LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 95380137801

Issued 11/21/95
Expires 05/21/96
Revenue Code 18754

Establishment
KEVIN MIESBACH
T10N R8E SEC 2
LOT 13

FEES: $150.00

TOTAL $150.00

Permittee
KEVIN MIESBACH
6827 STEPHANIE LN
LINCOLN NE 68516

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

A

FILING FEE: $ 150.00

FILE NO. 953801378

DATE: 11-21-95

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 8E ; Section 2 ;
   Block _____ : Lot 13 II : Addition _____
   Street Address 5101 N 176th St.

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe 2-story single family residence

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

4. Distance to public sewer: N/A ft.

Signature of Applicant (Owner or Lessee)

6827 Stephanie Ln, Lincoln, NE 68516
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/20/95. Date Frwd. 11/21/95. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 11.21.95. Date Frwd. 11.21.95. ACTION: Approved ☑ Disapproved ☐ Signature: TK

3. City or County Engineer: Date Rec'd. 11/21/95. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4-4-96 by: [signature]
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-11-96 By: Ron Maynard

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
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(402)-441-8022

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: 350 ft. x 600 ft. Area: 5.37 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☒ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 11/18/95 to 11/19/95. Weather: Precip. 0.0 Temp. 68°.

OWNER: _____

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	11/18	3:23	11/18	7:31	11/19	2:31	19	3:02	21 5/8	31	2 5/8	11.8
2	36	11/18	3:25	11/18	7:32	11/19	2:33	17 3/4	3:03	18 3/8	30	5/8	48
3	36	11/18	3:27	11/18	7:34	11/19	2:34	17 1/8	3:05	18 3/4	31	1 5/8	19.1
4	36	11/18	3:28	11/18	7:35	11/19	2:35	18 3/8	3:06	20 1/4	31	1 7/8	16.5
5	36	11/18	3:34	11/18	7:37	11/19	2:36	18 1/8	3:08	21 3/8	32	3 1/4	9.8
6	36	11/18	3:31	11/18	7:38	11/19	2:38	18 1/8	3:09	19 7/8	31	1 3/4	17.7

Sum of Percolation Rates: 122.9
Average of Rates: 20.5
Mean of Rates: _____

Signature of Person Conducting Test

Address 6827 Stephanie Ln. Phone 421-6205

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: November 20, 1995

Approved Percolation Rate (a)
A. 20 min./inch
B. _____ min./inch
C. _____ min./inch

Gerald C. Hood
Signature of Reviewing Official

Hole #	Time / Water level 11:00	11:30	12:00	refill 12:00	12:30	1:00	refill 1:00	1:30	2:00	refill 2:00	2:30	3:00	
1	19"	23 1/8	25 1/2	18 1/2	20 3/8	24	17 7/8	19	22	17 1/2	19	21 5/8	
2	17"	17 3/4	19 1/8	17 1/8	18	19 1/8	16 1/8	16 7/8	17 1/2	16 3/8	17 3/4	18 3/8	
3	16 1/2"	18 1/2	21	18 1/2	19 7/8	23 7/8	16 5/8	18 5/8	21 1/4	16 1/2	17 1/8	18 3/4	
4	17"	18 1/2	20 1/2	16 1/2	18 1/4	20 1/4	17 3/8	18 5/8	20 1/4	16 3/4	18 3/8	20 1/4	
5	17 1/2"	20 1/4	23 1/4	18 1/4	20	23 5/8	16 3/4	18 1/2	22 1/4	16 3/8	18 1/8	21 3/8	
6	17"	19 3/8	21	18 1/4	19 5/8	21 3/8	17 1/8	18 7/8	20 1/2	16 5/8	18 1/8	19 7/8	

