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. R0380008701

Issued 02/07/90
Expires 03/07/90

ESTABLISHMENT

LYNN REIFSCHNEIDER
T10N R7E SEC 14
LOT 83

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

LYNN REIFSCHNEIDER
7000 COLFAX AV
LINCOLN NE 68507

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE AMOUNT

Paid

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

9038000087

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: _____

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 83 I.T. : Addition _____
   Street Address 9103 ADAMS

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 5 . Describe _____

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

4. Distance to public sewer: _____ ft. ~~WELL PUT IN WHAT SOIL PERCOLATION INDICATES~~

Signature of Applicant (Owner or Lessee)

7000 Colfax
Address 68507

(Do not write below this double line)

1. Health Department: Date Rec'd. 2/2/90. Date Frwd. 2/8/90. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Roe

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 2/9/90. Date Frwd. 2/9/90. ACTION: Approved ☐ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 2-8-90. Date Frwd. 2-8-90. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL HAVE WELL PERMIT

Site Visits:
Date: 4-5-90 by: [illegible]
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-9-90 By: Ron Magnuson

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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Lincoln, Nebraska 68502
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 10 ; Range 7E ; Section & ¼ Section 14 Lot 83
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 ☒ (Blash) ;
Clay Loam ☐ .
Dates of Tests: 2-5-90 to 2-6-90 . Weather: Precip. 0 Temp. 41 .

OWNER: Lynn Reifschneider

Address: _____

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	29	2/5	9:30	2/6	11:00	2/6	2:30	16 7/8	3:00	18	30	1 1/8	
2	29	2/5	9:30	2/6	11:00	2/6	2:30	19 1/8	3:00	19 5/8	30	1/2	
3	29	2/5	9:30	2/6	11:00	2/6	2:30	18 1/2	3:00	19	30	1/2	
4	29	2/5	9:30	2/6	11:00	2/6	2:30	14 1/2	3:00	15 5/8	30	1 1/8	
5	30	2/5	9:30	2/6	11:00	2/6	2:30	19 1/2	3:00	20	30	1/2	
6	30	2/5	9:30	2/6	11:00	2/6	2:30	18 1/4	3:00	19	30	3/4	

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

Rosemary Overman
Signature of Person Conducting Test

Address 4337 Madison Phone 464-1745

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: February 15, 1990

Approved Percolation Rate (a)
A. 40 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
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 ☒

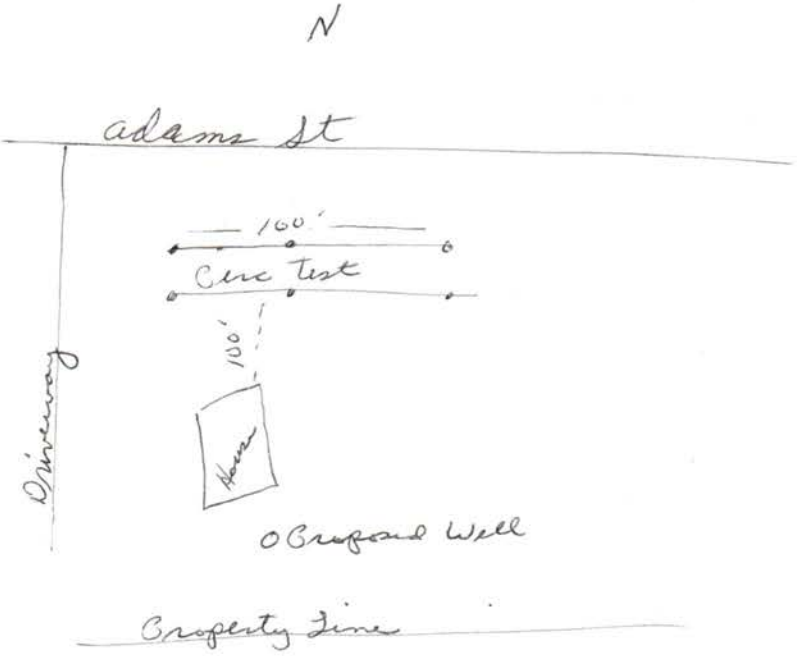
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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: February 8, 1990

Minimum Design Requirement
1. Capacity of Septic Tank 1500 gals.
2. Total Length of Laterals 359 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 1436 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: 474-1541

D

DATE: 4-9-90

FILE NO. _____

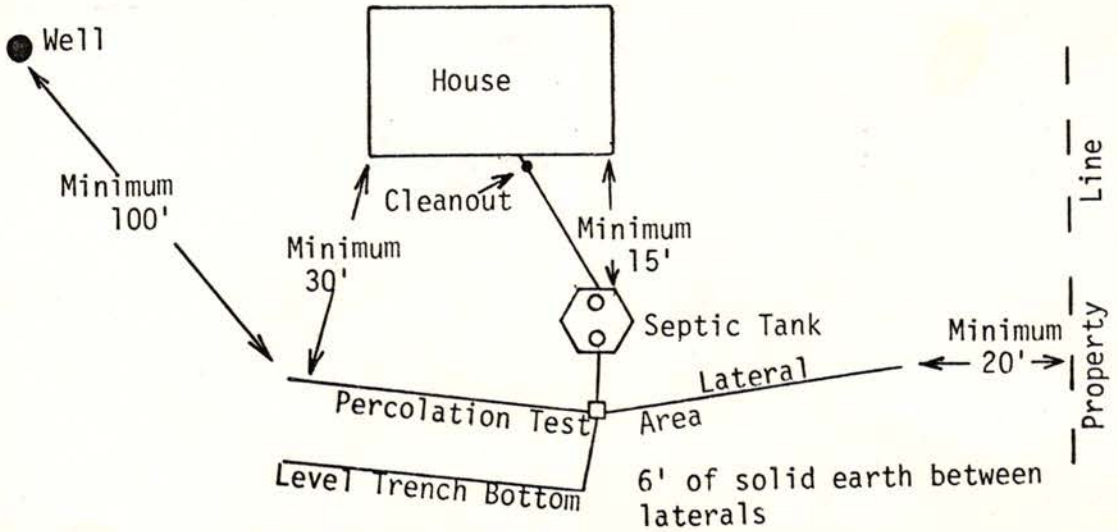
SPECIFICATIONS AS BUILT

A. BUILDING SEWER: #2241
1. Material Soil Pipe; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 6 in.
3. Distance between dwelling and septic tank 87½ ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line greater than 100 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Cement; No. of compartments 1.
2. Capacity 1500 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Ore Cast Stop Co)
4. Manholes: Over Inlet; diam. 12 in.
Over Outlet; diam. 12 in.
Riser Above ☒ Below ☐ Grade 6 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 18 in.
8. Distances to:
Well or Suction Line Over 100 ft.; Stream Over 100 ft.; Pressure Line Over 100 ft.; Property Line 45' ft.

C. DISTRIBUTION BOX:
1. Material Cement; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company Ore Cast Stop Co)
3. Distance from Septic Tank 35½ 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 4; Length of each line 100, 100, 100, 60, _____ ft.;
Total length of laterals 360 ft.;
Distance between lateral lines 16+ ft.
3. Trench dimensions: Width 4 ft.;
Slope 0 in/100 ft.; Average Depth 33 in.
4. Filter Material: Road Gravel
Depth of Material 22 in.
5. Distances to:
Well or Suction Line greater than 100 ft.; Stream Over 100 ft.; Pressure Line Over 100 ft.; Property Line 117' 35' ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 4-5-90 INSTALLER B&R Pump Service

