LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

No. 98390060201

Issued 10/29/98
Expires 04/29/99
Revenue Code 3157

PAID

FEES: $50.00

TOTAL $50.00

Establishment
GREG SHINAUT
T10N R7E SEC 25 QTR SE
N 1/2 OF SE 1/4 LOT 48
1001 S 112 ST

Permittee
GREG SHINAUT
1544 S 1 ST
LINCOLN NE 68502-1903

Issued By Health Director
Lincoln-Lancaster County Health Department

008240

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

Individual Sewage Disposal System Application to Alter, Extend or Repair

OCT 2 8 1998

☐ Municipal Code 24.38 ☐ County Resolution Number 2832

Date: 10-27-98	File No.:

The undersigned hereby applies for a permit to: ☐ **ALTER** ☒ **EXTEND** ☐ **REPAIR** an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. **Legal description of property:**
   Township 10 N Range 7E Section 25 1/4 Section N½-SE¼
   Block _____ Lot 48 Addition _____
   Street Address 100 So 112th

2. **Property use:** ☑ residential ☐ commercial ☐ other use
   Number of bedrooms 4 Describe _____

3. **Type of Present Individual Disposal System:** ☑ septic tank ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair:**
   Add A 600 gallon TANK to existing 1000 And
   Add 100' of lateral

5. **Work to be done by:** ☐ owner ☑ contractor's name Pride Homes

6. **Estimated project:** a. Repair, replace or minor extension with a cost of less than $400.00 (no fee required).
   b. Total cost is greater than $400.00 (Return fee with this application).
   c. A "construction permit" is required if the use, operation, location, or type of the system is being changed.

Print Name Greg Shinaut Address 1544 So 1st Phone 434-2220
Applicant Signature (owner or lessee) Greg Shinaut

Please include the permit fee ($50.00) with this application

(Please do not write below this line)

Date rec'd 10/28/98 REVIEW: ☒ approved ☐ disapproved By: Jerrold C. Hood

Site visits:
Date 12-4-98 By rm, need drawing (OK)
Date _____ By _____
Date _____ By _____

Installation final written approval
Date 12-7-98 By Ron Mayhart

Return to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE. 68510
441-8022

Rec'd 10/28/98
12073
$50 cc

White - EH Pink - Business Office Revised 1/98

Test-2

FORM 20185-0477
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

Test Location 112th & A
1/2 mile No. west side of Rd.

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 10 N ; Range R7E ; Section & ¼ Section 25 .
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: 7-28-95 to 7-29-95 . Weather: Precip. 0 Temp. 100°.

OWNER: Jeff Nissen

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"	7-28	6:00 pm	7-29	12:30 pm	7-29	12:30 pm	6"	4:30 pm	5 1/4"	30m	3/4"	
2	36"	7-28	6:00 pm	7-29	12:30 pm	7-29	12:30 pm	6"	4:30 pm	5 1/2"	30m	1/2"	
3	36"	7-28	6:00 pm	7-29	12:30 pm	7-29	12:30 pm	6"	4:30 pm	5 1/2"	30m	1/2"	
4	36"	7-28	6:00 pm	7-29	12:30 pm	7-29	12:30 pm	6"	4:30 pm	5 1/2"	30m	1/2"	
5	36"	7-28	6:00 pm	7-29	12:30 pm	7-29	12:30 pm	6"	4:30 pm	5"	30m	1"	
6	36"	7-28	6:00 pm	7-29	12:30 pm	7-29	12:30 pm	6"	4:30 pm	5 1/4"	30m	3/4"	

