

FILE NO. 1984

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION

NOVEMBER 16 1983

TYPE OF LICENSE OR PERMIT

THIS LICENSE OR PERMIT EXPIRES

JAMES OR MARVA J. WASSER 6700 TANGLEWOOD LINCOLN, NE 68516

LICENSEE OR PERMITTEE

ADDRESS

TION OF SECTION 31 IRREGULAR TRACT

NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS:

NONTRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
\$ <u>60.00</u>	\$	\$	\$	\$ <u>60.00</u>
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE	
<u>018754</u>	<u>XXXXXX</u>	<u>XXXXXX</u>	<u>XXXX</u>	
SERIAL NO.	DATE	AMOUNT		
<u>63732</u>	<u>11 16 83</u>	<u>60.00</u>		

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION
HEALTH

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

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. 1984

DATE: 5-5-83

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. 10 N; Range 8 E ^{7 6 AM}; Section 31;
Block _____; Lot 45 II; Addition 4 Tract SE 1/4 of 31
Street Address 1701st
2. Property Use: Residential ☐; Commercial ☐ Other Use ☐
No. of Bedrooms 3. Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☒; Other ☐
4. Distance to public sewer: 2 1/2 mi. ft. WHATEVER SOIL PERC. TEST INDICATES

James or Marva Wasser
Signature of Applicant (Owner or Lessee)

6700 Tanglewood Ln
Address

(Do not write below this double line)

- | | | |
|--|----------------------------|---|
| 1. Health Department: | Date Rec'd. <u>5/16/83</u> | ACTION: Approved ☒ Disapproved ☐ |
| | Date Frwd. <u>5/16/83</u> | Signature: <u>Terrold C. Haab</u> |
| 2. Supt. Bldg. Insp.: | Date Rec'd. <u>5-16-83</u> | ACTION: Approved ☒ Disapproved ☐ |
| or Village Clerk | Date Frwd. <u>5-16-83</u> | Signature: <u>Paul Boers</u> |
| 3. City or County Engineer: | Date Rec'd. <u>5-16-83</u> | ACTION: Approved ☒ Disapproved ☐ |
| | Date Frwd. <u>5-16-83</u> | Signature: <u>W. Long</u> |

REMARKS OR REASONS FOR DISAPPROVAL WELL ALREADY EXISTS.

Site Visits:

Date: 6-17-83 by: rm
Date: 6-20-83 by: rm
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-23-83 By: Ron Margum

* correction made 6-20-83
* correction made
* disapprove first lateral of partial inspection - only first 24 feet has sufficient gravel over top of perforated pipe.
Also, pipe drops variably from 4-18" in length of trench.

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 10N ; Range 8E ; Section & $\frac{1}{4}$ Section SE 4 of fractional 31
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Sheet C with sketch of property.

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

Dates of Tests: 5-23- to 5-24 . Weather: Precip. _____ Temp. _____.

OWNER: Mrs Marna Wasson

Address: 6200 Tanglewood Lane

wait
copy N soil test sub report

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						Results	
		Start		End		Start		End		Elapsed Time (Min.)	Water Level Drop (in.)	Perco-lation Rates (Min./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	18	5-23	9AM	5-23	1PM	5-24	2PM	6	3PM	4 $\frac{1}{8}$	60	1 $\frac{1}{8}$	
2	18	"	"	"	"	"	"	6	"	4 $\frac{3}{8}$	60	1 $\frac{1}{8}$	
3	18	"	"	"	"	"	"	6	"	4 $\frac{3}{8}$	60	1 $\frac{1}{4}$	
4	18	"	"	"	"	"	"	6	"	4 $\frac{3}{8}$	60	1 $\frac{1}{8}$	
5	18	"	"	"	"	"	"	6	"	4 $\frac{3}{8}$	60	1 $\frac{1}{8}$	
6	18	"	"	"	"	"	"	6	"	5	60	1	

Sinterb. Co.
Signature of Person Conducting Test

Address 6710 NO 7 Phone 475-1486

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

Approved Percolation Rate (a)
A. 53 min./inch
B. _____ min./inch
C. _____ min./inch

Signature of Reviewing Official _____

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 Sc 35; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 50 ft.
4. Number of clean-outs _____.
5. Distances to:
Well or Suction Line over 100 ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:

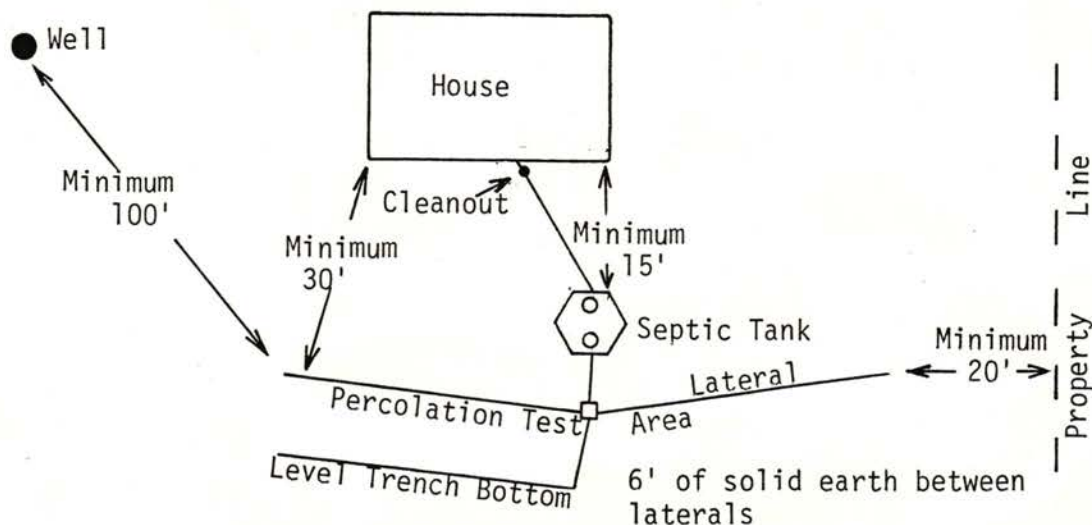
1. Material Cem; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pie)
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 in. nicely
Riser Above ☐ Below ☐ Grade 8 in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☐
7. Depth of top of tank below finished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

C. DISTRIBUTION BOX:

1. Material Pla; Number - available outlets 7.
2. Factory Built: Yes ☐ No ☐
(Company Hand Cast)
3. Distance from Septic Tank 10 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 4"
Material: fiberglass ☐; plastic ☒; concrete ☐; other _____.
2. Lateral Lines:
Number 4; Length of each line 100, 100, 15 ft.;
Total length of laterals 315 ft.;
Distance between lateral lines 8 ft.
3. Trench dimensions: Width 3 ft.;
Slope 3 in/100 ft.; Average Depth 18 in.
4. Filter Material: Road Gravel
Depth of Material 12 in.
5. Distances to:
Well or Suction Line 200 ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

