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. 95380135901

Issued 10/13/95
Expires 04/13/96
Revenue Code 18754

Establishment
DENNIS FREY
T10N R7E SEC 23
SUNRISE 1ST BLK 3 LOT 2

FEES: $150.00

TOTAL $150.00

Permittee
DENNIS FREY
RR0001
BOX 0088A
HICKMAN NE 68372

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: $ 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. [redacted]ON; Range 7E ; Section [redacted]23 ;
   Block 3 : Lot 2B : Addition Sunrise 1st
   Street Address 1241 N 75

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

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

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

Dennis Gray
Signature of Applicant (Owner or Lessee)

RT III Box 88A Hickman NE 68372
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/12/95. Date Frwd. 10/13/95. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 10/13/95. Date Frwd. 10/13/95. ACTION: Approved ☒ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 10-13-95. Date Frwd. 10-13-95. ACTION: Approved ☒ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12-5-95 by: mm
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-6-95 By: Ken Mayard

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: 11-25-95 to 11-26-95 . Weather: Precip. _____ Temp. 60 .

OWNER: _____

Address: _____

1241 N 95th

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"	11-25-95	9:00	11-26-95	10:15	11-26-95	11:12	6	11:42	5	30	1	30MIN/IN
2	"	"	"	"	"	"	"	6	"	5	"	1	30MIN/IN
3	"	"	"	"	"	"	"	6	"	4 7/8	"	1 1/8	27MIN/IN
4	"	"	"	"	"	"	"	6	"	5	"	1	30MIN/IN
5	"	"	"	"	"	"	"	6	"	5 1/8	"	7/8	34MIN/IN
6	"	"	"	"	"	"	"	6	"	1	"	1	30MIN/IN

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

Signature of Person Conducting Test

Address P.O. Box 181 Elmwood, NE 68349 Phone 560-4267

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: December 6, 1995

Approved Percolation Rate (a)
A. 30 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 ☒

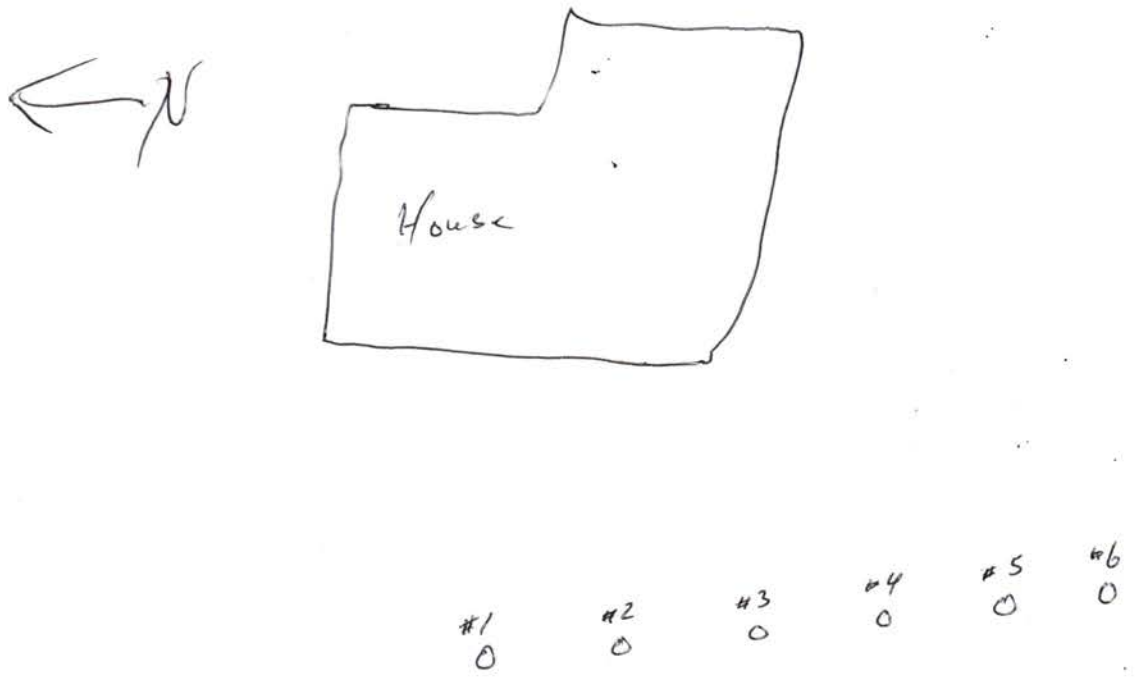
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 750 sq.ft.

