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. 91380076201

Issued 10/18/91
Expires 04/18/92

ESTABLISHMENT

NANCY HINNAH
T10N R8E SEC 25

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

NANCY HINNAH
8100 OLD CHENEY RD
LINCOLN NE 68516

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
10/18/91	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

FILE NO. _____

DATE: Oct. 10, 1991

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 SE 25 ;
   Block _____ : Lot _____ : Addition _____
   Street Address _____

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.

Part of this Property Lies in the 100 year Flood Plain

x Nancy Hannah
Signature of Applicant (Owner or Lessee)

8100 Old Cheney
Address
Lincoln, Ne.

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/14/91 . Date Frwd. 10/14/91 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10-14-91 . Date Frwd. 10-15-91 . ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bouma

3. City or County Engineer : Date Rec'd. 10-14-91 . Date Frwd. 10-14-91 . ACTION: Approved ☐ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12/11/91 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/13/91 By: Jerrold C. Hood

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
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 10 ; Range 8 ; Section & ¼ Section SE 25.
Property Dimensions: _____ ft. x _____ ft. Area: ~~295~~ 160 acres. (Attach Sheet C with sketch of property).

Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒

Dates of Tests: ~~Aug. 23~~ Oct 8 to ~~Aug. 24~~ Oct 9. Weather: Precip. 0 Temp. ~~75~~ 73°

OWNER: Dan Hinnah

Address: 8100 Old Cheney Road Lincoln NE 68516

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	30"	10/8	2:30	10/9	12:15	10/9	12:15	21 1/4	10/8 12:45	23 1/2	30	2 1/4	
2	32"	10/8	2:30	10/9	12:15	10/9	12:15	19 1/2	12:45	21	30	1 1/2	
3	32"	10/8	2:30	10/9	12:15	10/9	12:15	20 1/2	12:45	22 1/4	30	1 3/4	
4	30"	10/8	2:30	10/9	12:15	10/9	12:15	17 3/4	12:45	21	30	3 1/4	
5	33"	10/8	2:30	10/9	12:15	10/9	12:15	17 3/4	12:45	19 1/2	30	1 3/4	
6	33"	10/8	2:30	10/9	12:15	10/9	12:15	21	12:45	22 1/2	30	1 1/2	

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

Nancy Hinnah
Signature of Person Conducting Test

Address 8100 Old Cheney Phone 483-0643

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): JUDSON SILT LOAM

Date: October 14, 1991

Approved Percolation Rate (a)
A. 15 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold 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 ☒

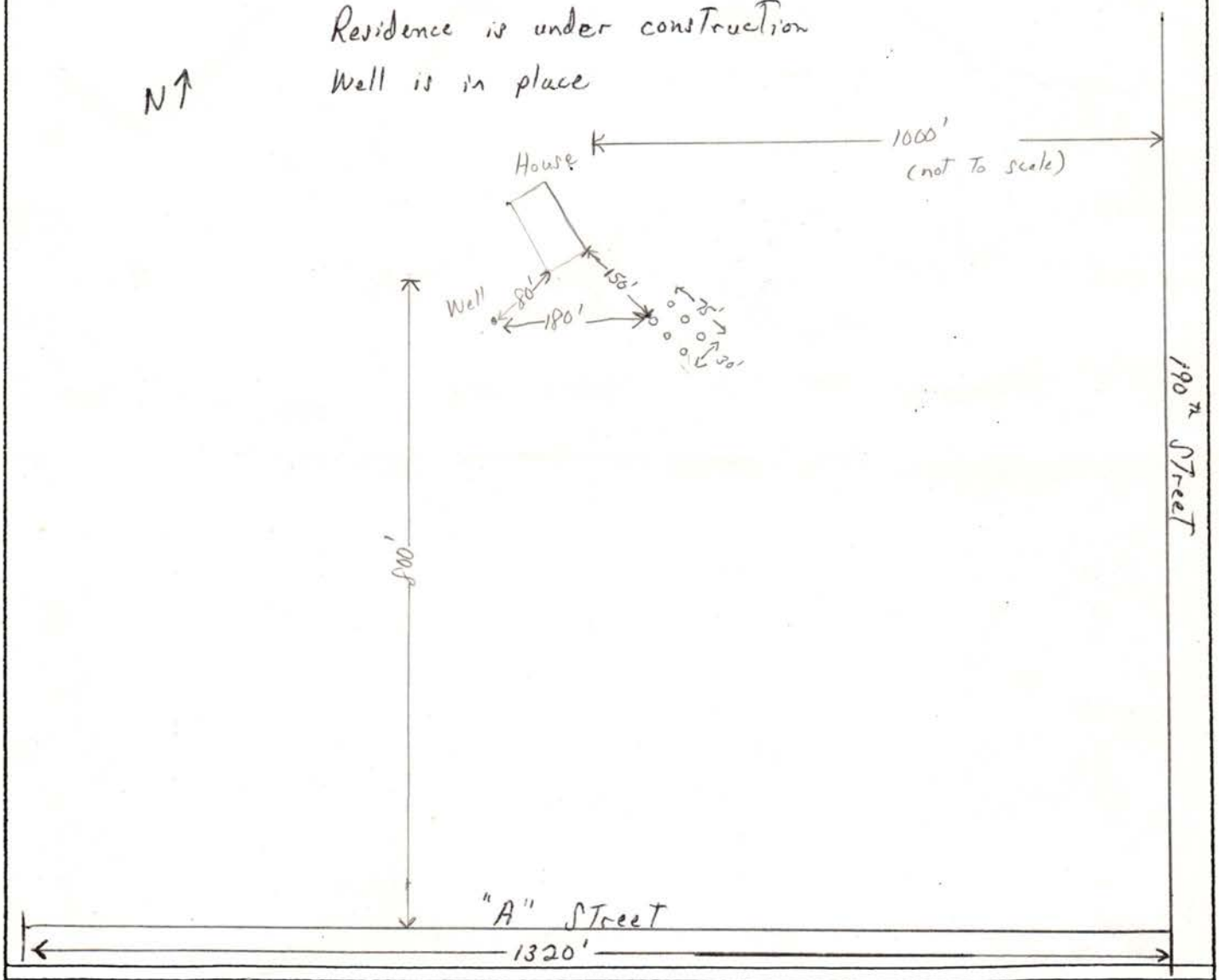
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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C

