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. 92380087601

Issued 07/13/92
Expires 01/13/93

ESTABLISHMENT

DOUG SWANSON
T10N R7E SEC 14
LOT 62

FEES: Permit 018754 $150.00

Total $150.00

Issued By COUNTY HEALTH

PERMITTEE

DOUG SWANSON
1715 DEWEESE DR
LINCOLN NE 68504

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
7/13/92	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: 7-8-92

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 62 II ; Addition _____
   Street Address 9240 Leighton Ave.

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe 30x86 SFR

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

4. Distance to public sewer: _____ ft.

Doug Swanson as per Jack Craig
Signature of Applicant (Owner or Lessee)

1715 Deweese, Lincoln
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/8/92. Date Frwd. 7/9/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7-9-92. Date Frwd. 7-9-92. ACTION: Approved ☐ Disapproved ☐ Signature: Amy Spurr

3. City or County Engineer: Date Rec'd. 7/8/92. Date Frwd. 7/8/92. ACTION: Approved ☐ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL HAVE WELL PERMIT

Site Visits:
Date: 8-13-92 by: _____
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-14-92 By: Ron Maynard

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

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 10N; Range 7E; Section & ¼ Section 14.
Property Dimensions: 540 ft. x 385 ft. Area: 4.77 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐; Silt Loam ☐; Clay Loam ☐.
Dates of Tests: 7-6-92 to 7-7-92. Weather: Precip. .5" Temp. 85.

OWNER: Doug Swanson
Address: 1715 Deweese, Lincoln

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	7-6	12PM	7-7	2:45	7-7	2:50	30 3/8	3:20 7-7	32 1/8	30	1 3/4	17
2	"	"	"	"	"	"	"	28	"	29 3/4	"	1 3/4	17
3	"	"	"	"	"	"	"	28 1/4	"	30 3/8	"	2 1/8	14
4	"	"	"	"	"	"	"	29 1/4	"	31	"	1 3/4	17
5	"	"	"	"	"	"	"	31	"	32 5/8	"	1 5/8	18
6	"	"	"	"	"	"	"	26 1/8	"	28 1/8	"	2	15

Sum of Percolation Rates: 98
Average of Rates: 16.33
Mean of Rates: _____

Jack Craig
Signature of Person Conducting Test
Address Denton, Ne. Phone 437-6950

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Judson Silt Loam
Date: July 8, 1992

Approved Percolation Rate (a)
A. 17 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hook
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 ☐

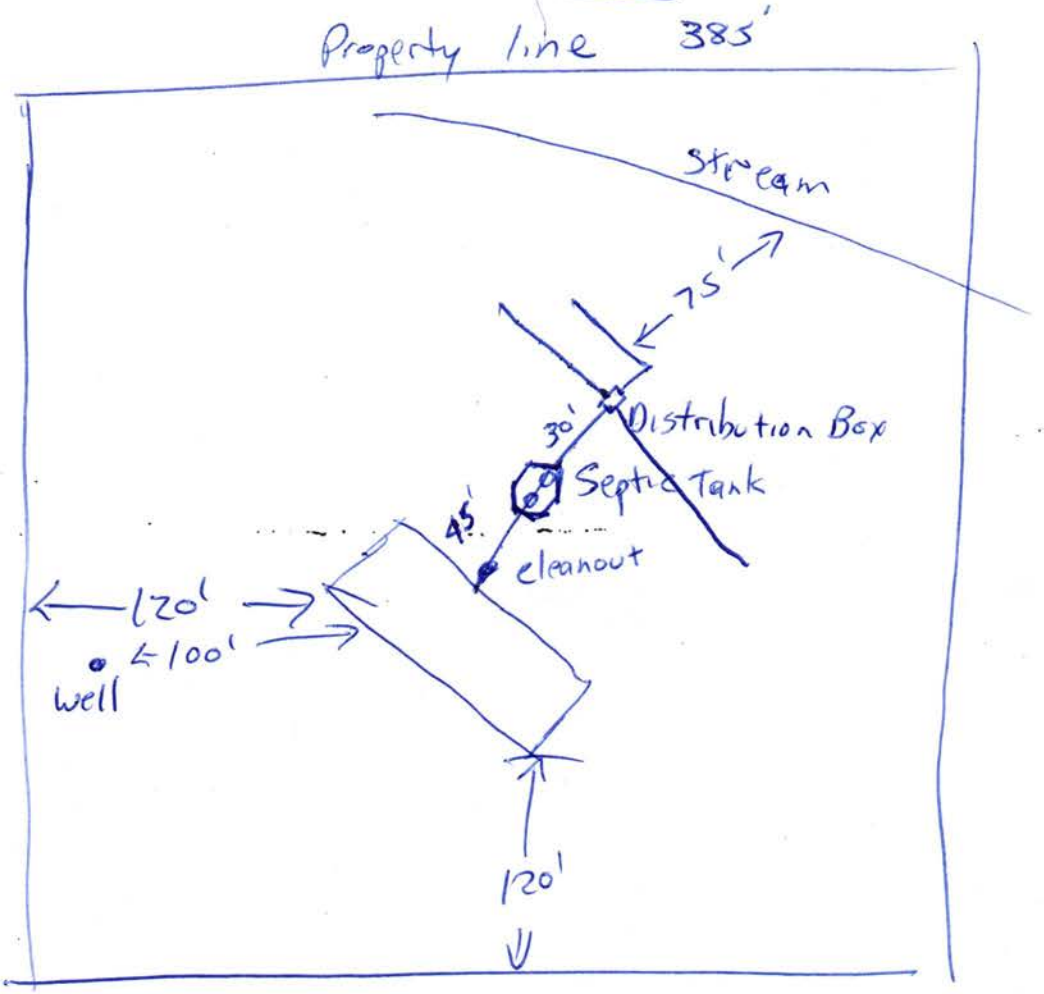
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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.



