LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 97390053901

Issued 01/10/97
Expires 07/10/97
Revenue Code 18754

Establishment
LEO KEANE, JR
T10N R7E SEC 14
LOT 43

FEES: $50.00

Permittee
LEO KEANE, JR
9020 HOLDREGE ST
LINCOLN NE 68505

TOTAL $50.00

Issued By M. Jane Ford
Health Director

3065

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

JAN 6 1997

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☒

County Resolution No. 2832 ☐

Lincoln-Lancaster County HEALTH DEPARTMENT

3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO. _____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 1-3-97

The undersigned hereby applies for a permit to ALTER ☒, EXTEND ☐, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 10N ; Range 7E ; Section 14 ;
Block _____ ; Lot 43 I.T. ; Addition _____
Street Address 9020 Holdrege

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

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

4. Description of proposed alteration, extension or repair: new lagoon

5. Work to be done by: Owner ☐ ; or Contractor ✓ , Hiebrink
Contractor's Name

6. Estimated cost of project:

a. Materials	$ 300.00
b. Labor	$ 250.00
c. Other	$
TOTAL	$ 550.00

present owner (Leo Keane) assures staff that open, broken septic tank will be filled with soil on 9-30-97

Leo Keane Jr.
Signature of Applicant (owner or lessee)

9020 Holdrege
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 1/09/97
Filing Fee: $ 50.00 # 5868

2. Site Visits:
Date: 2-25-97 by: rm need drawing + abandon septic tank & trees within 100 ft
Date: 3-18-97 by: rm tank abandoned.
Date: _____ by: _____