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: October 14, 1991

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 570 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

RECEIVED DEC 1 3 1991

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
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D

DATE: _____

FILE NO. _____

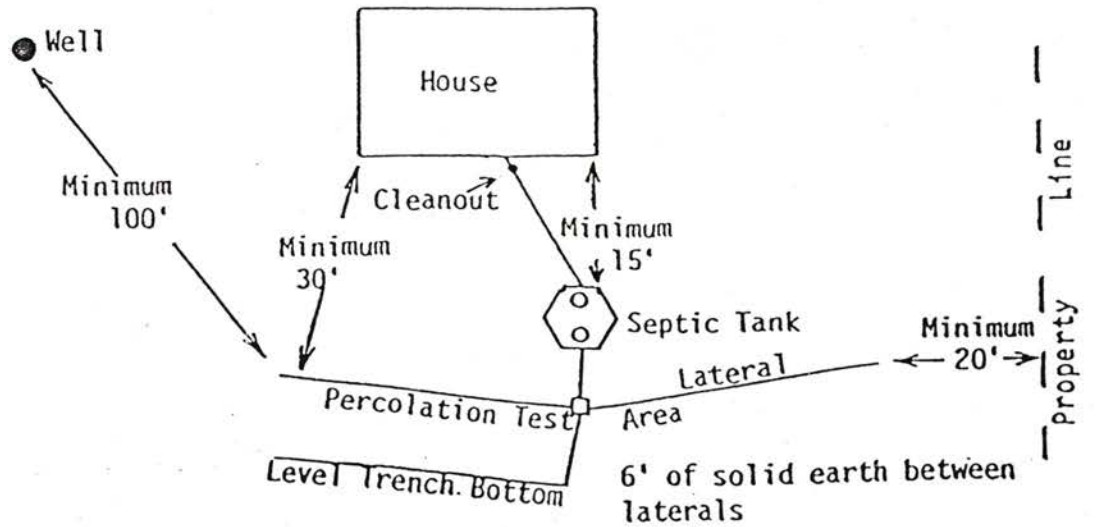
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material #160; Diameter ~~4~~ 4" in.
2. Distance above basement floor _____ in., or below basement floor 14 in.
3. Distance between dwelling and septic tank 183 ft.
4. Number of clean-outs 3.
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 1000 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 6-8" 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 8' 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 2; Length of each line 100, 100, _____, _____, _____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines 8' ft.
3. Trench dimensions: Width 3 ft.;
Slope 3 in/100 ft.; Average Depth 35 in. 30 ton
4. Filter Material: Road Gravel
Depth of Material 13 in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Larry Schwarck

12-11-91

