LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 94380117401

Issued 06/01/94
Expires 12/01/94
Revenue Code 18754

Establishment
ARNOLD FINKNER
T10N R7E SEC 23
SUNRISE ESTATES BLK 1 LOT 1

FEES: $150.00

TOTAL $150.00

Permittee
ARNOLD FINKNER
7200 COLBY ST
LINCOLN NE 68505

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:_____

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 23 ;
   Block 1 : Lot 1 : Addition Sunrise Estates
   Street Address 8700 Avon Lane

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: 300 ft.

Arnold W. Finkner
Signature of Applicant (Owner or Lessee)

7200 Colby, Lincoln, NE 68505
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/1/94. Date Frwd. 6/1/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Wood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 6/1/94. Date Frwd. 6/1/94. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Lyon

3. City or County Engineer: Date Rec'd. 6-1-94. Date Frwd. 6-1-94. ACTION: Approved ☐ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 11-14-94 by: DMS
Date:_____ by:_____
Date:_____ by:_____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-16-94 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
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 10 N ; Range 7E ; Section & ¼ Section 23.
Property Dimensions: _____ ft. x _____ ft. Area: 4.5 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. Dry Temp. 84°

OWNER: Arnold Funkner

Address: 7200 Colby Lincoln Ne 68505

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./Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
*1	36	5/30	9:30	5/30	5:PM	5/31	10:00	6"	2:PM	5 1/4	30 Min	3/4	
2	36	5/30	9:35	5/30	5:05	5/31	10:05	6"	2PM	4 1/2	30 min	1 1/2	
3	36	5/30	9:40	5/30	5:10	5/31	10 10	6"	2PM	4 1/2	30 min	1 1/2	
4	36	5/30	9.50	5/30	5:15	5/31	10:15	6"	2PM	3 1/4	30 Min	2 1/4	
*5	36	5/30	9:55	5/30	5:20	5/31	10:20	6"	210	5"	30 Min	1	
*6	36	5/30	10AM	5/30	5:30	5/31	10:25	6"	220	5 1/8	30 MIN	7/8"	
* Ho	water	inhales	from	presoak.									

Arnold D Funkner
Signature of Person Conducting Test

Address 7200 Colby Lincoln 68505 Phone 466-3310

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: June 1, 1994

Approved Percolation Rate (a)
A. 23 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 ☒

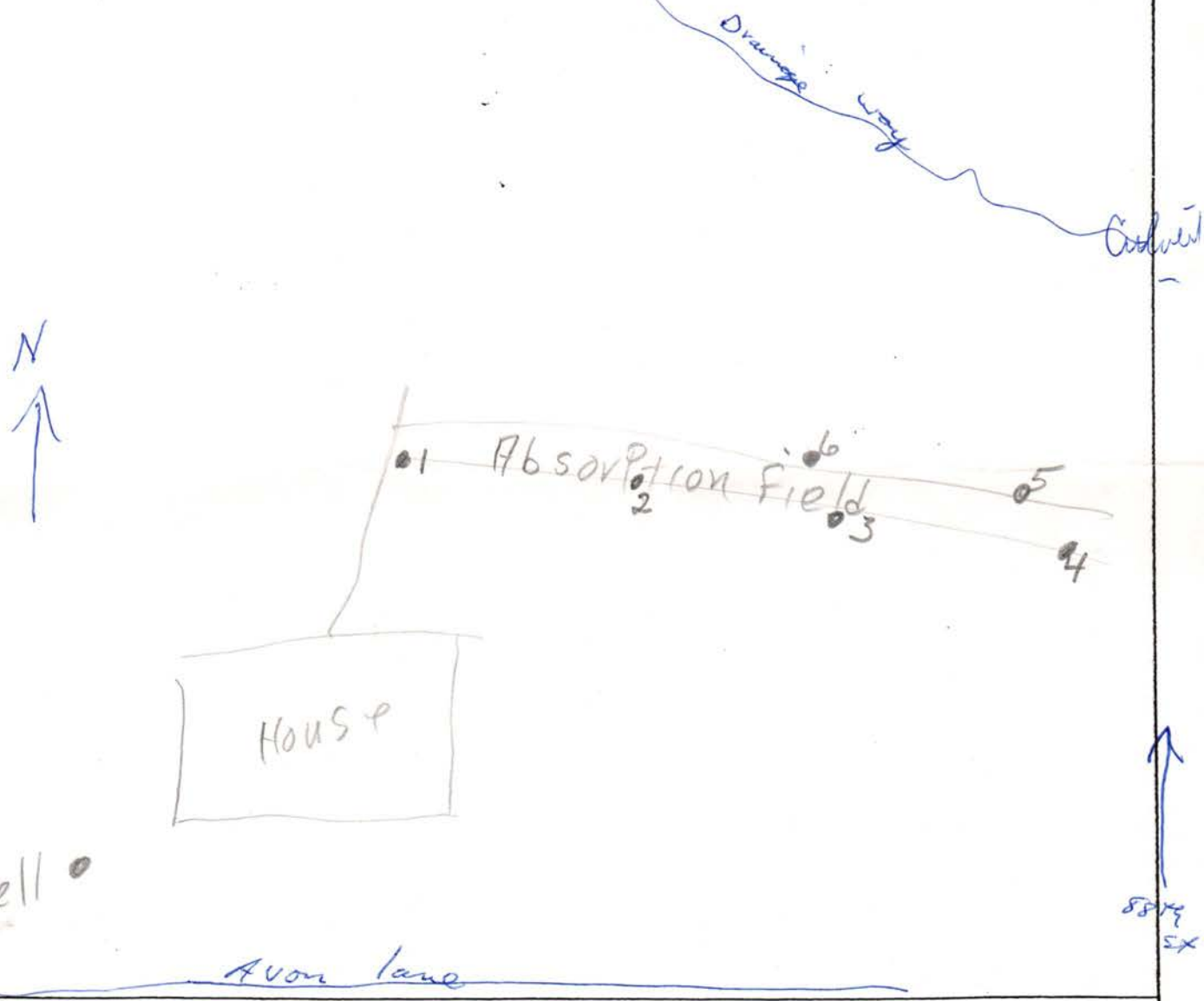
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C

