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. 90380057801

Issued 06/20/90
Expires 12/20/90

ESTABLISHMENT
DALE OSSENKOP
T10N R8E SEC 27 QTR SW
S 1/2 OF SW 1/4

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE
DALE OSSENKOP
BOX 00186
UNADILLA NE 68454

Issued By COUNTY HEALTH

RECEIVED JUN 25 1990

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

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
6/22/90	PAID

RECEIVED MAY 17 1990

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: $_____

FILE NO. 90380057801

DATE: 5-16-90

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: S 1/2 of SW 1/4 Twp. 10N; Range 8E; Section 27;
   Block _____: Lot _____: Addition _____
   Street Address RFD 2 Lincoln Ne 68520

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

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

4. Distance to public sewer: _____ ft.

Gastner Const Co Carolyn Kesters Sec
Dale Oesenbrey Owner
Signature of Applicant (Owner or Lessee)

P.O. Box 186, UNADILLA, NE. 68454
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/19/90. Date Frwd. 6/20/90. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Janet Wilson T.B.

3. City or County Engineer: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Jim Playak

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11-6-90 by: sewer line only
Date: 11-8-90 by:
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-8-90 By: Ron Maynard

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
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 10 N ; Range 8E ; Section & ¼ Section 27.
Property Dimensions: _____ ft. x _____ ft. Area: 80 acres. (Attach Sheet C with sketch of property).

Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ■ .

Dates of Tests: 5-5-90 to 5-6-90. Weather: Precip. 0 Temp. 74°.

Test Taken At 148th + O 3/4mi So. East Side

OWNER: Gartner Const.

Address: P.O. Box 186 Unadilla, NE. 68454

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"	5-5	1:00 pm	5-6	8:00 Am	5-6	8:00 Am	6"	12:00 pm	5 1/4"	30m	3/4"	
2	36"	5-5	1:00 pm	5-6	8:00 Am	5-6	8:00 Am	6"	12:00 pm	5 1/8"	30m	7/8"	
3	36"	5-5	1:00 pm	5-6	8:00 Am	5-6	8:00 Am	6"	12:00 pm	5 1/8"	30m	7/8"	
4	36"	5-5	1:00 pm	5-6	8:00 Am	5-6	8:00 Am	6"	12:00 pm	5 5/8"	30m	3/8"	
5	36"	5-5	1:00 pm	5-6	8:00 Am	5-6	8:00 Am	6"	12:00 pm	5 5/8"	30m	3/8"	
6	36"	5-5	1:00 pm	5-6	8:00 Am	5-6	8:00 Am	6"	12:00 pm	5 3/8"	30m	5/8"	

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

Mike Haugland
Signature of Person Conducting Test

Address 2700 Dawn Ave Lincoln NE. Phone 464-0638

(Do not write below this line) Pre-Cast Step Co.

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

Approved Percolation Rate (a)
A. 48 min./inch
B. _____ min./inch
C. _____ min./inch

_____
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 ☐

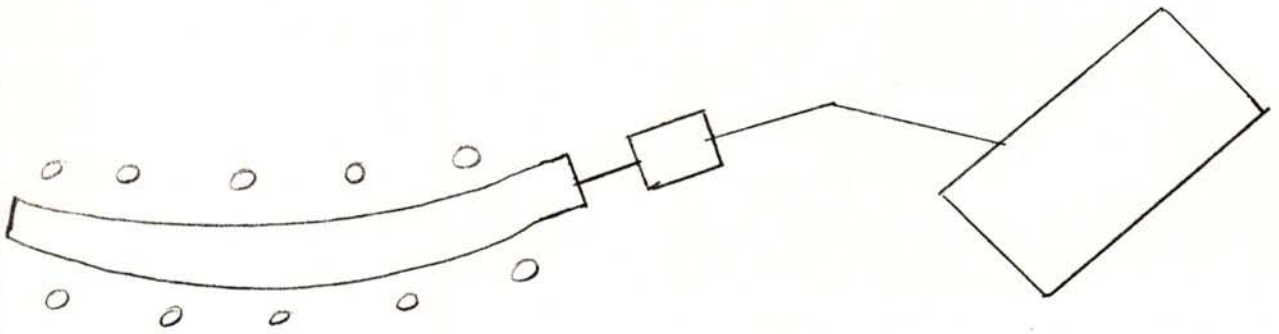
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.



