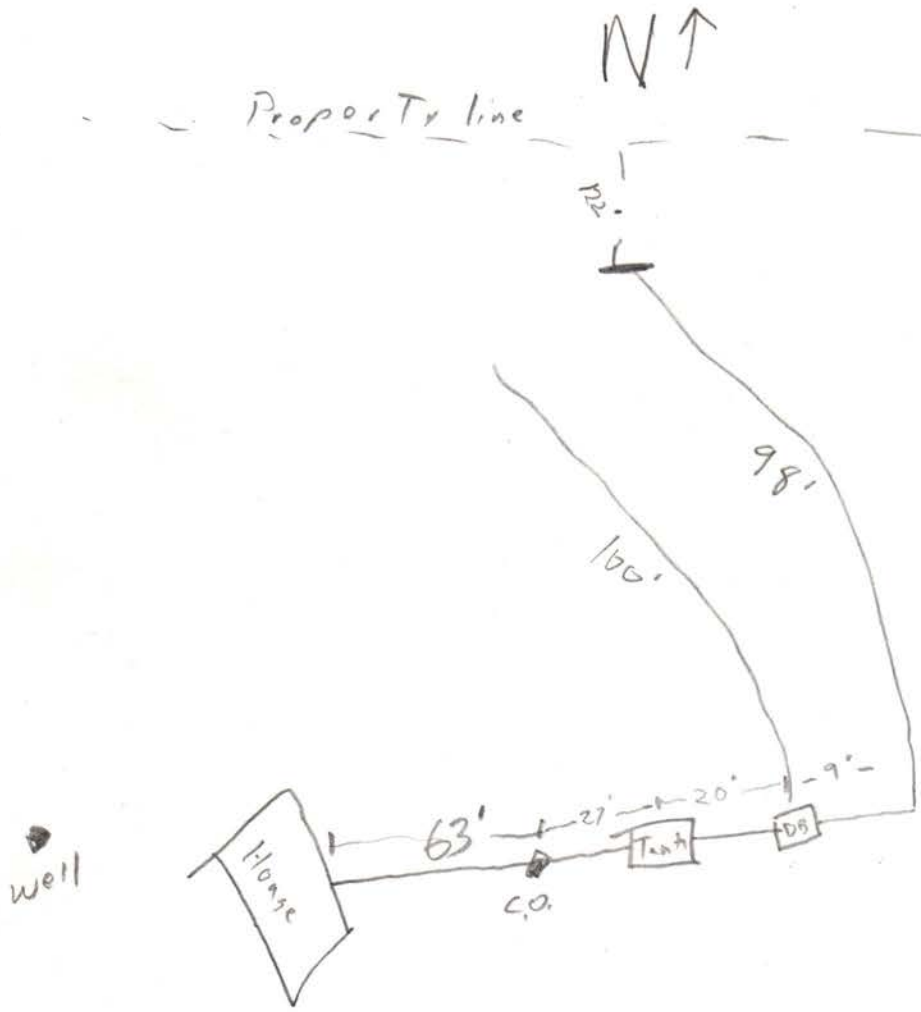
B. SEPTIC TANK:
1. Material Concrete; No. of compartments 3.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Precast)
4. Manholes: Over Inlet; diam. 24 in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☑ Grade 0 in.
5. Inlet: Baffle ☑; or Tee ☐
6. Outlet: Baffle ☑; or Tee ☐
7. Depth of top of tank below finished grade 24" in.
8. Distances to:
Well or Suction Line 200 ft.; Stream — ft.; Pressure Line — ft.; Property Line 180 ft.

C. DISTRIBUTION BOX:
1. Material Plastic; Number - available outlets 7.
2. Factory Built: Yes ☑ No ☐
(Company _____)
3. Distance from Septic Tank 20' 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', 98', _____, _____, _____ ft.;
Total length of laterals 198' ft.;
Distance between lateral lines 10' ft.
3. Trench dimensions: Width 3 ft.;
Slope 3 in/100 ft.; Average Depth 50" in.
4. Filter Material: gravel
Depth of Material 18" in.
5. Distances to:
Well or Suction Line 220 ft.; Stream — ft.; Pressure Line — ft.; Property Line 180 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N
Property line
72'
98'
100'
63'
27'
20'
9'
Well
House
C.O.
Tank
DS