LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 94380111601

Issued 02/08/94
Expires 08/08/94
Revenue Code 18754

Establishment
TIM BRODD
T10N R8E SEC 28
333 S 134 STREET

FEES: $150.00

TOTAL $150.00

Permittee
TIM BRODD
3301 S 39 ST
LINCOLN NE 68506

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"

RECEIVED FEB 07 1994

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: 2-2-94

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 28 ; NE¼
   Block — : Lot — : Addition —
   Street Address 333 So. 134th Lincoln, NE
2. Property Use: Residential ☐ ; Commercial ☒ Other Use ☐
   No. of Bedrooms _____. Describe Maintenance Bldg. 7 EMPLOYEES 8 HR. DAY
3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐
4. Distance to public sewer: _____ ft.

Tim Budd
Signature of Applicant (Owner or Lessee)
3301 SOUTH 39TH ST.
~~333 So. 134th Lincoln, NE~~
Address
LINCOLN, NEBRASKA 68506

(Do not write below this double line)

1. Health Department: Date Rec'd. 2/7/94. Date Frwd. 2/7/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 2/7/94. Date Frwd. 2-7-94. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Lee
3. City or County Engineer: Date Rec'd. 02/07/94. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Virgil Chapman

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 3/16/94 by: L.C.H. ~~Need drawing~~
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4/5/94 By: Jerrold C. Hood

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

FORM 23-43

Terracon
CONSULTANTS, INC.
4921 North 57th Street, Suite 1
Lincoln, Nebraska 68507
(402) 466-3911

Date:
Nov. 4, 1993

To:
134th & "O" Street Partnership
3301 South 39th Street
Lincoln, NE 68506

Attention: Mr. Jerry Fisher

Re:
Percolation Test Results - 134th & "O" Golfcourse

Job No:
05934031

We are transmitting ☒ xx herewith ☐ under separate cover

Item	Date	Description
1	11/4/93	Percolation Test Results
2	11/4/93	Site Plan By Others - Test Locations

Remarks:

We appreciate the opportunity to be of service to you on this project.
Please contact us if you have any questions regarding this information.

Yours truly,

TERRACON CONSULTANTS, INC.

By: Douglas S Carlson

Douglas S. Carlson - Operations Manager
cc:

PERCOLATION TEST REPORT

* Tim this test

Project: Golfcourse
Location: 134th & O Street, Lincoln, Nebraska #1
Client: 134th & O Street Partnership
Test Date: 11-2-93
Depth of Precolation Boring: 36"
Diameter of Percolation: 8"
Presaturation period: 24 hours
Soil Type: Sandy Lean to Fat Clay, Trace Gravel (natural)

FIELD PERCOLATION TEST DATA

test 1

TEST DATE	TEST TIME	WATER LEVEL (IN.)	PERCOLATION RATE
11-2-93	1740	24"	
11-3-93	1810	24 (refilled)	
"	1825	25.25	
"	1840	26.25	
"	1910	27.50	
"	2010	29.50	

AVERAGE PERCOLATION RATE: 30 min/inch
(over final 60 minutes)

Test taken by Terracon Consultants NE, Inc.

Terracon

orm 101—1-87

PERCOLATION TEST REPORT

Project: Golfcourse
Location: 134th & O Street, Lincoln, Nebraska #2
Client: 134th & O Street Partnership
Test Date: 11-2-93
Depth of Precolation Boring: 36"
Diameter of Percolation: 8"
Presaturation period: 24 hours
Soil Type: Lean to Fat Clay, Trace Sand (natural)

FIELD PERCOLATION TEST DATA

test 2

TEST DATE	TEST TIME	WATER LEVEL (IN.)	PERCOLATION RATE
11-2-93	1955	24"	
11-3-93	1815	24 (refilled)	
"	1830	26.50	
"	1845	28.50	
"	1915	30.00	
"	2015	31.25	

AVERAGE PERCOLATION RATE: 48 min/inch
(over final 60 minutes)

Test taken by Terracon Consultants NE, Inc.

Terracon

Form 101—1-87

PERCOLATION TEST REPORT

Project: Golfcourse
Location: 134th & O Street, Lincoln, Nebraska #3
Client: 134th & O Street Partnership
Test Date: 11-2-93
Depth of Precolation Boring: 36"
Diameter of Percolation: 8"
Presaturation period: 40+ hours
Soil Type:

FIELD PERCOLATION TEST DATA

test 3

TEST DATE	TEST TIME	WATER LEVEL (IN.)	PERCOLATION RATE
11-2-93	1900	24	
11-4-93	1215	24 (refilled)	
"	1230	24.00	
"	1245	24.00	
"	1315	24.25	
"	1415	24.25	

AVERAGE PERCOLATION RATE: 360 min/inch
(over final 90 minutes)

Test taken by Terracon Consultants NE, Inc.

