LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 92380082201

Issued 04/09/92
Expires 10/09/92

ESTABLISHMENT

DAVID RIDDER
T11N R5E SEC 15 QTR SW

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

DAVID RIDDER
RR0001
BOX 00123
MALCOLM NE 68402

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
4/10/92	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

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: $150.00

FILE NO. _____

DATE: 3-11-92

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 15 ;
   Block _____ : Lot _____ : Addition 40 ACRES E½ OF S/2 OF SW/4
   Street Address _____
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: greater than mile ft.

David H Ridder
Signature of Applicant (Owner or Lessee)

Route 1, Box 123, Malcolm, NE 68402
~~7031 Judson Lincoln Ne. 68521~~
Address

(Do not write below this double line)

1. Health Department:	Date Rec'd. 4/6/92 . Date Frwd. 4/6/92 .	ACTION: Approved ☒ Disapproved ☐ Signature:	Jerrold C. Hoos
2. Supt. Bldg. Insp.: or Village Clerk	Date Rec'd. 4/7/92 . Date Frwd. 4/7/92 .	ACTION: Approved ☐ Disapproved ☐ Signature:	
3. City or County Engineer :	Date Rec'd. 4-6-92 . Date Frwd. 4-6-92 .	ACTION: Approved ☒ Disapproved ☐ Signature:	

REMARKS OR REASONS FOR DISAPPROVAL LAGOON MUST BE SEALED

Site Visits:
Date: 9-3-92 by: mm
Date: 9-4-92 by: mm Grace w/ complaint
Date: 12-9-97 by: mm Gate needs work
4-23-98 mm corrals + wrong corner

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-23-98 By: Ron Moyer

FORM 23-43

B

ATTACHMENT C.

SOIL ABSORPTION TEST DATA REPORT

PROPERTY WHERE SOIL TESTED: Owner: _____

Location: Township _____

Section & 1/4 Sect. _____ Address: _____

Property Dimensions: _____ ft. x _____ ft

Area: _____ acres. (Attach sketch of property showing hole location).

Soil Type: Silty Clay ___; Silty Clay Loam ✓; Sandy Loam ___

Silty Loam ___; Clay Loam ___; Sandy Clay ___

Dates of Tests: Feb 7 1992 to Feb 8 1992 Weather: Precip. Sunny Temp. 40°

PERCOLATION TEST DATA FILE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole 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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolat Rates (Min./in
	30"	Feb 7	16:00	Feb 8	13:00	Feb 8	13:00		17:00		30min		
1	"	"	"	"	"	"	"		"		"	1/2	
2	"	"	"	"	"	"	"		"		"	2	
3	"	"	"	"	"	"	"		"		"	3/4	
4	"	"	"	"	"	"	"		"		"		
5	"	"	"	"	"	"	"		"		"	1/2	
6	"	"	"	"	"	"	"		"		"	3	

