LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

Permit

SEWAGE INSTALLATION

No. 95380127701

Issued 03/01/95
Expires 09/01/95
Revenue Code 18754

Establishment

RON SKODA
T10N R8E SEC 21
LOT 33
13900 O STREET

FEES: $150.00

TOTAL $150.00

Permittee

RON SKODA
201 N 148 ST
LINCOLN NE 68527

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

FILING FEE: $ 150

FILE NO. _____

DATE: 2/28/1995

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 21 ; Block _____ : Lot 33 I.T. ; Addition _____
   Street Address 13900 "O" ST. ~~NW SIDE~~

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

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

4. Distance to public sewer: _____ ft.

Ron Rhoden
Signature of Applicant (Owner or Lessee)

201 No 148 Lincoln
Address 489-9027

(Do not write below this double line)

1. Health Department: Date Rec'd. 2/28/95. Date Frwd. 2/28/95. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 3-1-95. Date Frwd. 3-1-95. ACTION: Approved ☐ Disapproved ☒ Signature: [signature]
3. City or County Engineer: Date Rec'd. 02/28/95. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL SEPTIC SYSTEM TO BE CONSTRUCTED ~~OUT OF~~ ABOVE ~~FLOOD PLAIN~~. Need To know use of building and Flood Plain Location

Site Visits:
Date: 3-17-95 by: P.D.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 3-17-95 By: Paul Dyhamm

