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. 95380138601

Issued 12/12/95
Expires 06/12/96
Revenue Code 18754

Establishment
JON CARLSON
T10N R7E SEC 23
SUNRISE ESTATES BLK 3 LOT 5
9330 AVON LANE

FEES: $150.00

TOTAL $150.00

Permittee
JON 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: $ 150.00

FILE NO. _____

DATE: 12-11-95

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 3 : Lot 5 : Addition Sunrise Estates 1st Add.
Street Address 9330 E. Avon Lane 9300 E Avon

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. ?

Jon Carlson
Signature of Applicant (Owner or Lessee)

421 So. 9th Suite 105
Address 68508

(Do not write below this double line)

1. Health Department: Date Rec'd. 12/11/95. Date Frwd. 12/12/95. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 12/12/95. Date Frwd. 12/12/95. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

3. City or County Engineer: Date Rec'd. 12-12-95. Date Frwd. 12-12-95. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4/25/96 by: JC
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4/25/96 By: John Chen

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: Sunrise acres 9330 E. Avon Ln

Location: Township 10 ; Range 7 ; Section & ¼ Section 23 .
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 ☐ . Shd.
Dates of Tests: 4-22 to 4-23-96. Weather: Precip. 0 Temp. 60s.

OWNER: John Carlson - Patricia Elder
Address: Lincoln, Ne

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	4/22	1:00	4/23	9:30	4/23	1:15	5½	2:15	4	60	1½	40
2		"	"	"	"		PM	4½	PM	3⅜		1⅛	50
3								9		7¼		1¼	48
4								8¾		7¾		1	60
5								5		4		1	60
6								5		3¾		1¼	48
7								8¼		6⅞		1¼	48

Brad Southwick
Signature of Person Conducting Test

Address 12201 So. 72 Hickman Phone 475-2462

Sum of Percolation Rates: 354
Average of Rates: 51
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

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

_____
Signature of Reviewing Official

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

Southwick Services .

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: 12-03-95 to 12-04-95. Weather: Precip. 0 Temp. 42

OWNER: _____

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"	12-3	5:20 pm	12-4	9:15 pm	12-4	9:15 pm	6"	12:45 pm	1/4	30min	1/2	60min/in
2	36"	12-3	5:20 pm	12-4	9:15 pm	12-4	9:15 pm	6"	12:45 am	1	30min	1/2	60min/in
3	36"	12-3	5:20 pm	12-4	9:15 pm	12-4	9:15 pm	6"	12:45 am	1 1/2	30min	1/2	60min/in
4	36"	12-3	5:20 pm	12-4	9:15 pm	12-4	9:15 pm	6"	12:45 am	2 3/4	30min	1/2	60min/in
5	36"	12-3	5:20 pm	12-4	9:15 pm	12-4	9:15 pm	6"	12:45 am	2	30min	0	0 min/in
6	36"	12-3	5:20 pm	12-4	9:15 pm	12-4	9:15 pm	6"	12:45 am	3 3/4	30min	1	30min/in

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

Signature of Person Conducting Test

Address 2700 Van Ave. Lincoln, NE 68504 Phone 464-0638

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 5-7 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: December 12, 1995