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

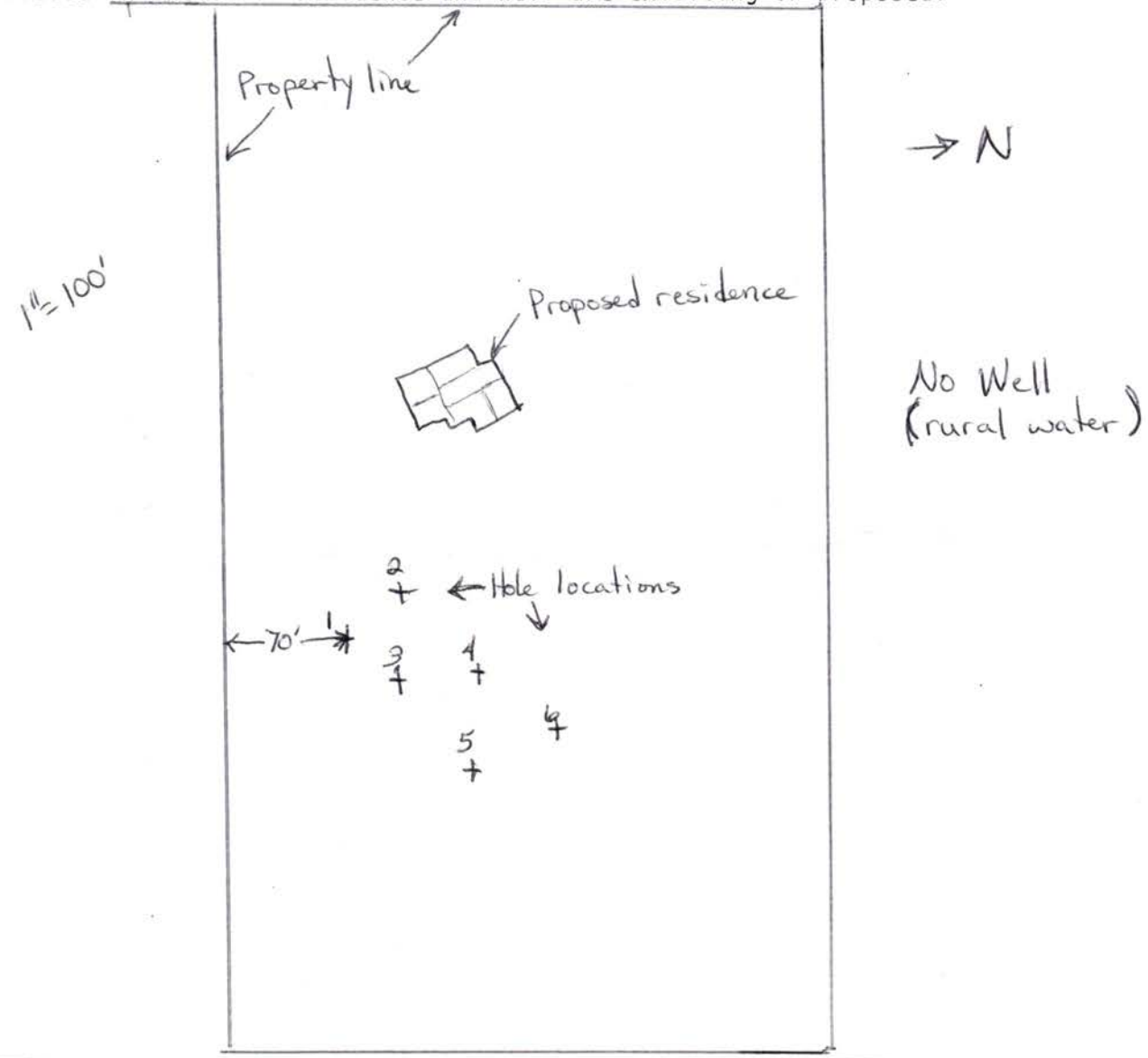
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

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: November 20, 1995

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 630 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: 4-4-96

FILE NO. _____

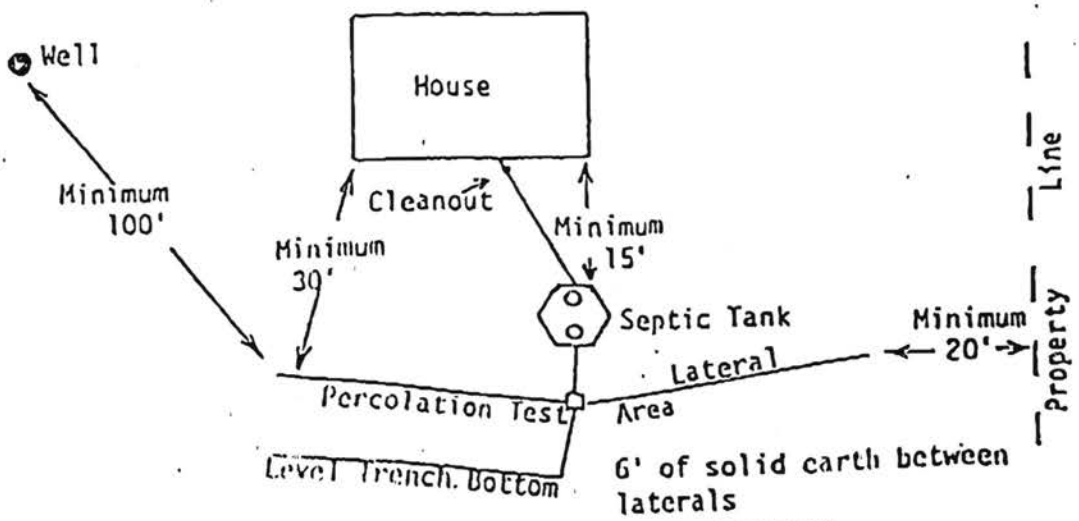
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Schedule 40 Diameter 4 in.
2. Distance above basement floor — in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 208 ft.
4. Number of clean-outs 3
5. Distances to: Well or Suction Line — ft.; Stream — ft.; Pressure Line 20' ft.; Property Line 50 ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments 3
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐ (Company precast)
4. Manholes: Over Inlet; diam. — in. Over Outlet; diam. — 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 10 in.
8. Distances to: Well or Suction Line — ft.; Stream — ft.; Pressure Line 100 ft.; Property Line 100 ft.

C. DISTRIBUTION BOX:
1. Material plastic; Number - available outlets 5
2. Factory Built: Yes ☑ No ☐ (Company ?)
3. Distance from Septic Tank 16 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 3; Length of each line 100, 50, 60, ____, ____ ft.; Total length of laterals 210 ft.; Distance between lateral lines 23 ft.
3. Trench dimensions: Width 3 ft.; Slope 0 in/100 ft.; Average Depth 24 in.
4. Filter Material: Gravel Depth of Material 14 in.
5. Distances to: Well or Suction Line — ft.; Stream — ft.; Pressure Line 75 ft.; Property Line 30 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

5101 N 17th Ter

NEBRASKA — SHEET NUMBER 26

Fletcher N. 176th