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

FORM 23 43

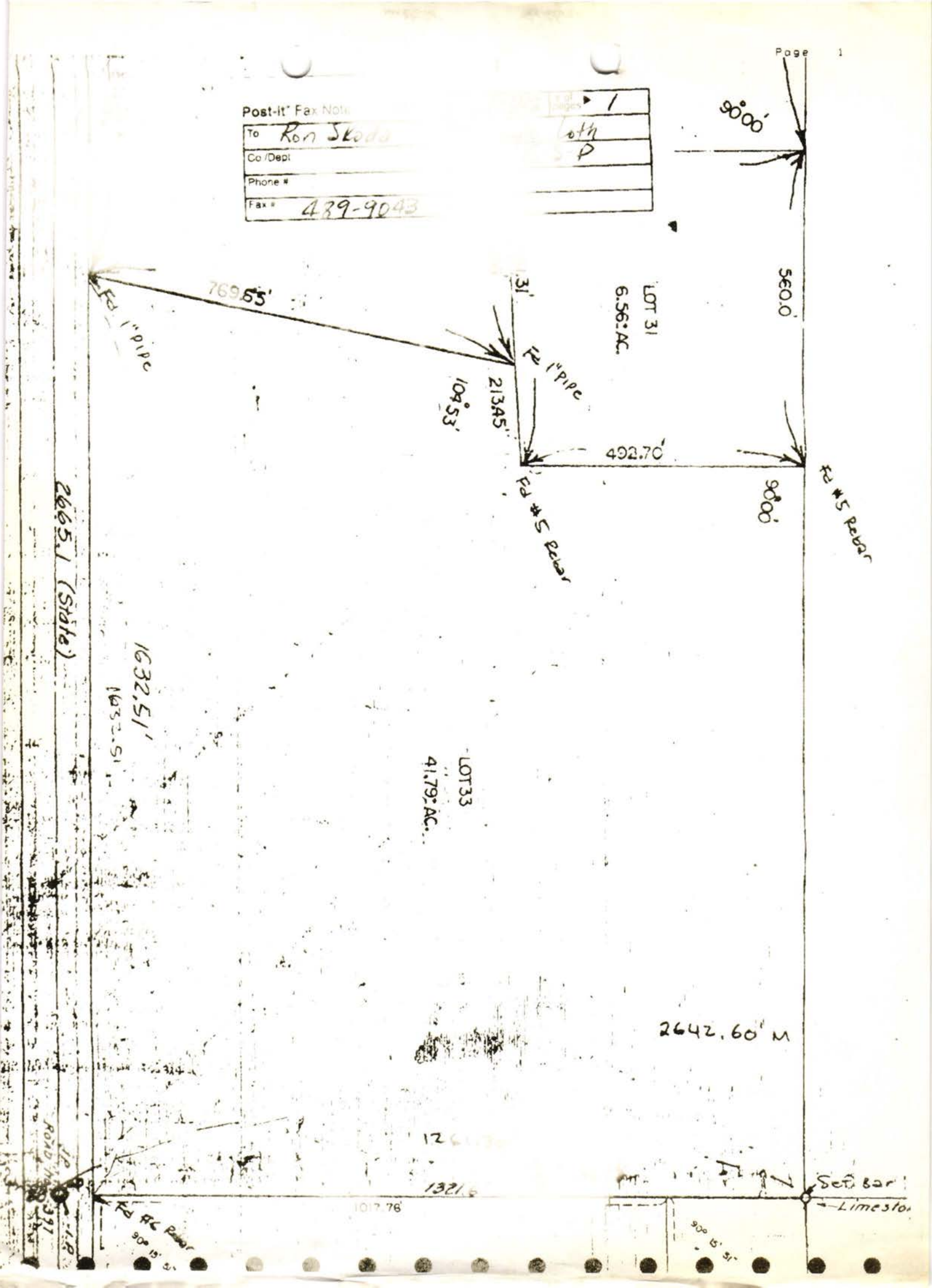
Post-it® Fax Note

To Ron Skoda

Co./Dept

Phone #

Fax # 439-9043



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

Test Location
139th + O st No. side

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
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: 2-25-95 to 2-26-95. Weather: Precip. 0 Temp. 34°.

OWNER: Ron Skoda

Address: 201 N. 148th Lincoln NE. 68527
489-9027

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"	2-25	8:00 Am	2-26	7:30 Am	2-26	7:30 Am	6"	11:30 Am	5 1/4"	30m	3/4"	
2	36"	2-25	8:00 Am	2-26	7:30 Am	2-26	7:30 Am	6"	11:30 Am	5 1/2"	30m	1/2"	
3	36"	2-25	8:00 Am	2-26	7:30 Am	2-26	7:30 Am	6"	11:30 Am	5 5/8"	30m	3/8"	
4	36"	2-25	8:00 Am	2-26	7:30 Am	2-26	7:30 Am	6"	11:30 Am	5 1/2"	30m	1/2"	
5	36"	2-25	8:00 Am	2-26	7:30 Am	2-26	7:30 Am	6"	11:30 Am	5 1/4"	30m	3/4"	
6	36"	2-25	8:00 Am	2-26	7:30 Am	2-26	7:30 Am	6"	11:30 Am	5 1/4"	30m	3/4"	

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

Mike Hoagland
Signature of Person Conducting Test

Address 2700 Dan Ave Lincoln, NE. Phone 464-0638

Precast

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: February 28, 1995

Approved Percolation Rate (a)
A. 48 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 (Anr[illegible] to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

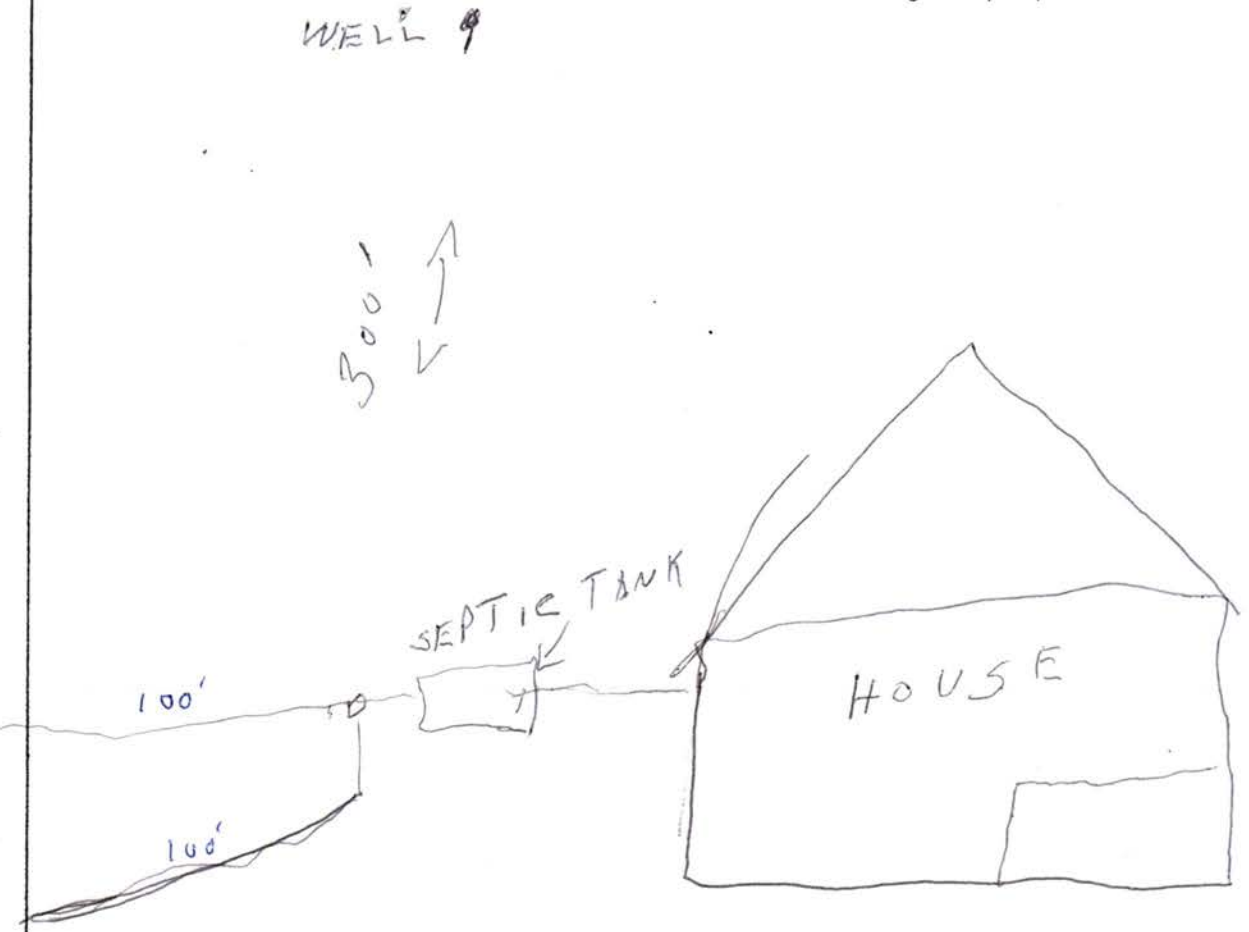
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Ma[illegible] Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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.