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 ☐

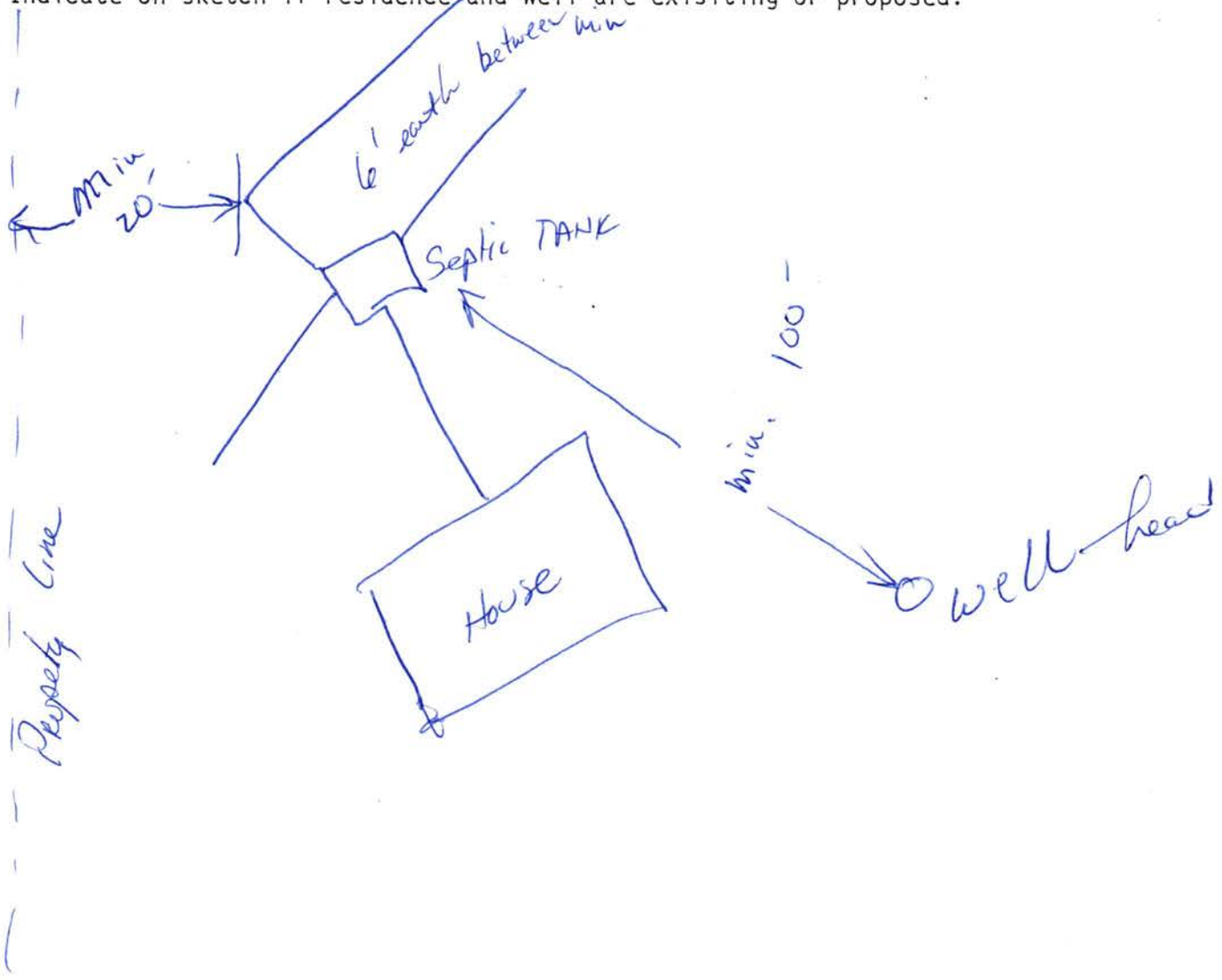
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

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: _____

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 942 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 Dept.
3140 "N" Street
Lincoln, NE 68510

D

DATE: 4-25-96

FILE NO: _____

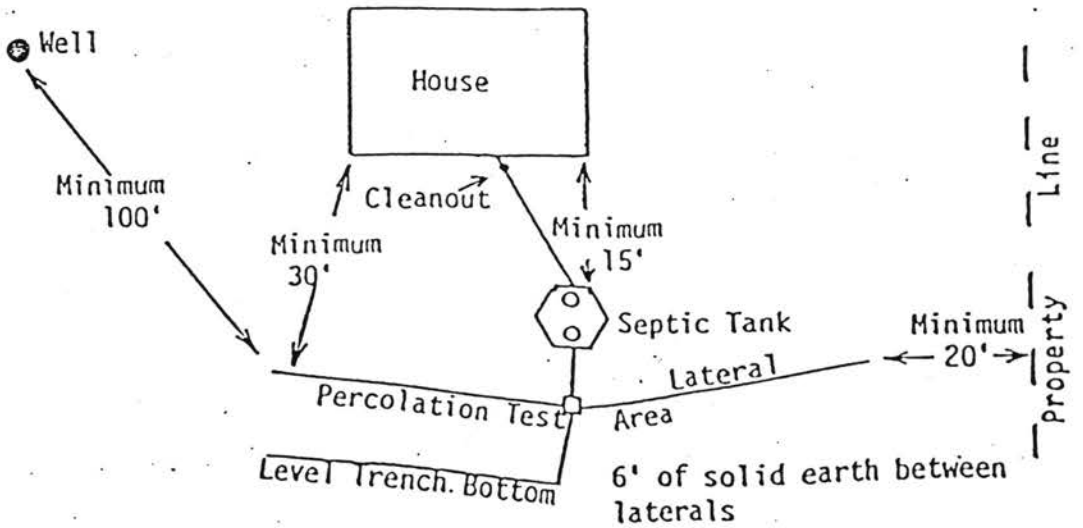
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Sch 40 PVC; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 16 in.
3. Distance between dwelling and septic tank 80 ft.
4. Number of clean-outs 1.
5. Distances to: Well or Suction Line > 50 ft.; Stream NA ft.; Pressure Line NA ft.; Property Line > 20 ft.

