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. 95380131001

Issued 06/30/95
Expires 12/30/95
Revenue Code 18754

Establishment
DENISE EXSTROM
T10N R7E SEC 36
LOT 37
102 ST. & A ST.

FEES: $150.00

TOTAL $150.00

Permittee
DENISE EXSTROM
4162 SHERIDAN BLV
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

FILING FEE: $ 150

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. 10 North; Range 7E ~~6th P.M.~~; Section ~~Part~~ ~~of~~ ~~NW~~ Out of 36;
   Block _____: Lot 37 I.T.; Addition _____
   Street Address ~~(82nd~~ 10301 + A St.

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4. Describe _____

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

4. Distance to public sewer: — ft.

X Denise Eastrom
Signature of Applicant (Owner or Lessee)

4162 Sheridan Blvd city (06)
Address

(H) 488-3770

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/29/95. Date Frwd. 6/29/95. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 6-30-95. Date Frwd. 6-30-95. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

3. City or County Engineer: Date Rec'd. 6-30-95. Date Frwd. 6-30-95. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis D Bartels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12/7/95 by: D.C.H. Need Drawing
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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

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. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
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: 11-29 to 11-30-94. Weather: Precip. — Temp. 38°.

OWNER: Denise Epstrom

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	30	11-29	5:00 pm	11-30	8:00	11-30	1030	16	1130	16½	60	½	
2	"							16½		15½		2	
3	"							18⅜		19¼		1⅛	
4	"							19		20½		1½	
5	"							20		20¾		¼	
6	"							18		19⅜		1⅛	

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

Larry Schewsack trenching
Signature of Person Conducting Test

Address 8200 old Cheney Phone 489-7294

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: June 29, 1995

Approved Percolation Rate (a)
A. 56 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

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

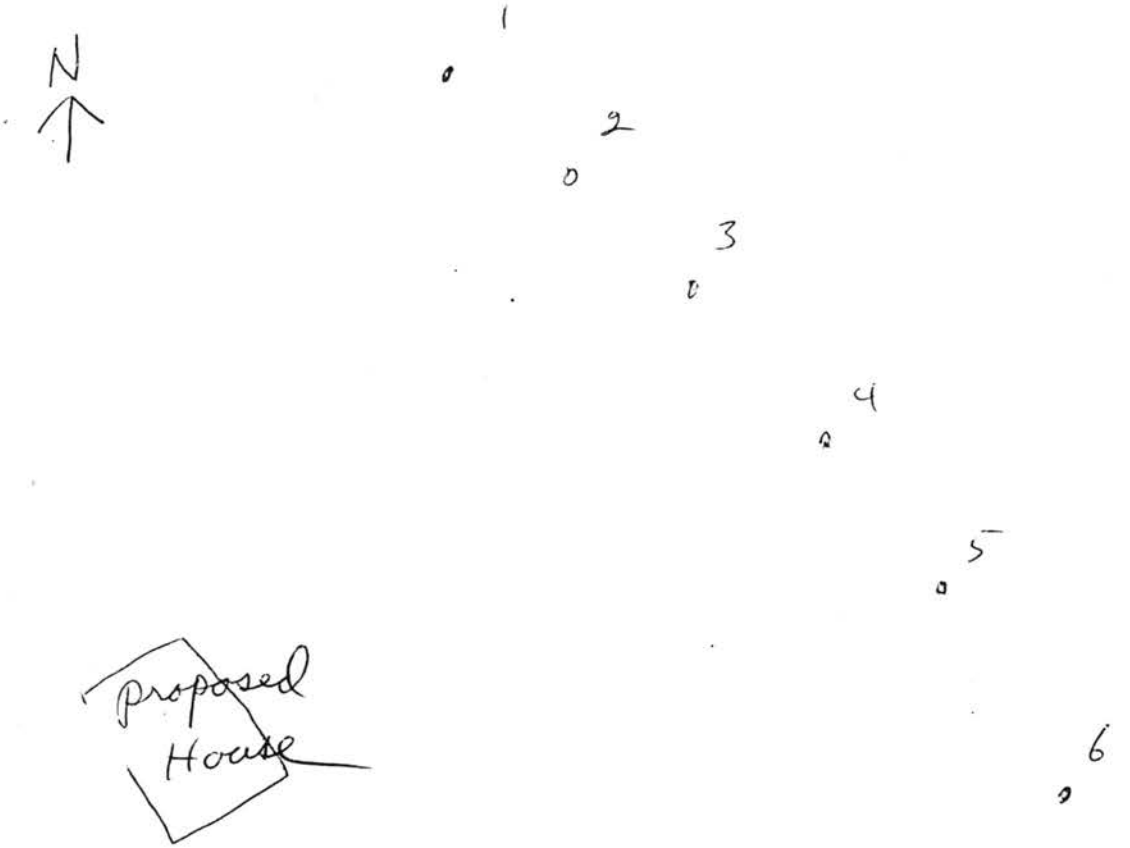
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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: June 29, 1995

