LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2646-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

SEPTEMBER 01, 1988 — THIS PERMIT EXPIRES

BEVERLY HAMILL — ISSUED TO

4711 LINDEN LINCOLN, NE 68516 — ADDRESS

T11N; R6E; Sec SW¼ of NW¼ 16; 1150 N.W. 27 Street — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
JS	3-30-88	$60.00

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

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: $ 60

FILE NO. 2646-C

DATE: 3-25

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 16 ; SW¼ of NW¼
   Block _____ : Lot _____ : Addition _____
   Street Address 1150 NW 27th

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.

Beverly Hamice
Signature of Applicant (Owner or Lessee)
4911 Lindley
Lincoln Ne.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/28/88. Date Frwd. 3/29/88. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 3/30/88. Date Frwd. 3/30/88. ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Jim Plunk

REMARKS OR REASONS FOR DISAPPROVAL Perc test flawed - retake

Site Visits:
Date: 3-28-88 by: [illegible]
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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. 2646-C

PROPERTY WHERE SOIL TESTED:

Location: Township 11 ; Range 6 ; Section & ¼ Section SW¼ & NW¼ 16.
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: 11-23-87 to 11-24-87. Weather: Precip. dry Temp. 40°.

OWNER: Don Hamill

Address: 4711 Linden

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"	11-23	1:45	11-24	12:15	11-24	4:28	12:00	4:58	8 1/8	30	3.875	
2	"						4:29	12 1/2	4:59	2 1/4	30	10.25	
3	"						4:30	12.0	5:00	8 1/4	30	3.75	
4	"						4:30	12.0	5:00	4 1/4	30	7.75	
5	"						4:31	13.0	5:01	7 7/8	30	5.125	
6	"						4:32	12 1/2	5:02	7 1/2	30	5.00	

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

Beverly Hamill
Signature of Person Conducting Test

Address 4711 Linden, Lincoln Phone 483-8628 res 474-4488 work

(Do not write below this line)

REVIEWING ACTION

Remarks: Test is flawed - retake

Soil Type (SCS): _____

Date: _____

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

_____
Signature of Reviewing Official

RECEIVED APR 14 1988

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 11N ; Range 6E ; Section & ¼ Section 16.
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: 4-11- to 4-12-88. Weather: Precip. — Temp. 70°.

NW 27th + Waverly Rd.

OWNER: Beverly Hamill
Address: 4711 Lyndon

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	28	4-11	3:00 PM	4-12	9:40	4-12	12:10 PM	11¼	12:40	11¾	30	½	
2	30							11½		12		½	
3	30							9½		10⅛		5/8	
4	30							13½		14⅛		5/8	
5	30							10¾		11¼		½	
6	30							10⅛		10⅞		¾	

Schwarck Trenching
Signature of Person Conducting Test

Address 8200 old Cheney Phone 489-7294

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

(Do not write below this line)

REVIEWING ACTION

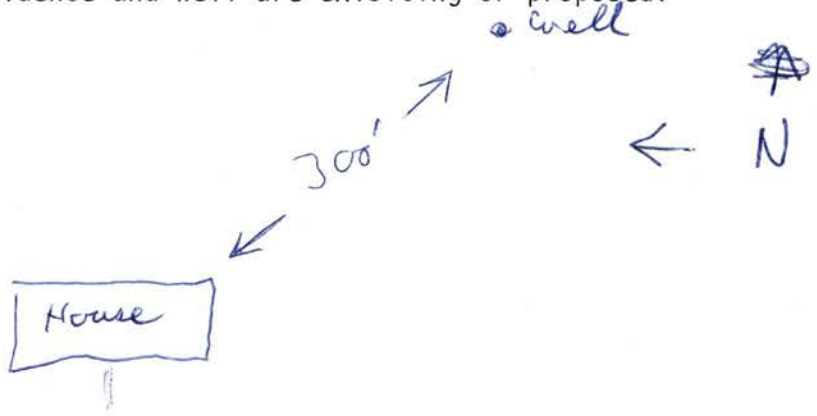
Remarks: DOESN'T REALLY RESEMBLE
Soil Type (SCS): JUDSON SILT LOAM
Date: April 14, 1988

Approved Percolation Rate (a)
A. 53 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hook
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. 2646-C

Indicate on sketch if residence and well are exisiting or proposed.



1150 NW 27th

REVIEWING ACTION

Remarks: _____

_____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 313 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 938 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. 2646-0

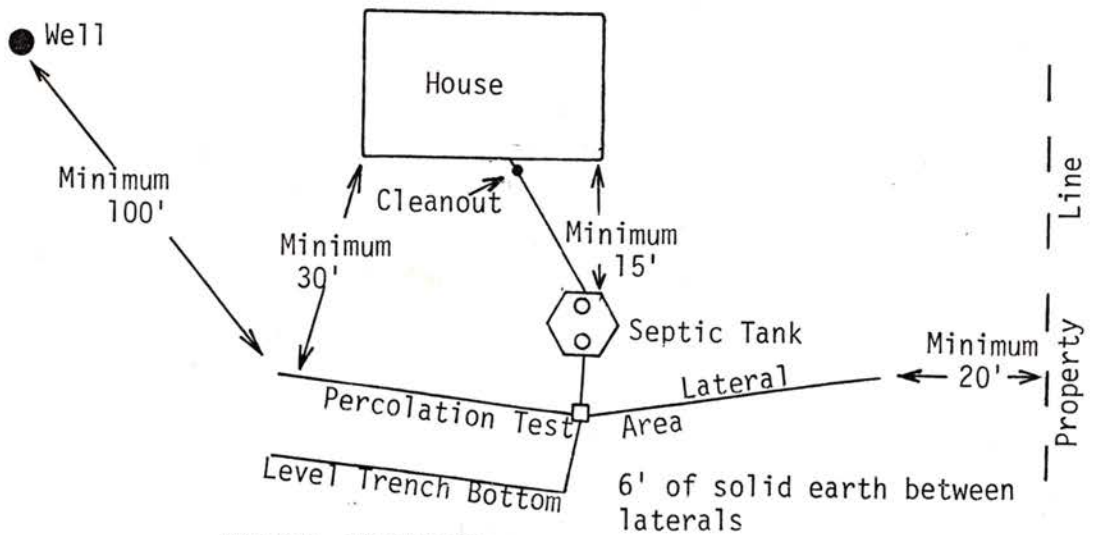
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Class 160; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 74 ft.
4. Number of clean-outs 1 at house
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