Terracon

Form 101—1-87

PERCOLATION TEST REPORT

Project: Golfcourse
Location: 134th & O Street, Lincoln, Nebraska #4
Client: 134th & O Street Partnership
Test Date: 11-2-93
Depth of Precolation Boring: 36"
Diameter of Percolation: 8"
Presaturation period: 24 hours
Soil Type: Lean to Fat Clay, Trace Sand (natural)

FIELD PERCOLATION TEST DATA

test 4

TEST DATE	TEST TIME	WATER LEVEL (IN.)	PERCOLATION RATE
11-2-93	1925	24"	
11-3-93	1800	24 (refilled)	
"	1820	25.00	
"	1835	26.00	
"	1900	26.00	
"	2000	27.50	

AVERAGE PERCOLATION RATE: 40 min/inch
(over final 60 minutes)

Test taken by Terracon Consultants NE, Inc.

Terracon

Form 101—1-87

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_____; 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:_____to_____. Weather: Precip._____Temp._____.

OWNER:_____

Address:_____

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.)

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

_____
Signature of Person Conducting Test

Address_____ Phone_____

(Do not write below this line)

REVIEWING ACTION

Remarks:_____
Soil Type (SCS): JUDSON SILT LOAM
Date: FEBRUARY

Approved Percolation Rate (a)
A._____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 DEPARTMEN
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: FEBRUARY 2, 1994

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 131.25 sq.ft.

Jerrold C. Hood
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. _____

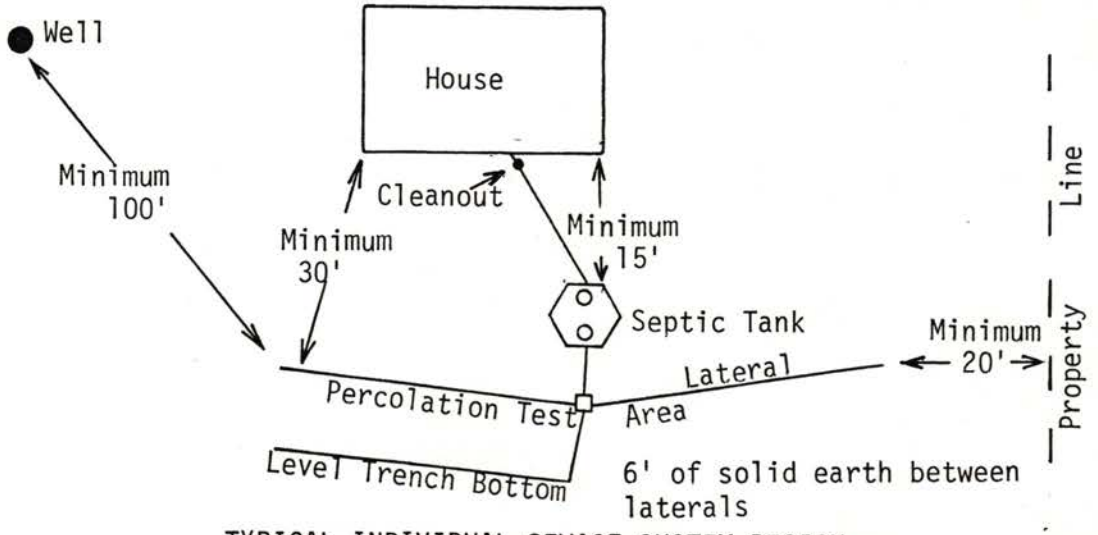
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material _____; Diameter _____ in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 65 + ft.
4. Number of clean-outs 3.
5. Distances to: Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

