LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2479-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

OCTOBER 21, 1987 — THIS PERMIT EXPIRES

BRADLEY KORELL — ISSUED TO

6130 SO. WEDGEWOOD LINCOLN, NE 68510 — ADDRESS

T10N; R8E; Sec 22; Lot 33 I.T.; Prairie Homestead, Plum Ridge Rd.
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	AMOUNT
JS	4-21-87	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

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: ~~474-1541~~ 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2497-C

DATE: 8-21-84

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. 10 N ; Range 8 E ; Section 22 ;
   Block _____ : Lot 33 ~~III~~ ; Addition Prairie Homestead
   Street Address Plum Ridge Rd

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: 6 mi ft. Borders line eather Way

M & Mrs Bradley Korell
Signature of Applicant (Owner or Lessee)

7130 So Wedgewood Lin Ne
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. ~~4/21/87~~ 4-21-87. ACTION: Approved ☒ Disapproved ☐
   Date Frwd. ~~4/21/87~~ 4-21-87. Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 4-21-87. ACTION: Approved ☒ Disapproved ☐
   Date Frwd. 4-21-87. Signature: Paul Bowne

3. City or County Engineer: Date Rec'd. 4-21-87. ACTION: Approved ☒ Disapproved ☐
   Date Frwd. 4-21-87. Signature: Harold E Sothan

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5/12/87 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/19/87 By: J. C. Hood

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
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B

FILE NO. 2497-C

PROPERTY WHERE SOIL TESTED:

Location: Township 10 ; Range 8 ; Section & ¼ Section 22
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: 8-1-84 to 8-2-84 . Weather: Precip. No Temp. 90 .

OWNER: Mr & Mrs Bradley Howell
Address: 7130 So Wedgewood

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		8-1	830	8-1	1	8-2	11AM	6	12AM	5 1/8	60	7/8	
2		"	"	"	"	"	"	"	"	5 1/8	"	7/8	
3		"	"	"	"	"	"	"	"	5	"	1	
4		"	"	"	"	"	"	"	"	4 7/8	"	1 1/8	
5		"	"	"	"	"	"	"	"	4 7/8	"	1 1/8	
6		"	"	"	"	"	"	"	"	5	"	1	

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

Lintek Sys Co.
Signature of Person Conducting Test
Address 6710 NO 7th Phone 475-1486

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: August 24, 1984

Approved Percolation Rate (a)
A. 60 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 (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

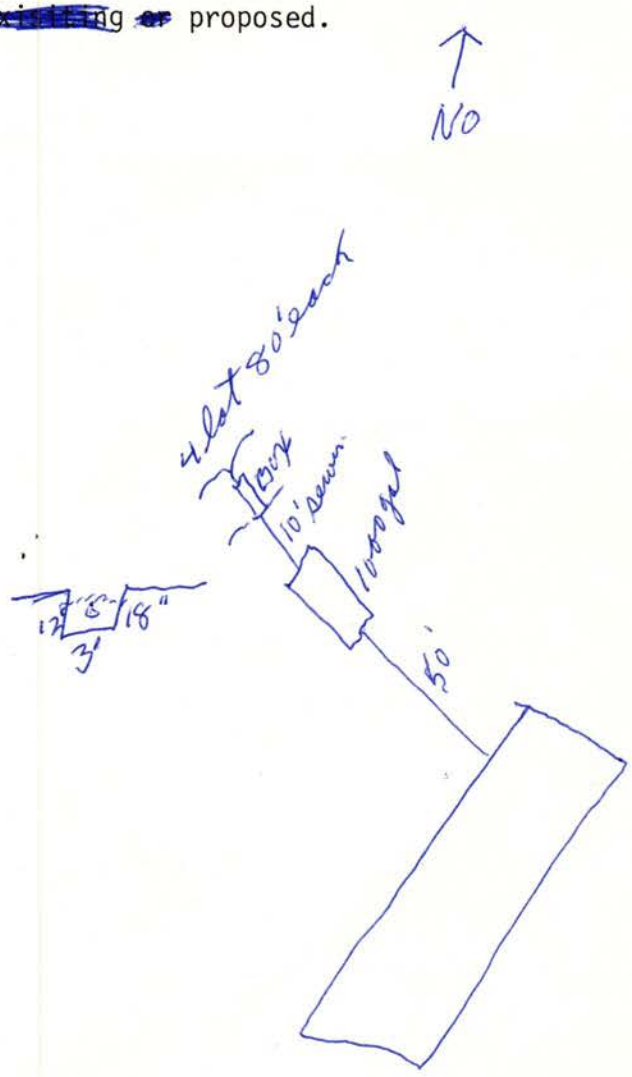
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 2497-C

