

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1443-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION

April 25, 1979

TYPE OF PERMIT

THIS PERMIT EXPIRES

Glen Grant Rural Route, Malcolm, NE 68402

ISSUED TO

ADDRESS

T11N, R5E, Section 32 W $\frac{1}{2}$ of SW $\frac{1}{4}$

LEGAL DESCRIPTION

REMARKS: **NON-TRANSFERABLE**

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
\$ 30.00	\$	\$	\$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY

DATE

AMOUNT

HEALTH

ISSUING OFFICER

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

2832

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO.

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: \$ 30.⁰⁰

FILE NO. 1443-C

DATE: 10-12-78

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. 12N; Range 5E; Section 32^W 29^W 4^W
Block _____; Lot _____; Addition _____
Street Address _____
2. Property Use: Residential ☒ 2; Commercial ☐ Other Use ☐
No. of Bedrooms _____ Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☒; Other ☐
4. Distance to public sewer: _____ ft.

Ellen Grant
Signature of Applicant (Owner or Lessee)
RR. Malcolm
Address

(Do not write below this double line)

- | | | |
|---|---|---|
| 1. Health Department: | Date Rec'd. <u>10/25/78</u>
Date Frwd. <u>10/25/78</u> | ACTION: Approved ☒ Disapproved ☐
Signature: <u>Herold C. Good</u> |
| 2. Supt. Bldg. Insp.:
or Village Clerk | Date Rec'd. <u>10/25/78</u>
Date Frwd. _____ | ACTION: Approved ☒ Disapproved ☐
Signature: <u>Henry J. Shumard</u> |
| 3. City or County
Engineer | Date Rec'd. <u>10-25-78</u>
Date Frwd. <u>10-25-78</u> | ACTION: Approved ☒ Disapproved ☐
Signature: <u>Henry J. Shumard</u> |

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:

Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/14/81 By: Herold C. Good

* Understand land has been properly divided

Approve Trailer farthest West

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. 1443-C

PROPERTY WHERE SOIL TESTED:

Location: Township 12 N; Range 5 E; Section & $\frac{1}{4}$ Section 32 $\frac{1}{2}$ of $\frac{5}{4}$
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: 9-29-78 to 9-30-78. Weather: Precip. _____ Temp. _____.

OWNER: _____

Address: _____

PERCOLATION TEST DATA TABLE

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					Elaps- ed 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	30	9/29	8:30	9/30	1:00	9/30	4:30	15	5:00	16½	30	1½	
2			AM		PM		PM	16¾	PM	18		1¼	
3								13		14		1	
4								13		13¾		¾	
5								18		19		1	
6								15		16½		1½	

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): Sharpsburg Silty ClayDate: October 25, 1978 Loam

Approved Percolation Rate (a)

A. 25 min./inch

B. _____ min./inch

C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

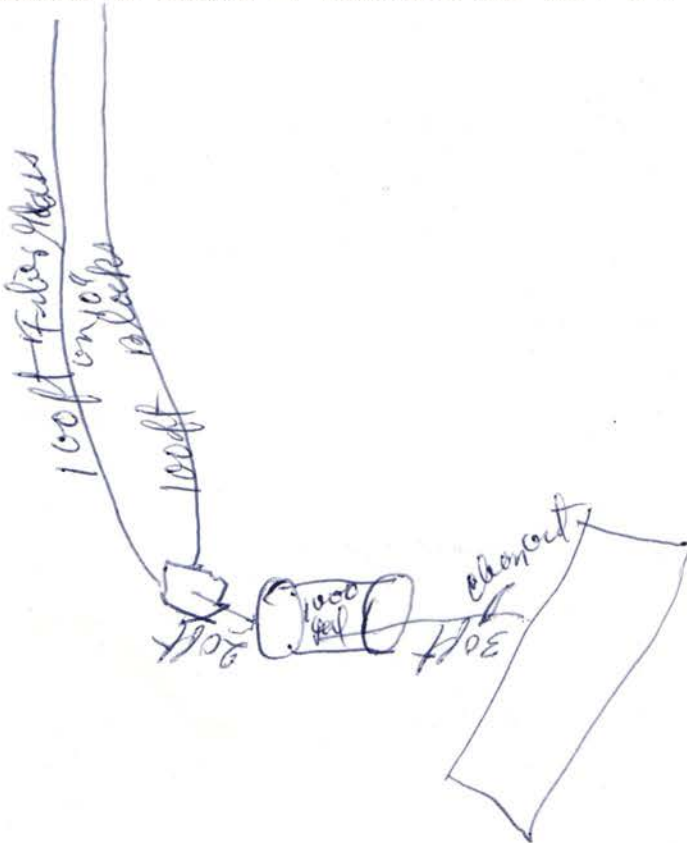
PRELIMINARY PLANS & SPECIFICATIONS FOR SEW-
AGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐



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

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



Remarks :

Date: October 23, 1978

1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 115 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 459 sq.ft.

Berrold 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
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D

DATE: 10-12-78

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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 _____ ft.
4. Number of clean-outs _____.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:

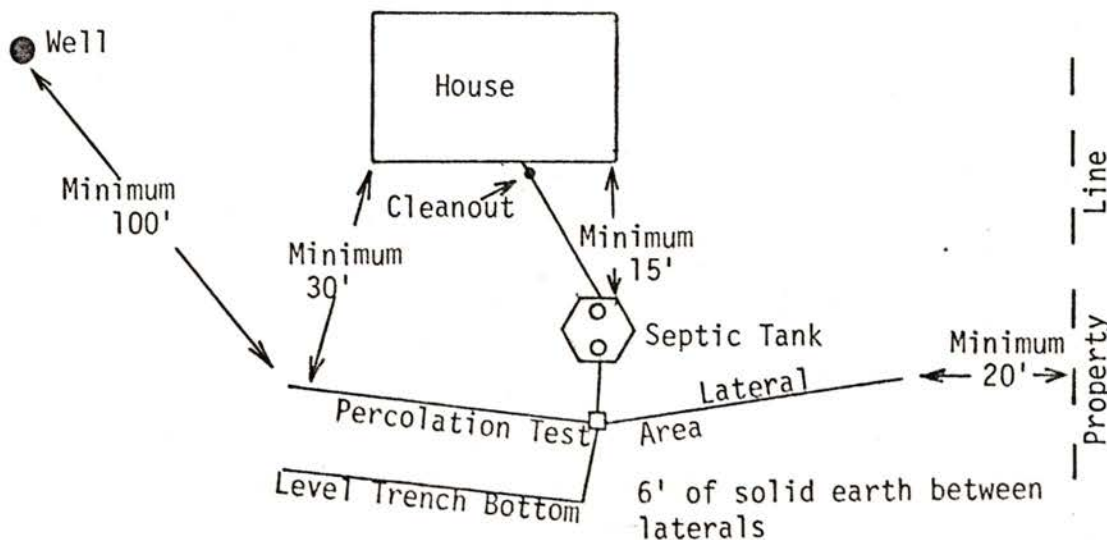
1. Material Fiber Glass; No. of compartments one.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. 10 in.
Over Outlet; diam. 10 in.
Riser Above ☐ Below ☐ Grade 10 in.
5. Inlet: Baffle ☒; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☒
7. Depth of top of tank below finished grade 20 in.
8. Distances to:
Well or Suction Line 250 ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:

1. Material Plastic; Number - available outlets seven.
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 _____ or Perforated Pipe _____.
Material: fiberglass ☒; plastic ☐; concrete ☐; other ☐.
2. Lateral Lines:
Number 2; Length of each line 100 ft.;
Total length of laterals 200 ft.;
Distance between lateral lines 12 ft.
3. Trench dimensions: Width 4 ft.;
Slope 5 in/100 ft.; Average Depth 42 in.
4. Filter Material: Gravel Road
Depth of Material over Half in. in.
5. Distances to:
Well or Suction Line 250 ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE _____

10-12-78

INSTALLER

EM
Big Cycle Simulation Service
well