Address
13900 "O" ST

REVIEWING ACTION

Remarks: _____

Date: February 28, 1995

Minimum Design Requirement
1. Capacity of Septic Tank 1500 gals.
2. Total Length of Laterals 219' ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 916 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS 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: 2-17-95

FILE NO. _____

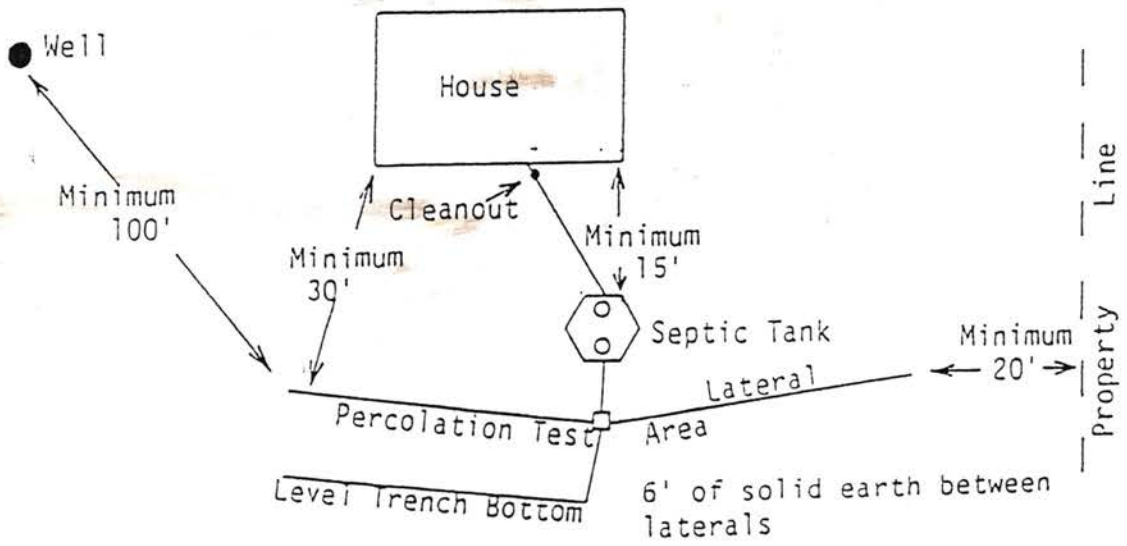
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material C ; Diameter 4" in.
2. Distance above basement floor ~~18~~ in., or below basement floor 18 in.
3. Distance between dwelling and septic tank 42 ft.
4. Number of clean-outs 1 .
5. Distances to: Well or Suction Line 300 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line >100 ft.

