LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

Permit

SEWAGE INSTALLATION
SEPTIC TANK

No. 96380150501

Issued 10/23/96
Expires 04/23/97
Revenue Code 18754

Establishment

BOB HOBACK
T10N R7E SEC 36
LOT 42

FEES: $150.00

TOTAL $150.00

Permittee

BOB HOBACK
1101 N 95 ST
LINCOLN NE 68505

Issued By M. Jane Ford
Health Director

2760

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

A

FILING FEE: $ 150.00 #14563
RECEIVED OCT 21 1996 ks

FILE NO. _____

DATE: Oct. 21, 1996

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 36 ;
   Block _____ : Lot 42 I.T. : Addition _____
   Street Address 10401 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: NONE ft.

Signature of Applicant (Owner or Lessee)

1101 No. 95th 68505
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/21/96. Date Frwd. 10/22/96. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10/26/96. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: _____

3. City or County Engineer : Date Rec'd. 10-22-96. Date Frwd. 10-27-96. ACTION: Approved ☒ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5/6/97 by: J.C.H. Sewer & Lands only
Date: 5/14/97 by: J.C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/14/97 By: Jerrold C. Wood

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 10 N ; Range 7 E ; Section & ¼ Section 36 .
Property Dimensions: _____ ft. x _____ ft. Area: 7 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☑ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 10/12 to 10/13 . Weather: Precip. _____ Temp. _____ .

OWNER: Bill Holack

Address: 101 No. 95th

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"	10/12	10:00	10:13	10:00	10/13	1:00	6"	1:30	4 7/8	30	1 1/8	27 MIN/IN
2	26"	10/12	10:00	10/13	10:00	10/13	1:00	6"	1:30	4 7/8	30	1 1/8	27 MIN/IN
3	28"	10/12	10:02	10/13	10:00	10/13	1:00	6"	1:32	4 3/4	30	1 1/4	24 MIN/IN
4	27"	10/12	10:04	10/13	10:00	10/13	1:00	6"	1:34	4 1/2	30	1 1/2	20 MIN/IN
5	26"	10/12	10:06	10/13	10:00	10/13	1:00	6"	1:34	4 3/4	30	1 1/4	24 MIN/IN
6	27"	10/12	10:08	10/13	10:00	10/13	1:00	6"	1:34	4 7/8	30	1 1/8	27 MIN/IN

John A Tidmyer
Signature of Person Conducting Test

Address 9811 NW. 40th Phone 474-9811

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg-Wymore Silty Clay Loam
Date: OCTOBER 22, 1996

Approved Percolation Rate (a)
A. 25 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
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
3140 N Street
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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: OCTOBER 22, 1996

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 918 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 5/14/97

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12" in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
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
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☑ above ☐ below grade _____ in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12 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: 6
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

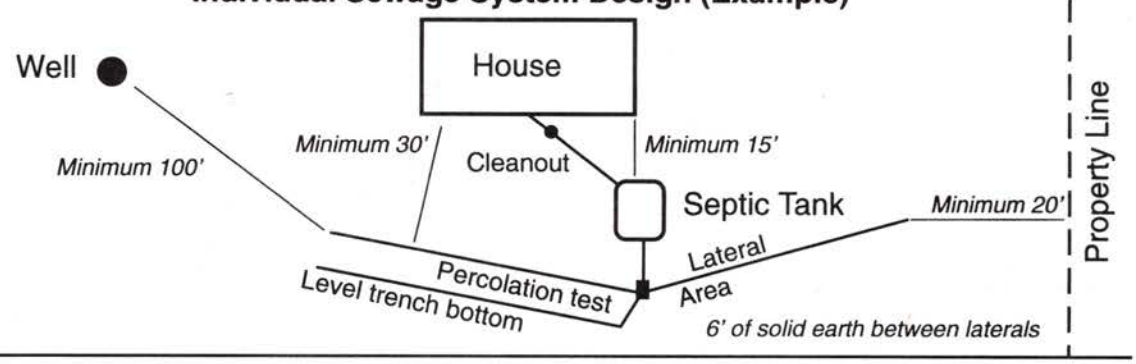
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 16"
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other Poly
2. Lateral lines: Number 3
   Length of each line: 100 ft. 100 ft.
   60 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 2 in/100 ft.
   Average depth 24" in
4. Filter material: Road Gravel
   Depth of material 18 in.
5. Distances to: Well or suction line 100'+ ft.
   Stream 100'+ ft.
   Pressure line 100'+ ft.
   Property line 100'+ ft.