Indicate on sketch if residence and well, are ~~existing~~ or proposed.



DESIGN BY SINTEK

REVIEWING ACTION

Remarks: _____

Date: APRIL 21, 1987

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 247 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 990 sq.ft.

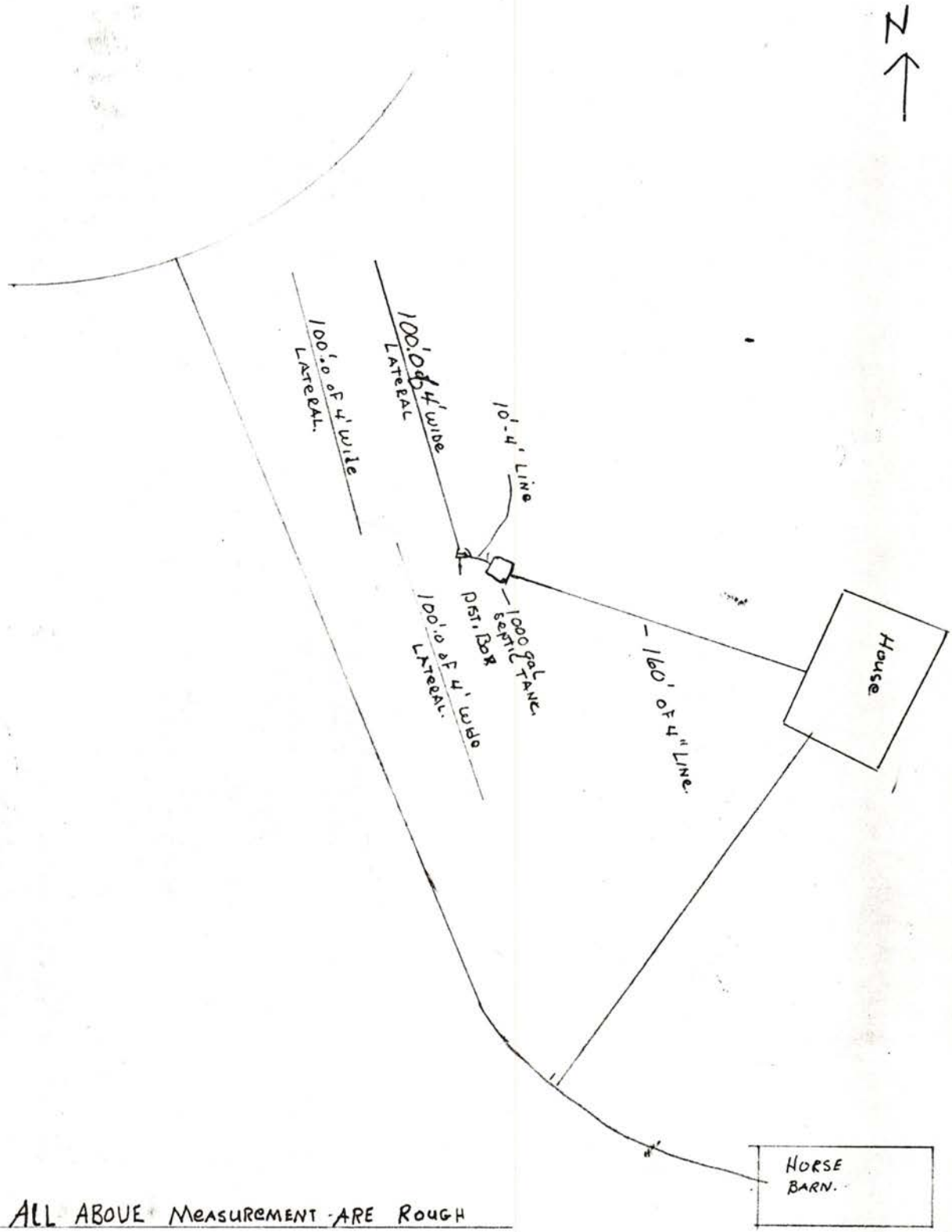
Gerald C. Hood
Signature of Reviewing Official

