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. 94380123601

Issued 10/24/94
Expires 04/24/95
Revenue Code 18754

Establishment
SHEILA LEMMERT
T10N R7E SEC 14
LOT 82
9101 ADAMS STREET

FEES: $150.00

TOTAL $150.00

Permittee
SHEILA LEMMERT
641 S 21 ST
LINCOLN NE 68510

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: 10-18 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. 10N ; Range 7E ; Section 14 NW¼ ;
   Block _____ : Lot 82 : Addition _____
   Street Address 9101 Adams

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____

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

4. Distance to public sewer: _____ ft. WILL INSTALL WHATEVER SOIL PERCOLATION TEST INDICATES

Vicki Christo, Christo Construction for Sheila Lemmert, owner of property
Signature of Applicant (Owner or Lessee)

641 So 21st St, Lincoln
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/19/94. Date Frwd. 10/20/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10-20-94. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer : Date Rec'd. 10-19-94. Date Frwd. 10-19-94. ACTION: Approved ☒ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4-7-95 by: rm sanitary tank, stone laterals
Date: 4-25-95 by: rm
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-26-95 By: Ron Mangum

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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B

Test Location 9101 Adams
9101 Adams

FILE NO.

PROPERTY WHERE SOIL TESTED:

Location: Township 10 ; Range 7 ; Section & ¼ Section 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: 10-25-94 to 10-26-94 . Weather: Precip. 0 Temp. 50°

Holes - 1-2-had water in from Pre-Test

OWNER: Shiela Lemimerts
Address: Shristo Const.

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"	10-25	6:30 pm	10-26	3:30 pm	10-26	3:30 pm	6"	7:30 pm	5 3/4"	30m	1/4"	120
2	36"	10-25	6:30 pm	10-26	3:30 pm	10-26	3:30 pm	6"	7:30 pm	5 7/8"	30m	1/8"	240
3	36"	10-25	6:30 pm	10-26	3:30 pm	10-26	3:30 pm	6"	7:30 pm	5 1/2"	30m	1/2"	60
4	36"	10-25	6:30 pm	10-26	3:30 pm	10-26	3:30 pm	6"	7:30 pm	5"	30m	1"	30
5	36"	10-25	6:30 pm	10-26	3:30 pm	10-26	3:30 pm	6"	7:30 pm	5 1/4"	30m	3/4"	40
6	36"	10-25	6:30 pm	10-26	3:30 pm	10-26	3:30 pm	6"	7:30 pm	5"	30m	1"	30

Sum of Percolation Rates: 520
Average of Rates: 86.66
Mean of Rates:

Mike Haugland
Signature of Person Conducting Test

Address 2700 O'Neil Ave. Lincoln, NE Phone 464-0638
Precast Products Inc.

(Do not write below this line)

REVIEWING ACTION

Remarks:
Soil Type (SCS):
Date: November 1, 1994

Approved Percolation Rate (a)
A. 48 min./inch
B. ____ min./inch
C. ____ min./inch

Gerrold C. Hood
Signature of Reviewing Official

4-Bedroom

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 1250 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 1222 sq.ft.

Jerrold 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: 5-27-95

FILE NO. _____

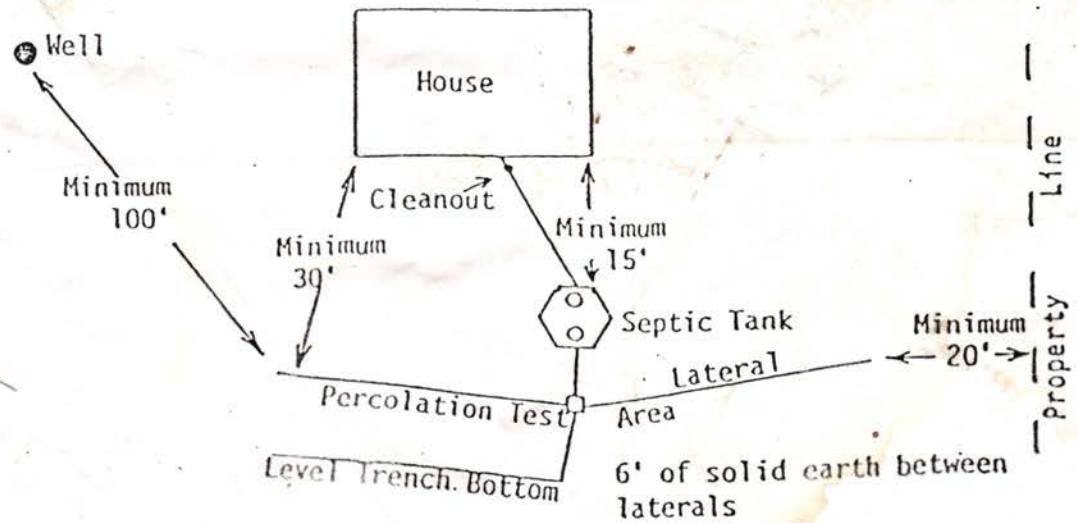
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor — in., or below basement floor 16 in.
3. Distance between dwelling and septic tank 60' ft.
4. Number of clean-outs 1.
5. Distances to: Well or Suction Line 750' ft.; Stream N ft.; Pressure Line No ft.; Property Line 135' ft.

