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: $_____

FILE NO._____

DATE: 5-11-92

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 14 E½SW¼;
   Block_____: Lot_____: Addition_____
   Street Address 80th west Princeton Road

2. Property Use: Residential ☐ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2 . Describe_____

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

4. Distance to public sewer: 4 miles ft.

Donald B Reyka
Signature of Applicant (Owner or Lessee)

RR 1 Hallam, NE 68368
Address 787-7375 or 787-7807

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/12/92. Date Frwd. 5/13/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Head
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 5/13/92. Date Frwd._____. ACTION: Approved ☐ Disapproved ☐ Signature: Ray Spurr
3. City or County Engineer: Date Rec'd. 5/13/92. Date Frwd._____. ACTION: Approved ☒ Disapproved ☐ Signature: Wayne R Clausen

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 6-5-92 by: P.D need Fence, post etc.
Date: 6-9-92 by: PD
Date:_____ by:_____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-10-92 By: Paul R

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

FORM 23-43

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 7 ; Range 5 ; Section & ¼ Section E½ SW¼
Property Dimensions: 1320 ft. x 2640 ft. Area: 80 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒
Dates of Tests: 5-6-92 to 5-7-92 . Weather: Precip. 0 Temp. 80's

OWNER: Douglas and Donald Rejcha

Address: R.R. 1 Box 69 Hallam, Ne. 68368

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	5-6	2:00PM	5-7	2:00PM	5-7	2:00PM	16"	2:30	16 1/8	30	1/8	
							2:30	16 1/8	3:00	16 1/2	30	3/8	
							3:00	16 1/2	3:30	16 7/8	30	3/8	
							3:30	16 7/8	4:00	17 1/4	30	3/8	
							4:00	17 1/4	4:30	17 1/2	30	1/4	
							4:30	17 1/2	5:00	18	30	1/2	
							5:00	18	5:30	18 3/8	30	3/8	
							5:30	18 3/8	6:00	18 5/8	30	1/4	

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

Milo Rejcha
Signature of Person Conducting Test

Address Milo Rejcha A.R. 1 Box 67 Hallam, Ne. 68368 Phone 787-7375

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Pawnee clay loam
Date: MAY 14, 1992

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

Gerrold 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 ☐

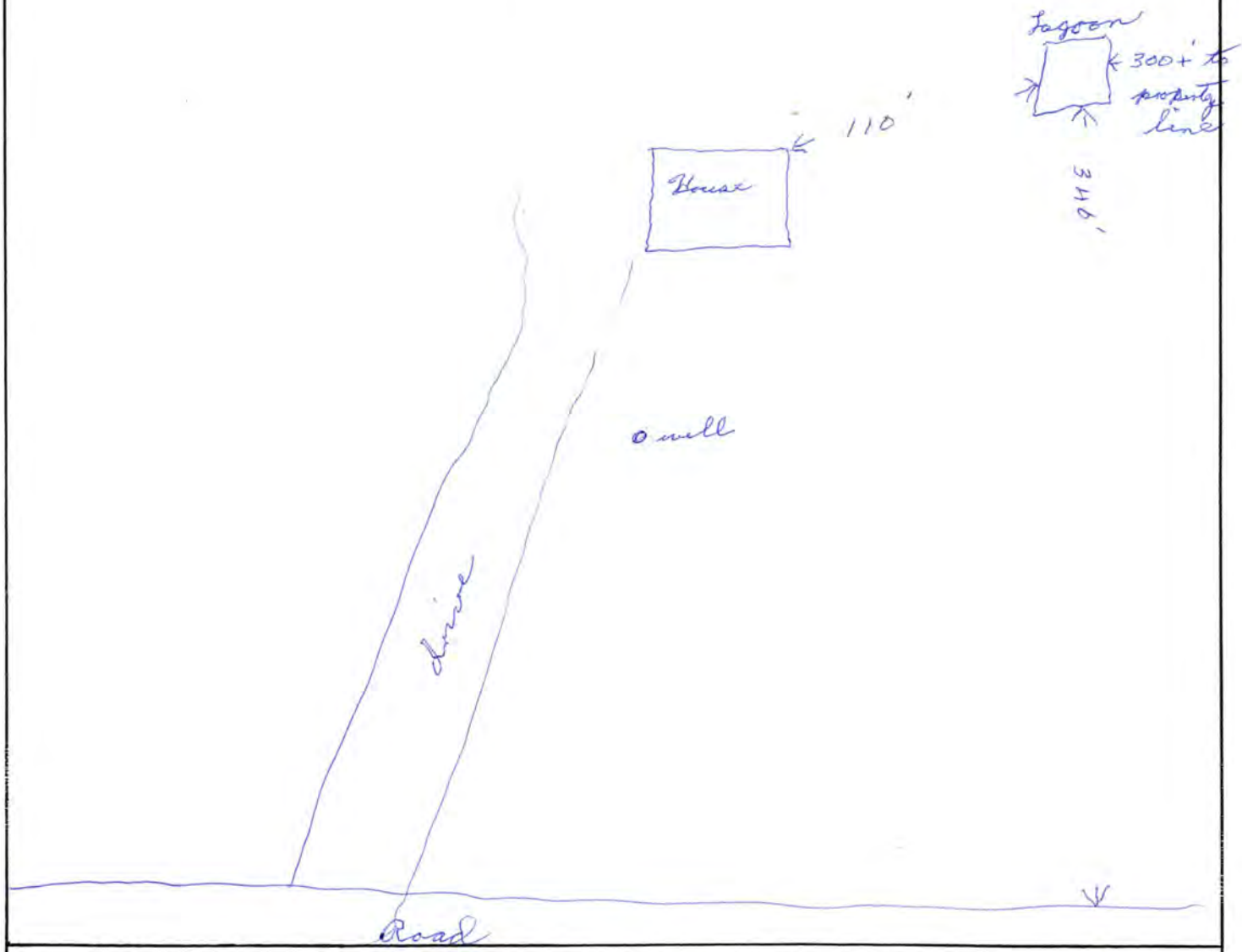
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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C

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

FILE NO._____

Indicate on sketch if residence and well are 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

RATION MAKER
Products, Inc.
Premixes — Animal Health

RMP INC ™