3. Date: Approved ☒ ; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL *
Date: 5-30-97 by: Ron Magnuson

* see letter concerning trees within 100 feet of lagoon

JAN 6 1997

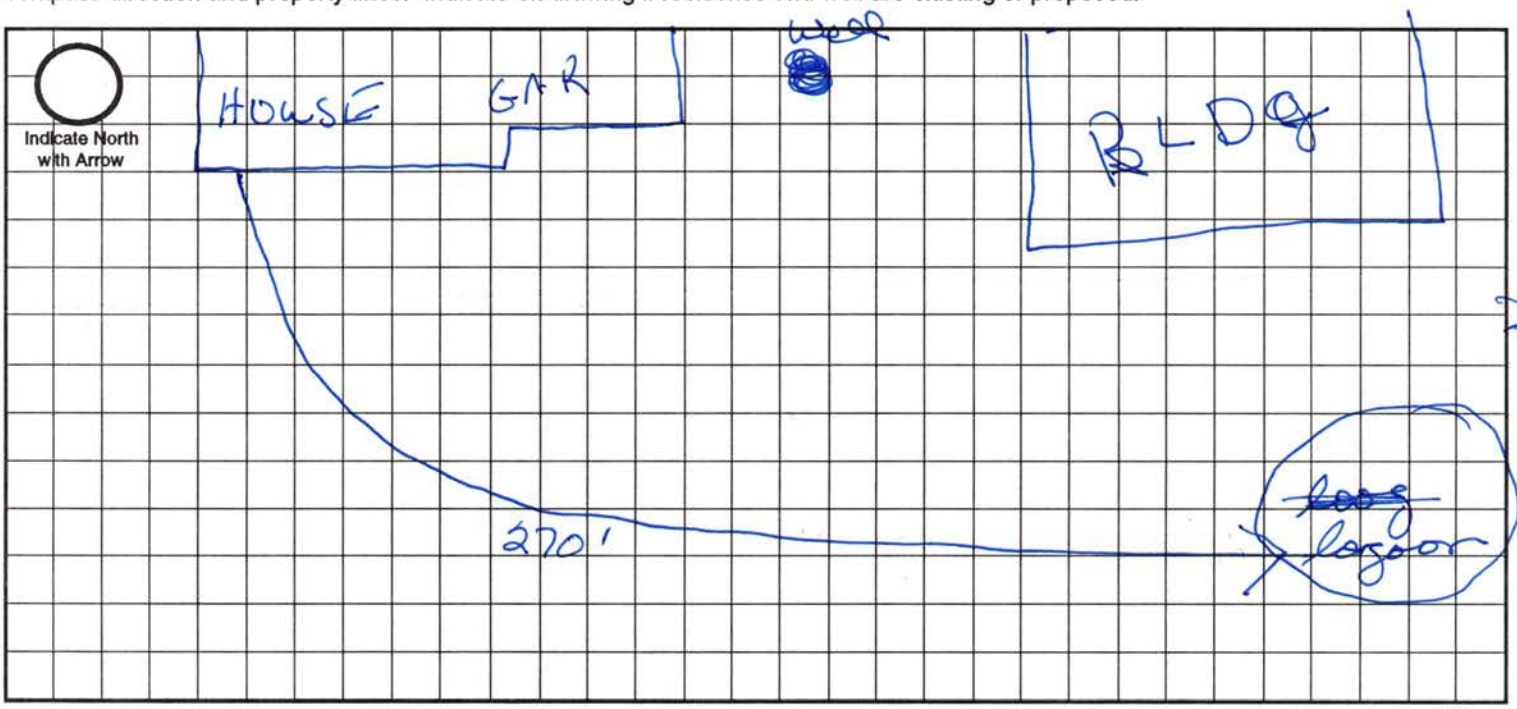
C

Permit Number:

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 9020 Holdrege St. City Lincoln NE, Zip 68505

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☑ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

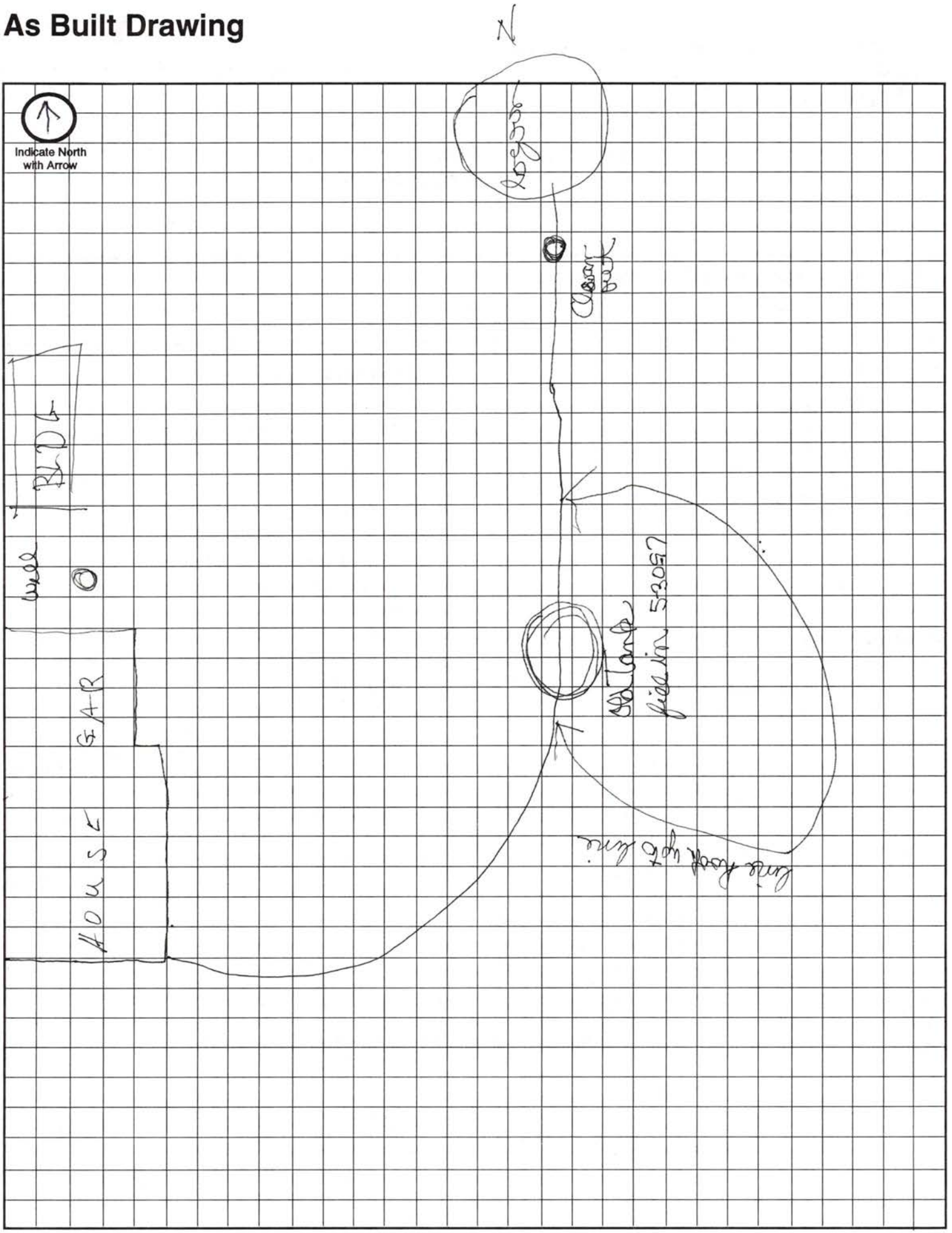
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date _____

