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. 94380123701

Issued 10/24/94
Expires 04/24/95
Revenue Code 18754

Establishment
GARY BLUM
T11N R5E SEC 29

FEES: $150.00

TOTAL $150.00

Permittee
GARY BLUM
8401 NW 112 ST
MALCOLM NE 68402

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. 11 N ; Range 5 E ; Section 29 NE¼
   Block _____ : Lot _____ : Addition _____
   Street Address _____

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.

Gary L Blum
Signature of Applicant (Owner or Lessee)

6401 NW 12th
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/21/94. Date Frwd. 10/24/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nobb

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 10-24-94. Date Frwd. 10-29-94. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 11/02/94. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10-21-94 by: P. D.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 3-10-98 By: [illegible]

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
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B

FILE NO. 4441

PROPERTY WHERE SOIL TESTED:

Location: Township 11 N. ; Range 5 E. of 6th PM ; Section & ¼ Section Sec 29 N.E. 1/4
Property Dimensions: 779 ft. x 1289 ft. Area: 23 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☒ ; Clay Loam ☐ .
Dates of Tests: 7-28-93 to 7-29-93 . Weather: Precip. 0 Temp. 88° .

OWNER: Gary L. Blum
Address: 12401 N.W. 98TH Malcolm, Nebr.

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	38"	7-28	5:30 PM	7-29	5:08 PM	7/29	5:00	8 1/4	5:34	7 1/2	34	3/4	45.3/1"
2	38"	"	"	"	"	"	5:01	6 1/4	5:35	5	"	1 1/4	27.2/1"
3	37	"	"	"	"	"	5:02	6 1/4	5:36	6	"	1/4	136/1"
4	37	"	"	"	"	"	5:03	7"	5:37	4 3/4	"	2 1/4	15.1/1"
5	37	"	"	"	"	"	5:04	7 1/2"	5:38	5 1/4	"	2 1/4	15.1/1"
6	38	"	"	"	"	"	5:05	7 1/2"	5:39	6 3/4	"	3/4	45.3/1"
7	36	"	"	"	"	"	5:06	6 1/2	5:40	6	"	1/2	68/1"
8	37	"	"	"	"	"	5:07	7 1/2	5:41	1	"	6 1/2	5.2/1"
9	38	"	"	"	"	"	5:08	6 1/2	5:42	5 3/4	"	3/4	45.3/1"

Gary L. Blum
Signature of Person Conducting Test
Address 8401 NW 112th Phone

Sum of Percolation Rates: 402.5
Average of Rates: 44.72 /1"
Mean of Rates:

(Do not write below this line)

