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. 95380135601

Issued 10/12/95
Expires 04/12/96
Revenue Code 18754

Establishment
JOE CARLSON
T10N R7E SEC 23
SUNRISE ESTATES 1ST BLK 1 LOT 3
9440 DIANE LANE

FEES: $150.00

TOTAL $150.00

Permittee
JOE CARLSON
421 S 9 ST
APT 105
LINCOLN NE 68508

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

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 3 : Addition Sunrise Estates 1st Addition
   Street Address 9440 Diane 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: ? ft.

Jon Carlson
Signature of Applicant (Owner or Lessee)

421 So. 9th St. Suite 105
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/10/95 . Date Frwd. 10/10/95 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Rose

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10/10/95 . Date Frwd. 10/11/95 . ACTION: Approved ☒ Disapproved ☐ Signature: TK

3. City or County Engineer : Date Rec'd. 10-10-95 . Date Frwd. 10-10-95 . ACTION: Approved ☒ Disapproved ☐ Signature: BM Fiala

REMARKS OR REASONS FOR DISAPPROVAL HAVE WELL PERMIT ALSO

Site Visits:
Date: 11-16-95 by: mm
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-16-95 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
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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: 7-26 to 7-28. Weather: Precip. 0 Temp. 99°.

Sunrise acres
Hwy 2 + 93rd Dawn Lane

OWNER: Homo Realty - Paul Krenzel
Address: 2855 S. 70

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	30	7/26	9:00	7/27	5:50	7/27	8:30	23½	9:00	24½	30	1	
2	30		P		PM		PM	15¾	PM	15¾		½	
3	36							23		23½		1	
4	36							21½		22¼		¾	
5	36							26		26½		½	
6	36							27		27½		½	
											½	3.75	

Brad Southwood
Signature of Person Conducting Test

Address 1720 W. S. 70 Hickman Phone 475-2462

Sum of Percolation Rates: 3.75
Average of Rates: .63
Mean of Rates: _____

48/min/in

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: October 10, 1995

Approved Percolation Rate (a)
A. 48 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 ☐

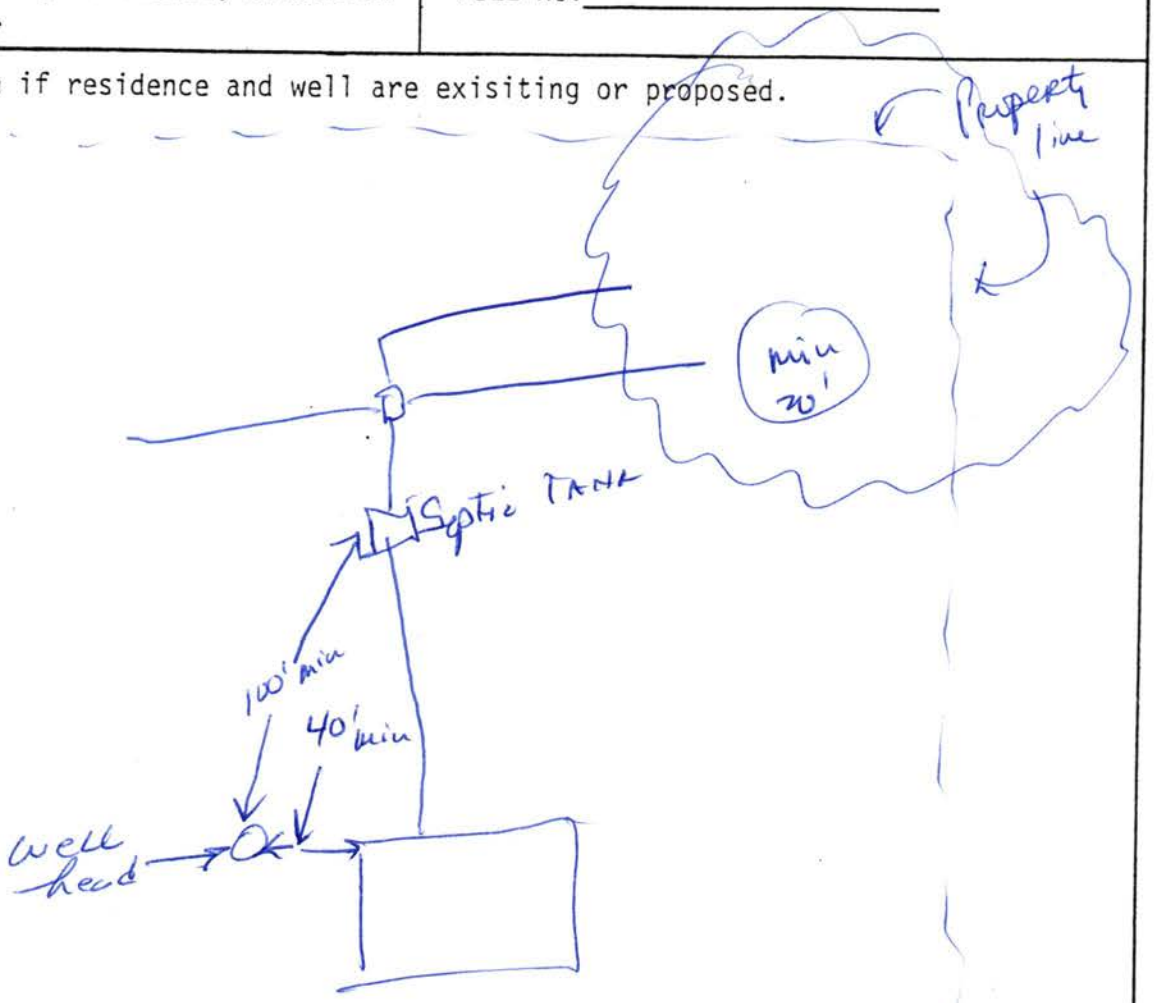
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