595 ft

149
4)595
4
19
16
35
32

198
3)595
3
29
27
25
24

REVIEWING ACTION

Remarks: _____

Date: July 8, 1992

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 149 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 595 sq.ft.

Gerald 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: _____

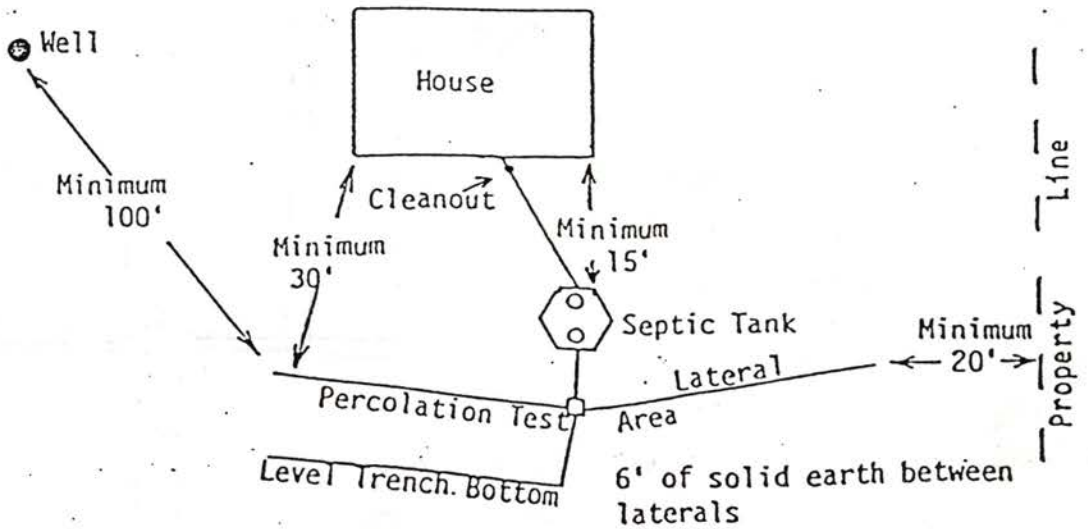
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material _____; Diameter _____ in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 23'9" ft.
4. Number of clean-outs one.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