Mike Hoagland
Signature of Person Conducting Test

Address 2700 Dan Ave Lincoln NE. Phone 464-0638

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

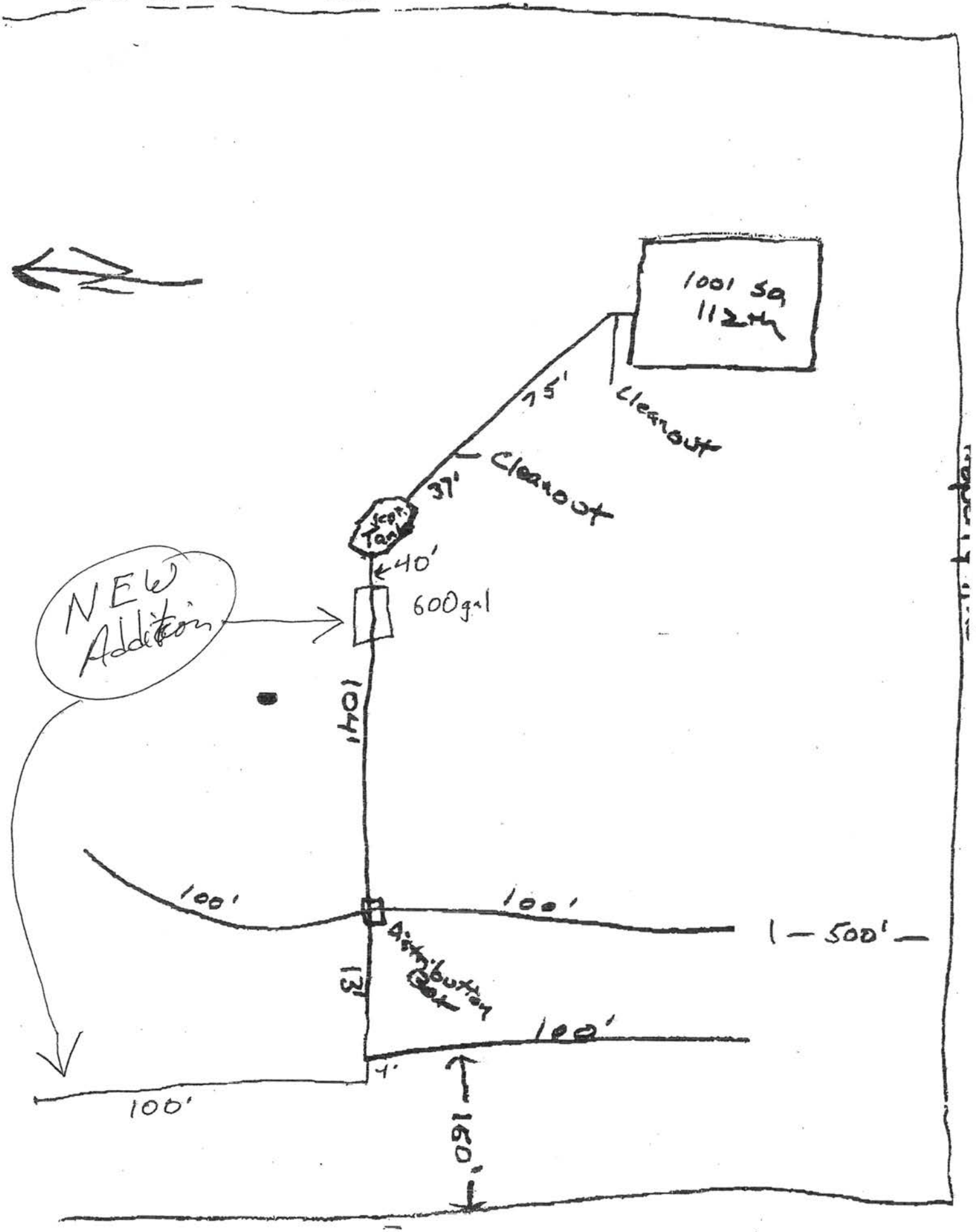
Soil Type (SCS): Judson Silt Loam and still probably some Wymore Silty Clay Loam

Date: August 1, 1995

Approved Percolation Rate (a)
A. 44 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

441-852 8


1001 sq
112
75'
Cleanout
37'
Cleanout
Septic Tank
40'
600gal
NEW Addition
104'
100'
100'
500'
13'
100'
100'
160'

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. 95380131901

Issued 07/21/95
Expires 01/21/96
Revenue Code 18754

Establishment
GREG SHINAUT
T10N R7E SEC 25
LOT 46

FEES: $150.00

TOTAL $150.00

Permittee
GREG SHINAUT
4740 LINDEN ST
LINCOLN NE 68516

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"

REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

FILING FEE: $_____

FILE NO._____

DATE: 7-18-95

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. 10 N ; Range 7E ; Section 25 ; Block _____ ; Lot Part ; Addition _____
   Street Address _____
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: N/A ft. ~~EXPERIMENTAL SYSTEM~~

Signature of Applicant (Owner or Lessee)

4740 Linden
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/20/95. Date Frwd. 7/21/95. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd._____. Date Frwd._____. ACTION: Approved ☐ Disapproved ☐ Signature:_____
3. City or County Engineer: Date Rec'd. 7-21-95. Date Frwd. 7-21-95. ACTION: Approved ☒ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 9/11/95 by: J.C.H.
Date:_____ by:_____
Date:_____ by:_____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/11/95 By: Jerrold C. Hood

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

Test Location 112th + A st
1/2 mile No. west side of Rd.

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 10 N ; Range R7E ; Section & ¼ Section 25 .
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: 7-15-95 to 7-16-95 . Weather: Precip. 0 Temp. 88° .

Pride Homes. OWNER: Jeff Nissen

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"	7-15	12:00 pm	7-16	12:00 pm	7-16	12:00 pm	6"	1:00 pm	5 7/8"	30m	1/8"	240
2	36"	7-15	12:00 pm	7-16	12:00 pm	7-16	12:00 pm	6"	1:00 pm	5 5/8"	30m	3/8"	80
3	36"	7-15	12:00 pm	7-16	12:00 pm	7-16	12:00 pm	6"	1:00 pm	5 3/4"	30m	1/4"	120
4	36"	7-15	12:00 pm	7-16	12:00 pm	7-16	12:00 pm	6"	1:00 pm	5 5/8"	30m	3/8"	80
5	36"	7-15	12:00 pm	7-16	12:00 pm	7-16	12:00 pm	6"	1:00 pm	5 5/8"	30m	3/8"	80
6	36"	7-15	12:00 pm	7-16	12:00 pm	7-16	12:00 pm	6"	1:00 pm	5 7/8"	30m	1/8"	240

Sum of Percolation Rates: 840
Average of Rates: 140
Mean of Rates: 100

Mike Hoagland
Signature of Person Conducting Test

Address 2700 Dan Ave Lincoln NE Phone 464-0638
Precast Products Inc.

(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 Offi-

441-8322 4

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

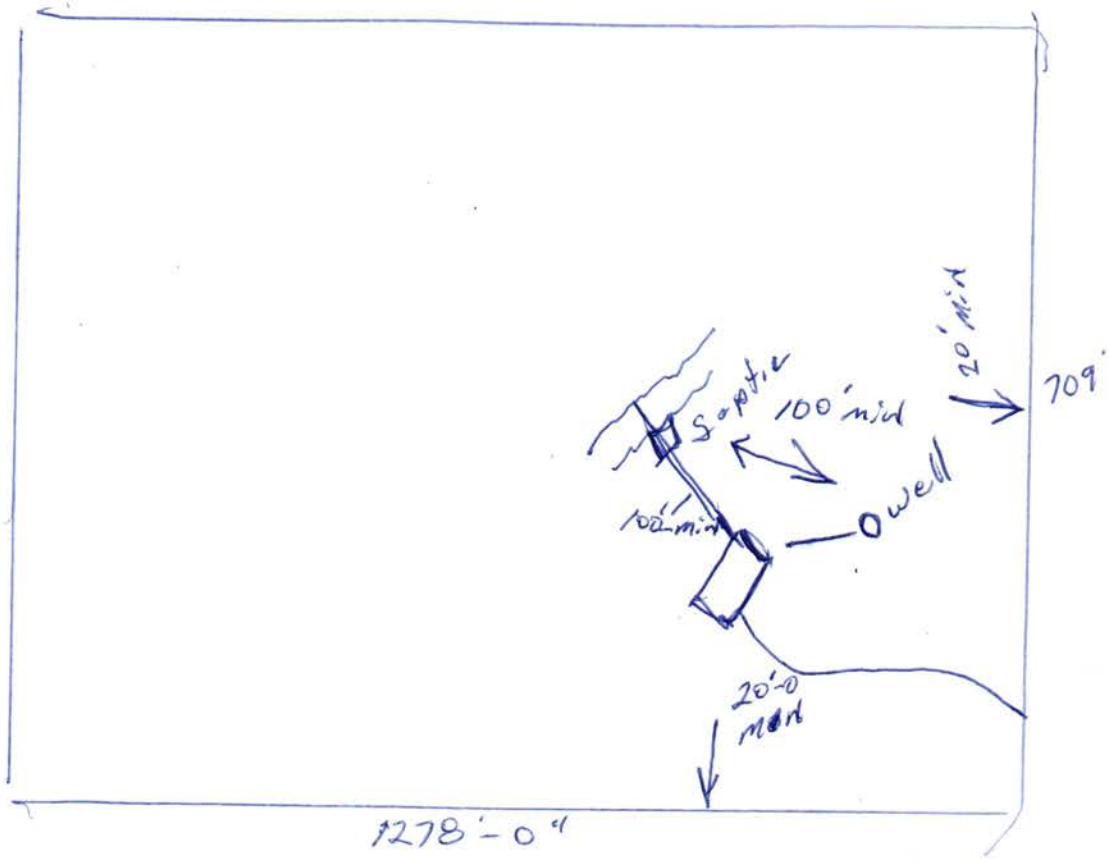
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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: August 1, 1995

