

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS

LINCOLN, NEBRASKA 68502

FILE NO. 1944-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION

MAY 15, 1983

TYPE OF PERMIT

THIS PERMIT EXPIRES

EARL NELSON BOX 36 MALCOLM NE 68402

ISSUED TO

ADDRESS

T11N; R5E; SECTION 4; LOT 2 IRREGULAR TRACT

LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE NEW SYSTEM

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
\$ 60.00	\$	\$	\$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIVED BY

DATE

AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH

ISSUING OFFICER

2832

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. _____

20109-0977

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: 474-1541



FILING FEE: \$ 60.⁰⁰

FILE NO. 1944-C

DATE: 11/15/1982

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. 11N; Range 5E; Section 4; Block _____; Lot 21.1; Addition _____; Street Address _____
2. Property Use: Residential ☒; Commercial ☐ Other Use ☐
No. of Bedrooms 1. Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☒; Other ☐
4. Distance to public sewer: 5 MILE ft.

Earl A Nelson

Signature of Applicant (Owner or Lessee)

Box 36 MALCOLM NE 68402
Address

(Do not write below this double line)

- | | | |
|---|---|--|
| 1. Health Department: | Date Rec'd. <u>11/15/82</u>
Date Frwd. <u>11/15/82</u> | ACTION: Approved ☒ Disapproved ☐
Signature: <u>Verrold C. Hood</u> |
| 2. Supt. Bldg. Insp.:
or Village Clerk | Date Rec'd. <u>11-15-82</u>
Date Frwd. <u>11-15-82</u> | ACTION: Approved ☒ Disapproved ☐
Signature: <u>Ernest Demme</u> |
| 3. City or County
Engineer | Date Rec'd. <u>11/15/82</u>
Date Frwd. <u>11/15/82</u> | ACTION: Approved ☒ Disapproved ☐
Signature: <u>Lynne H. Smith</u> |

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4/22/83 by: LCH
Date: 4/24/83 by: SMH
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4/27/83 By: Verrold 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: 474-1541**B**

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township ELK; Range _____; Section & $\frac{1}{4}$ 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: 11-10-82 to 11-11-82. Weather: Precip. _____ Temp. _____.OWNER: Earl A. NelsonAddress: Box 36 MALCOLM NE 68402

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
Hole No.	Hole Depth (in.)	Pre-Saturation Period				Percolation Readings					Elapsed Time (Min.)	Results Water Level Drop (in.)	Perco-lation Rates (Min./in.)
		Start		End		Start		End					
		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	36"	11-10	4 PM	11-11	8 AM	11-11	11:30	23'	12:00	23 3/4"	30m	3/4	
2	36"	11-10	4 PM	11-11	8 AM	11-11	11:30	24'	12:00	23	30m	1"	
3	36"	11-10	4 PM	11-11	8 AM	11-11	11:30	23 1/2	12:00	23 3/4	30m	1 1/8"	
4	36"	11-10	4 PM	11-11	8 AM	11-11	11:30	23 1/2	12:00	22 3/4	30m	3/4	
5	36"	11-10	4 PM	11-11	8 AM	11-11	11:30	24	12:00	23	30m	1	
6	36"	11-10	4 PM	11-11	8 AM	11-11	11:30	22 3/4	12:00	21 3/4	30m	1	

Signature of Person Conducting Test
Earl A. NelsonAddress Box 36 MALCOLM NE 68402 Phone 796-2471

Sum of Percolation Rates: _____

Average of Rates: _____

Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks: Dickenson, Sandy Loam very closeSoil Type (SCS): Burchard Clay LoamDate: November 15, 1982

Approved Percolation Rate (a)

A. 32 min./inch

B. _____ min./inch

C. _____ min./inch

Harold 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

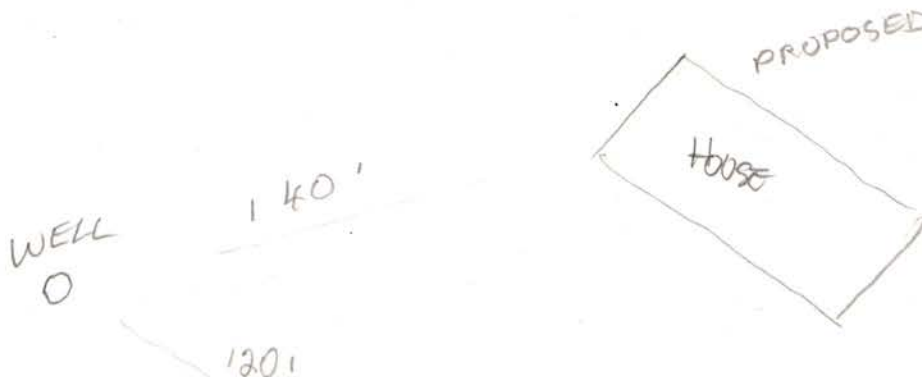
Phone: 474-1541

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.



