LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 96380144901

SEWAGE INSTALLATION

Issued 07/15/96
Expires 01/15/97
Revenue Code 18754

Establishment

NANCY OLUFFSEN
T10N R8E SEC 8
LOT 28

FEES: $150.00

TOTAL $150.00

Permittee

NANCY OLUFFSEN
12101 HAVELOCK AV
LINCOLN NE 68527

Issued By M. Jane Ford
Health Director

2366

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. _____

DATE: 7/9/96

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 8 NW¼ NW¼
   Block — : Lot 28 : Addition _____
   Street Address 12101 Havelock Ave.

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 1 . Describe _____

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

4. Distance to public sewer: miles ft.

Nancy L. Olufson
Signature of Applicant (Owner or Lessee)

12101 Havelock Ave
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/11/96. Date Frwd. 7/11/96. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nool

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7/11/96. Date Frwd. 7/11/96. ACTION: Approved ☒ Disapproved ☐ Signature: TK

3. City or County Engineer: Date Rec'd. 7-11-96. Date Frwd. 7-11-96. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10-16-96 by: rms
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-22-96 By: Ron Mayfield

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

FORM 23-43

JUL 1 1996

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 8 E; Section & ¼ Section 8 NW¼ NW¼
Property Dimensions: 1320 ft. x 1320 ft. Area: 34.6 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐; Silt Loam ☐; Clay Loam ☐.
Dates of Tests: 6/22/96 to 6/23/96. Weather: Precip. ½" Temp. 80°/86°.

OWNER: Nancy L. Oluffsen

Address: 12101 Havelock Ave

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"	6/22	10:00AM	6/22	2:00PM	6/23	1:40	6"	5:40	5¼"	30	3/4	40MIN/IN
2	36	"	"	"	"	6/23	1:30	6"	2:00	5⅜"	30	5/8	48MIN/IN
3	36	"	"	"	"	6/23	1:41	6"	5:40	5¼"	30	3/4	40MIN/IN
4	37	"	"	"	"	6/23	1:32	6"	2:02	5⅜"	30	5/8	48MIN/IN
5	38	"	"	"	"	6/23	1:34	6"	2:04	5⅛"	30	7/8	34MIN/IN
6	36	"	"	"	"	6/23	1:36	6"	2:06	5¼"	30	3/4	40MIN/IN

Nancy L Oluffsen
Signature of Person Conducting Test

Address 12101 Havelock Ave Phone 466-8033

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: July 2, 1996

Approved Percolation Rate (a)
A. 42 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