_____ _____
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: _____

FILE NO: _____

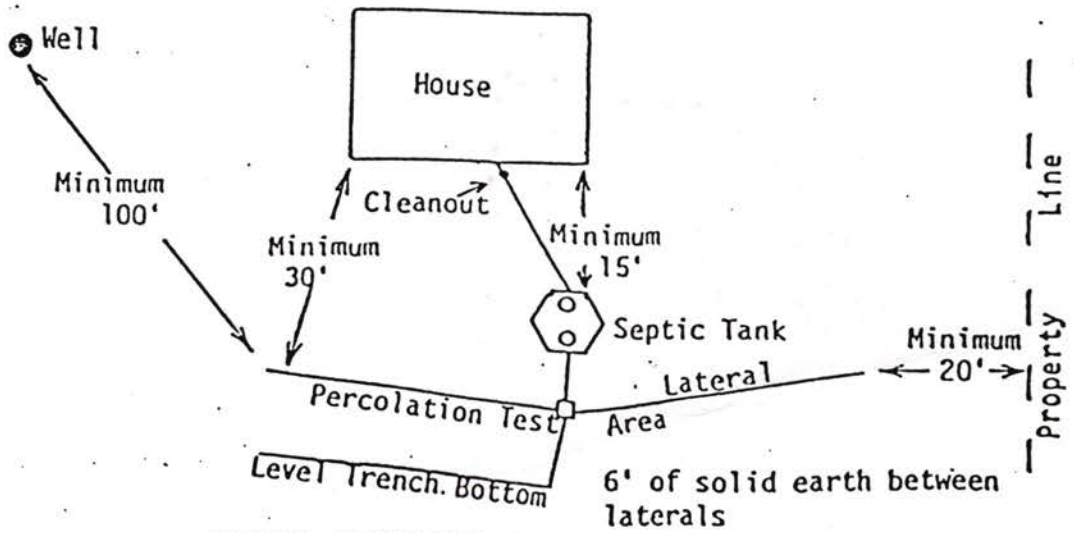
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 18 in.
3. Distance between dwelling and septic tank 57 ft.
4. Number of clean-outs None .
5. Distances to: Well or Suction Line 100+ ft.; Stream NA ft.; Pressure Line 30+ ft.; Property Line 50+ ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments 1 .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐ (Company American Concrete)
4. Manholes: Over Inlet; diam. 18 in. Over Outlet; diam. 8 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 100+ ft.; Stream NA ft.; Pressure Line 50+ ft.; Property Line 50+ ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number available outlets 5 .
2. Factory Built: Yes ☒ No ☐ (Company American Concrete)
3. Distance from Septic Tank 5'8" 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 2 ; Length of each line 96 , 92 , ____ , ____ , ____ ft.; Total length of laterals 188 ft.; Distance between lateral lines 11½ ft.
3. Trench dimensions: Width 4 ft.; Slope 4 in/100 ft.; Average Depth 34 in.
4. Filter Material: Gravel Depth of Material 24 in.
5. Distances to: Well or Suction Line 100+ ft.; Stream NA ft.; Pressure Line 100+ ft.; Property Line 50+ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

1241 N 95th
B&F Builder

Installed By Vogt T&T
12-5-95