Sum of Percolation Rates ____

Average of Rates: ____

Inches per Minute: ____

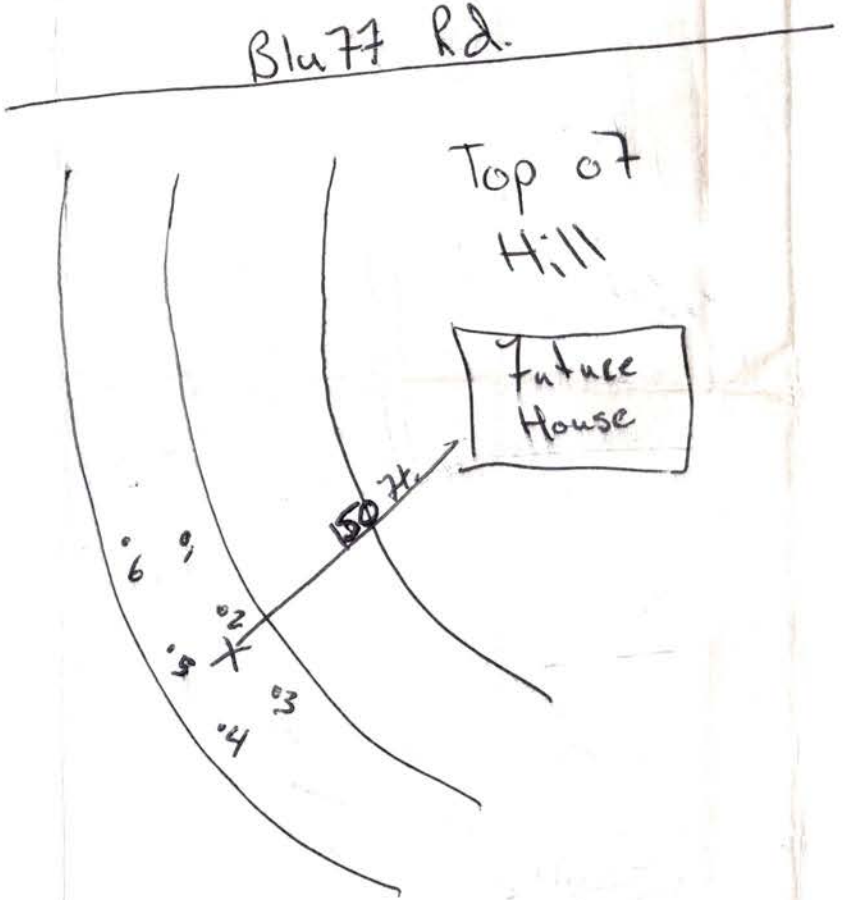
Bryan Manley

Signature of Person Conducting Test

Address 550 W. Kingsley Lincoln

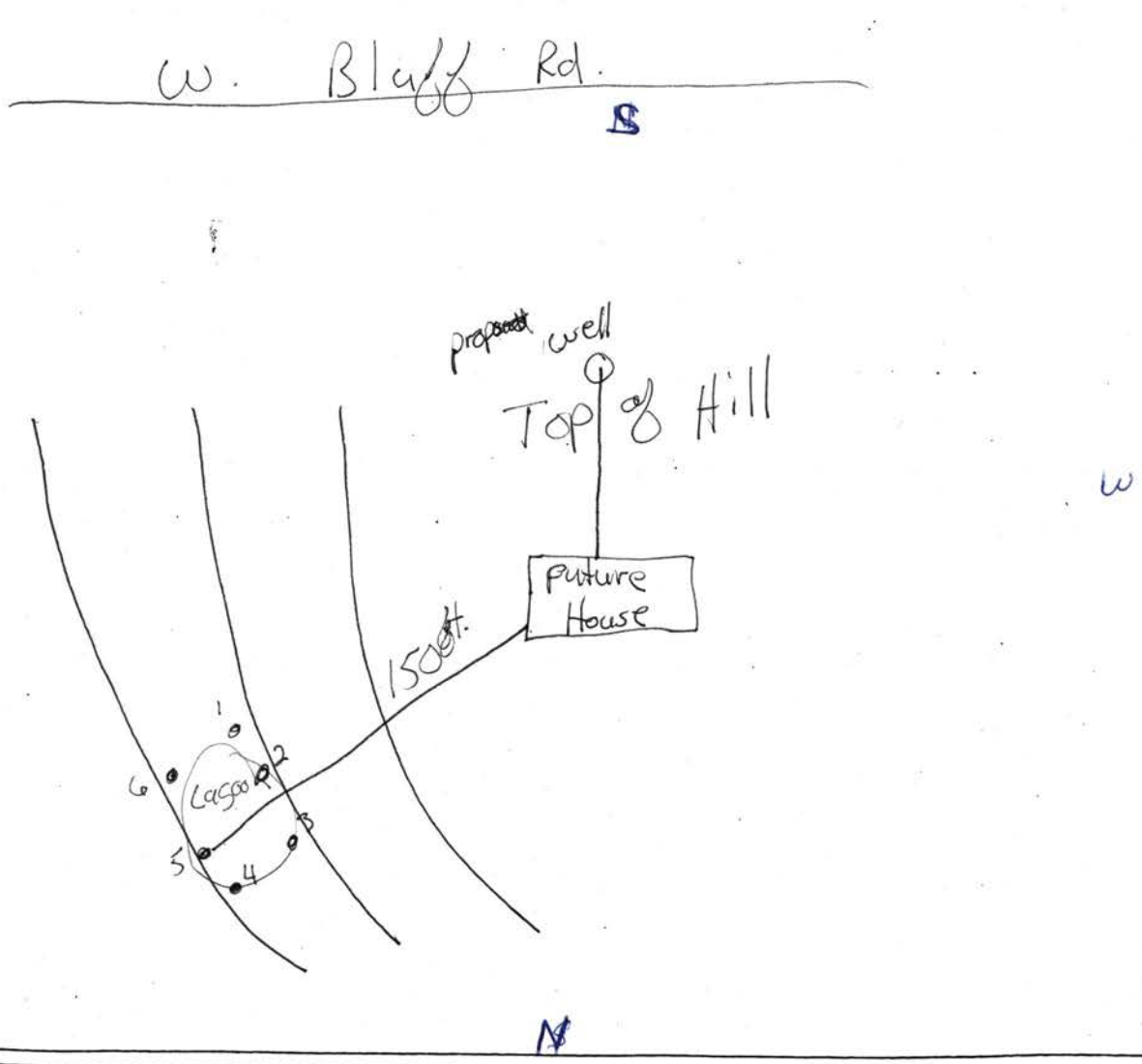
Phone 470-2731 - 466-6378

4m. w K.


Bluff Rd.
Top of Hill
Future House
150 ft.
.6
.9
.2
.5
.3
.4

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._____

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_____ sq.ft.