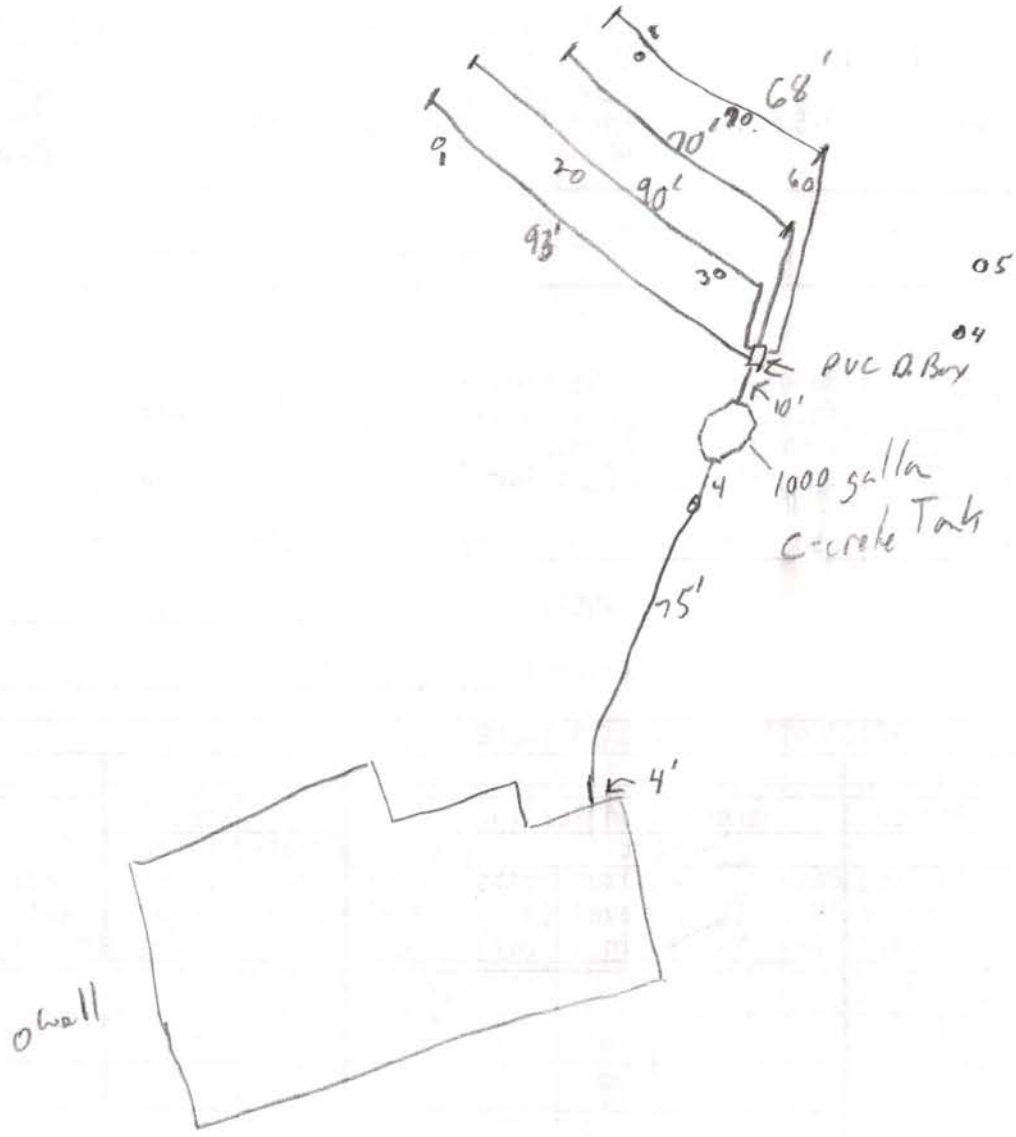
B. SEPTIC TANK:
1. Material Concrete; No. of compartments 1.
2. Capacity 1,000 gals.;
3. Factory Built: Yes ☒ No ☐ (Company Pre Cast Products)
4. Manholes: Over Inlet; diam. 10 in. Over Outlet; diam. 16 in. Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
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 10' 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 4 ; Length of each line 93, 90, 70, 68, ____ ft.; Total length of laterals 231 ft.; Distance between lateral lines 8 ft.
3. Trench dimensions: Width 3 ft.; Slope 6 in/100 ft.; Average Depth 36 in.
4. Filter Material: Road Gravel; Depth of Material 12 in.
5. Distances to: Well or Suction Line > 100 ft.; Stream > 20 ft.; Pressure Line NA ft.; Property Line > 20 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN



#2 hole not included in perc test as it dropped 2" or more every hr.

E. Avon Lane

As Built

~~9330~~ 9300 E. Avon Lane

LANCASTER COUNTY, NEBRASKA — SHEET NUMBER 31

