LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 92380086501

Issued 06/24/92
Expires 12/24/92

ESTABLISHMENT

VICKY LEE WHEELER
T11N R6E SEC 11
LOT 4

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

VICKY L WHEELER
1735 S 20 ST
LINCOLN NE 68502

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
JUNE 25, 1992	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

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~~ 8030

A

FILING FEE: $150.00 as of 5/14/92

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. 11N ; Range 6E ; Section 11 ;
   Block N/A : Lot 4, NE¼ Addition _____
   Street Address N. 14th Street & Mill Road
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 = Describe (2 bedrooms; 1 office area
3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐
4. Distance to public sewer: (mile) N/A ft. BRINGING IN SOIL

Vicky Lee Wheeler
Signature of Applicant (Owner or Lessee)

1735 South 20th St., Lincoln NE 68502
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/24/92. Date Frwd. 6/24/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6/24/92. Date Frwd. 6/24/92. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]
3. City or County Engineer: Date Rec'd. _____. Date Frwd. 06/24/92. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9-25-92 by: mm
Date: _____ by: _____
Date: _____ by: _____

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

Experimental System
PROVISIONAL

INSTALLATION ~~FINAL~~ WRITTEN APPROVAL
Date: 9-28-92 By: Ron Marquart

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 11 N ; Range 6E ; Section & ¼ Section 11 . LOT 4 NE¼
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: 6-19-92 to 6-20-92 . Weather: Precip. 0 Temp. 70° .

OWNER: Vicky Lee Wheeler

Address: 1735 South 20th 68502

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"	6/19	1:00PM	6/20	1:00PM	6/20	12:00	6"	3:30	5 7/8	210	1/8	
2	36"	6/19	"	6/20	"	6/20	12:00	6"	3:30	5 7/8	210	1/4	
3	36"	6/19	"	6/20	"	6/20	12:00	6"	3:30	5 7/8	210	1/4	
4	36"	6/19	"	6/20	"	6/20	12:00	6"	3:30	4 3/4	210	1 1/4	
5	36"	6/19	"	6/20	"	6/20	12:00	6"	3:30	5 3/4	210	1/4	
6	36"	6/19	"	6/20	"	6/20	12:00	6"	3:30	5 3/4	210	1/4	

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

Dan Nelson
Signature of Person Conducting Test

Address 4401 No 27 Phone 467-1627

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

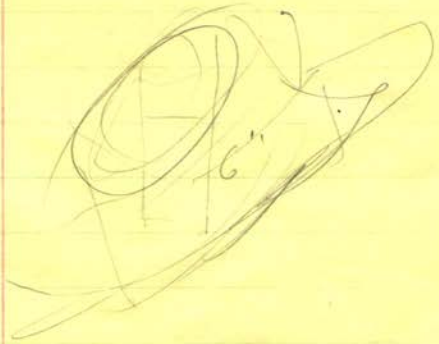
Soil Type (SCS): _____

Date: _____

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

_____
Signature of Reviewing Official

1200	1230	100	130	200	230	300	330
$9\frac{3}{4}$ (1/4)	10	10	10 (1/8)	$10\frac{1}{8}$ (1/8)	$10\frac{1}{4}$ (1/8)	$10\frac{3}{8}$ (1/8)	$10\frac{1}{2}$ (1/8) $10\frac{5}{8}$
$10\frac{1}{2}$ (1/2)	11 (1/8)	$11\frac{1}{8}$	$11\frac{1}{8}$ (1/8)	$11\frac{1}{4}$ (1/4)	$11\frac{1}{2}$	$11\frac{1}{2}$ (1/8)	$11\frac{5}{8}$
7 (3/8)	$7\frac{3}{8}$ (1/4)	$7\frac{5}{8}$ (1/4)	$7\frac{7}{8}$ (3/8)	$8\frac{1}{4}$ (1/8)	$8\frac{3}{8}$ (1/4)	$8\frac{5}{8}$ (1/8)	$8\frac{3}{4}$
6 (3)	9 (2)	$11/6\frac{1}{2}$ (1 1/2)	8 (1 1/2)	$9\frac{1}{2}$ (1 1/2)	11 (1 1/4)	$12\frac{1}{4}$ (1 1/4)	$13\frac{1}{2}$
6 (1/4)	$6\frac{1}{4}$ (1/4)	$6\frac{1}{2}$ (1/8)	$6\frac{5}{8}$ (1/8)	$6\frac{3}{4}$ (1/8)	$6\frac{7}{8}$ (1/8)	7 (1/4)	$7\frac{1}{4}$



FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

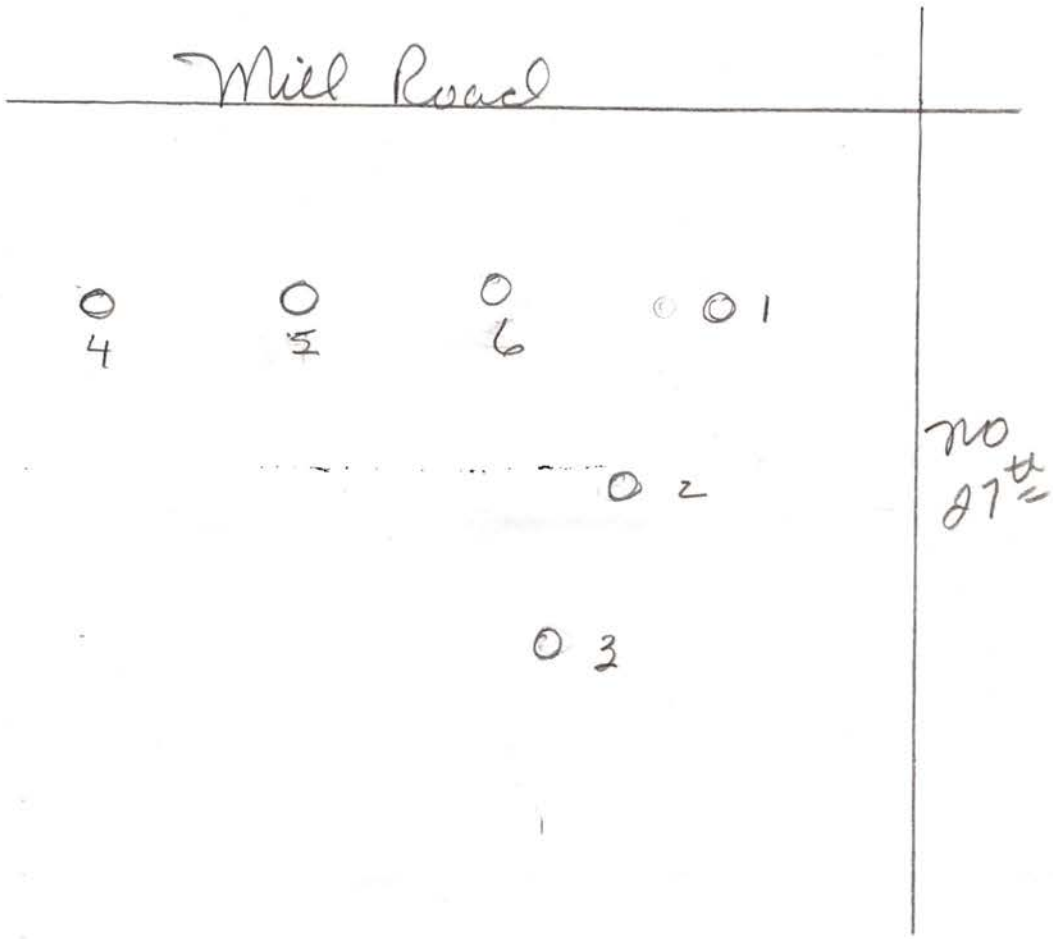
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed____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
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D

DATE: _____

FILE NO: _____

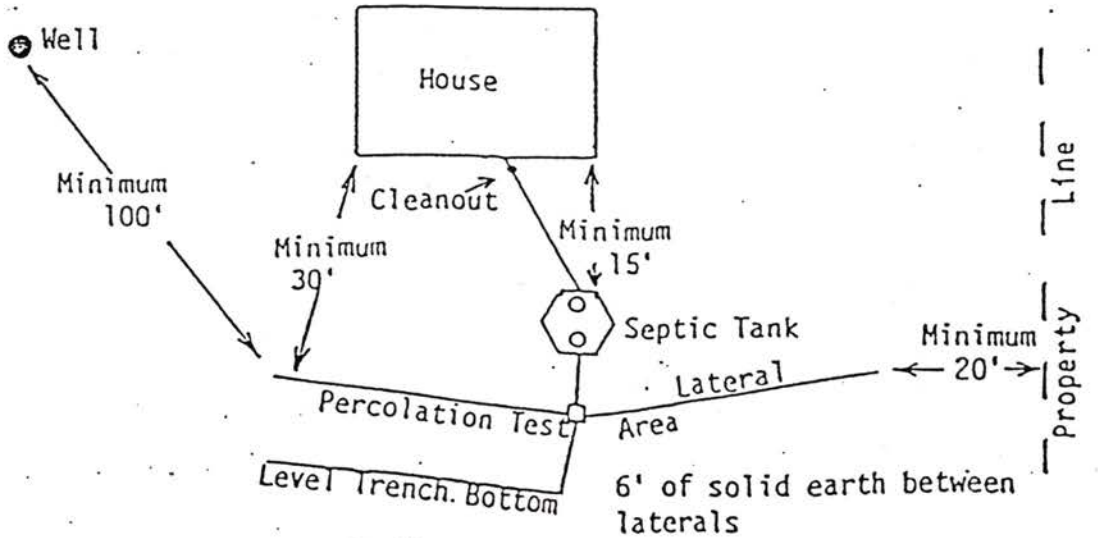
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC 2240; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank _____ ft.
4. Number of clean-outs 0.
5. Distances to:
Well or Suction Line 100+ ft.; Stream 100+ ft.; Pressure Line 100+ ft.; Property Line 100+ ft.