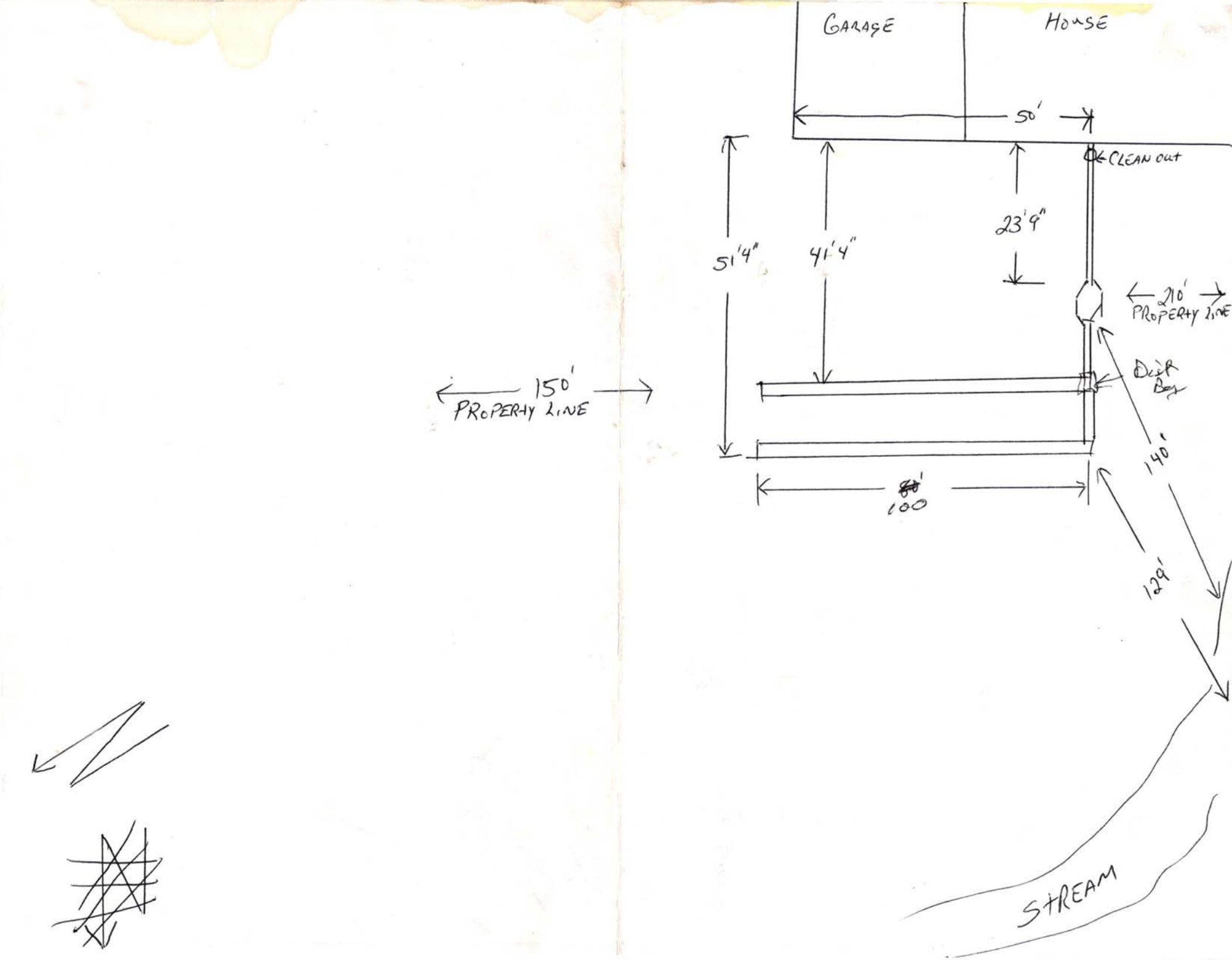
B. SEPTIC TANK:
1. Material CONCRETE; No. of compartments ONE.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company AMERICAN CONC. PRODUCTS)
4. Manholes: Over Inlet; diam. 20" in.
Over Outlet; diam. 10" in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☑ ; or Tee ☐
6. Outlet: Baffle ☑ ; or Tee ☐
7. Depth of top of tank below finished grade 30" in.
8. Distances to:
Well or Suction Line N/A ft.; Stream 140' ft.; Pressure Line N/A ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material _____; 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: ~~4~~ 2 160'
Number 2 ; Length of each line 80', 80'. _____ ft.;
Total length of laterals 160' ft.;
Distance between lateral lines 12' ft.
3. Trench dimensions: Width 3' ft.;
Slope 3" in/100 ft.; Average Depth 48" in.
4. Filter Material: CORSE GRAVEL
Depth of Material 24" in.
5. Distances to:
Well or Suction Line N/A ft.; Stream 129' ft.; Pressure Line N/A ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


GARAGE
HOUSE
50'
CLEAN out
23'9"
51'4"
41'4"
210'
PROPERTY LINE
DECK
150'
PROPERTY LINE
140'
100'
129'
STREAM

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☒ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☐ Evaluation of the Individual Water System ☐ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 9240 LEIGHTON AVE

Twp 10 Range 7 Section 14 1/4 ___ 1/4 ___ Block ___ Lot 62 Addition ___

Directions to Property LOT 62 IRREGULAR TRACTS IN NE ¼ OF SECTION 14 TOWNSHIP 10 NORTH, RANGE 7 EAST OF THE 6th P.M. LANCASTER COUNTY

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed 1992

	NAME	ADDRESS	PHONE
Present Owner:	LOUDLASS CHERIE SWANSON	9240 LEIGHTON AVE	
Tenant/Buyer:	JOHN MINAHAN JR.	PINEDALE	483-0523
Return to:	LYNNE RUSTAD	3910 SOUTH STREET HOME REAL ESTATE LINCOLN NEBRASKA	430-8224 FAX 436-3199

Signature of Applicant Lynne Rustad Address SAME AS ABOVE Date 2/9/95

HEALTH DEPARTMENT USE ONLY

Date Received 2/9/95 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Ron Moravec **DATE:** 2/10/95

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**		**Additional Site Visits**
Construction	☒	☐	Approved	☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional	☐	Date ___/___/___ by ___
Nitrate	☒ 0.3 ppm	☐ ___ ppm	Disapproved	☐	Date ___/___/___ by ___

Comments: ___

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒ **SEWAGE DISPOSAL SYSTEM** Approved: ☒

Provisional Approval: ☐

Approved by Gerald C. Hood R.E.H.S. Date 2/14/95

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.