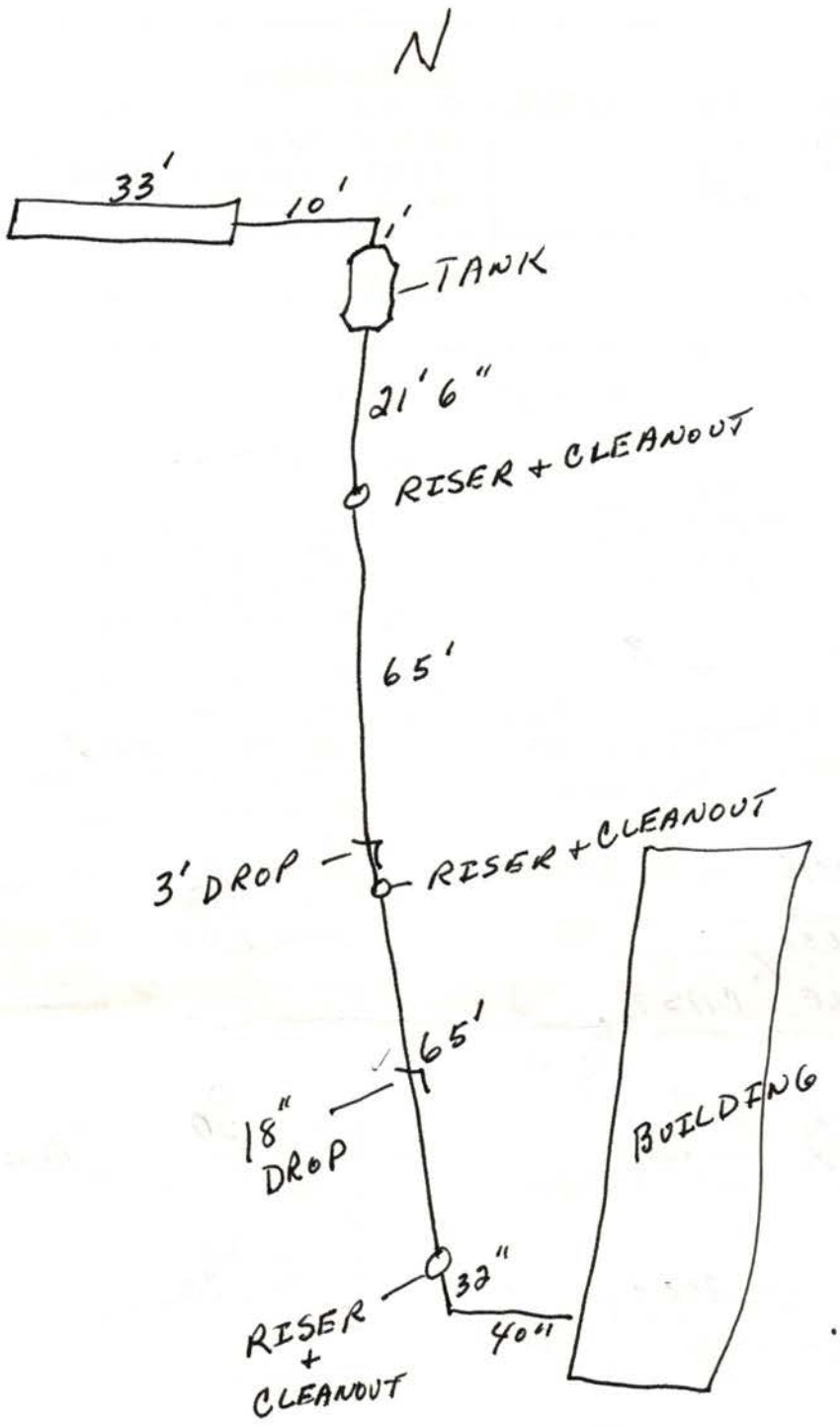
B. SEPTIC TANK:
1. Material CONCRETE; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐ (Company PRE CAST)
4. Manholes: Over Inlet; diam. 6 in. Over Outlet; diam. 8 in. Riser Above ☒ Below ☐ Grade 6 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 12 in.
8. Distances to: Well or Suction Line 200 + ft.; Stream 80 ft.; Pressure Line 200 + ft.; Property Line _____ ft.

C. DISTRIBUTION 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 12" or Perforated Pipe _____. Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines: Number 1 ; Length of each line 33, _____, _____, _____, _____ ft.; Total length of laterals 33 ft.; Distance between lateral lines _____ ft.
3. Trench dimensions: Width 4 ft.; Slope 0 in/100 ft.; Average Depth 30 in.
4. Filter Material: ROAD GRAVEL Depth of Material 22 in.
5. Distances to: Well or Suction Line 200 + ft.; Stream 70 ft.; Pressure Line 200 + ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N
33'
10'
1'
TANK
21'6"
RISER + CLEANOUT
65'
3' DROP
RISER + CLEANOUT
65'
18" DROP
BUILDING
32"
40"
RISER + CLEANOUT