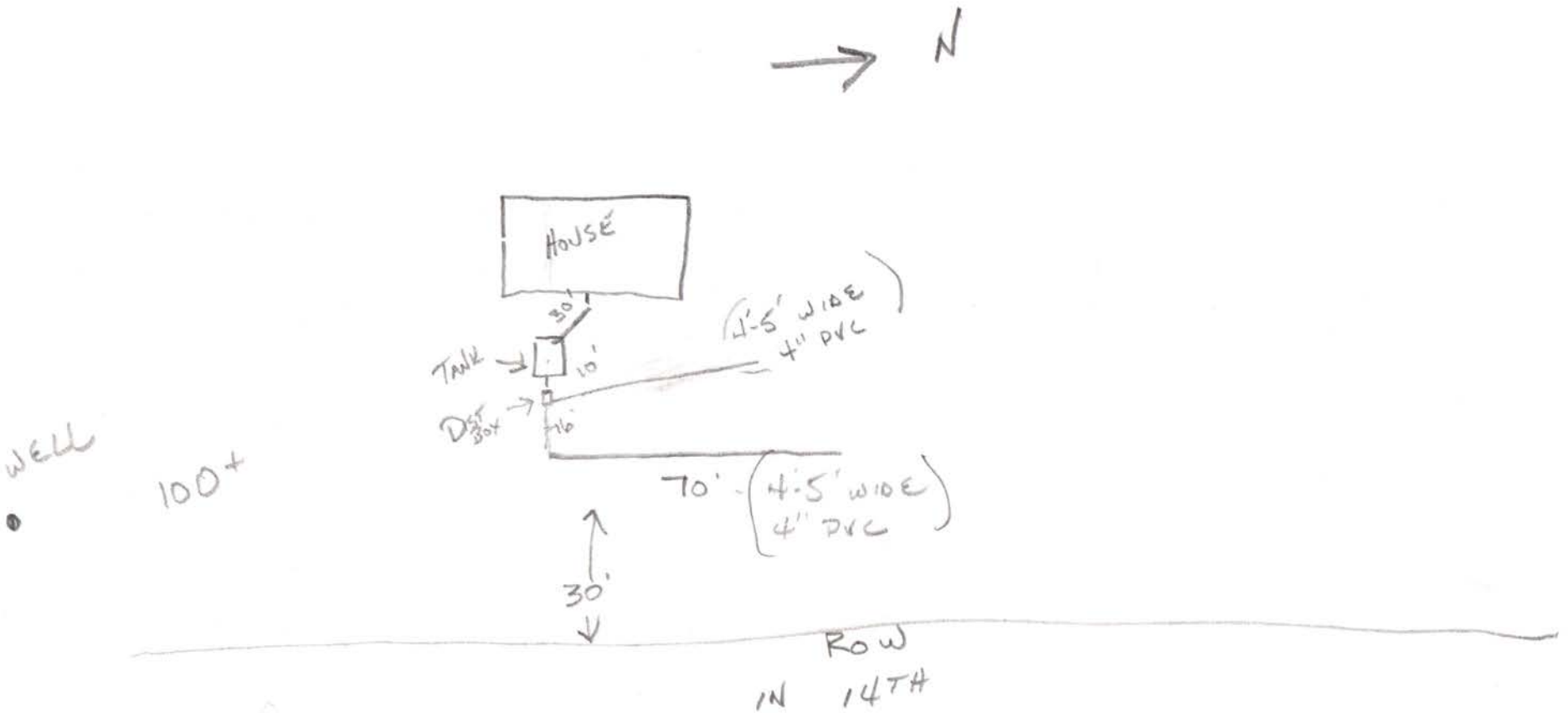
B. SEPTIC TANK:
1. Material Conc; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company PRECAST)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☑ Below ☐ Grade 12 in.
5. Inlet: Baffle ☑ ; or Tee ☐
6. Outlet: Baffle ☑ ; or Tee ☐
7. Depth of top of tank below finished grade 8" in.
8. Distances to:
Well or Suction Line 150 ft.; Stream 200+ ft.; Pressure Line 100 ft.; Property Line 60 ft.

C. DISTRIBUTION BOX:
1. Material Conc; Number - available outlets _____.
2. Factory Built: Yes ☑ No ☐
(Company PRECAST)
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 2; Length of each line 70, 50, _____, _____, _____ ft.;
Total length of laterals 120 ft.;
Distance between lateral lines 20 ft.
3. Trench dimensions: Width 4-5 ft.;
Slope _____ in/100 ft.; Average Depth 18 in.
4. Filter Material: GRAVEL
Depth of Material 8 in.
5. Distances to:
Well or Suction Line 100+ ft.; Stream 100+ ft.; Pressure Line _____ ft.; Property Line 60 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N
HOUSE
30'
TANK
10'
DIST BOX
4'-5' WIDE
4" PVC
70'
4'-5' WIDE
4" PVC
WELL
100+
30'
ROW
IN 14TH