

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave

Lincoln, NE 68502-3785

(402) 441-8000

NON TRANSFERABLE

P E R M I T

Permit

SEWAGE INSTALLATION

No. 94380111901

Issued 02/14/94

Expires 08/14/94

Revenue Code 18754

Establishment

ALLEN BARBER
T10N R8E SEC 31
WINDHOEK BLK 1 LOT 2

FEES: \$150.00

Permittee

ALLEN BARBER
8311 SOUTH ST
LINCOLN NE 68506

TOTAL \$150.00

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"

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: \$ 150⁰⁰

FILE NO. _____

DATE: 2-14-94

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 31 ;
Block 1 ; Lot 2 ; Addition WINDHOEK Addition
Street Address 11200 AYSHEBA LANE
Walton 68461
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
No. of Bedrooms 4 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐
4. Distance to public sewer: _____ ft. will use any system
Indicated from perk test

Allen C. Barker
Signature of Applicant (Owner or Lessee)

8311 South Street Lin Nebr.
Address

(Do not write below this double line)

- | | | |
|-----------------------|----------------------------|---|
| 1. Health Department: | Date Rec'd. <u>2/14/94</u> | ACTION: Approved ☒ Disapproved ☐ |
| | Date Frwd. <u>2/15/94</u> | Signature: <u>Terrell C. Hood</u> |
| 2. Supt. Bldg. Insp.: | Date Rec'd. <u>2/15/94</u> | ACTION: Approved ☒ Disapproved ☐ |
| or Village Clerk | Date Frwd. <u>2/15/94</u> | Signature: <u>Ray Spun</u> |
| 3. City or County : | Date Rec'd. <u>2-15-94</u> | ACTION: Approved ☒ Disapproved ☐ |
| Engineer | Date Frwd. <u>2-15-94</u> | Signature: <u>R.D. Minkem</u> |

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7/15/94 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: 7/15/94 By: Terrell 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
Lincoln, Nebraska 68502
Phone: 471-7800**B**

(11200 alysheba Lane)

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & 1/4 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: 4-12 to 4-12. Weather: Precip. _____ Temp. 66°.

OWNER: _____

Address: _____

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
Hold No.	Hole Depth (in.)	Pre-Saturation Period				Percolation Readings					Elaps- ed Time (Min.)	Results	Perco- lation Rates (Min./in.)
		Start		End		Start		End				Water Level Drop (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.)			
1	30"	4-11	11:00	4-12	9:00	4-12	10:30	6"	11:00	4"		2	
2	"	"	"	"	"	"	"	"	"	3 3/8"		2 1/8	
3	"	"	"	"	"	"	"	"	"	4 1/8"		1 3/8	
4	"	"	"	"	"	"	"	"	"	4 1/2"		1 1/2	
5	"	"	"	"	"	"	"	"	"	4 1/8"		1 2/8	
6	"	"	"	"	"	"	"	"	"	4 1/4"		1 3/4	

Signature of Person Conducting Test

Address Box 181 Elmwood, NE 68349 Phone 994-3595

Sum of Percolation Rates: _____

Average of Rates: _____

Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks:

Soil Type (SS): redson silt loamDate: July 15, 1994

Approved Percolation Rate (a)

A. 16 min./inch

B. _____ min./inch

C. _____ min./inch

Terrell C. Hood
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEW-
AGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