N

148 TH St.

REVIEWING ACTION

Remarks:_____

Date: JUNE 19, 1990

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 611 sq.ft.

Jerrold C. Wood
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: 11, 8 90

FILE NO. _____

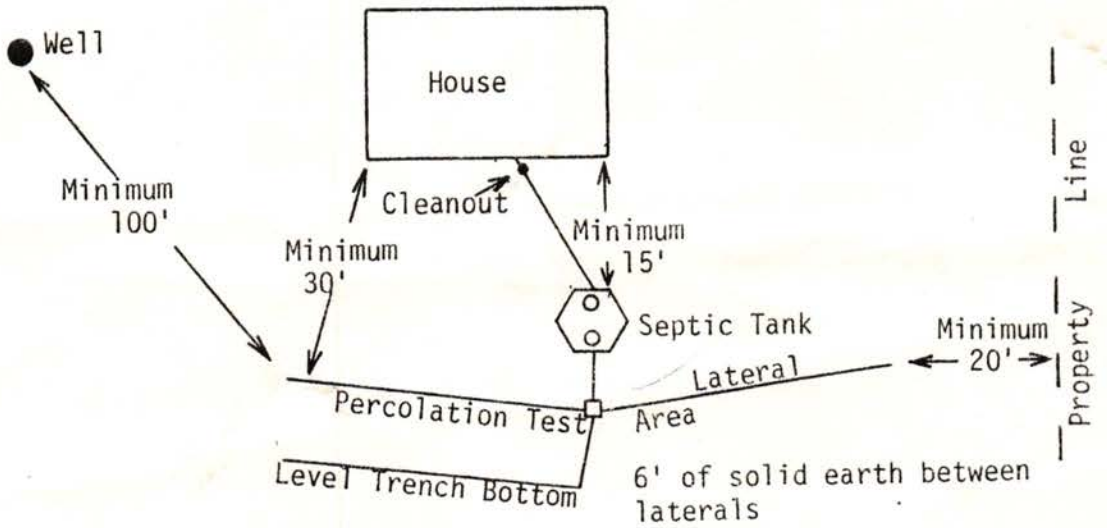
SPECIFICATIONS AS BUILT

A. BUILDING SEWER: #2241
1. Material PVC; Diameter 4" in.
2. Distance above basement floor ____ in., or below basement floor 18" in.
3. Distance between dwelling and septic tank 154 ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line ____ ft.;
Stream NONE ft.; Pressure Line ____ ft.; Property Line ____ 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 ____ in.
8. Distances to:
Well or Suction Line ____ ft.;
Stream NONE ft.; Pressure Line ____ ft.; Property Line ____ ft.

C. DISTRIBUTION BOX:
1. Material CEMENT; Number available outlets ____.
2. Factory Built: Yes ☑ No ☐
(Company PRE-CAST)
3. Distance from Septic Tank 6 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☑ Perforated Pipe ☐
Diameter of Half Round 18" or
Perforated Pipe ____.
Material: fiberglass ☐; plastic ☐; concrete ☑; other ____.
2. Lateral Lines:
Number 3; Length of each line 56', 100', ____, ____, ____ ft.;
Total length of laterals 156' ft.;
Distance between lateral lines 14 ft.
3. Trench dimensions: Width 4' ft.;
Slope 6" in/100 ft.; Average Depth 24 in.
4. Filter Material: ____
Depth of Material 22 in.
5. Distances to:
Well or Suction Line ____ ft.;
Stream NONE ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 11, 8, 90, INSTALLER Martens Const Co