_____

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: _____

FILE NO: _____

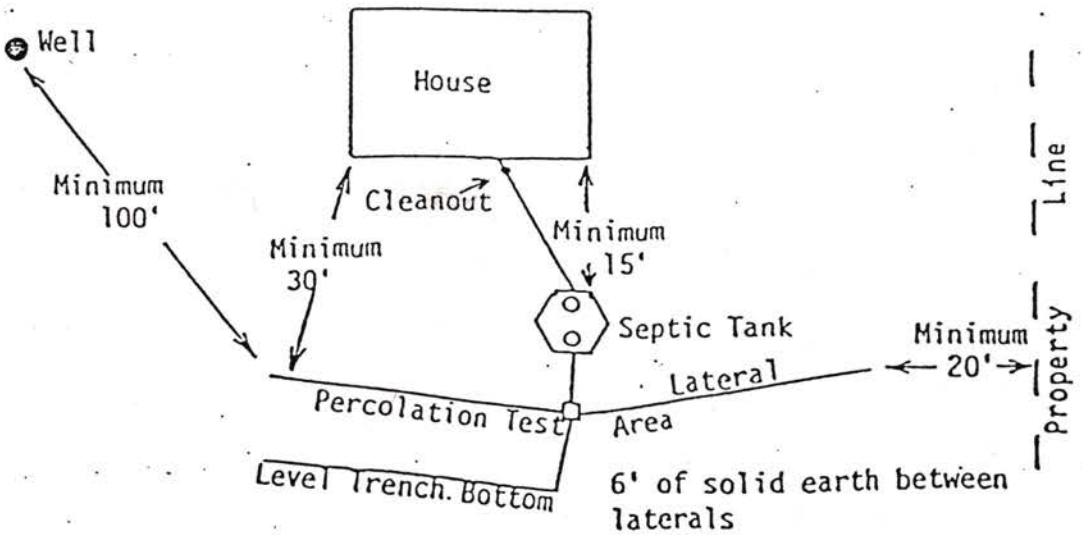
SPECIFICATIONS AS BUILT

A. BUILDING SEWER: 2241 pipe 60 PSI
1. Material 2241; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank _____ 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 _____; 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 _____ in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