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.



Proposed Septic System

REVIEWING ACTION

Remarks: _____

Date: 9

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 Dept.
3140 "N" Street
Lincoln, NE 68510

D

DATE: 11-15-95

FILE NO: _____

Brian & Chris McPike 9440 Dwain Cr.

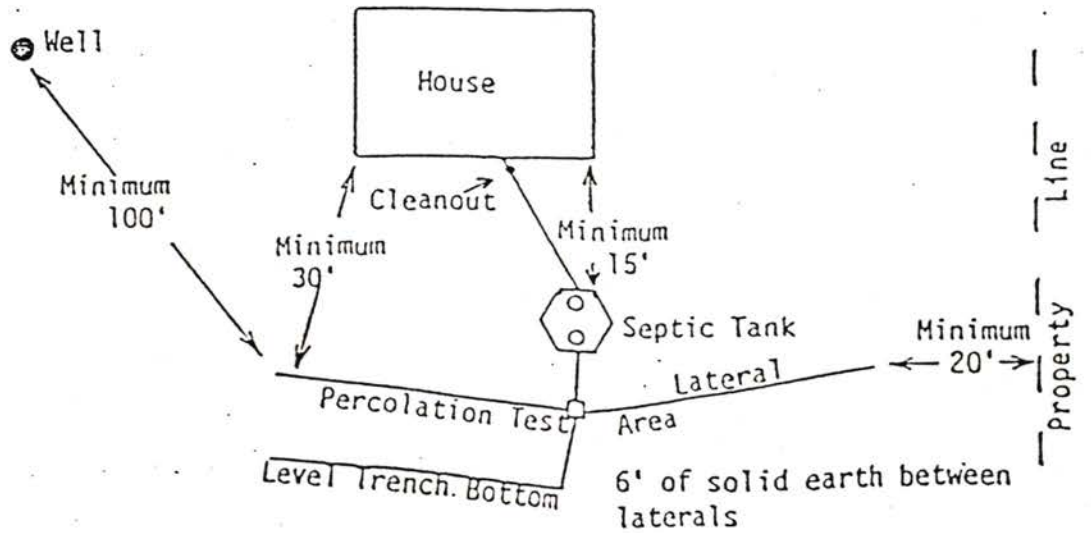
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 15 in.
3. Distance between dwelling and septic tank 70 ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line > 50 ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line >20 ft.