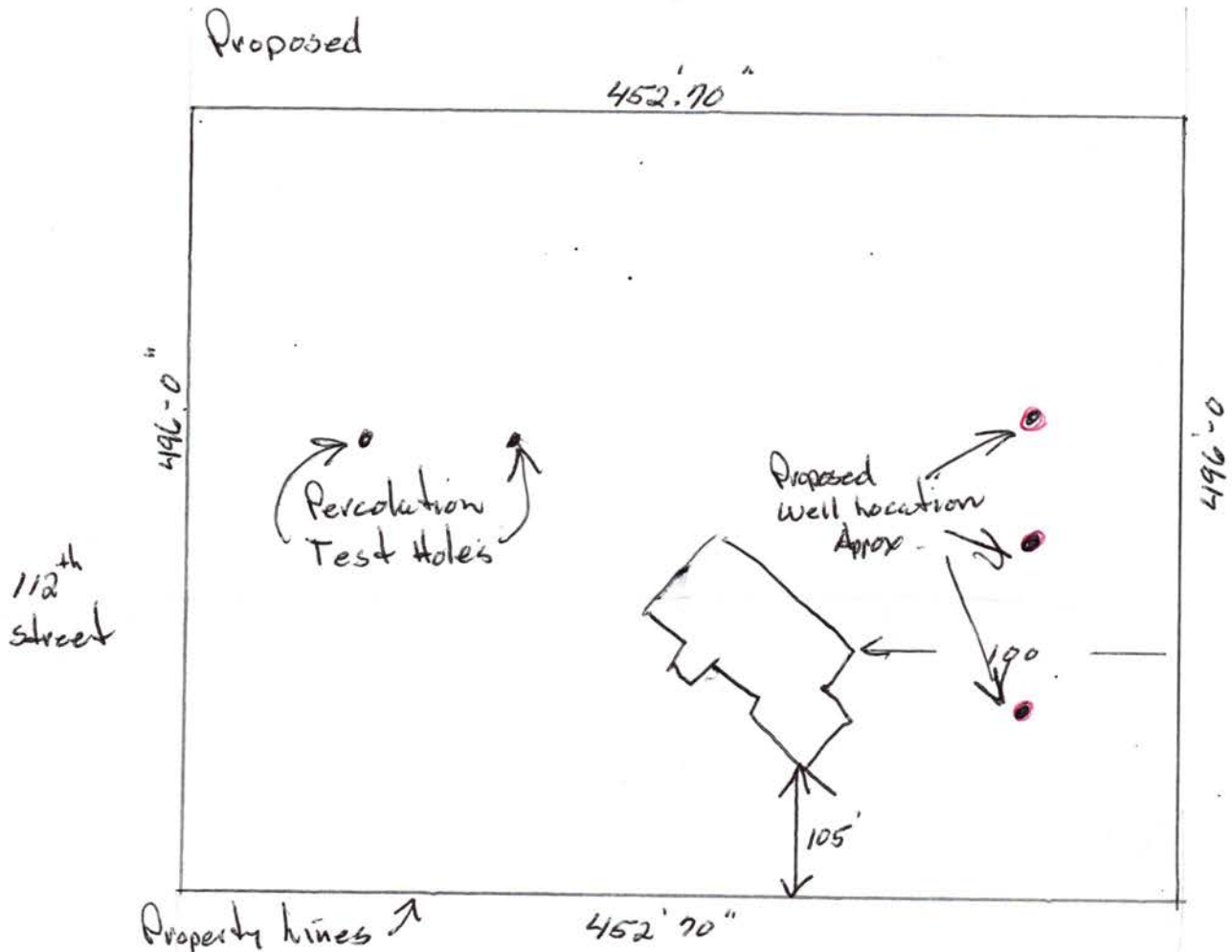
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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 existing or proposed.



ALYSHEBA LANE

REVIEWING ACTION

Remarks: _____

Date: _____

Minimum Design Requirement

1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 777 sq.ft.

Lorold C. Naor
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: 7/15/94

FILE NO. _____

SPECIFICATIONS AS BUILT

A. BUILDING SEWER:

1. Material Plastic; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 8 in.
3. Distance between dwelling and septic tank 60 ft.
4. Number of clean-outs 0
5. Distances to:
Well or Suction Line 300 ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:

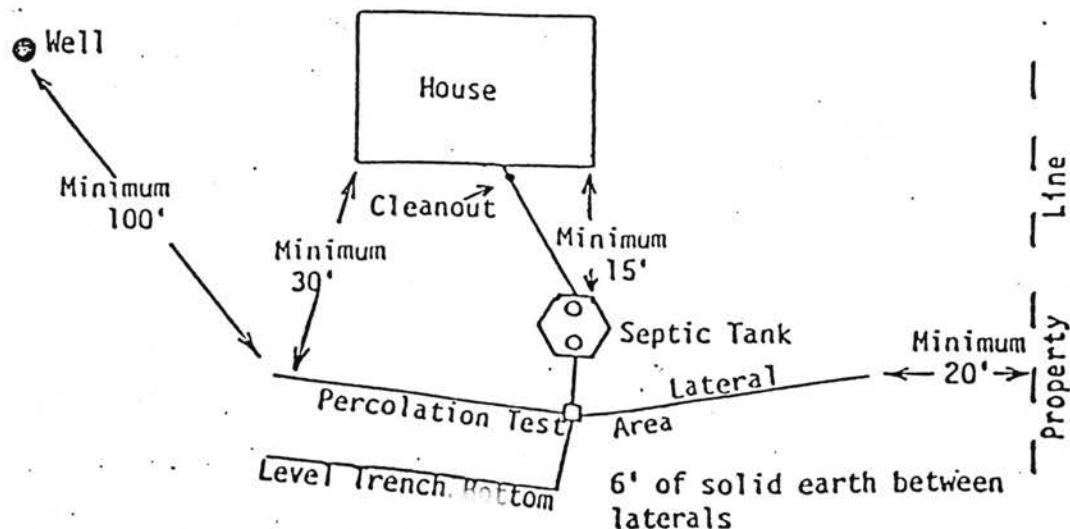
1. Material Concrete; No. of compartments _____
2. Capacity 1500 Gal gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cost)
4. Manholes: Over Inlet; diam. 4 in.
Over Outlet; diam. 4 in.
Riser Above ☐ Below ☐ Grade _____ in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☐
7. Depth of top of tank below finished grade 24 in.
8. Distances to:
Well or Suction Line 300 ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:

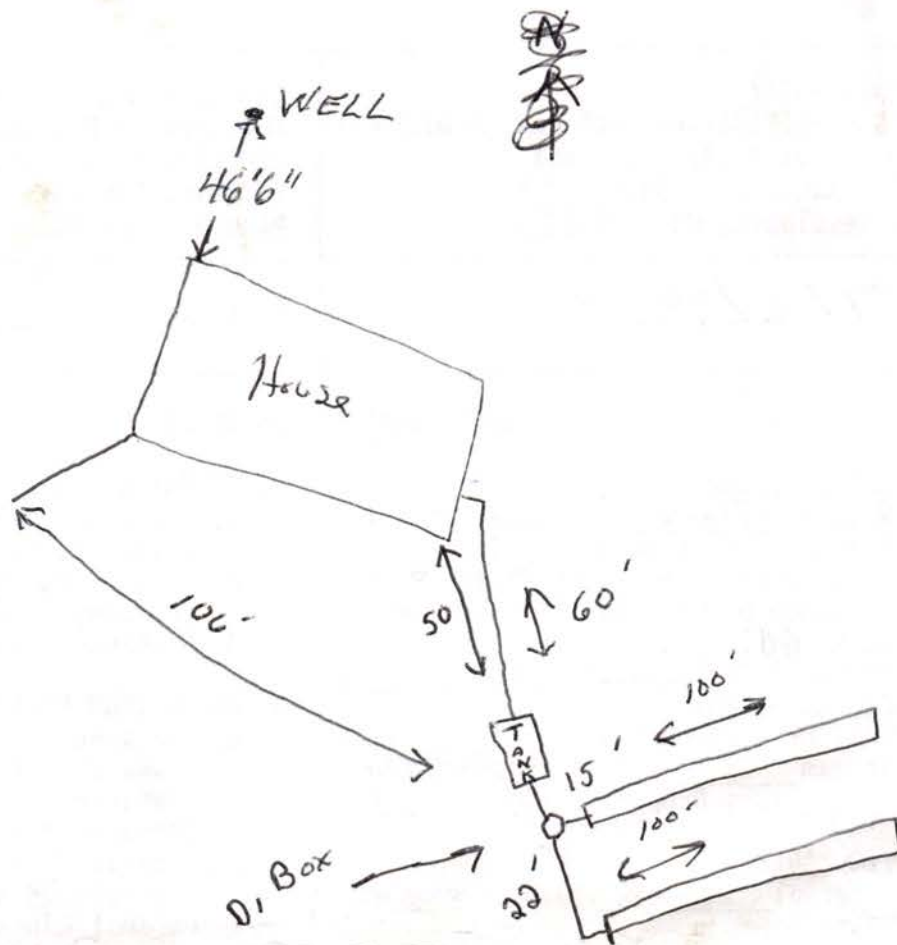
1. Material Concrete; Number - available outlets 5
2. Factory Built: Yes ☒ No ☐
(Company Pre Cost)
3. Distance from Septic Tank 15 ft.