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: June 1, 1994

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 886 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
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D

DATE: _____

FILE NO. _____

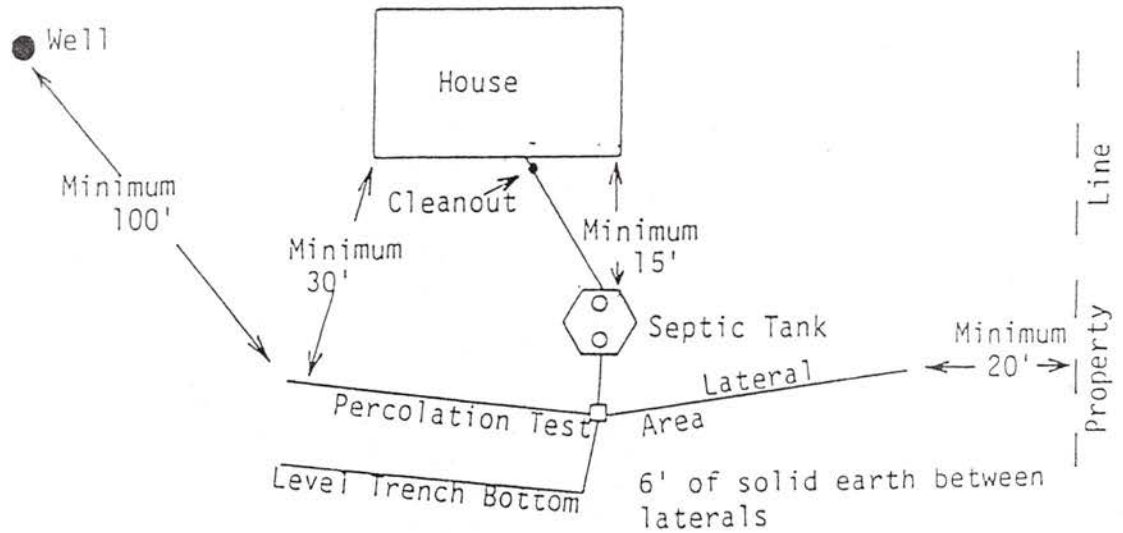
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Schedule 40; Diameter 4" in.
2. Distance above basement floor ~ in., or below basement floor ____ in.
3. Distance between dwelling and septic tank 30 ft.
4. Number of clean-outs 1.
5. Distances to: Well or Suction Line over 100 ft.; Stream - ft.; Pressure Line ____ ft.; Property Line - ft.

