81/3

4C

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

A

FILING FEE: $ 60.00

FILE NO. 1603-C

DATE: 9 24 79

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. 7N ; Range 5E ; Section 3 ; NE 1/4 of SE 1/4
   Block _____ : Lot _____ : Addition _____
   Street Address _____

2. Property Use: ~~Residential~~ ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe Farm house 40 acres

3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒

4. Distance to public sewer: _____ ft.

Ray Hollman
Signature of Applicant (Owner or Lessee)

~~Wallace~~ Crete 68333
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/2/79 . Date Frwd. 10/2/79 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Neal

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10/2/79 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Gary A. Kenwood

3. City or County Engineer : Date Rec'd. 10-2-79 . Date Frwd. 10-2-79 . ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

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: _____ By: _____

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. 1603-C

PROPERTY WHERE SOIL TESTED:

Location: Township 7 ; Range 5 ; 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: 9-24 to 9-25. Weather: Precip. _____ Temp. _____.

OWNER: Ray Hollman
Address: Crete NE 68333

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.)
1	36"	9-24	8:00 AM	9-25	8:00	9-25	8:00 AM	12	8:30 9-25	~~9½~~			
2	"	"	"	"	"	"	8:00	12	"	~~8"~~			
3	"	"	"	"	"	"	8:00	12	"	10			
4	"	"	"	"	"	"	8:00	12	"	7			
5	"	"	"	"	"	"	8:00	12	"	7			
6	"	"	"	"	"	"	8:00	12	"	6			
							over on back						

Ray Hollman
Signature of Person Conducting Test

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

Address Crete RR 1 Phone 826 5655

(Do not write below this line)

REVIEWING ACTION

Remarks: Must be sealed
Soil Type (SCS): Morrill Clay Loam
Date: October 3, 1979

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 ☐

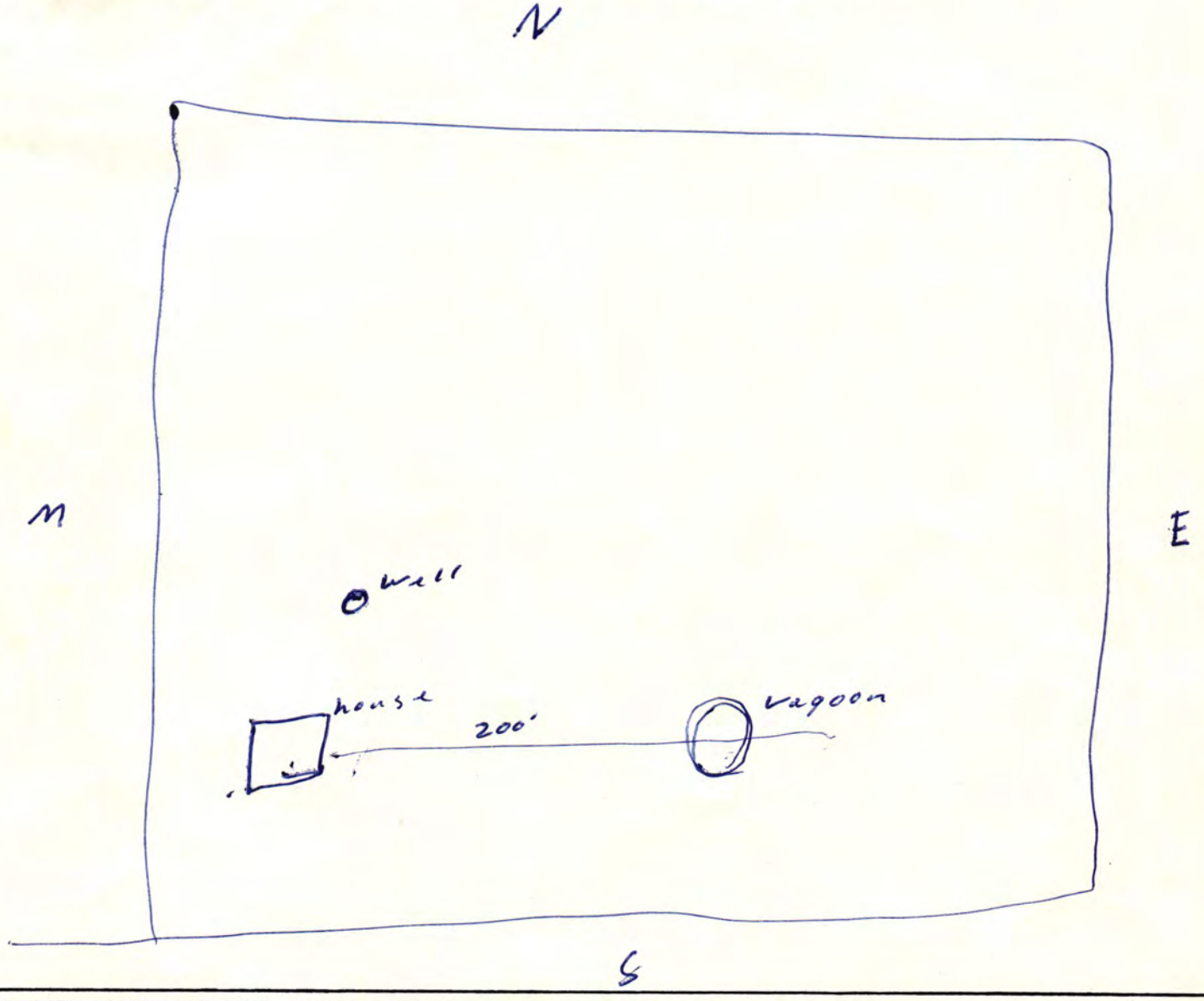
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO. 1603-C

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



REVIEWING ACTION

Remarks: _____

_____

Date: _____

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

_____
Signature of Reviewing Official

BEEMAN Construction Co.

826-2415
Phone ~~2815~~

506 Linden Street
Crete, Nebraska

Ray Hollman

File #1603-C

