LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 93380101901

Issued 07/08/93
Expires 01/08/94
Revenue Code 18754

Establishment
MARVIN LAMBIE
T10N R7E SEC 14
LOT 52

FEES: $150.00

TOTAL $150.00

Permittee
MARVIN LAMBIE
5511 BANCROFT AV
LINCOLN NE 68506

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
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $_____

FILE NO._____

DATE: 7-7-93

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: SE¼ 14-10-7 LCN. Twp. 10N ; Range 7E ; Section 14 ;
   Block _____ : Lot 52 Irl. : Addition _____
   Street Address 1801 North 93rd± Street

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: NA ft. WILL INSTALL WHATEVER EXTRA SOIL PERC TEST INDICATE

Signature of Applicant (Owner or Lessee)

5511 Bancroft Ave.
Address 68506

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/8/93. Date Frwd. 7/8/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 7/8/93. Date Frwd. 7/8/93. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

3. City or County Engineer: Date Rec'd. 7-8-93. Date Frwd. 7-8-93. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10-13-93 by: Dan Pautsch, line, tank & lower bed inspected
Date: 10-14-93 by: Ron 2nd bed inspected May be a high groundwater problem during wet years
Date: _____ by: _____

Experimental System PROVISIONAL

INSTALLATION ~~FINAL~~ WRITTEN APPROVAL
Date: 10-15-93 By: Ron Mangold

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
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-~~7800~~ 8022

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 10N ; Range 7E ; Section & ¼ Section SE¼ 14.
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: 9-20-93 to 9-21-93 . Weather: Precip. 0 Temp. 80°.

Holes - 4-5-6 had water in From Pre-Test

OWNER: Robison Construction
Address: 1801 N. 98th

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"	9-20	6:00 pm	9-21	5:30 pm	9-21	5:30 pm	6"	6:00 pm	5 5/8"	30m	3/8"	
2	36"	9-20	6:00 pm	9-21	5:30 pm	9-21	5:30 pm	6"	6:00 pm	5 3/4"	30m	1/4"	
3	36"	9-20	6:00 pm	9-21	5:30 pm	9-21	5:30 pm	6"	6:00 pm	5 3/4"	30m	1/4"	
4	36"	9-20	6:00 pm	9-21	5:30 pm	9-21	5:30 pm	6"	6:00 pm	6"	30m	0"	
5	36"	9-20	6:00 pm	9-21	5:30 pm	9-21	5:30 pm	6"	6:00 pm	5 7/8"	30m	1/8"	
6	36"	9-20	6:00 pm	9-21	5:30 pm	9-21	5:30 pm	6"	6:00 pm	5 7/8"	30m	1/8"	

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

Mike Hoagland
Signature of Person Conducting Test

Address 2700 Dan Ave Lincoln NE. Phone 464-0638
PreCast Products INC.

(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

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: 14-10-7 LCN

Location: Township SE ¼ ; Range _____ ; Section & ¼ Section _____.
Property Dimensions: 430 ft. x 423 ft. Area: ±5.0 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: July 6 to July 7. Weather: Precip. .20 Temp. 85°.

OWNER: Marvin & Tami Lambie

Future Address: 1801 Ninth 98th St

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
Hold No.	Hole Depth (in.)	Pre-Saturation Period Start Date (Mo./Day)	Pre-Saturation Period Start Time (Hr./Min.)	Pre-Saturation Period End Date (Mo./Day)	Pre-Saturation Period End Time (Hr./Min.)	Percolation Readings Start Date (Mo./Day)	Percolation Readings Start Time (Hr./Min.)	Percolation Readings Start Water Level (in.)	Percolation Readings End Time (Hr./Day)	Percolation Readings End Water Level (in.)	Elapsed Time (Min.)	Results Water Level Drop (in.)	Percolation Rates (Min./in.)
#1	34"	7-6	2:00	7-6	8:15	7-7	3:30	6"	4:00	5½"		½	
2	34"	7-6	2:05	〃	〃	〃	〃	〃	〃	5⅜"		⅝	
3	34"	7-6	2:10	〃	〃	〃	〃	〃	〃	5½"		½	
4	34"	7-6	2:15	〃	〃	〃	〃	〃	〃	5½"		½	
5	34"	7-6	2:20	〃	〃	〃	〃	〃	〃	5⅝"		⅜	
6	34"	7-6	2:25	〃	8:20	〃	3:40	〃	4:10	5⅞"		⅛	