JUL 1 1996

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

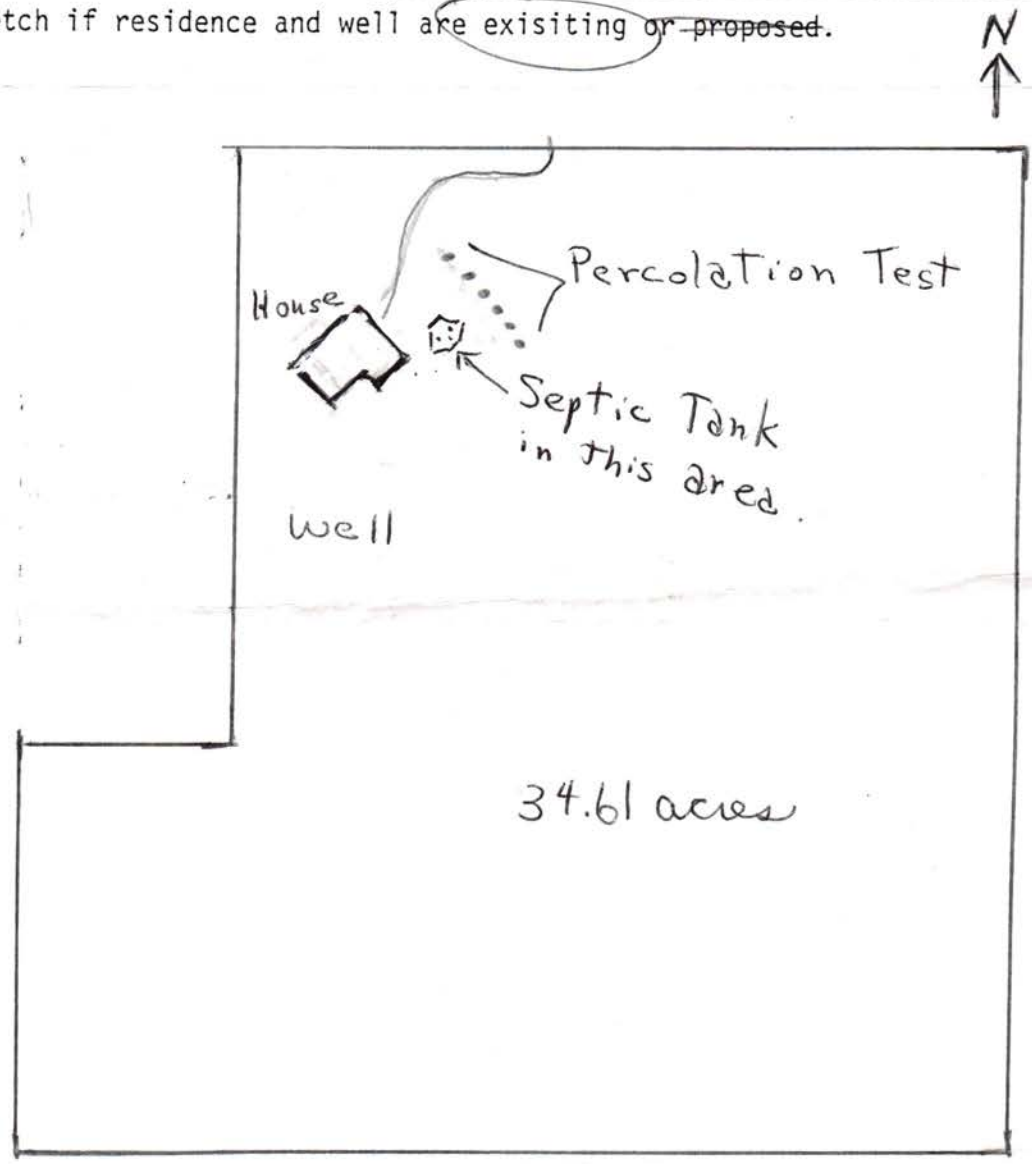
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

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: JULY 11, 1996

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 293 sq.ft.
73-4ft 98-3ft.

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 Dept.
3140 "N" Street
Lincoln, NE 68510

D

DATE: _____

FILE NO: _____

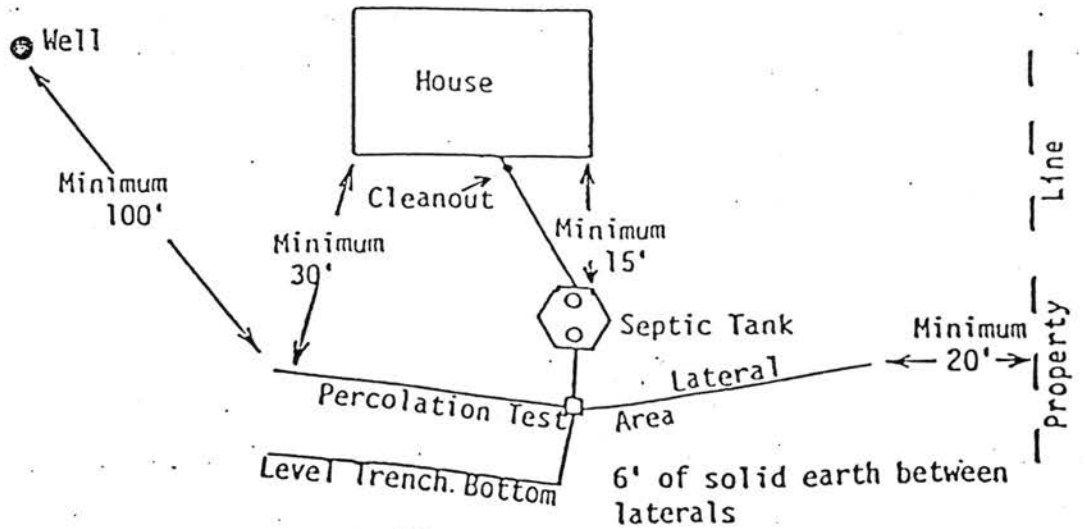
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC SDR26; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 30' ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line 110 ft.; Stream — ft.; Pressure Line _____ ft.; Property Line 160 ft.