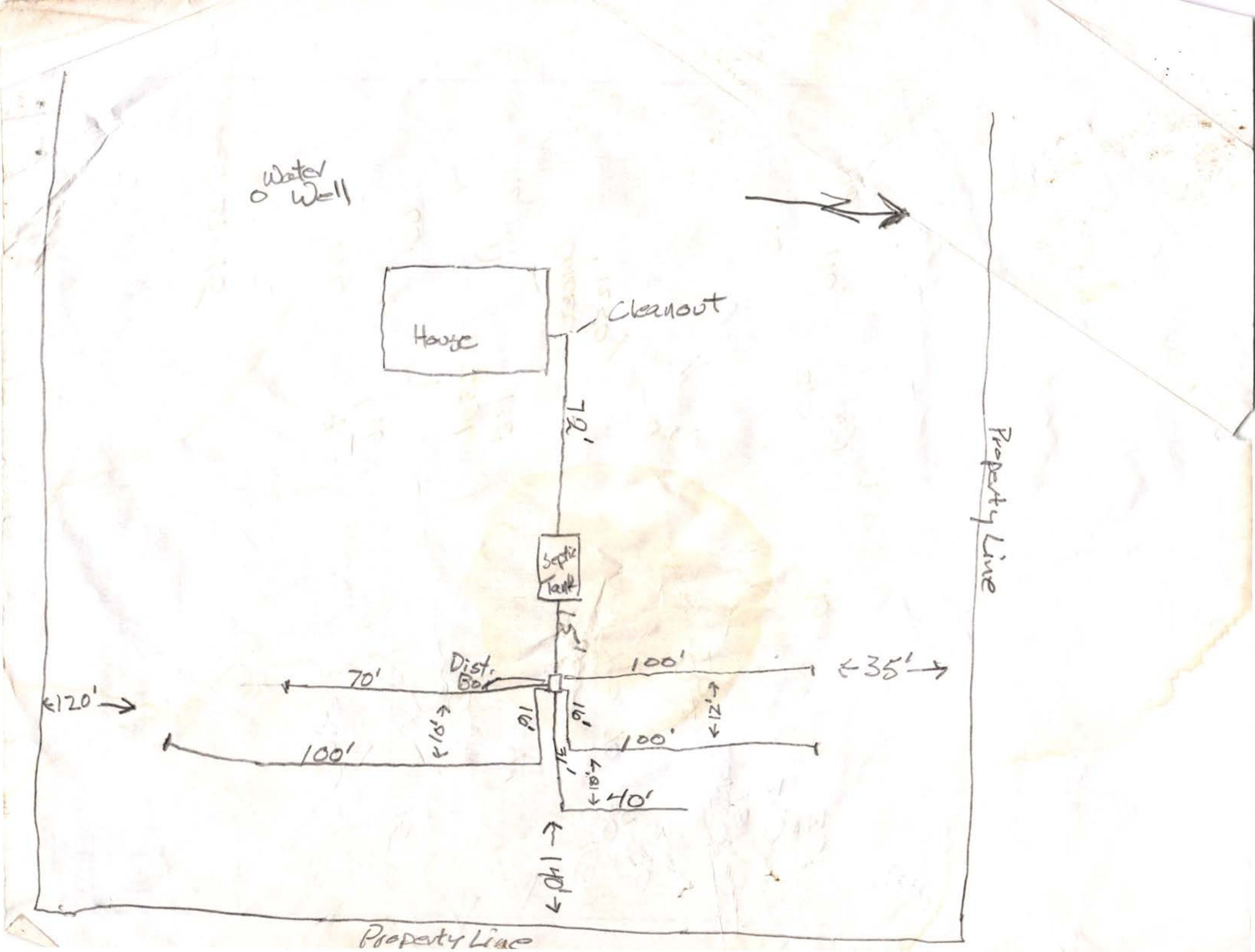
B. SEPTIC TANK:
1. Material Concrete; No. of compartments 1.
2. Capacity 1250 gals.;
3. Factory Built: Yes ☑ No ☐ (Company _____)
4. Manholes: Over Inlet; diam. 6 in. Over Outlet; diam. 6 in. Riser Above ☐ Below ☑ Grade 12 in.
5. Inlet: Baffle ☑ ; or Tee ☐
6. Outlet: Baffle ☑ ; or Tee ☐
7. Depth of top of tank below finished grade 12 in.
8. Distances to: Well or Suction Line 210 ft.; Stream No ft.; Pressure Line No ft.; Property Line 135' ft.

C. DISTRIBUTION BOX:
1. Material Plastic; 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 4". Material: fiberglass ☐ ; plastic ☑, concrete ☐ ; other _____.
2. Lateral Lines: Number 5; Length of each line 100, 100, 100, 70, 40 ft.; Total length of laterals 410 ft.; Distance between lateral lines 10 ft.
3. Trench dimensions: Width 3 ft.; Slope 0 in/100 ft.; Average Depth 20 in.
4. Filter Material: Gravel. Depth of Material 18 in.
5. Distances to: Well or Suction Line 240 ft.; Stream No ft.; Pressure Line No ft.; Property Line 35' ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


Water Well
N
House
Cleanout
72'
Property Line
Septic Tank
15'
Dist. Box
70'
100'
35'
120'
10'
10'
100'
16'
16'
12'
100'
3'
18'
40'
140'
Property Line