Signature of Person Conducting Test

Address 3511 Bancroft Ave Phone 488-8424

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. 69 min./inch
B. _____ min./inch
C. _____ min./inch

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 ☐

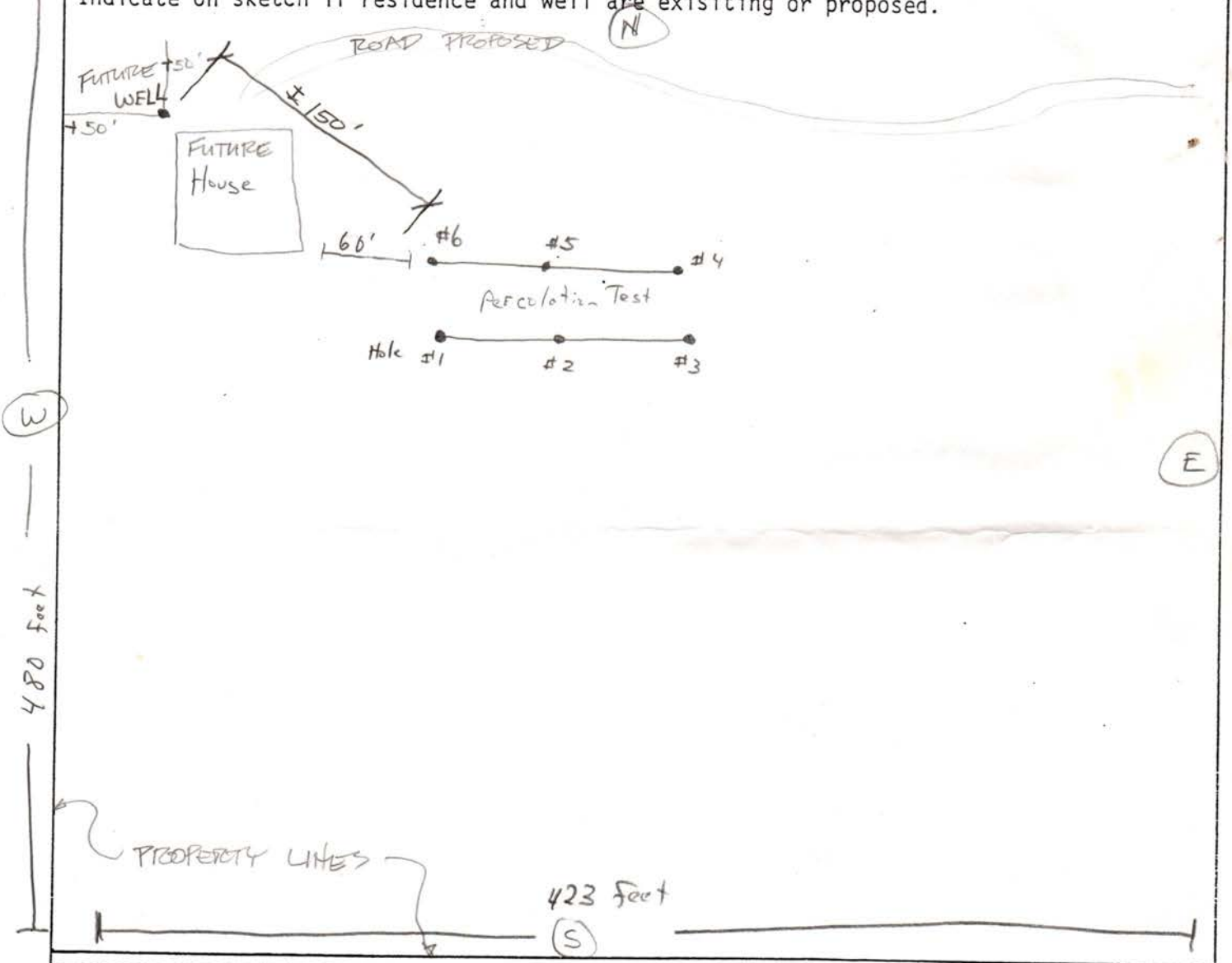
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed_____sq.ft.