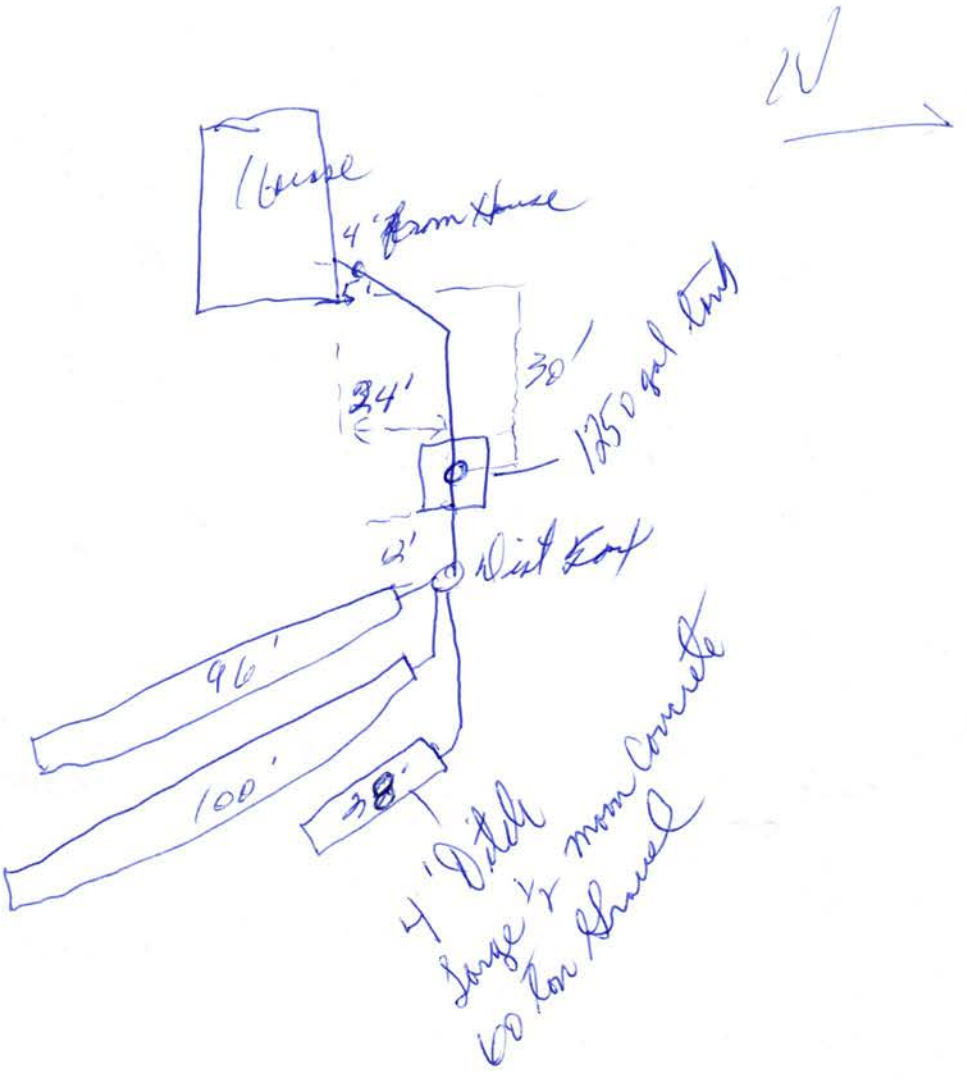
B. SEPTIC TANK:
1. Material Concrete; No. of compartments 1.
2. Capacity 1250 gals.;
3. Factory Built: Yes ☒ No ☐ (Company Pre Cast)
4. Manholes: Over Inlet; diam. ~~xx~~ in. Over Outlet; diam. ____ in. Riser Above ☒ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade 18 in.
8. Distances to: Well or Suction Line >50 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets 6.
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 24" or Perforated Pipe ____. Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other ____.
2. Lateral Lines: Number 3 ; Length of each line 100', 96, 28, ____, ____ ft.; Total length of laterals 224 ft.; Distance between lateral lines 12' ft.
3. Trench dimensions: Width 4' ft.; Slope 2 in/100 ft.; Average Depth 3 in.
4. Filter Material: Gravel Depth of Material 2' in.
5. Distances to: Well or Suction Line >100 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N
House
4" from House
5'
24'
38'
1250 gal Tank
4'
Dist Box
96'
100'
38'
4" Ditch
Surge ½ min Concrete
60 Ton Gravel