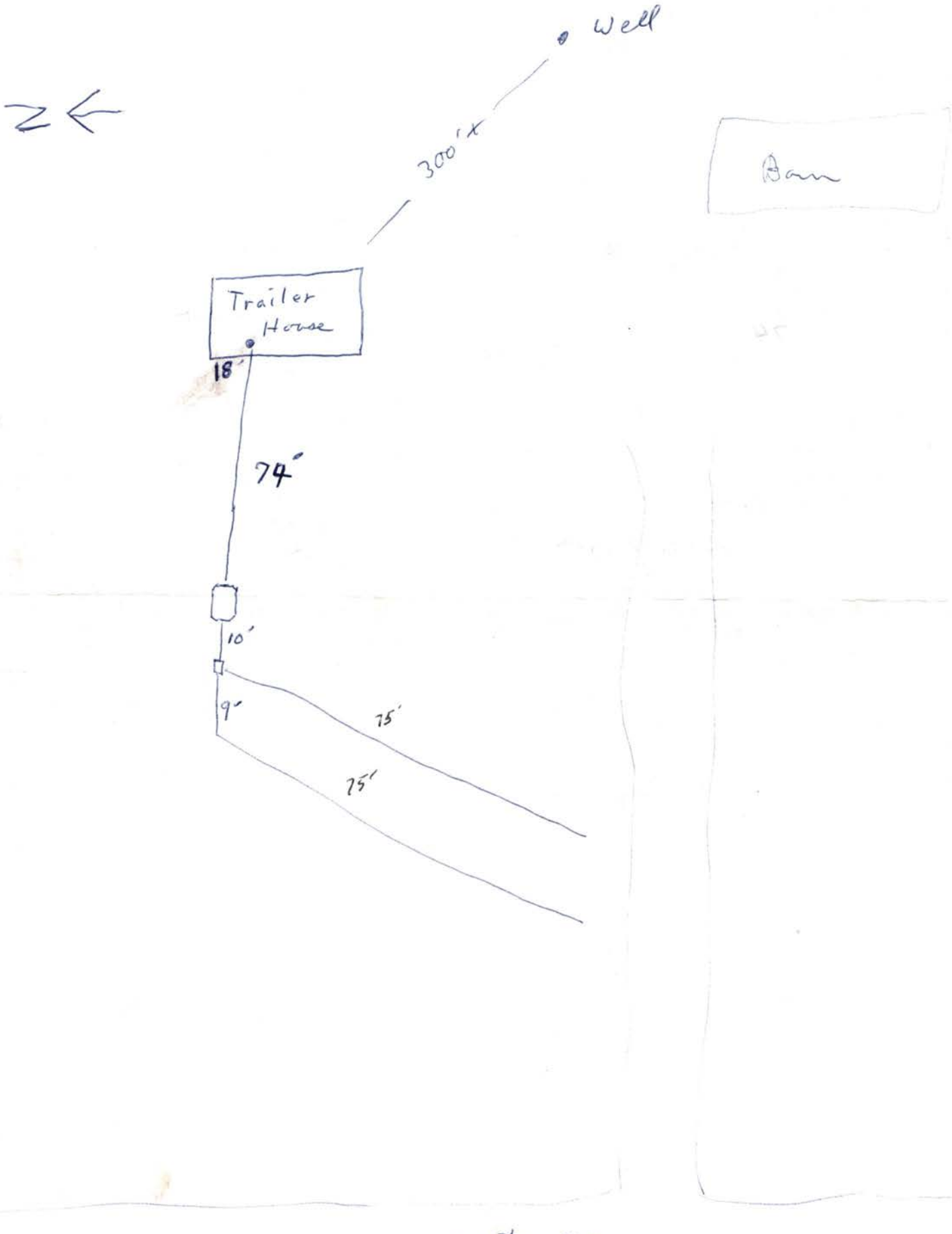
B. SEPTIC TANK:
1. Material Precast; No. of compartments _____.
2. Capacity Precast 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Precast)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; 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 Precast; Number - available outlets 6.
2. Factory Built: Yes ☒ No ☐
(Company Precast)
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 4" .
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 2; Length of each line 75, 75, _____, _____, _____ ft.;
Total length of laterals 150 ft.;
Distance between lateral lines 7 ft.
3. Trench dimensions: Width 3 ft.;
Slope 4 in/100 ft.; Average Depth 36 in. 77 Ton
4. Filter Material: Road Gravel
Depth of Material 18" in.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


Well
N
300'±
Barn
Trailer House
18'
74'
10'
9'
75'
75'
NW 27th St