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 893 sq.ft.

Jerrold C. Hood
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: 9-11-95

FILE NO. _____

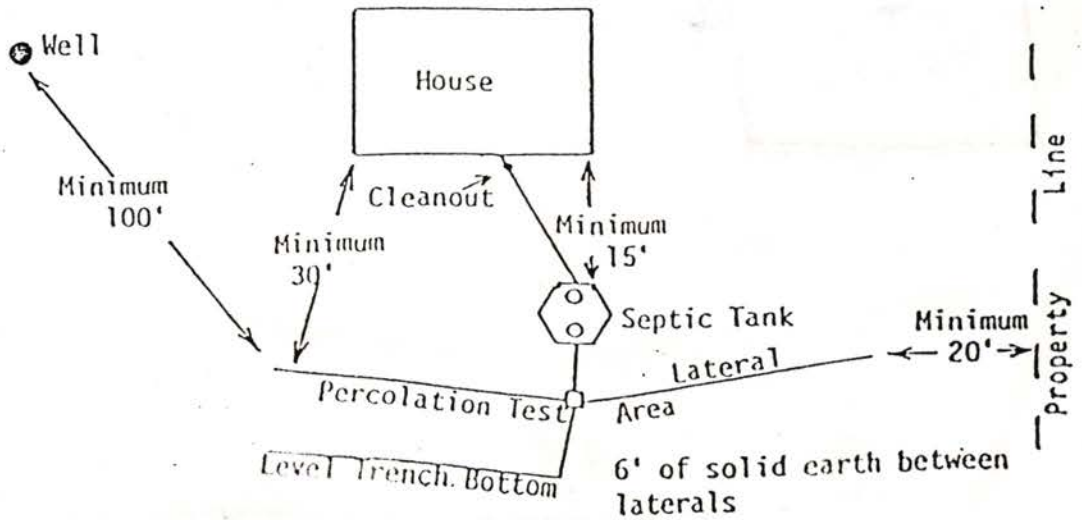
SPECIFICATIONS AS BUILT

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 112 ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line 100 ft.; Stream No ft.; Pressure Line No ft.; Property Line 300 ft.