2497-C

BRAD KORELL

strohmyer excavating co., inc.

4401 NO. 27TH STREET • LINCOLN, NEBR. 68521 • 467-1627



ALL ABOVE MEASUREMENT ARE ROUGH ESTIMATES

DESIGN BY STROHMEYER — TO BE USED

MAY 18 1987

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
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D

DATE: _____

FILE NO. _____

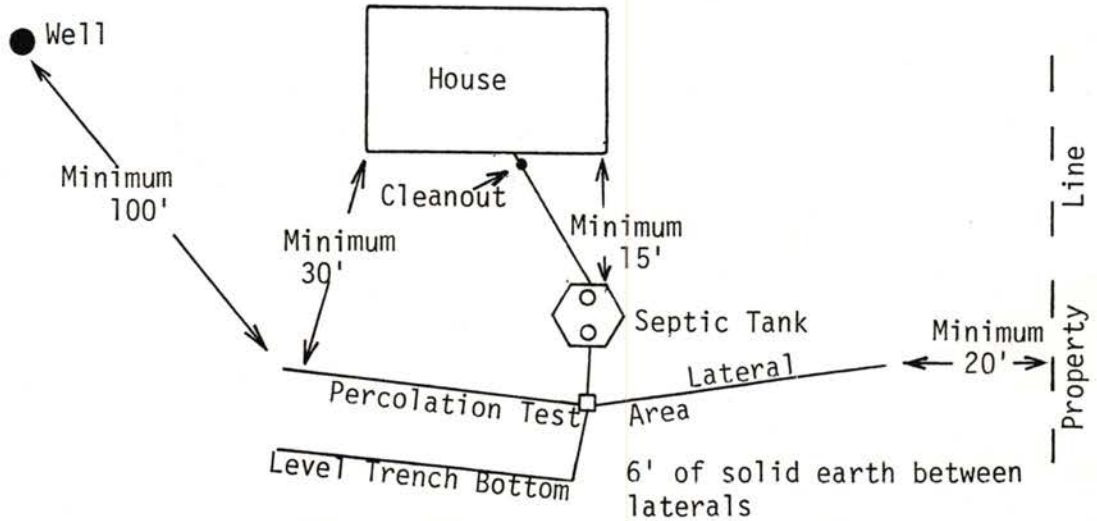
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Class 160; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 155 ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line 40 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Pre Cast; No. of compartments _____.
2. Capacity _____ 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 10 in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Pre Cast; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 7' 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 3; Length of each line 100, 100, 100, _____, _____ ft.;
Total length of laterals 300 ft.;
Distance between lateral lines 10 ft.
3. Trench dimensions: Width 4 ft.;
Slope 4"-6" in/100 ft.; Average Depth 30 in.
4. Filter Material: Road Gravel 75¢
Depth of Material 20 in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 5-12-87 INSTALLER Larry Schwarck