Installer _____ Date _____

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s

— SHEET NUMBER 25



N.84m

New Lagoon

Holdrege

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. 92380082801

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

ESTABLISHMENT

ROBERT O'BRIEN
T10N R7E SEC 14
LOT 43

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

ROBERT O'BRIEN
1000 DAYBREAK CI
LINCOLN NE 68505

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
5/5/92	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: $_____

FILE NO._____

DATE: 4-28-92

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. 10N ; Range 7E ; Section 14 ; Block _____ : Lot 43 I.T. Addition _____
   Street Address _____

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.

Robt. P. O'Brien
Signature of Applicant (Owner or Lessee)

1000 DAYBREAK CIRCLE
Address LINCOLN, NEBRASKA

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/28/92. Date Frwd. 5/5/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Nood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 5/5/92. Date Frwd. 5/5/92. ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 5-5-92. Date Frwd. 5-5-92. ACTION: Approved ☒ Disapproved ☐ Signature: K D Mahrt

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9-1-92 by: [illegible] need drawing
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-6-92 By: Ron Mayfield

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

FORM 23-43

FORM HD- 43(73) 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 475-6221)

FILE NO. _____

PROPERTY WHERE SOIL TESTED:
Location: Township _____; Range _____
Section & ¼ Sect. _____
Property Dimensions: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☑; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: _____
Address _____

Dates of Tests: 4-24-92 to 4-25-92. Weather: Precip. Sunny Temp. 50 F. Breezy

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				
Hole 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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
	30"	4/24/	17:00	4/25/	09:00	4/25/	09:00		13:00		30 min		
1	"	"	"	"	"	"	"		"		"	3/4	
2	"	"	"	"	"	"	"		"		"	1/2	
3	"	"	"	"	"	"	"		"		"	1/2	
4	"	"	"	"	"	"	"		"		"	2	
5	"	"	"	"	"	"	"		"		"	1½	
6	"	"	"	"	"	"	"		"		"	1	

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

Bryan Marley
Signature of Person Conducting Test

Address 5501 W. Kingsley
Phone: 470-2231 - 464-0638

(Do not write below this line)

REVIEWING ACTION

REMARKS: Sharpsburg Silty Clay Loam

DATE: APRIL 27, 1992

Approved Percolation Rate(s)
A. 28 min./inch
B. _____ min./inch
C. _____ min./inch

Gerald C. Hook
Signature of Reviewing Official

Holdredge
90th
Tuhac
House
Shed

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.

