LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2763-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — 6 MONTHS
TYPE OF PERMIT — THIS PERMIT EXPIRES

GENERAL EXCAVATING — 4401 NO. 27TH ST. — LINCOLN, NE 68521
ISSUED TO — ADDRESS

T11N; R5E; Sec. 32.: 112th & W. Fletcher
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 11-2-58 — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

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

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: $ 60.00

FILE NO. 2763-C

112th + W Fletcher

DATE: 10-31-88

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. 11 N ; Range R5E ; Section 32 ; E½ SW¼ SE¼
   Block _____ : Lot _____ : 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 ☒ LAGOON

4. Distance to public sewer: _____ ft.

467-1627
Scott Fitzgerald General Excavating
Signature of Applicant (Owner or Lessee)

4401 N 27th.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/31/88 . Date Frwd. 11/2/88 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Nobe

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 11/2/88 . Date Frwd. 11/2/88 . ACTION: Approved ☒ Disapproved ☐ Signature: Bob Schutz

3. City or County Engineer: Date Rec'd. 11/2/88 . Date Frwd. _____ . ACTION: Approved ☐ Disapproved ☐ Signature: Dennis Bowman

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4-11-89 by: sss need fence drawing
Date: 7-21-00 by: mm fence up
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-21-00 By: Ron Mayhew

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

FORM 23-43

RECEIVED OCT 2 1 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: E½ SW¼ SE¼

Location: Township 11N ; Range R5E ; Section & ¼ Section 32.
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: _____ to _____. Weather: Precip. _____ Temp. _____.

OWNER: Paul Oneth

3 bedroom

Address: 112th + West Fletcher
475-2611 ext 250

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.)
A	36"	10-18	3:00	10-19	4:00	10-19	3:00	6"	3:30	5½"	30	½	
B	36"	10-18	3:00	10-19	4:00	10-19	3:00	6"	3:30	5½"	30	½	
C	36"	10-18	3:10	10-19	4:00	10-19	3:00	6"	3:30	5½"	30	½	
D	36"	10-18	3:10	10-19	4:00	10-19	3:00	6"	3:30	5½"	30	½	
E	36"	10-18	3:15	10-19	4:00	10-19	3:00	6"	3:30	5½"	30	½	
F	36"	10-18	3:15	10-19	4:00	10-19	3:00	6"	3:30	5½"	30	½	

DAN NELSON
Signature of Person Conducting Test

Address 4401 N 27th Phone 467-1627

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

(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 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 7-21-00

System Location (Indicate correct number and street)

Address 11500 W. Fletcher (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: class 160
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ 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: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

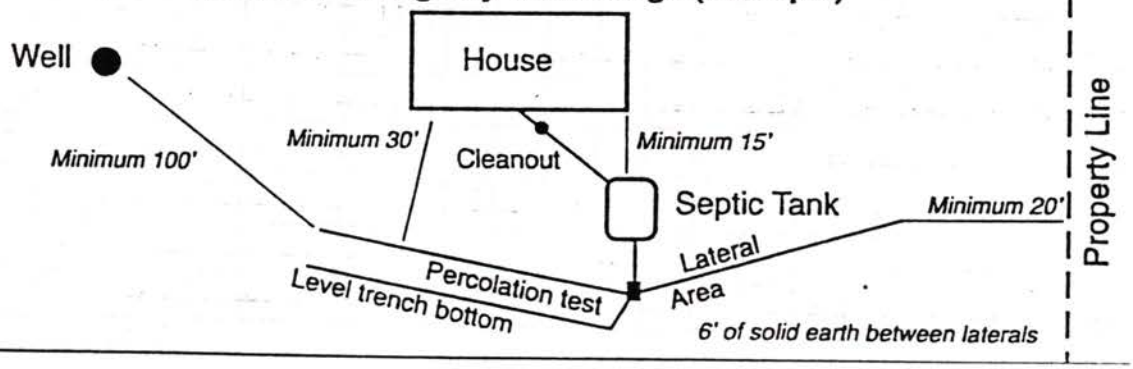
(Provide as-built drawings on back of this form)

