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. 92380086801

Issued 06/30/92
Expires 12/30/92

ESTABLISHMENT

BERNICE MORRIS
T11N R6E SEC 10 QTR SW
700 W WAVERLY ROAD

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

BERNICE MORRIS
1245 S 40 ST
LINCOLN NE 68510

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
6/30/92	PAID

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

RECEIVED JUN 2 6 1992

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

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: 6-25-92

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: E½ SW¼ of 10-11N-6E E½SW¼
   Twp. ~~11N~~; Range ~~6E~~; Section ~~10~~;
   Block _____: Lot _____: Addition _____
   Street Address 700 West Waverly Road - Raymond
2. Property Use: Residential ☑; Commercial ☐ Other Use ☐
   No. of Bedrooms 2. Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☑
4. Distance to public sewer: Miles ft.

Bernice E. Morris
Signature of Applicant (Owner or Lessee)

1245 S. 40, 68510
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/26/92. Date Frwd. 6/29/92. ACTION: Approved ☑ Disapproved ☐ Signature: Jerrold C. Neap
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6/29. Date Frwd. 6/2 92 ACTION: Approved ☑ Disapproved ☐ Signature: [illegible]
3. City or County Engineer: Date Rec'd. 06/29/92 Date Frwd. _____. ACTION: Approved ☑ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7-31-92 by: Rm need bearing + fence
Date: 1-30-98 by: rm fence ok.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1-30-98 By: Ron Maynard

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

FORM 23-43

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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: E½ SW¼ 10-11N-6E

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: 80± acres. (Attach Sheet C with sketch of property).

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

Dates of Tests: _____ to _____. Weather: Precip. _____ Temp. _____.

Lagoon - Bentonite lined
John Strohmeyer said test not required

OWNER: Bernice E Morris

Address: 700 West Waverly Road

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.)

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

_____
Signature of Person Conducting Test

Address _____ Phone _____

(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

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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.