REVIEWING ACTION

Remarks: _____

Minimum Design Requirement

1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 65 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 258 sq.ft.

Date: November 15, 1982

Herold C. Hoob
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 Plastic; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 16 in.
3. Distance between dwelling and septic tank 50 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line 100' + ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line 20' + ft.

B. SEPTIC TANK:

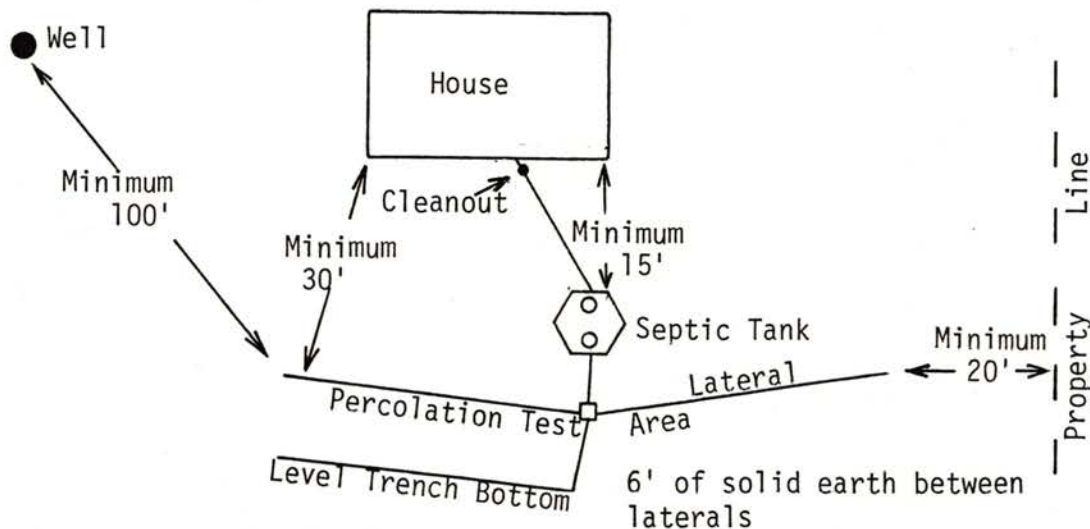
1. Material Concrete; No. of compartments one.
2. Capacity 1000 gal gals.;
3. Factory Built: Yes ☒ No ☐
(Company Preco)
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 in.
Riser Above ☐ Below ☐ Grade 4 in.
5. Inlet: Baffle ☒; or Tee ☐
6. Outlet: Baffle ☒; or Tee ☐
7. Depth of top of tank below finished grade 18 in.
8. Distances to:
Well or Suction Line 100' + ft.;
Stream _____ ft.; Pressure Line 90 ft.; Property Line 100' + ft.

C. DISTRIBUTION BOX:

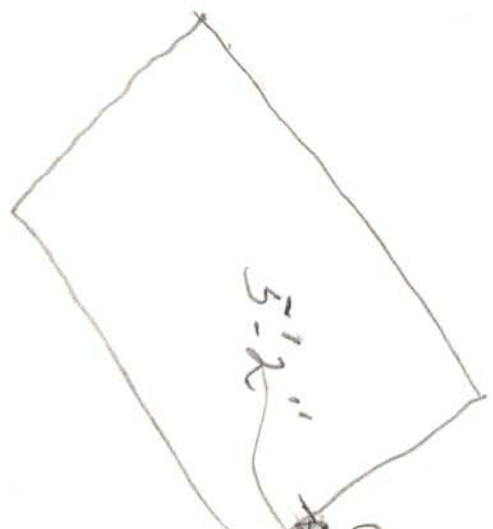
1. Material Concrete; Number - available outlets 5.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 8-8 ft.

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

1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 16 in. or Perforated Pipe _____.
Material: fiberglass ☐; plastic ☐; concrete ☒; other _____.
2. Lateral Lines:
Number 2; Length of each line 68 ft.;
10 ft.; _____ ft.;
Total length of laterals 128 ft.;
Distance between lateral lines 20 ft.
3. Trench dimensions: Width 4 ft.;
Slope 2 in/100 ft.; Average
Depth 36 in.
4. Filter Material: Gravel
Depth of Material 24 in.
5. Distances to:
Well or Suction Line 100' + ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line 100' + ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN



5'-2"

C0 3'-3"

E 3'-0"

4'-0" x 2'-4"

8'-8"

20'-0"

68' - 1/2 round

60' - 1/2 round

Well 100'