REVIEWING ACTION

Remarks:
Soil Type (SCS): Judson Silt Loam
Date: AUGUST 3, 1993

Approved Percolation Rate (a)
A. 28 min./inch
B. min./inch
C. min./inch

Jerrold C. Hood
Signature of Reviewing Official

4 bed 3

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

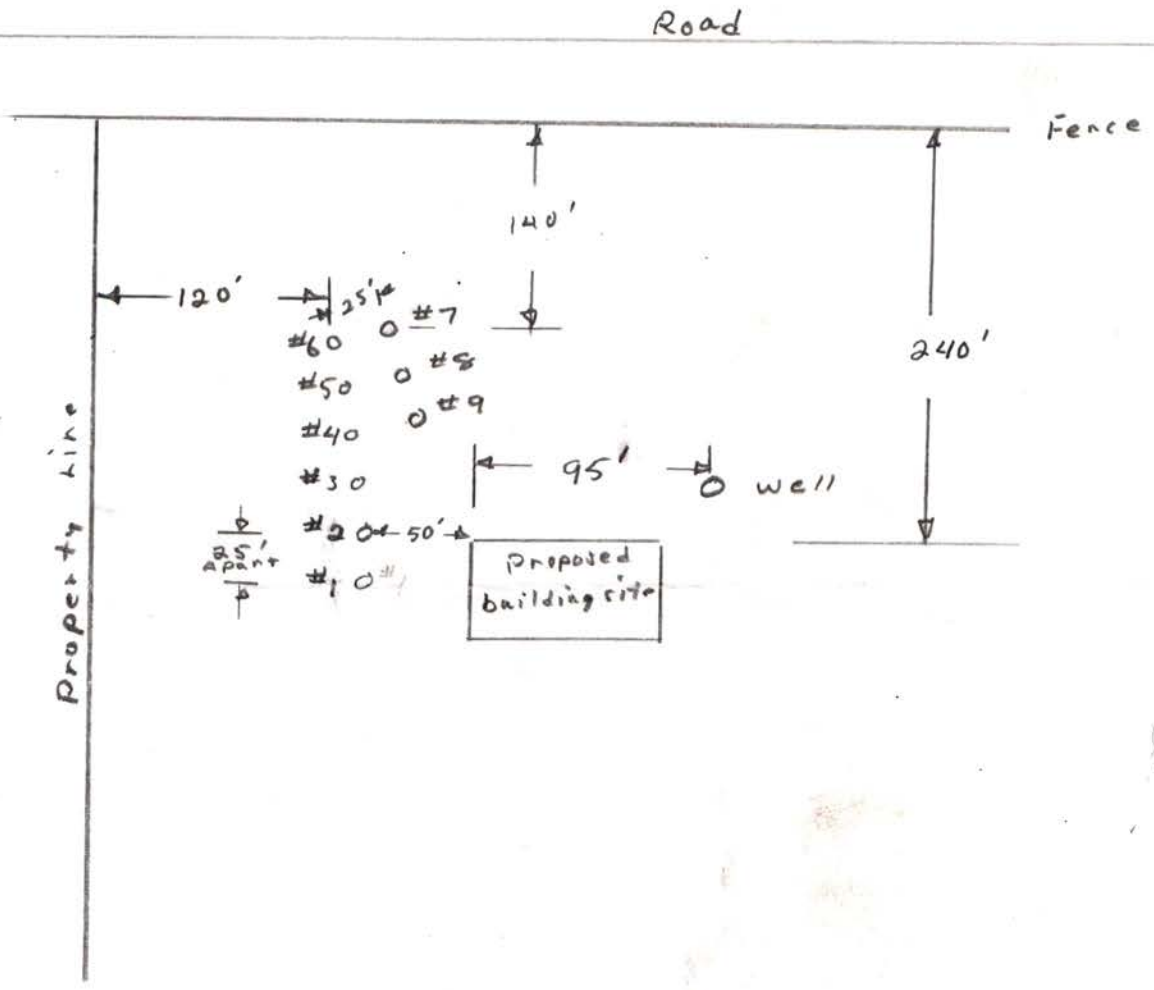
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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2200 St. Marys Avenue
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C

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: _____

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 725 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

FORM 20194-0477
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
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D

DATE: _____

FILE NO. _____

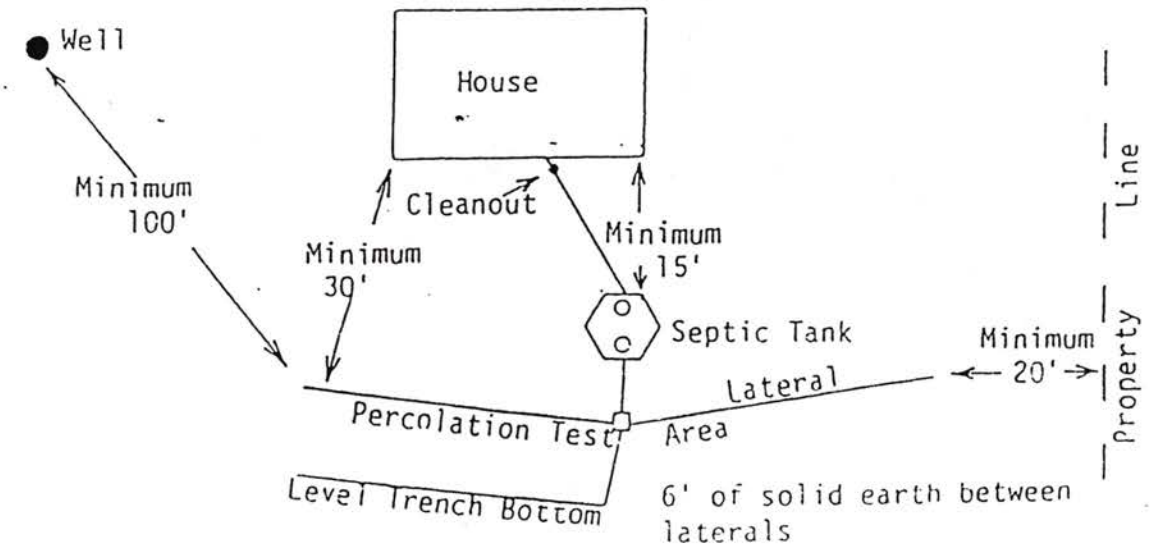
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Class 160; Diameter 4 in.
2. Distance above basement floor 2' in., or below basement floor ____ in.
3. Distance between dwelling and septic tank 50 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 Precast; No. of compartments ____.
2. Capacity 1250 gals.;
3. Factory Built: Yes ☒ No ☐
(Company ____)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade 6" in.
8. Distances to:
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