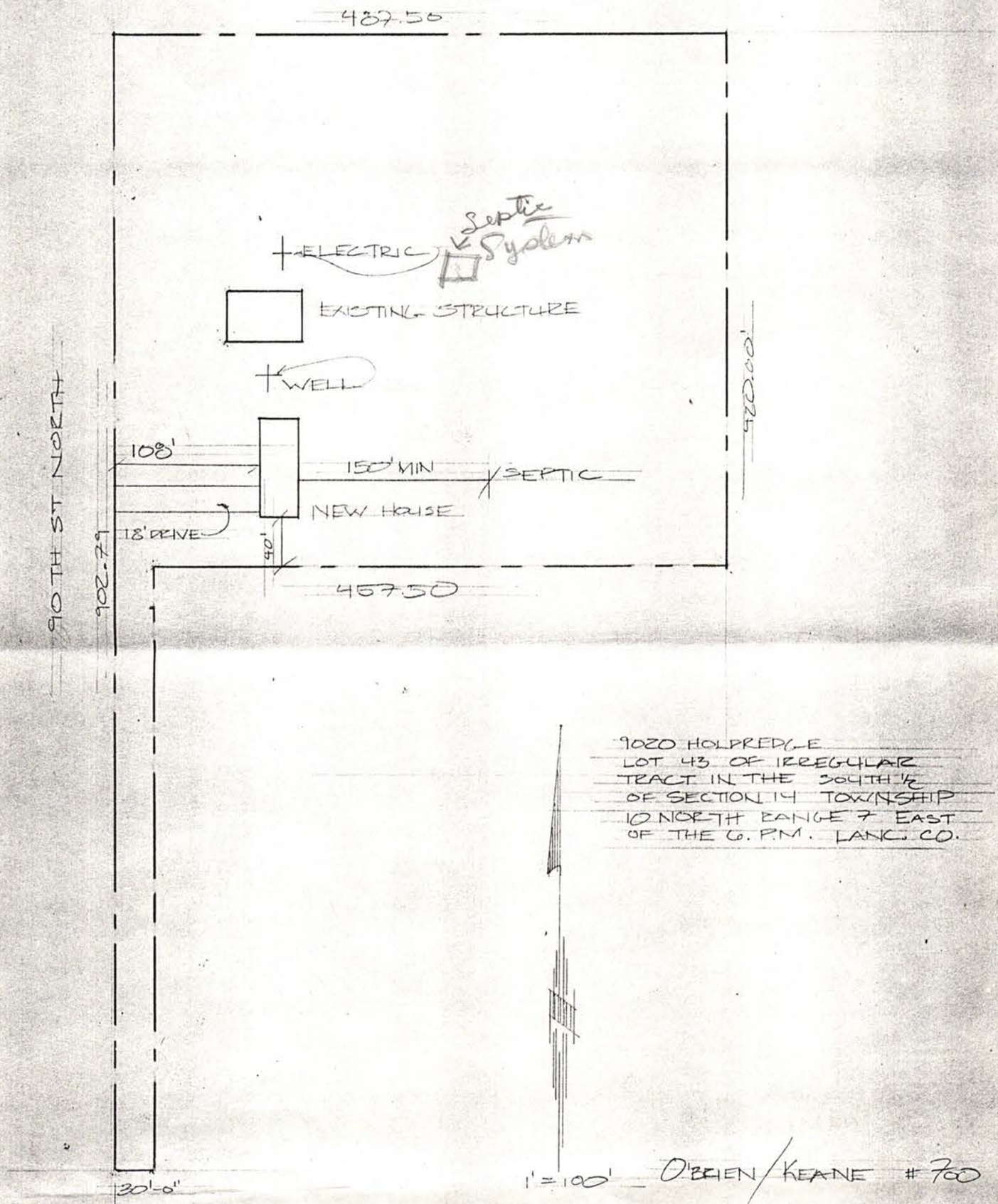
REVIEWING ACTION

Remarks: _____

Date: APRIL 28, 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 725 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official



9020 HOLPREDGE
LOT 43 OF IRREGULAR TRACT IN THE 30 4TH 1/2 OF SECTION 14 TOWNSHIP 10 NORTH RANGE 7 EAST OF THE 6. P.M. LANC. CO.

