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. 94380123501

Issued 10/13/94
Expires 04/13/95
Revenue Code 18754

Establishment
JULIAN BRANKER
T10N R7E SEC 36
LOT 40
10205 A STREET

FEES: $150.00

TOTAL $150.00

Permittee
JULIAN BRANKER
2941 FOX HOLLOW RD
LINCOLN NE 68506

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
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

31 ST & O

FILING FEE: $_____

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. 10N ; Range 7E ; Section NW1/4 36
   Block LT : Lot 40 : Addition LT
   Street Address 10205 E. 'A' STREET

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 5 . Describe_____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: _____ft.

[signature]
Signature of Applicant (Owner or Lessee)

2941 Foxhollow Rd
Address LINCOLN NE 68506
432-9450

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/12/94. Date Frwd. 10/12/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10-12-94. Date Frwd. _____. ACTION: Approved ☑ Disapproved ☐ Signature: [signature]
3. City or County Engineer: Date Rec'd. 10-12-94. Date Frwd. 10-12-94. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits: sewer + tank only
Date: 4-6-95 by: P.D
Date: 4-7-95 by: rm
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-14-95 By: Ron Morgan

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

FORM 23-43

FORM 20105-0477
SOIL ABSORPTION TEST DA.. REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANC TER COUNTY HEALTH DEPARTMENT
Division of L.vironmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township T10N; Range 7E; Section & ¼ Section 36 NW/4
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: 6-14 to 6-15 94. Weather: Precip. 0 Temp. 85.

OWNER: Mike Branker

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	6-14	8:30	6-15	8:00	6-15	11:15	31 3/8	11:45	32 1/4	30	7/8	
2	↓	↓	AM	↓	AM			29 3/4		30 7/8		7/8	
3								30 1/8		31		7/8	
4								31 7/8		32 3/4		7/8	
5								25 1/8		25 5/8		1/2	
6								28 7/8		29 5/8		3/4	
7	↓	↓	↓	↓				28 1/2		29 3/8		1 1/8	
												5 7/8	

Boyd Swatland
Signature of Person Conducting Test

Address 17261 So. 72 Hickman 68372 Phone 475-2462

Sum of Percolation Rates: 5.875
Average of Rates: .839
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: October 12th 1994

Approved Percolation Rate (a)
A. 34 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

Post-it® Fax Note 7671	Date 10/12/94	# of pages ▶ 1
To JERRY HOOD	From M.S. BOTT ARCHITECTS	
Co./Dept.	Co.	
Phone #	Phone # 483-4024	
Fax # 441-8323	Fax #	

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 1500 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 1330 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 ☐

APR 11 1995
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

D

DATE: 4-7-95
10205 A STr-

FILE NO. _____

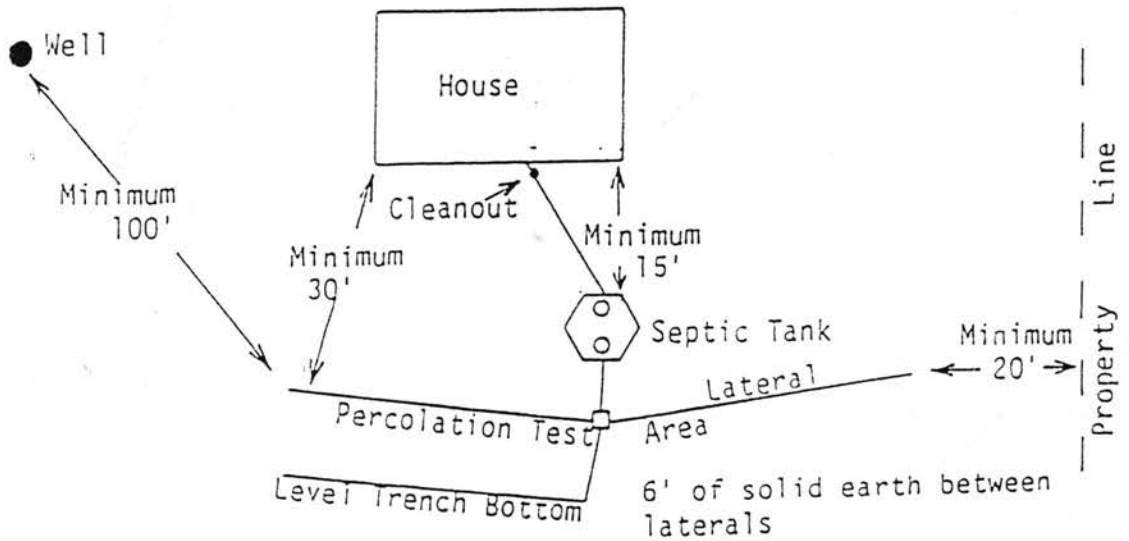
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4" in.
2. Distance above basement floor [redacted] in., or below basement floor 24" in.
3. Distance between dwelling and septic tank 124½' ft.
4. Number of clean-outs 2 .
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 Concrete ; No. of compartments 1 .
2. Capacity 1500 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Precast)
4. Manholes: Over Inlet; diam. 10" in.
Over Outlet; diam. 12" in.
Riser Above ☐ Below ☒ Grade 2 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 27" in.
8. Distances to:
Well or Suction Line 100 + ft.; Stream 100 + ft.; Pressure Line 100 + ft.; Property Line 100 + ft.