Minimum Design Requirement
1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 1271 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: _____

FILE NO. _____

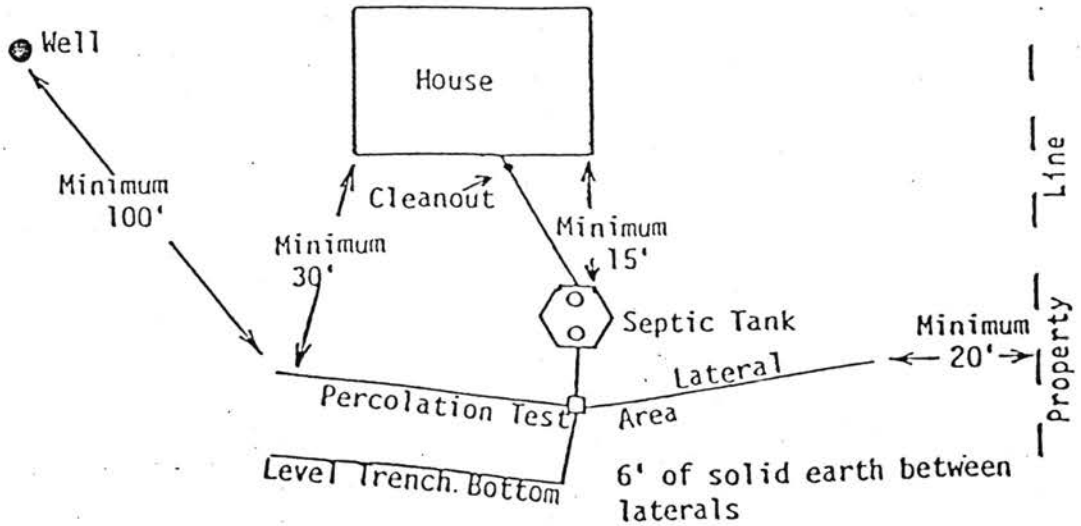
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material SOIL PIPE; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor 24 in.
3. Distance between dwelling and septic tank 49 ft.
4. Number of clean-outs 0.
5. Distances to:
Well or Suction Line OVER 100 ft.; Stream _____ ft.; Pressure Line +100 ft.; Property Line _____ ft.

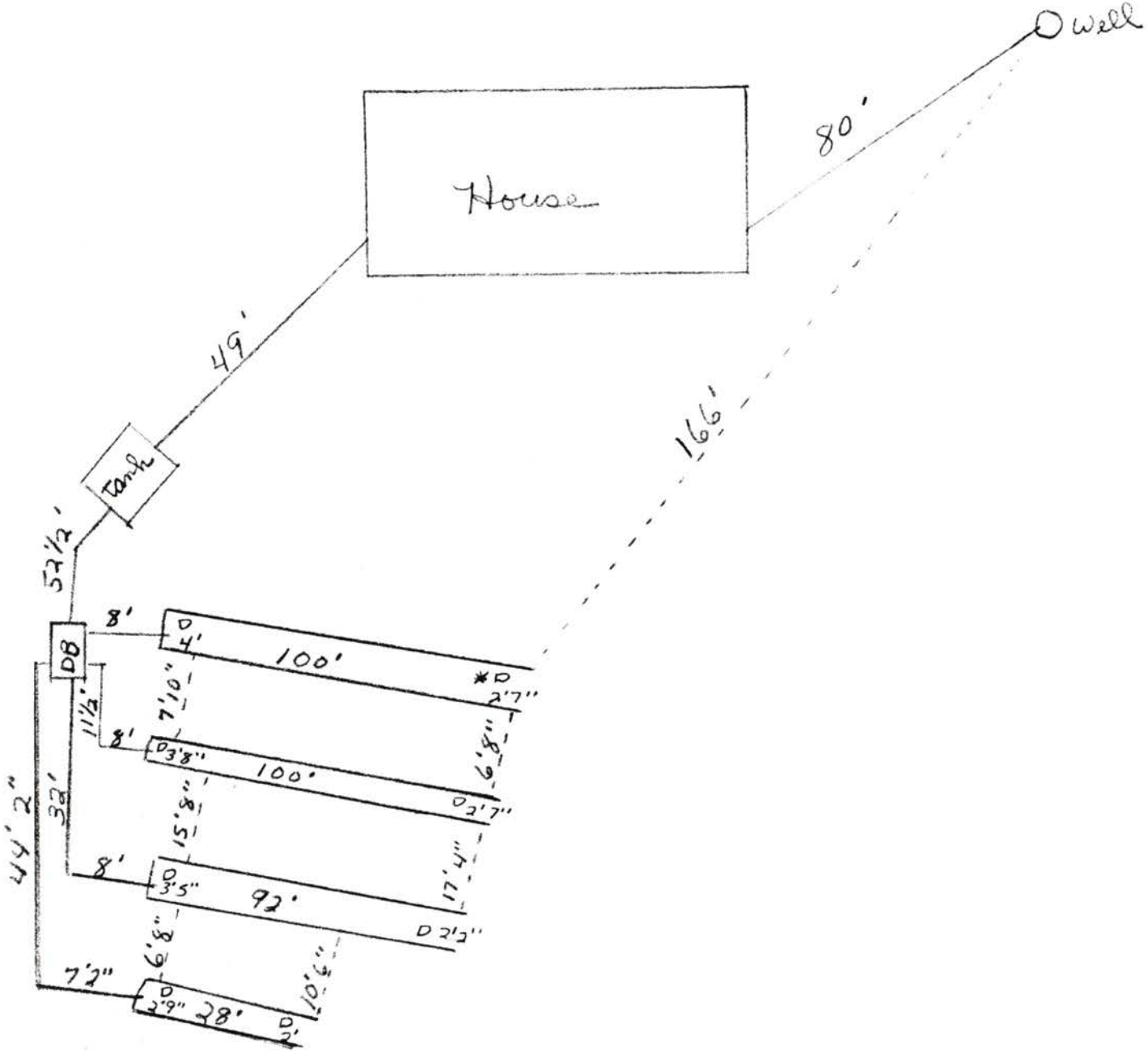
B. SEPTIC TANK:
1. Material CEMENT; No. of compartments 1.
2. Capacity 1250 gals.;
3. Factory Built: Yes ☒ No ☐
(Company PRE CAST)
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 8 in.
Riser Above ☒ Below ☐ Grade 3 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 7 in.
8. Distances to:
Well or Suction Line OVER 100 ft.; Stream _____ ft.; Pressure Line +100 ft.; Property Line 40 ft.