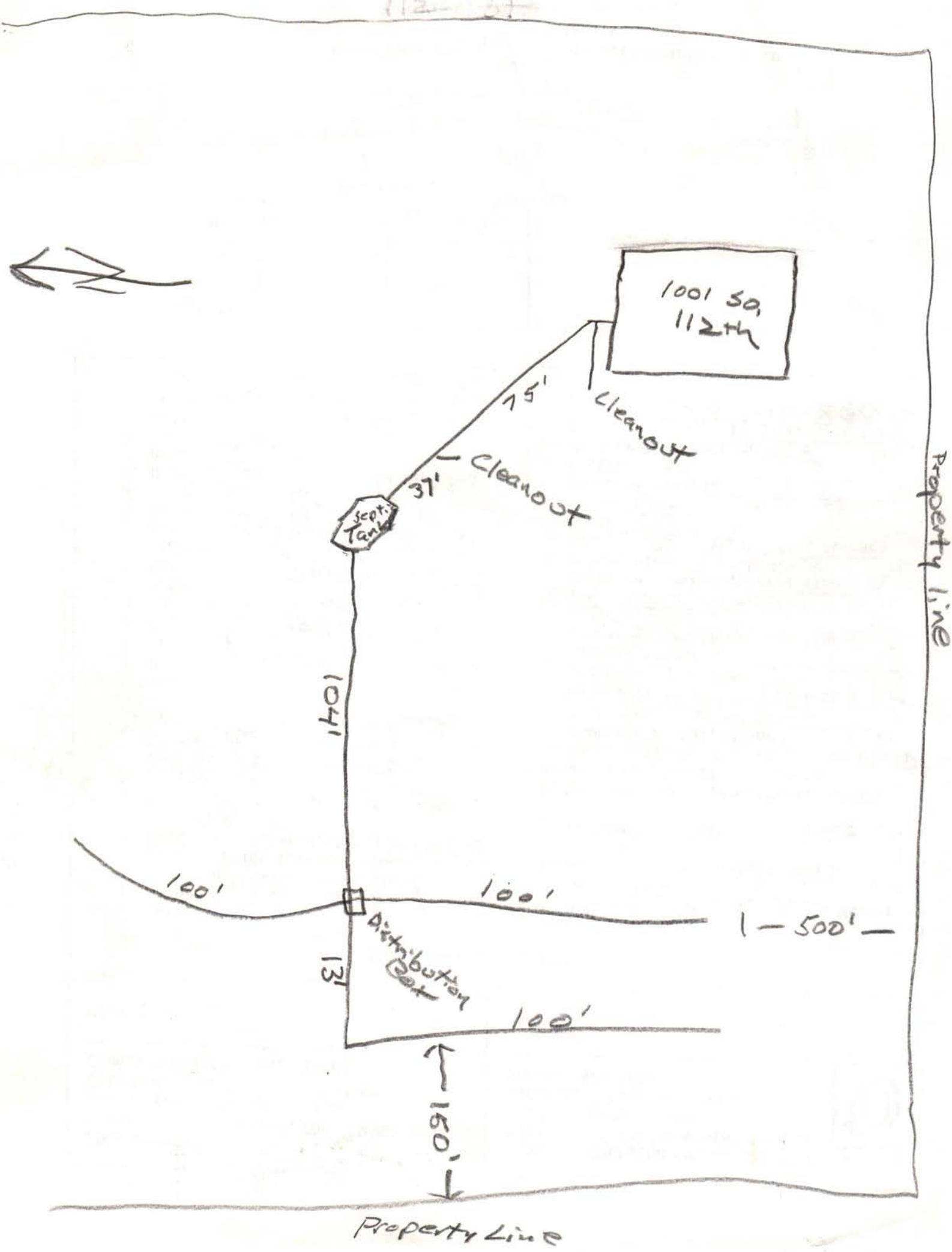
B. SEPTIC TANK:
1. Material Concrete; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. 12 in.
Over Outlet; diam. _____ in.
No Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☑; or Tee ☐
6. Outlet: Baffle ☑; or Tee ☐
7. Depth of top of tank below finished grade 2 in.
8. Distances to:
Well or Suction Line 100' ft.; Stream No ft.; Pressure Line No ft.; Property Line 300 ft.