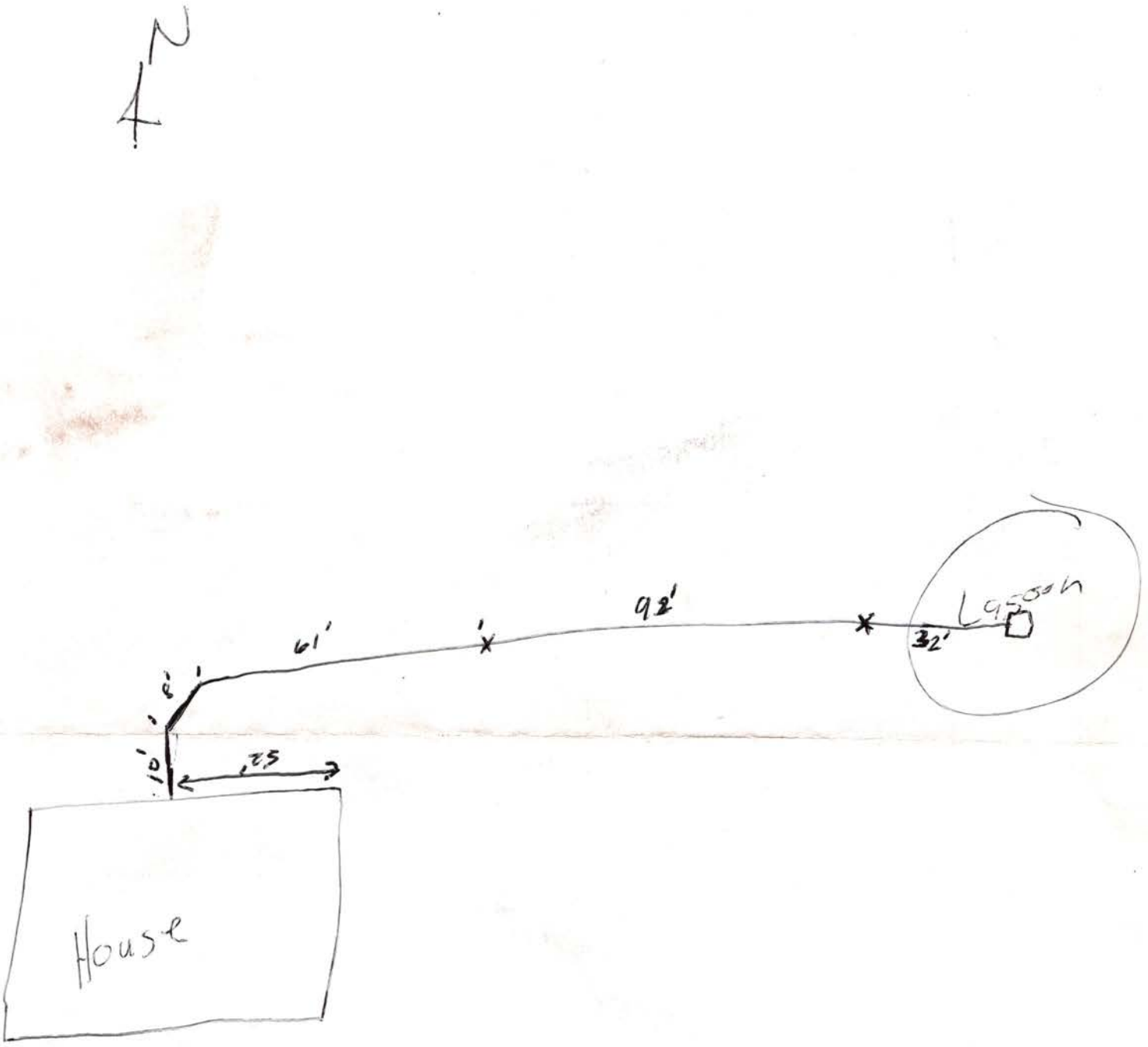
C. DISTRICTION BOX:
1. Material _____; Number - available outlets _____.
2. Factory Built: Yes ☐ No ☐
(Company _____)
3. Distance from Septic Tank _____ ft.