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

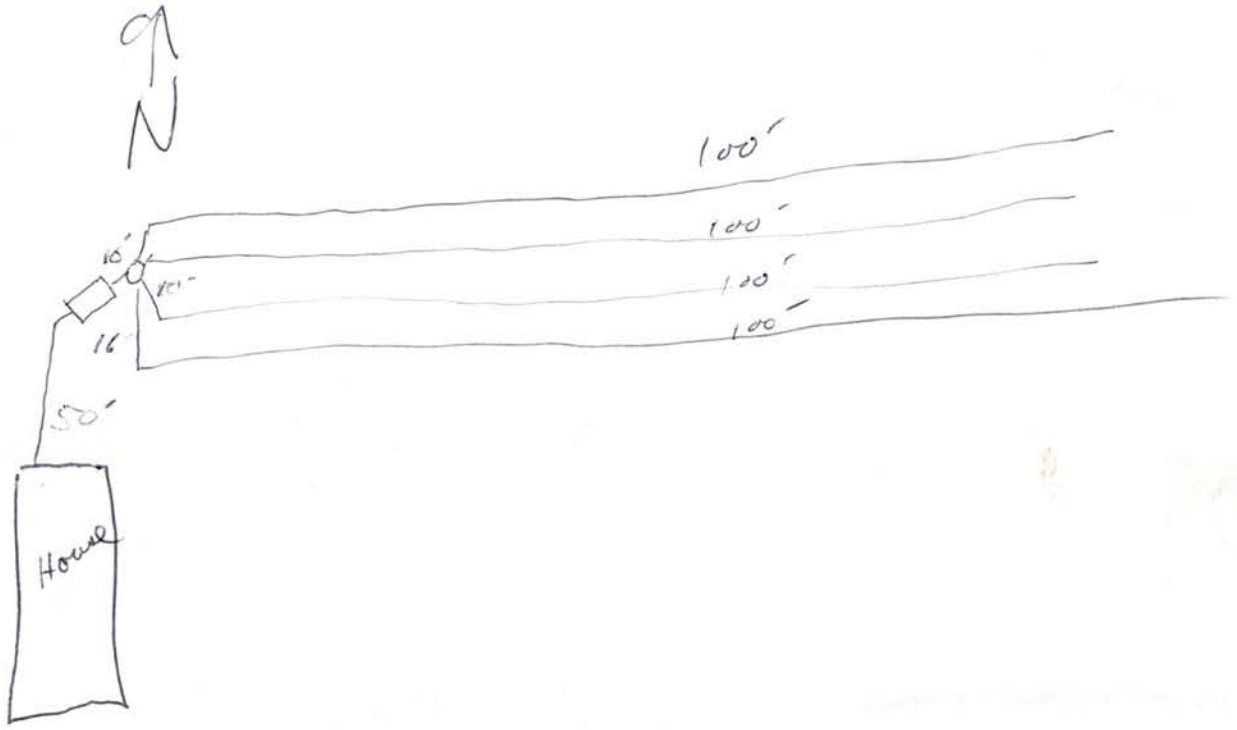
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒
Diameter of Half Round 4 or Perforated Pipe ____.
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other ____.
2. Lateral Lines:
Number 4; Length of each line 100, 100, 100, 100, ____ ft.;
Total length of laterals 400 ft.;
Distance between lateral lines 6 ft.
3. Trench dimensions: Width 3 ft.;
Slope 6 in/100 ft.; Average Depth ____ in.
4. Filter Material: Road Gravel
Depth of Material 16" in.
5. Distances to:
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Larry Schwanck

10-21-94



1 well