1" = 100' O'BRIEN/KEANE #700

RECEIVED OCT 0 5 1992

Keane + O'Brien 9046 Holdrege

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: 9-1-92

FILE NO: _____

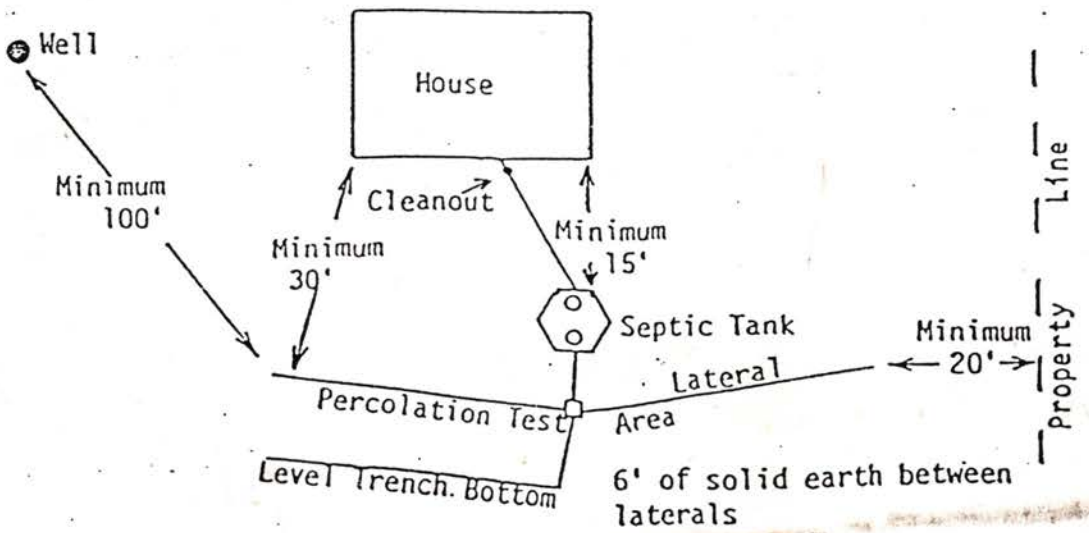
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material _____; Diameter _____ in.
2. Distance above basement floor _____ in., or below basement floor 10 in.
3. Distance between dwelling and septic tank 150 ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line 100 + ft.; Stream — ft.; Pressure Line 1 ft.; Property Line 100 + ft.