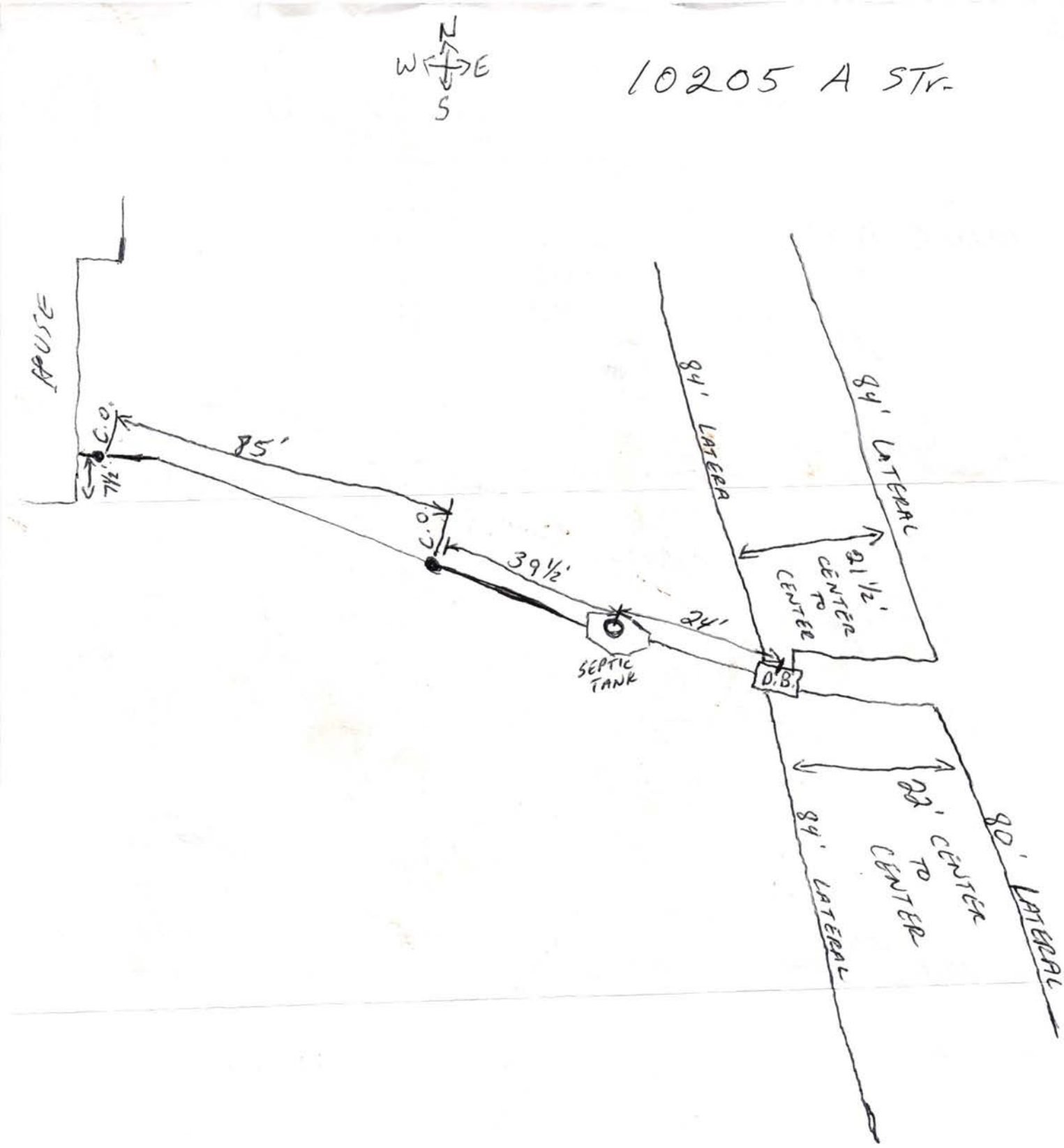
C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets 5 .
2. Factory Built: Yes ☒ No ☐
(Company Precast)
3. Distance from Septic Tank 24' ft.