_____
Signature of Reviewing Official

RECEIVED OCT 18 1993

Lot 52 SE¼ 14-10-7 LCN

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: 10-14-93

FILE NO. 14-10-7

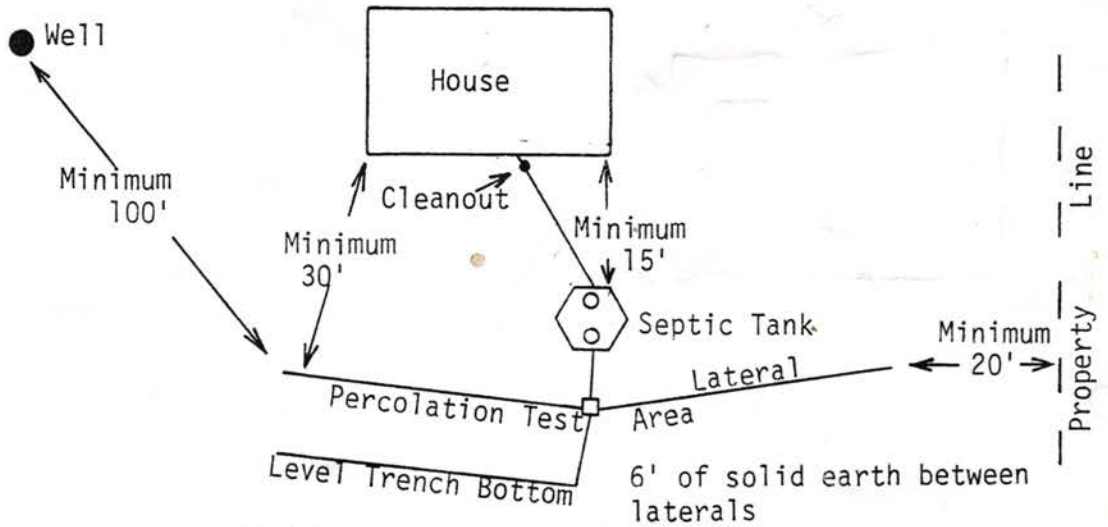
SPECIFICATIONS AS BUILT MARVIN LAMBIE 1801 N 48

A. BUILDING SEWER: PLASTIC
1. Material SEE 40 ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 20" in.
3. Distance between dwelling and septic tank APROX 65 ft.
4. Number of clean-outs 2 .
5. Distances to:
Well or Suction Line OVER 100' ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line OVER 100 ft.

B. SEPTIC TANK:
1. Material CONCRETE No. of compartments ____ .
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 ____ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 1' OR 12" in.
8. Distances to:
Well or Suction Line OVER 100 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

C. DISTRIBUTION BOX:
1. Material CONCRET ; Number - available outlets 5 .
2. Factory Built: Yes ☒ No ☐
(Company PRE CAST)
3. Distance from Septic Tank ____ ft.