Indicate North with Arrow

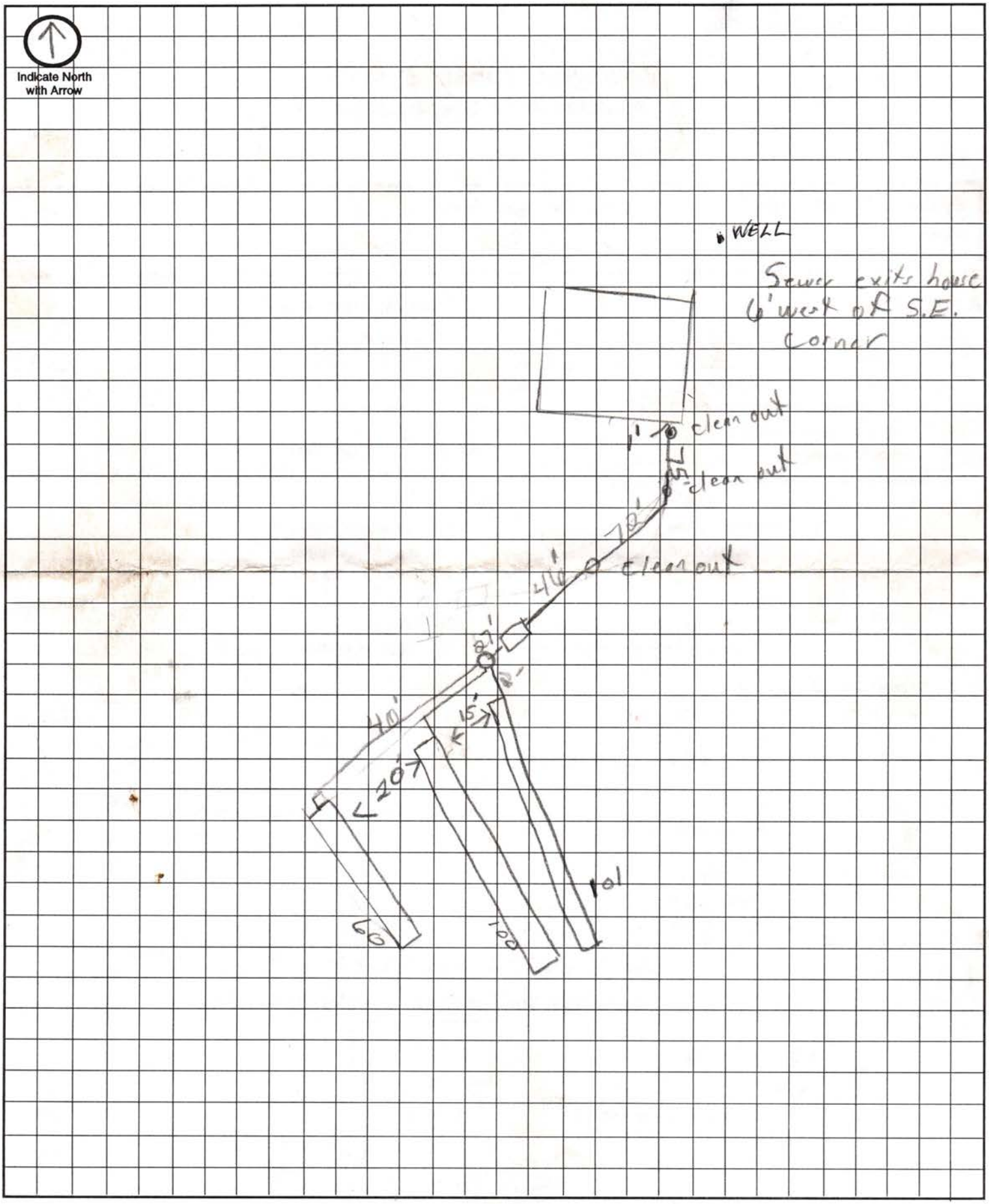
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s