LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 94380120901

Issued 08/25/94
Expires 02/25/95
Revenue Code 18754

Establishment
LON SORENSON
T10N R7E SEC 14
LOT 72

FEES: $150.00

TOTAL $150.00

Permittee
LON SORENSON
3015 N 75 ST
LINCOLN NE 68507

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: 8-17-94

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. 10 North; Range 7E; Section 14; Block _____: Lot 78 I.T.: Addition _____
Street Address 2425 N 98th

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 PERCOLATION TEST INDICATES~~ EXPERIMENTAL

Tim G. Sorenson
Signature of Applicant (Owner or Lessee)

3015 N 75th Ct Lincoln 68507
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/17/94. Date Frwd. 8/17/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8/17/94. Date Frwd. 8/17/94. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

3. City or County Engineer: Date Rec'd. 8-17-94. Date Frwd. 8-17-94. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6-16-95 by: rm season line tank
Date: 6-19-95 by: rm 1st seepage bed
Date: 6-20-95 by: rm 2nd " " " bed leach drains

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-23-95 By: Ron Magnuson

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
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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:_____to_____. Weather: Precip._____Temp._____.

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.)
1	32"	4-13	10:00	4-15	11:10	4-15	11:10	6 3/4	3:10	7 3/8	4 Hr	5/8	
2	"	"	AM			"		6 1/2		6 7/8		1/8	
3	"	"				"		4		10		1 1/2	
4	"	"				"		5 1/4		20		3 1/4	
5	"	"				"		10 3/4		11 3/4		1/4	
6	"	"				"		12 3/8		14		3/8	
											Avg	15/16"	

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

_____
Signature of Person Conducting Test

Address_____ Phone_____

(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 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

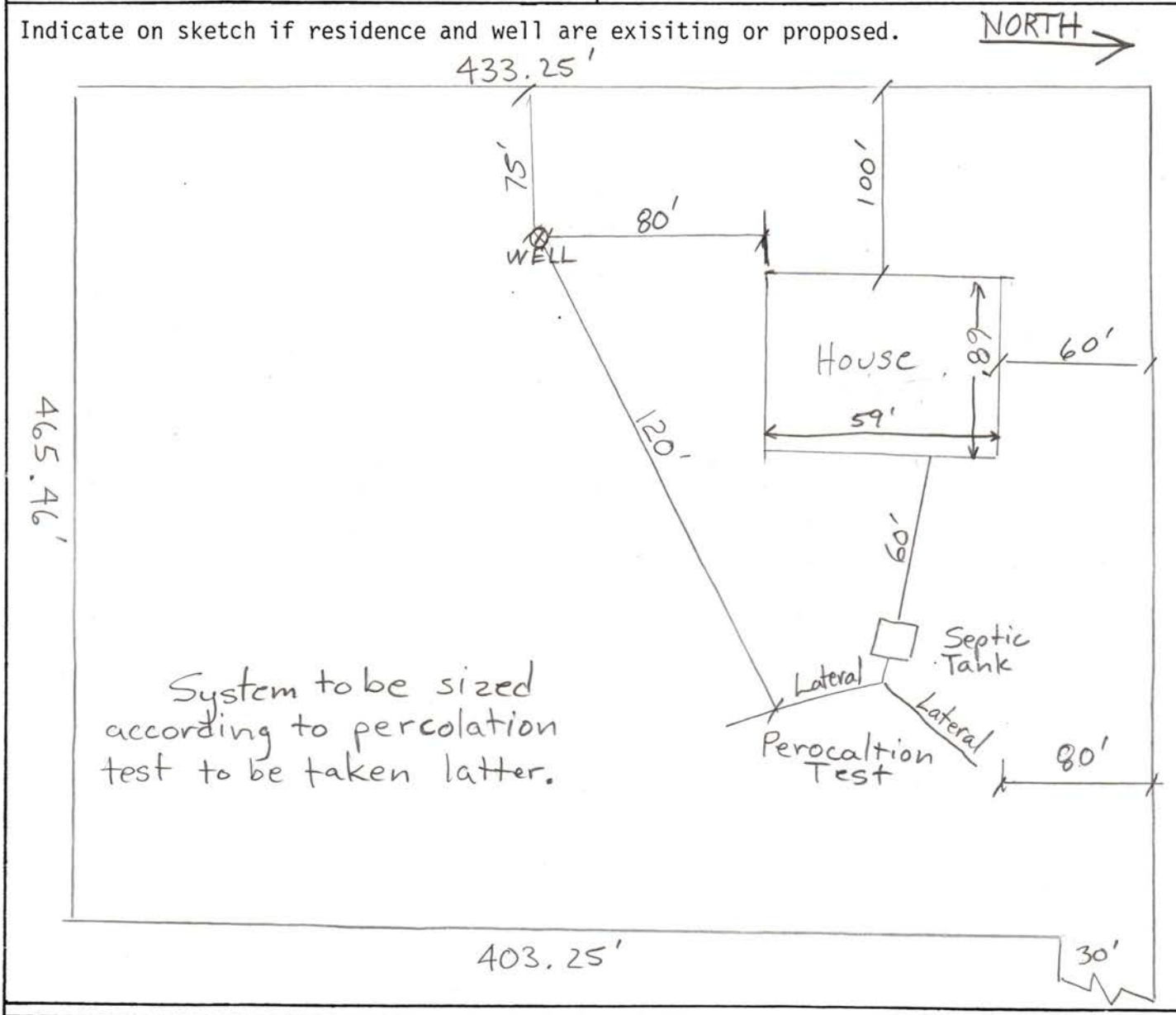
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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