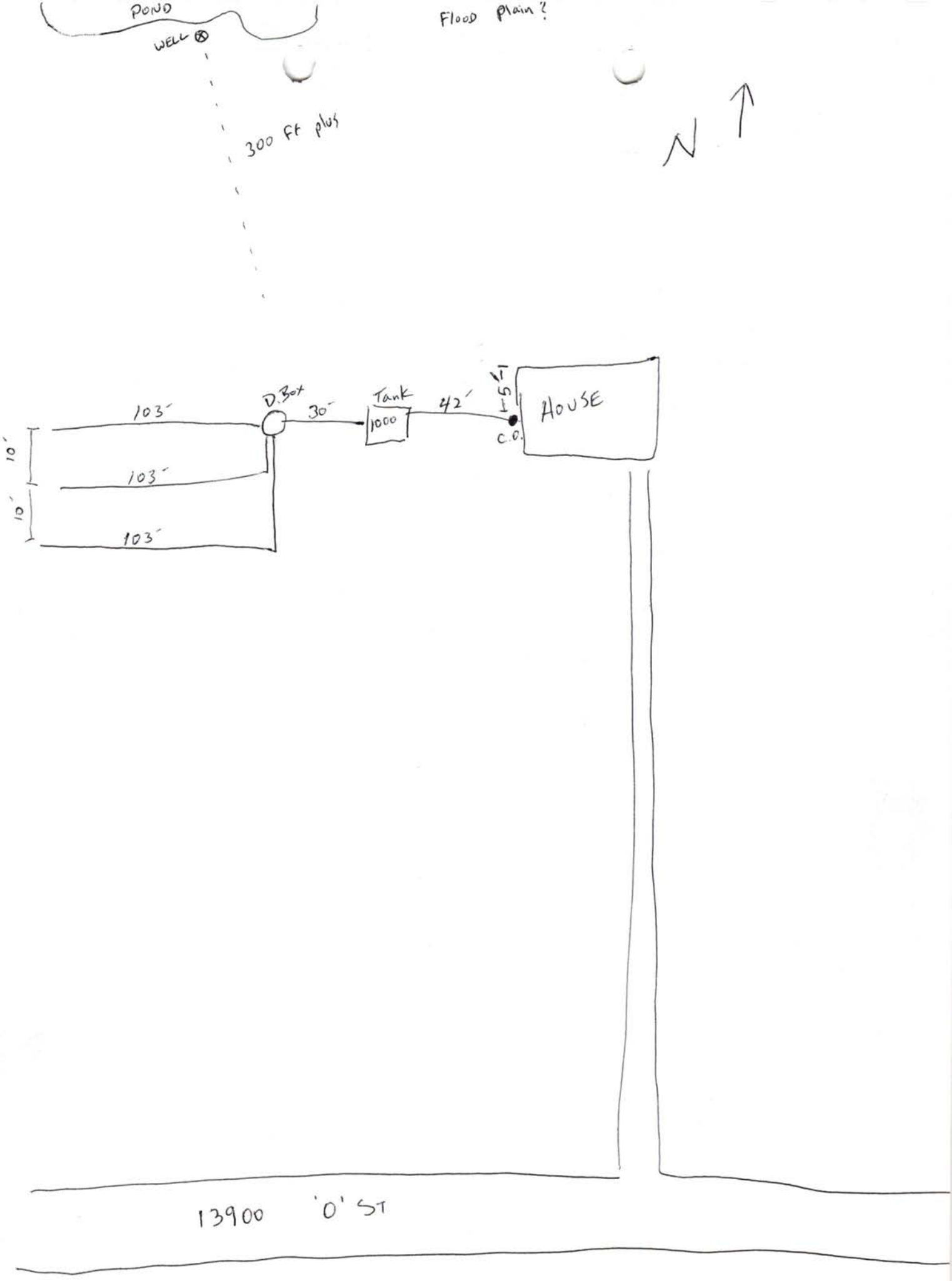
B. SEPTIC TANK:
1. Material Concrete ; No. of compartments one .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐ (Company PRECAST)
4. Manholes: Over Inlet; diam. 12 in. Over Outlet; diam. _____ in. Riser Above ☐ Below ☐ Grade 24 in.
5. Inlet: Baffle ☑ ; or Tee ☐
6. Outlet: Baffle ☑ ; or Tee ☐
7. Depth of top of tank below finished grade 24 in.
8. Distances to: Well or Suction Line > 300 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