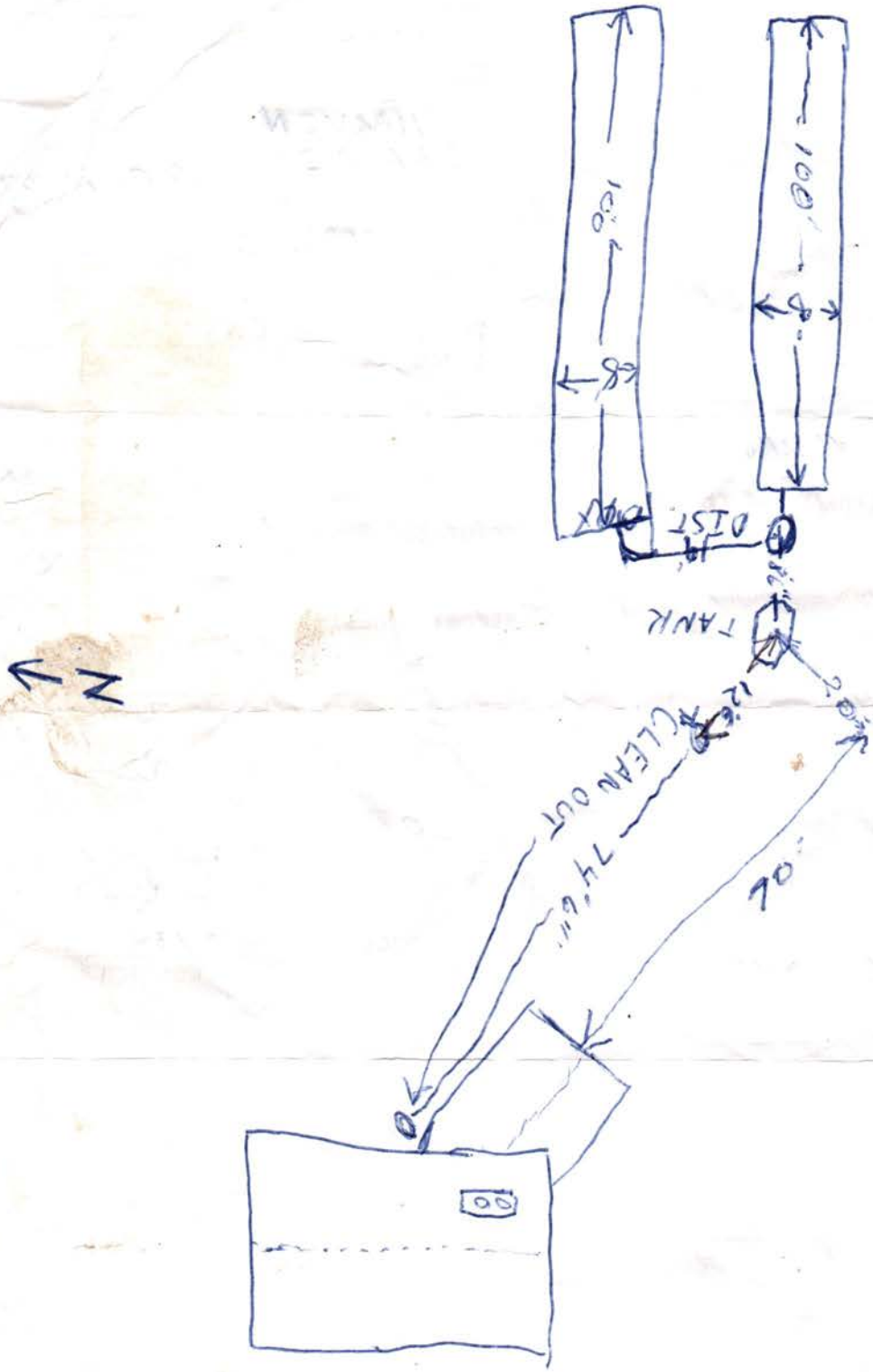
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒
Diameter of Half Round ____ or Perforated Pipe 4" .
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other ____ .
2. Lateral Lines:
Number 2 ; Length of each line 100', 100', ____, ____, ____ ft.;
Total length of laterals 200' ft.; Distance between lateral lines 10' ft.
3. Trench dimensions: Width 8' ft.; Slope 0 in/100 ft.; Average Depth 20" in.
4. Filter Material: ROAD GRAVEL
Depth of Material 20" & 30" in.
5. Distances to:
Well or Suction Line OVER 100' ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 10-14-93 INSTALLER HEIDTBRINK CONST. INC.



O'NEIL