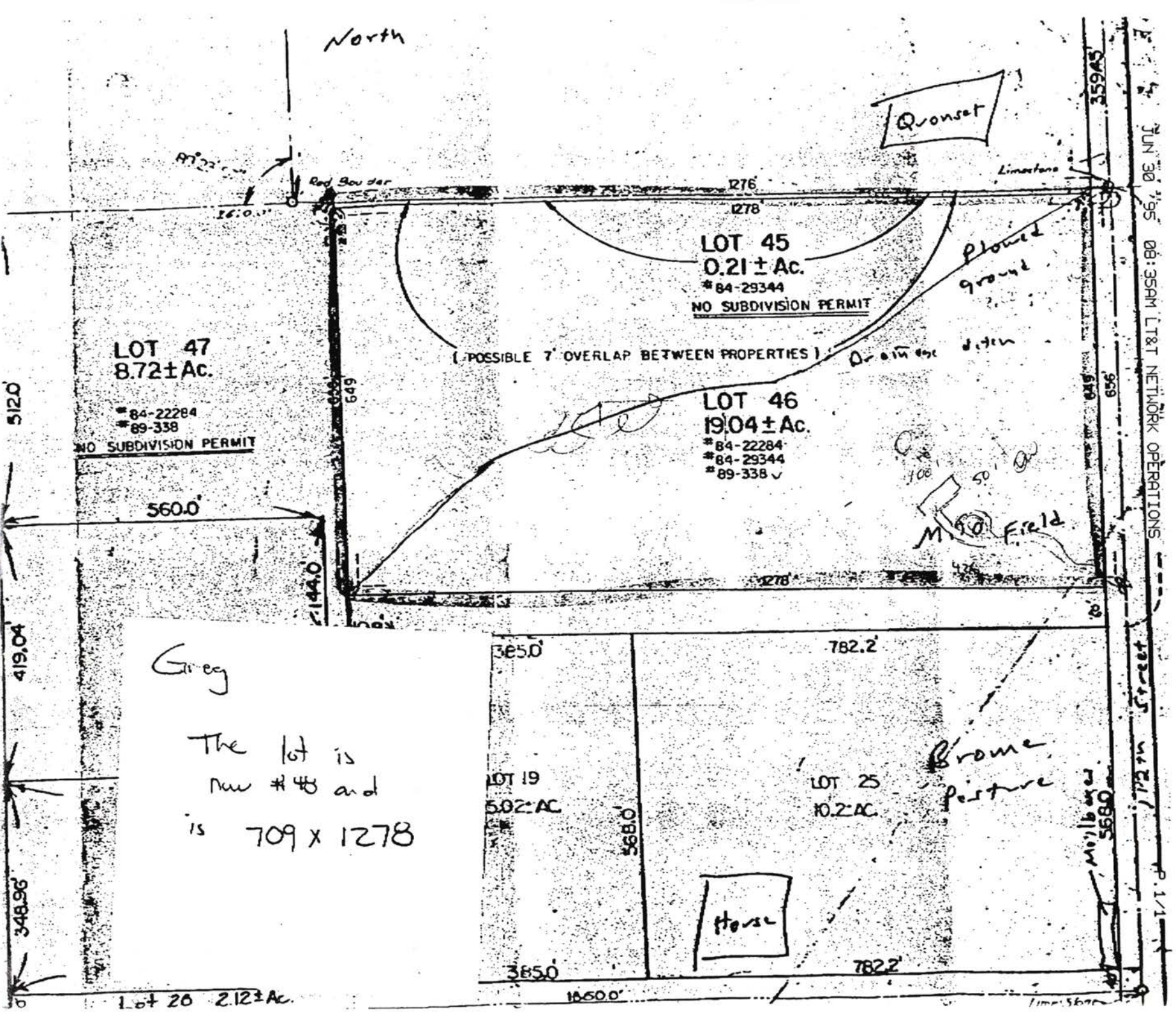
C. DISTRIBUTION BOX:
1. Material Plastic; Number - available outlets 5.
2. Factory Built: Yes ☑ No ☐
(Company _____)
3. Distance from Septic Tank 104 ft.

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 3; Length of each line 100, 100, 100, _____, _____ ft.;
Total length of laterals 300 ft.;
Distance between lateral lines 12 ft.
3. Trench dimensions: Width 3 ft.;
Slope 0 in/100 ft.; Average Depth 16 in.
4. Filter Material: Gravel
Depth of Material 12 in.
5. Distances to:
Well or Suction Line 300 ft.; Stream No ft.; Pressure Line No ft.; Property Line 200 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


1001 sq
112th
15'
Cleanout
37'
Cleanout
Septic Tank
Property Line
101'
100'
100'
500'
Distribution Box
13'
100'
150'
Property Line



JUN 30 '95 08:35AM LT&T NETWORK OPERATIONS P.1/1