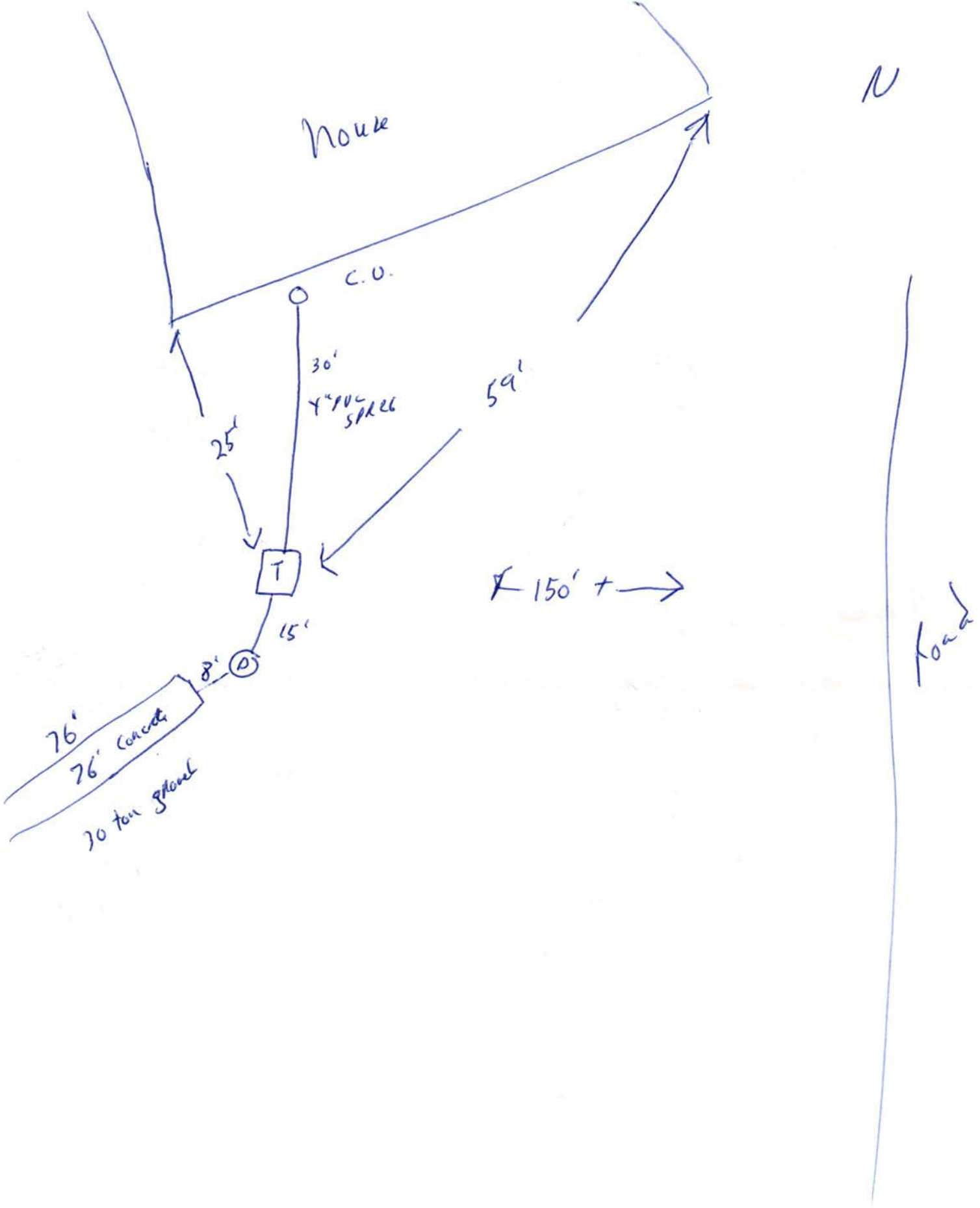
B. SEPTIC TANK:
1. Material Concrete; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade _____ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 15" in.
8. Distances to:
Well or Suction Line 200' ft.; Stream — ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company Precast)
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 1 ; Length of each line 76' ft., _____, _____, _____, _____ ft.;
Total length of laterals 76 ft.;
Distance between lateral lines — ft.
3. Trench dimensions: Width 4 ft.;
Slope 0 in/100 ft.; Average Depth 3' in.
4. Filter Material: Gravel
Depth of Material _____ in.
5. Distances to:
Well or Suction Line 110' ft.; Stream — ft.; Pressure Line _____ ft.; Property Line 200' ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


house
N
C.O.
30'
4" PVC SCH 40
25'
59'
T
150' +
15'
8'
76'
76' Concrete
30 feet ground
road

New septic system

134th