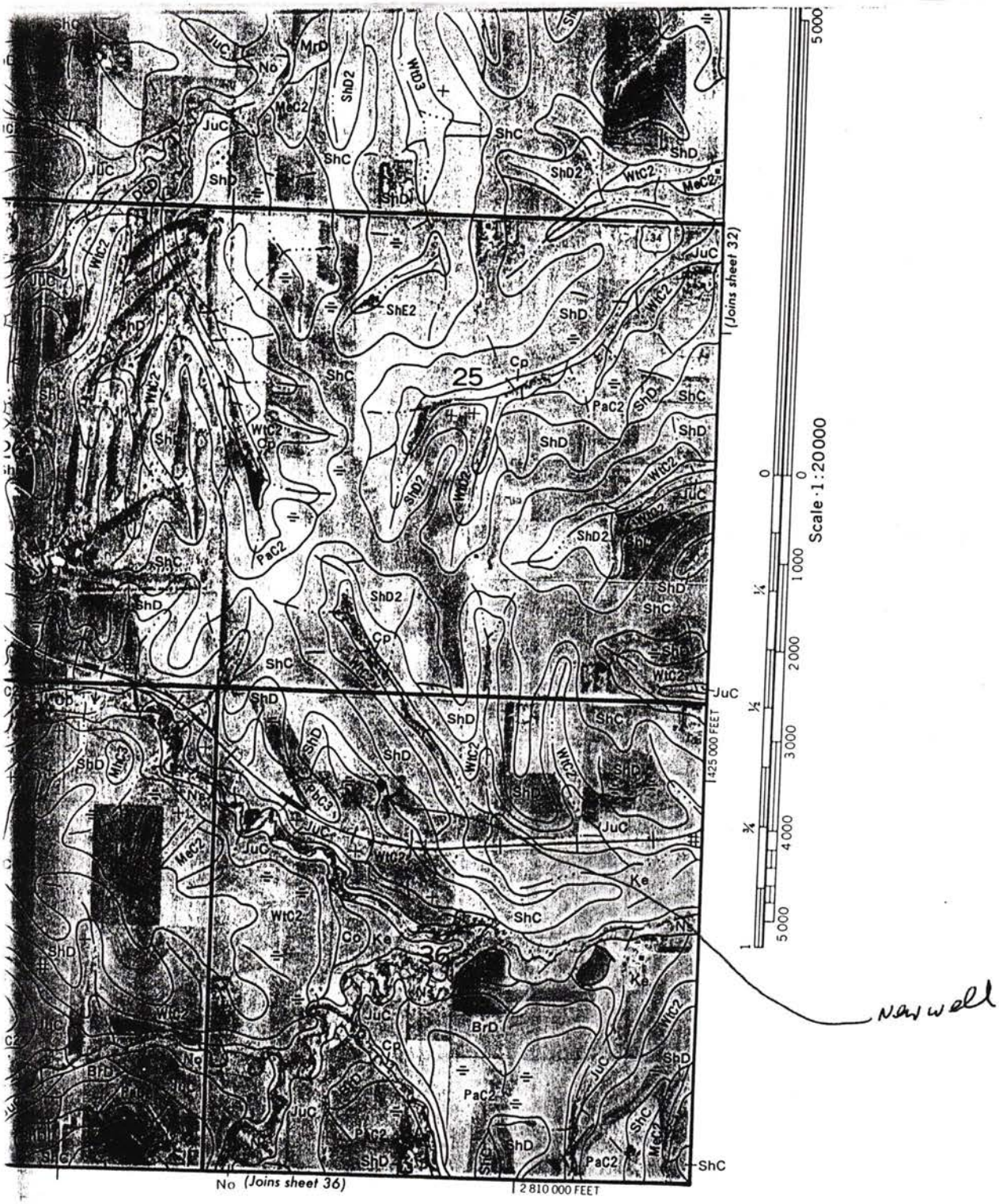
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 20" or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines:
Number 4 ; Length of each line 84 , 84 , 84 , 80 , _____ ft.;
Total length of laterals 332 ft.;
Distance between lateral lines 18 ft.
3. Trench dimensions: Width 4' ft.;
Slope 2 in/100 ft.; Average Depth 36 in.
4. Filter Material: Gravel
Depth of Material [redacted] 22" in.
5. Distances to:
Well or Suction Line 100 + ft.; Stream 100 + ft.; Pressure Line 100 + ft.; Property Line 60 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

10205 A STR.


N
W
E
S
HOUSE
C.O.
75'
C.O.
39½'
SEPTIC TANK
24'
D.B.
84' LATERAL
21½' CENTER TO CENTER
84' LATERAL
80' LATERAL
22' CENTER TO CENTER
84' LATERAL


(Joins sheet 32)
425 000 FEET
2 810 000 FEET
No (Joins sheet 36)
Scale 1:20000
5000
0
1000
2000
3000
4000
5000
25
JuC
ShC
ShD
ShD2
ShE2
PaC2
WtC2
MeC2
WtD2
WtD3
MrD
BrD
Cp
Ke
Co
No
New well