BENTONITE LINED LAGOON

JOHN STROHMEYER, CONTRACTOR

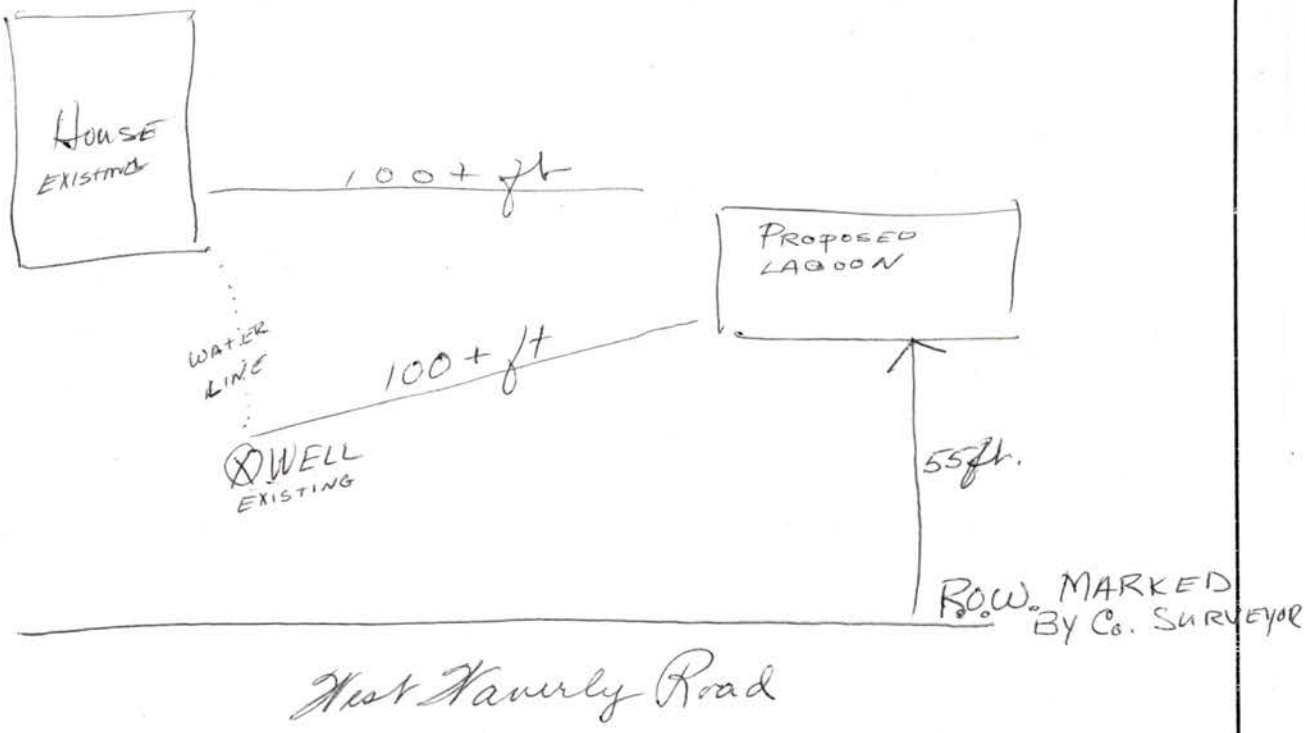
CLOSEST WATER LINE IN/TO HOUSE/WELL

NEIGHBORS → 1/8 mile +

NO STREAMS

4' WIRE FENCE

N
W + E
S



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

RECEIVED JUN 2 8 1992 RECEIVED AUG 1 0 1992

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:_____

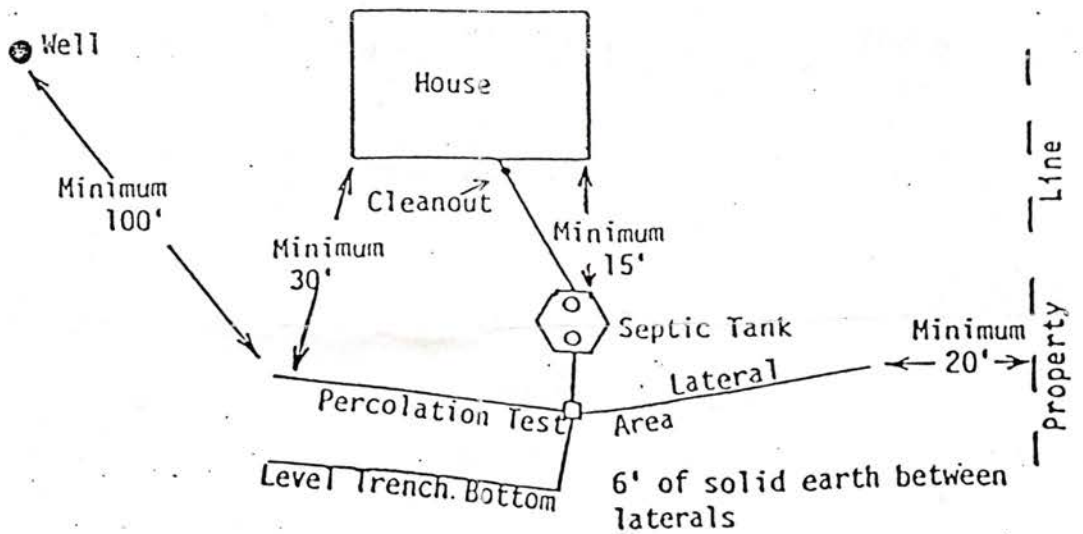
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material_____; Diameter_____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_____.
5. Distances to:
Well or Suction Line_____ft.;
Stream_____ft.; Pressure Line _____ft.; Property Line_____ft.

B. SEPTIC TANK:
1. Material_____; No. of compartments_____.
2. Capacity_____gals.;
3. Factory Built: Yes ☐ No ☐
(Company_____)
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_____ft.;
Stream_____ft.; Pressure Line _____ft.; Property Line_____ft.

C. DISTRIBUTION BOX:
1. Material_____; Number - available outlets_____.
2. Factory Built: Yes ☐ No ☐
(Company_____)
3. Distance from Septic Tank_____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___;Length of each line_____, _____,_____,_____,_____ft.;
Total length of laterals_____ft.;
Distance between lateral lines____ft.
3. Trench dimensions: Width_____ft.;
Slope_____in/100 ft.; Average Depth_____in.
4. Filter Material:_____,
Depth of Material_____in.
5. Distances to:
Well or Suction Line_____ft.;
Stream_____ft.; Pressure Line _____ft.; Property Line_____ft.