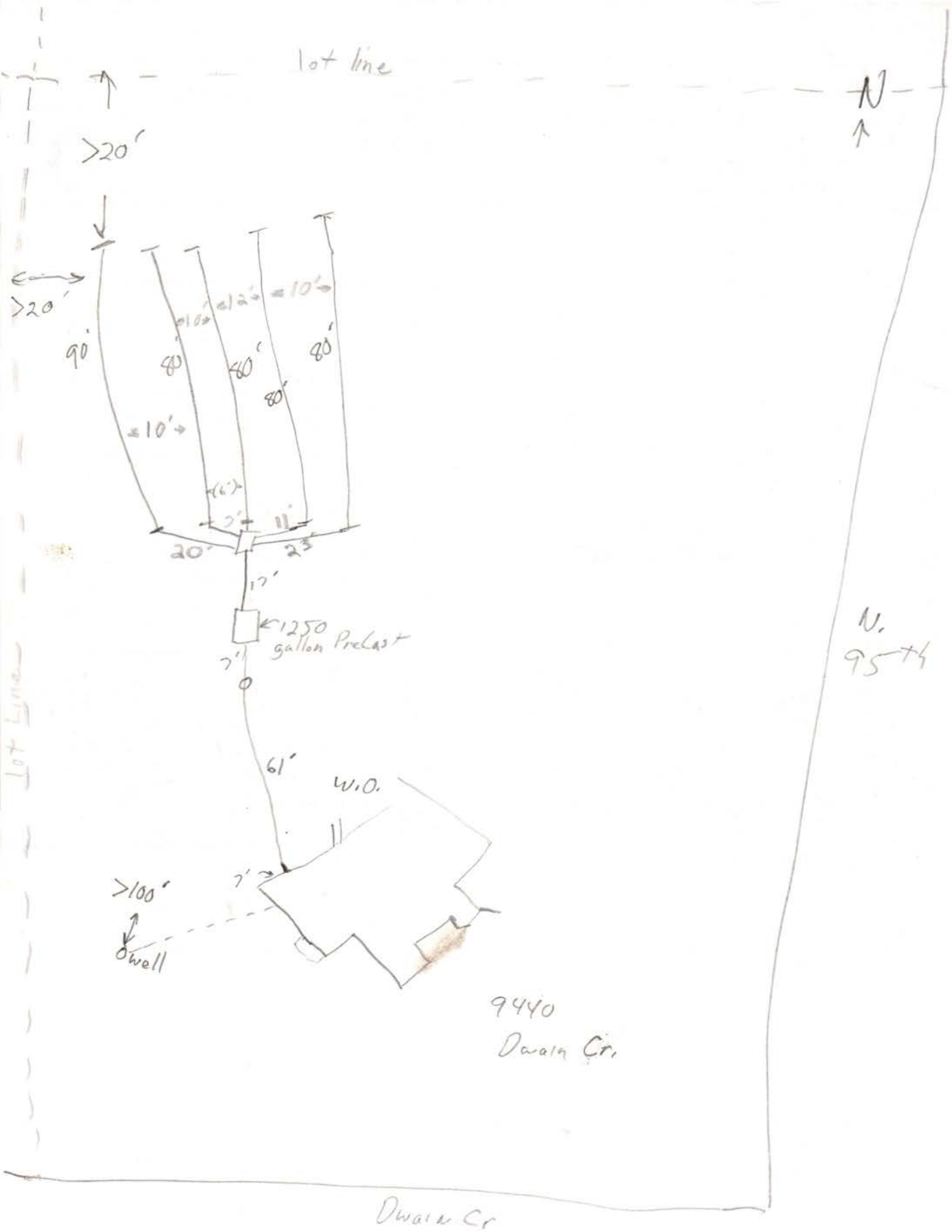
B. SEPTIC TANK:
1. Material C-Crete ; No. of compartments 1 .
2. Capacity 1250 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast Step)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ___ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 12 in.
8. Distances to:
Well or Suction Line > 50 ft.;
Stream _____ 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 17 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 90 , 80 , 80 , 80 , 80 ft.;
Total length of laterals 410 ft.;
Distance between lateral lines 10 ft.
3. Trench dimensions: Width 3-3½ ft.;
Slope 3 in/100 ft.; Average Depth 38 in. (Deepest 56")
4. Filter Material: Road Gravel
Depth of Material 14 in.
5. Distances to:
Well or Suction Line >100 ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line >20 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN



west lateral / stand 5% or
4 west slope 6" Front to back
East lateral slope at 4"

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