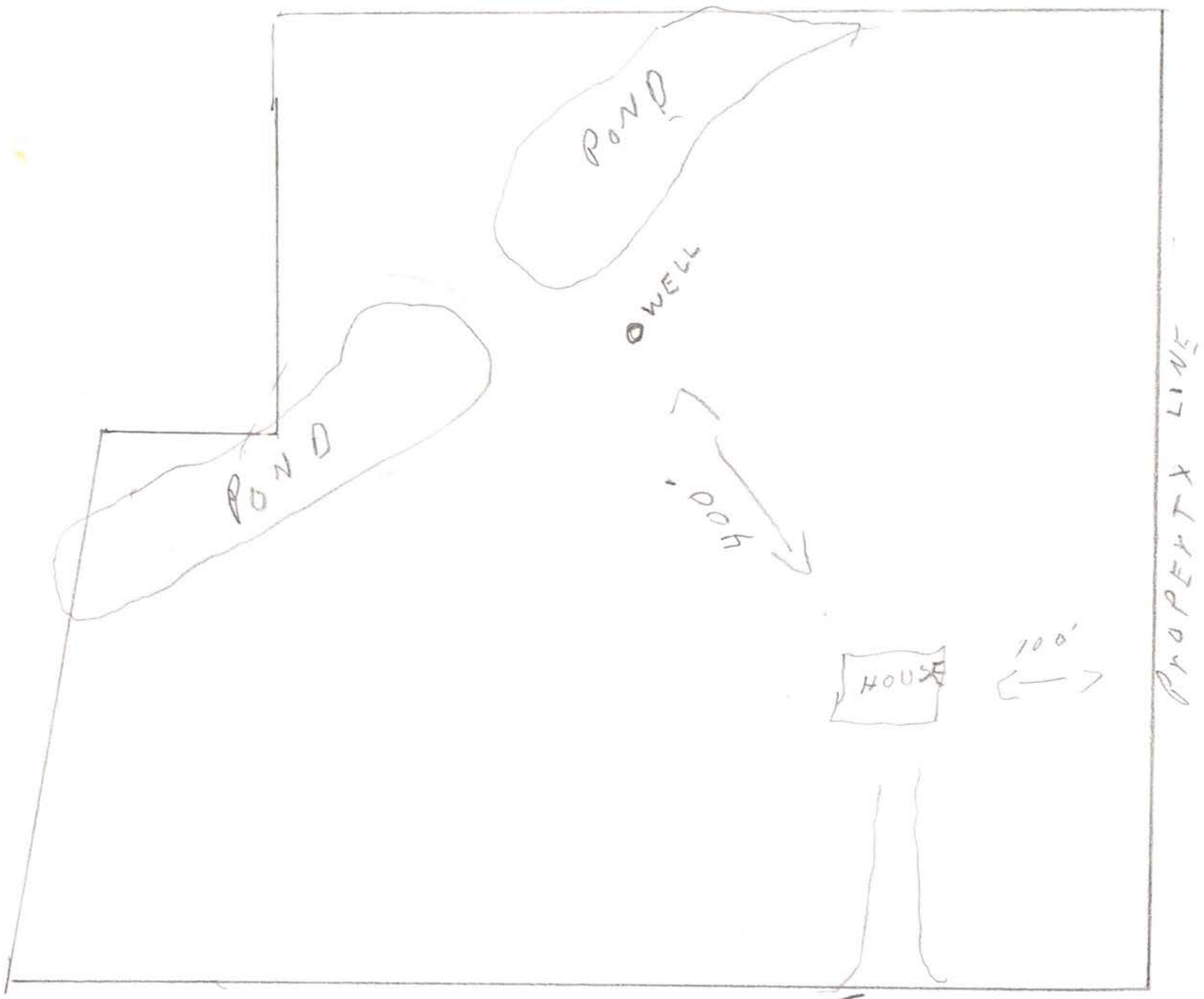
C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets _____ .
2. Factory Built: Yes ☑ No ☐ (Company Precast)
3. Distance from Septic Tank 30 ft.

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 103 , 103 , 103 , _____ , _____ ft.; Total length of laterals _____ ft.; Distance between lateral lines _____ ft.
3. Trench dimensions: Width 3 ft.; Slope _____ in/100 ft.; Average Depth 3½ ft.
4. Filter Material: Gravel Depth of Material 12 in.
5. Distances to: Well or Suction Line > 300 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


POND
WELL
Flood plain?
300 Ft plus
N
103'
D.Box
30'
Tank
1000
42'
VENT
HOUSE
C.O.
10'
103'
10'
103'
13900 'O' ST



13900 = 05T