LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514
PERMIT

(402) 441-8000

Permit
SEWAGE INSTALLATION

No. 96380143701

Issued 06/24/96
Expires 12/24/96
Revenue Code 18754

Establishment
MARY KINNING
T10N R7E SEC 23
SUNRISE ESTATES 1ST BLK 2 LOT 4

FEES: $150.00

TOTAL $150.00

Permittee
MARY KINNING
BOX06554
BOX 06554
LINCOLN NE 68506

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"

002155

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: $ 150.00

FILE NO. _____

DATE: 6-19-96

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 2 : Lot 4 : Addition Sunrise Estates 1st Add.
   Street Address 9500 Eastview Rd

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe Single family residence

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

4. Distance to public sewer: _____ ft.

Mary Kunning
Signature of Applicant (Owner or Lessee)
P.O. Box 6554
Lincoln, NE 68516
Address

430-6344-Mike
421-1334-Mary

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/19/96 . Date Frwd. 6/20/96 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hoobler

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6-20-96 . Date Frwd. 6-20-96 . ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

3. City or County Engineer : Date Rec'd. 6-20-96 . Date Frwd. 6-20-96 . ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL WELL PERMIT RECIEVED

Site Visits:
Date: 9-13-96 by: rm need drawing (Completed)
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-31-96 By: Ron Maynard

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

13-43

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. _____

Wellman 95th + Holdrege

PROPERTY WHERE SOIL TESTED:

Location: Township 10 N ; Range 7 E ; Section & ¼ Section 23 NE
Property Dimensions: _____ ft. x _____ ft. Area: 6 acres. (Attach Sheet C with sketch of property).

Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .

Dates of Tests: 6-4-96 to 6-5-96 . Weather: Precip. 0 Temp. 75

OWNER: Rex Lamb.

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	36"	6-4	7:00P	6-5	7:30P	6-5	7:30P	6"	8:00P	5 1/2	30min	1/2"	60
2	36"	6-4	7:00P	6-5	7:30P	6-5	7:30P	6"	8:00P	5 1/8"	30min	7/8"	34.28
3	36"	6-4	7:00P	6-5	7:30P	6-5	7:30P	6"	8:00P	5 1/4"	30min	3/4"	40
4	36"	6-4	7:00P	6-5	7:30P	6-5	7:30P	6"	8:00P	4 1/2"	30min	1 1/2"	20
5	36"	6-4	7:00P	6-5	7:30P	6-5	7:30P	6"	8:00P	5 1/2	30min	1/2"	60
6	36"	6-4	7:00P	6-5	7:30P	6-5	7:30P	6"	8:00P	5"	30min	1"	30

Sum of Percolation Rates: 24.28
Average of Rates: 40.71
Mean of Rates: _____

Signature of Person Conducting Test

Address 2200 Dan Ave. Phone 464-0638

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 60 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____

Soil Type (SCS): Sharpsburg Silty Clay Loam

Date: JUNE 19, 1996

Gerald 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.

REVIEWING ACTION

Remarks:_____

Date: JUNE 19, 1996

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 1320 sq.ft.

385-440
Jerrold C. Hood
Signature of Reviewing Official

9500 Eastview Rd.

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: _____

FILE NO. _____

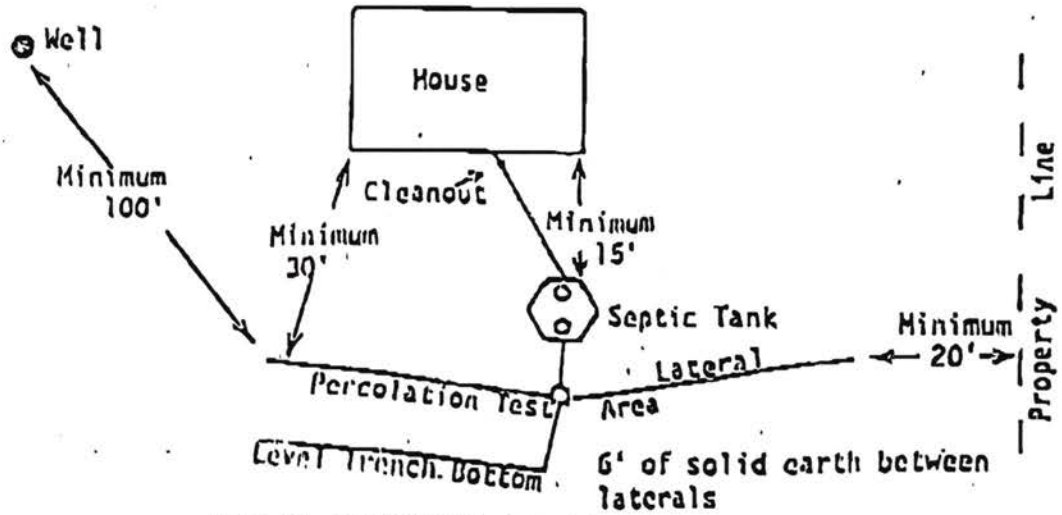
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 24 in.
3. Distance between dwelling and septic tank 69' ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line 100+ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments ____.
2. Capacity 1250 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Precast)
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 ____ in.
8. Distances to:
Well or Suction Line 100+ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

C. DISTRIBUTION BOX:
1. Material Plastic; Number - available outlets 5.
2. Factory Built: Yes ☒ No ☐
(Company ____)
3. Distance from Septic Tank 56.5 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, 100, 70 ft.;
Total length of laterals 470 ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width 3 ft.;
Slope ____ in/100 ft.; Average Depth 36 in.
4. Filter Material: ____
Depth of Material ____ in.
5. Distances to:
Well or Suction Line 100+ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

9500 Eastview Rd.