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

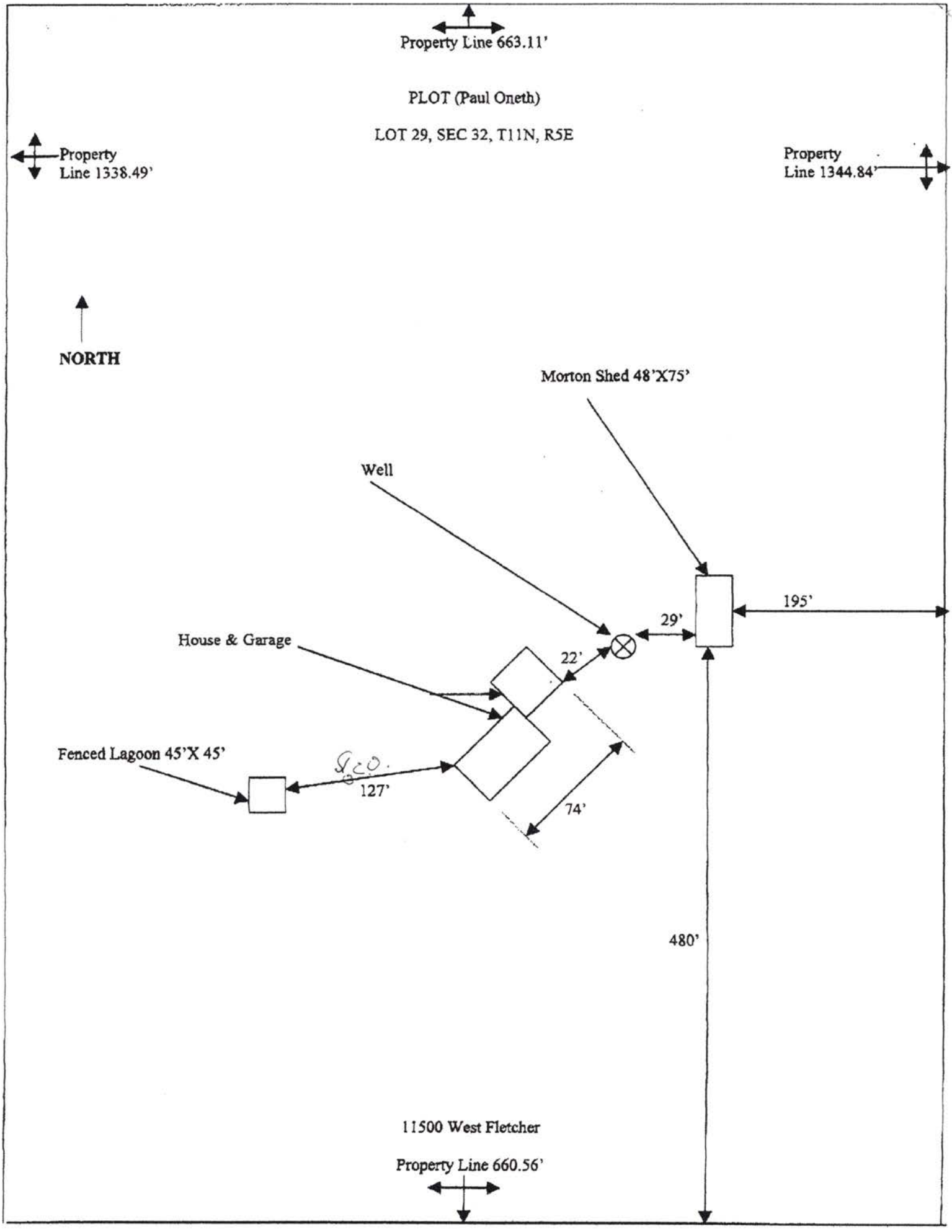
Indicate North with Arrow

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

Individual Sewage System Design (Example)



FORM 23-103 10-96


Property Line 663.11'
PLOT (Paul Oneth)
LOT 29, SEC 32, T11N, R5E
Property Line 1338.49'
Property Line 1344.84'
NORTH
Morton Shed 48'X75'
Well
House & Garage
Fenced Lagoon 45'X 45'
120'
127'
22'
29'
195'
74'
480'
11500 West Fletcher
Property Line 660.56'