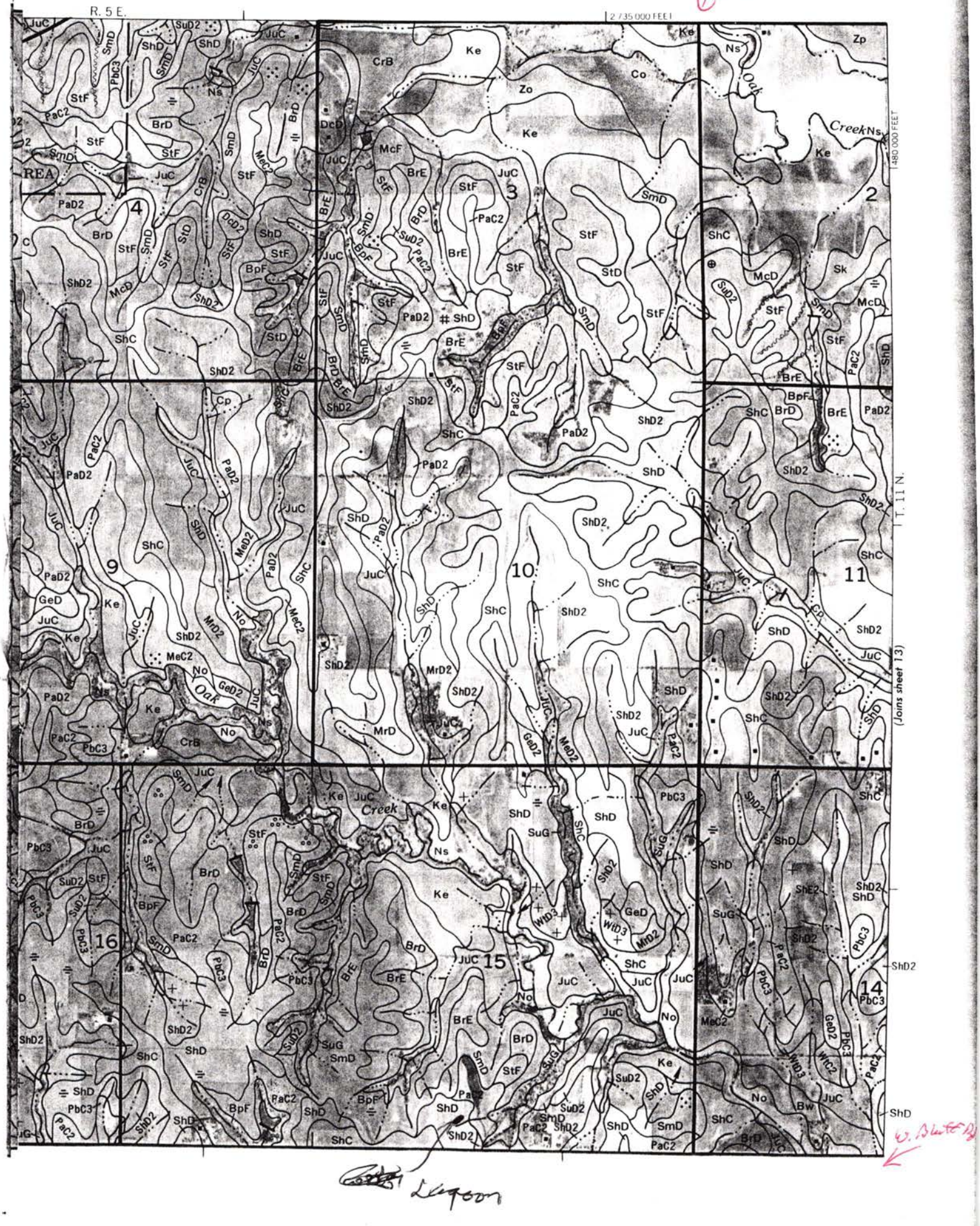
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☐
Diameter of Half Round _____ or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number ___ ; Length of each line _____, _____, _____,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



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Dave Ridder




R. 5 E.
2 735 000 FEET
480 000 FEET
T. 11 N.
(Joins sheet 13)
Oak Creek
Creek
Lagoon
W. Buffalo
REA
1
2
3
4
9
10
11
14
15
16