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: 6-19-95

FILE NO. _____

2425 N. 98
Sorenson

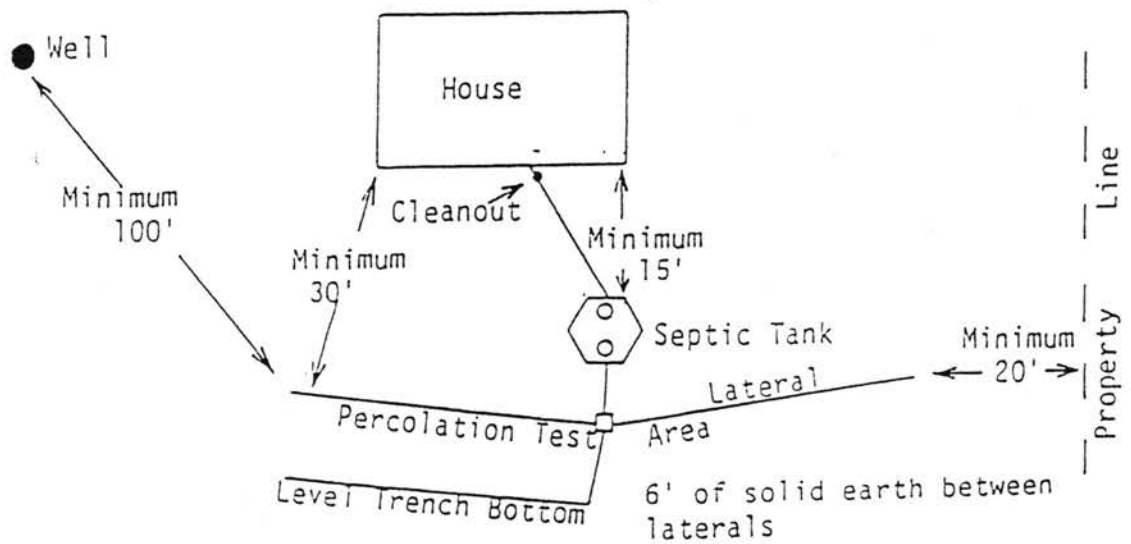
SPECIFICATIONS AS BUILT

A. BUILDING SEWER: Sch 40
1. Material CPVC ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 85' ft.
4. Number of clean-outs 2 .
5. Distances to: Well or Suction Line >100 ft.; Stream > 50 ft.; Pressure Line _____ ft.; Property Line >20 ft.