C. DISTRIBUTION BOX:
1. Material CEMENT; Number - available outlets 5.
2. Factory Built: Yes ☒ No ☐
(Company PRECAST)
3. Distance from Septic Tank 52½ 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 4 ; Length of each line 100, 100, 92, 28, _____ ft.;
Total length of laterals 320 ft.;
Distance between lateral lines 6+ ft.
3. Trench dimensions: Width 4 ft.;
Slope level in/100 ft.; Average Depth 33¼ in.
4. Filter Material: ROAD GRAVEL
Depth of Material 21 in.
5. Distances to:
Well or Suction Line 166 ft.;
Stream _____ ft.; Pressure Line +100 ft.; Property Line 40+ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN



* D = Trench Depth

FORM: 20222-0483
REQUEST FOR SITE CLEARANCE AND PERMIT FOR INDIVIDUAL WATER WELL

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502
PHONE: 471-8000

FILING FEE $_____

FILE NO._____

DATE: 6/29/95

The undersigned hereby requests: Site Clearance and Permit to construct a new individual water well ☒ ; Permit existing well ☐ ; well repair or alteration involving opening of well ☐ ; in conformance with appropriate ordinance, as described herein:

1. Legal description of property: Twp. 10 N : Range 7 ~~East of 6th PM~~ : Section ~~17 in NW Q of 36~~
   Block_____ : Lot 37 I.t. Addition_____
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe new home & lawn sprinkler 10301 A St
3. Distance to Public Water Supply: ____Ft.
4. Intended use of well home, drinking, & lawn

Denise Eckstrom
Signature of Applicant (owner or lessee)

4160 Sheridan Blvd Lin. 68506
Address

(H) 488-3770

City Water Yes ☐ No ☒

Sewage Permit Applied For Yes ☐ No ☐ Not Applicable ☒

1. Health Department: Date Rec'd 6/29/95. Action: Approved ☒ Disapproved ☐
   Date Frwd. 6/30/95. Signature: Jerold C. Wood
2. Supt. Bldg. Insp.: Date Rec'd 6-30-95. Action: Approved ☒ Disapproved ☐
   Date Frwd. 6-30-95. Signature: [signature]
3. City or County Engineers: Date Rec'd 6/30/95. Action: Approved ☒ Disapproved ☐
   Date Frwd._____. Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 1/10/96 by Jerold Wood Not ready.
Date: 4/18/96 by Jerold Wood Private only
Date: 5/9/96 by Jerold Wood

Nitrate Level 3.0 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/13/96 By: J. C. Wood

Health Department copy: White
Engineers Copy: Light Green
Building Inspectors Copy: Light Blue

FORM 23-13