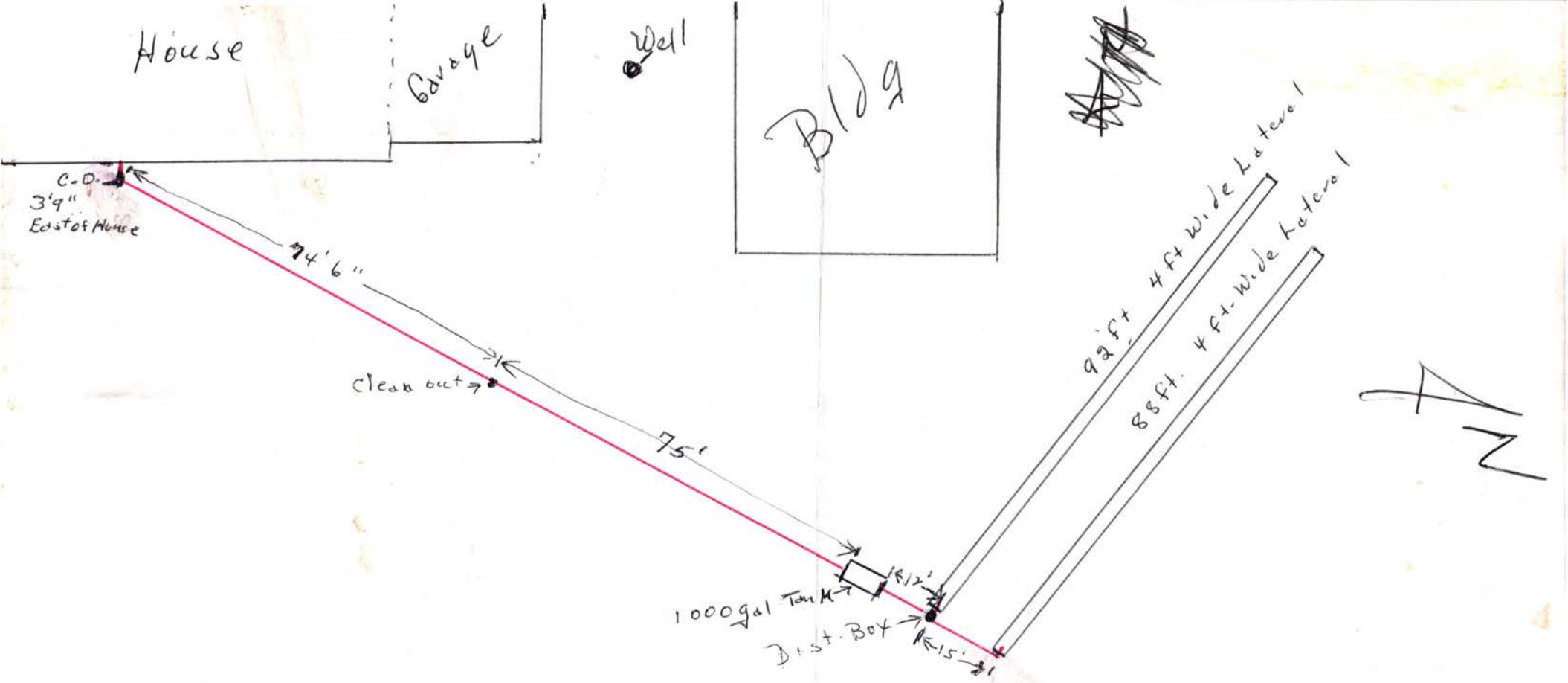
B. SEPTIC TANK:
1. Material Concrete; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Pre Cast)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☑ Grade 12 in.
5. Inlet: Baffle ☑; or Tee ☐
6. Outlet: Baffle ☑; or Tee ☐
7. Depth of top of tank below finished grade 12 in.
8. Distances to:
Well or Suction Line 100 + ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 100+ ft.

C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets 5.
2. Factory Built: Yes ☑ No ☐
(Company Precast)
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 _____.
Material: fiberglass ☐; plastic ☐; concrete ☑; other _____.
2. Lateral Lines:
Number 2; Length of each line 92, 88, _____, _____, _____ ft.;
Total length of laterals 180 ft.;
Distance between lateral lines 11 ft.
3. Trench dimensions: Width 4 ft.;
Slope 4 — in/100 ft.; Average Depth 2 ft 8 in. to Bottom
4. Filter Material: Road Gravel
Depth of Material 3 in above Lateral in.
5. Distances to:
Well or Suction Line 100 + ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


House
Garage
Well
Bldg
C-O
3'9"
East of House
74'6"
Clean out
75'
1000gal Tank
12'
Dist. Box
15'
92ft 4ft wide Lateral
88ft. 4ft. Wide Lateral
N