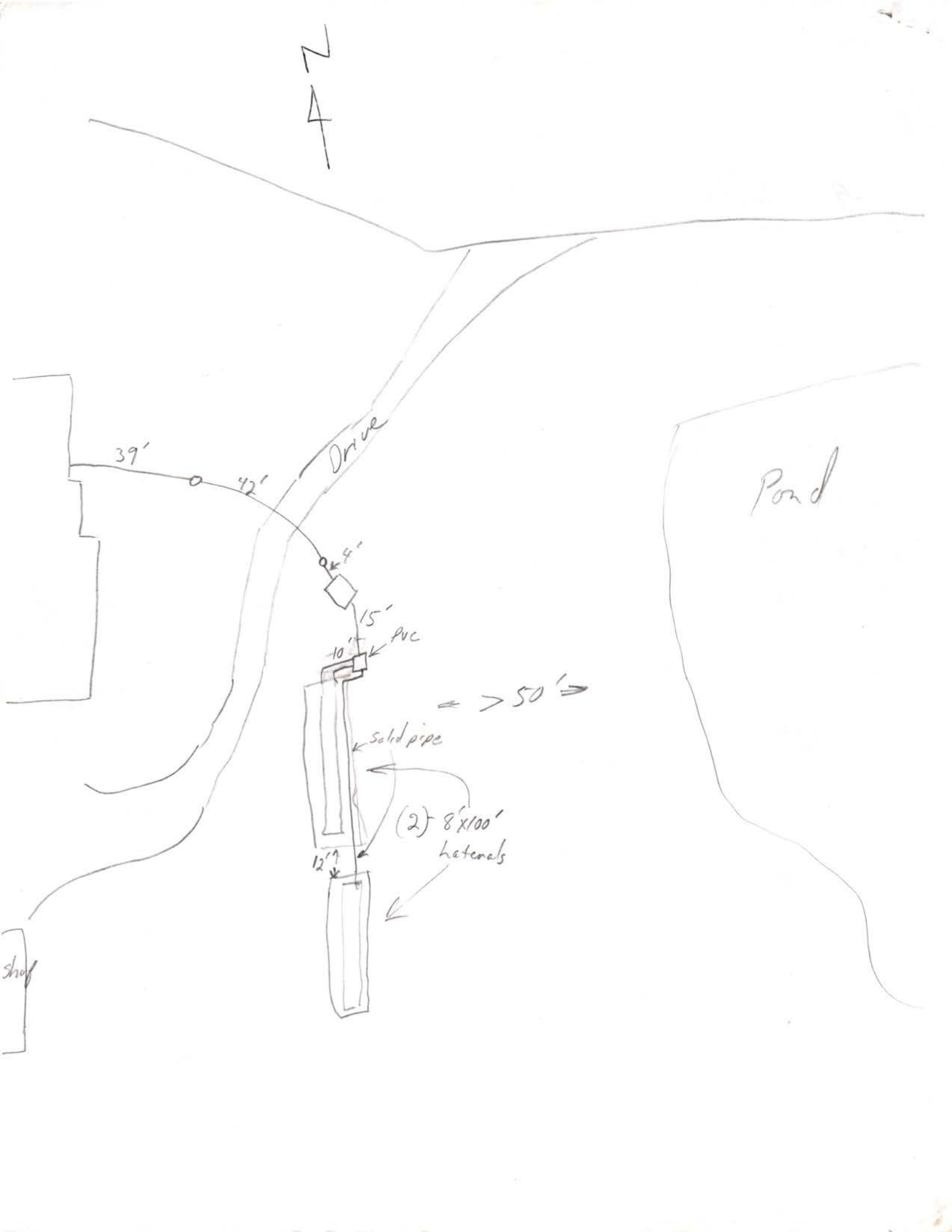
B. SEPTIC TANK:
1. Material C-Crete ; No. of compartments 1 .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐ (Company Pre Cast)
4. Manholes: Over Inlet; diam. 10 in. Over Outlet; diam. 15 in. Riser Above ☐ Below ☐ Grade ___ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 8 in.
8. Distances to: Well or Suction Line >100 ft.; Stream >50 ft.; Pressure Line _____ ft.; Property Line >20 ft.

C. DISTRIBUTION BOX:
1. Material PVC ; Number available outlets 5 .
2. Factory Built: Yes ☒ No ☐ (Company _____)
3. Distance from Septic Tank 15 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 100 , _____, _____, _____, _____ ft.; Total length of laterals 200 ft.; Distance between lateral lines 12 ft.
3. Trench dimensions: Width 8 ft.; Slope 3 & 4.5 in/100 ft.; Average Depth _____ in.
4. Filter Material: Road Gravel Depth of Material 24" - 36 in.
5. Distances to: Well or Suction Line >100 ft.; Stream >50 ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N
39'
42'
Drive
4'
15'
10'
PVC
> 50'
Solid pipe
(2) 8'x100'
laterals
12'
Pond
shop