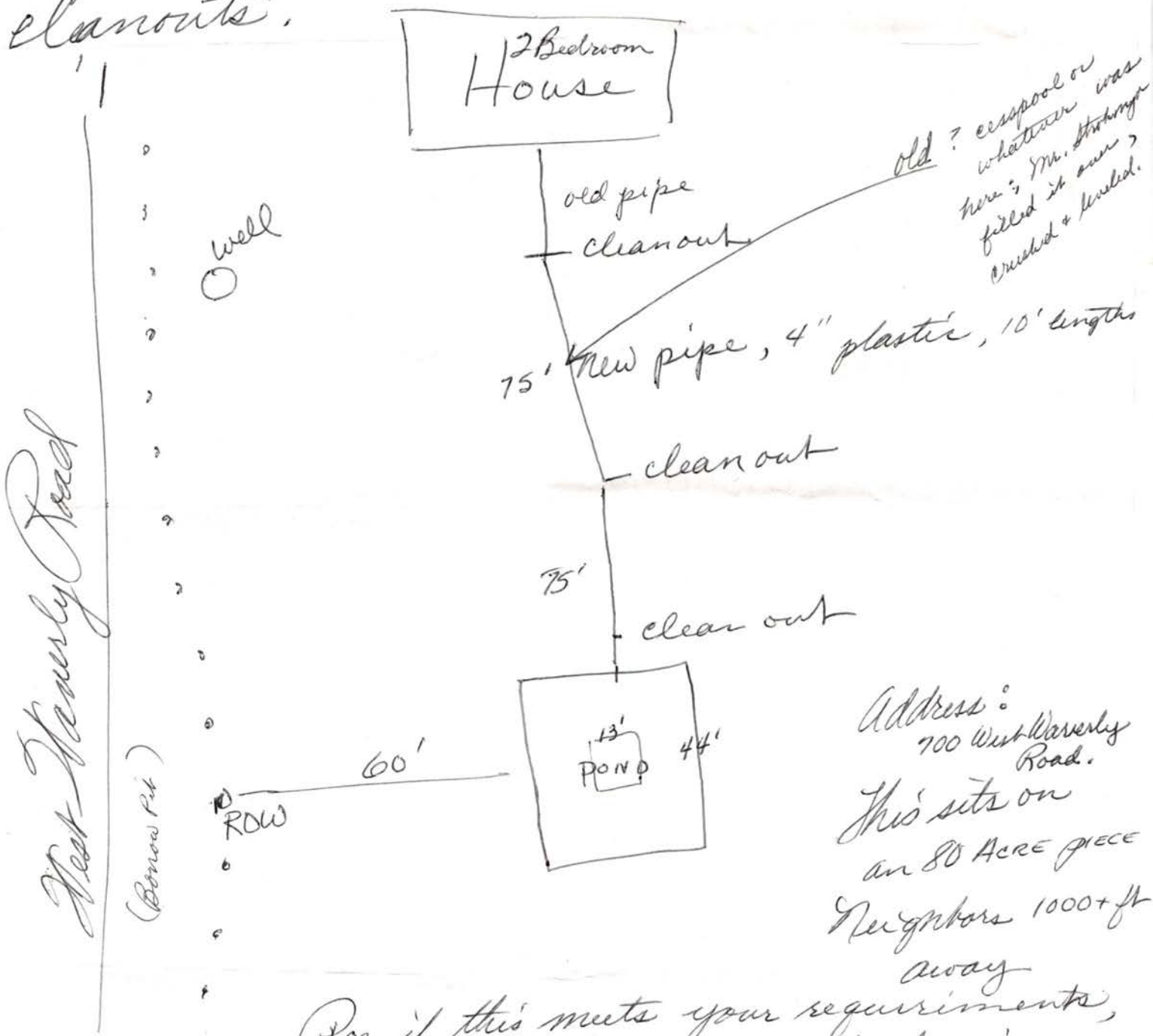


TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

We are putting a lagoon in Denver

Lagoon Contractor: John Strohmeyer
(He also applied the bentonite.)

We replaced sewer pipe beginning 25 feet east of house; this was to provide for suitable, convenient cleanouts.



Address:
700 West Waverly Road.
This sits on an 80 Acre piece
Neighbors 1000+ ft away

Ron, if this meets your requirements, we would like to go ahead with the fencing. I will call you the first part of the week.

Bee Morris