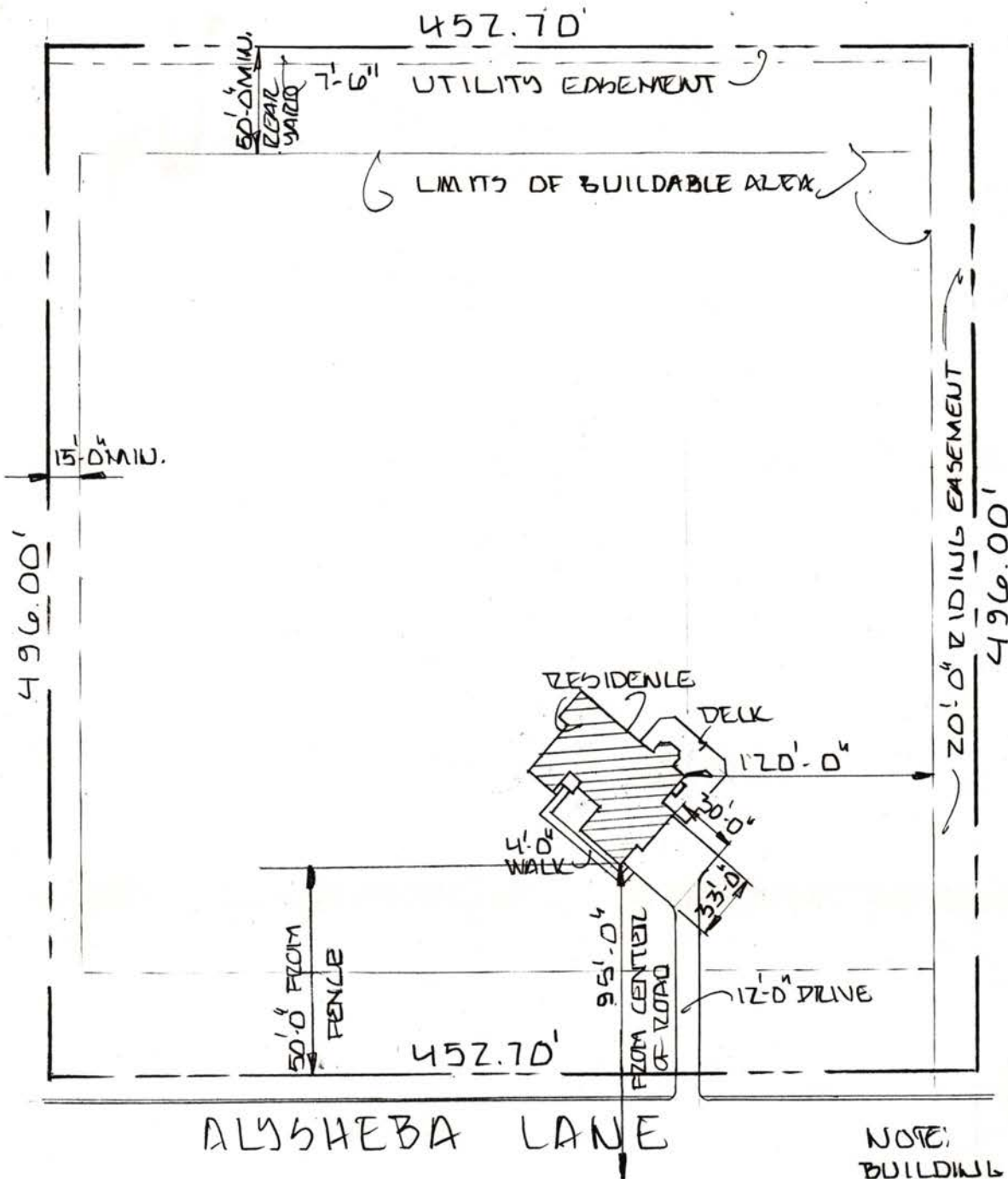
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)

1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round _____ or Perforated Pipe _____
Material: fiberglass ☐; plastic ☐; concrete ☒; other _____
2. Lateral Lines:
Number 2; Length of each line 100 ft.;
100 ft.;
Total length of laterals 3 ft.;
Distance between lateral lines 14 ft.
3. Trench dimensions: Width 4 ft.;
Slope 2 in/100 ft.; Average Depth 36 in.
4. Filter Material: Gravel
Depth of Material _____ in.
5. Distances to:
Well or Suction Line 300 ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN





NOTE:
BUILDING MAY BE LOCATED
ANYWHERE WITHIN
BUILDABLE AREA OF LOT.

LEGAL

WINDHOK ADDITION
LOT #2
BLOCK #1

PLOT PLAN

SCALE 1" = 80'-0"

WES LARL

11-8-93



NEW VENTURES
Custom Home Design.

The Trade Center
5901 South 58th, Suite B3
Lincoln, NE 68516
421-1186

BARBER CONSTR. / GREEN RESIDENCE

NW13093

