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: $ 60.00

FILE NO. 2523-C

DATE: 7-2-87

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 23 SE¼;
   Block _____ : Lot _____ : Addition _____
   Street Address S-W 72 and West Pella road
2. Property Use: Residential ☐ ; Commercial ☐ Other Use ☑
   No. of Bedrooms 3 . Describe Farm Home
3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☑
4. Distance to public sewer: 3 miles ft.

Milo Rejcha
Signature of Applicant (Owner or Lessee)

R.R. 1 Box 67
Wallam. Nebr 68368
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/2/87. Date Frwd. 7/2/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7/2/87. Date Frwd. 7/2/87. ACTION: Approved ☒ Disapproved ☐ Signature: Dave Sherwood
3. City or County Engineer: Date Rec'd. 7/2/87. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Roger Harmon

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7-24-87 by: pm need level
Date: 8/3/87 by: J.C.W
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/3/87 By: J. C. Wood

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
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B

FILE NO. 1523-C

PROPERTY WHERE SOIL TESTED:

Location: Township 7 ; Range 5 ; Section & ¼ Section 23 S.E ¼
Property Dimensions: _____ ft. x _____ ft. Area: 160 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☑ .
Dates of Tests: 6-25-87 to 6-27-87 . Weather: Precip. 0 Temp. 705-805.

OWNER: MILO REJCHA

Address: Wallam

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	35	6-25	5 PM	6-26	~~7 AM 14 hr.~~			~~30~~		23	14 hr	3	
		6-26	7 AM	6-26	5:15 PM			~~23~~		25	10 hr 15 m	2	
						6-26	5.15	25	7.00	25 3/8	1 hr 45 m	3/8	
						6-26	7.00	25 3/8	8.00	25 5/8	1 hr.	1/4	
						6-26	8.00	25 5/8	8.45	25 7/8	45 m.	1/4	
						6-26	8.45	25 7/8	9.40	25 7/8	55 m	0	
						6-27	9.40 6-26	25 7/8	7.30 6-27	27 1/4	9 hr 50 m	1 3/8	
one	fill	no water added											

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

Milo Rejcha
Signature of Person Conducting Test

Address Wallam Phone 787-7375

(Do not write below this line)

REVIEWING ACTION

Remarks: Sewage Lagoon Indicated
Soil Type (SCS): Steinauer Clay Loam
Date: JULY 2, 1987

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

Jerrold 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
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

D

DATE: _____

FILE NO. _____

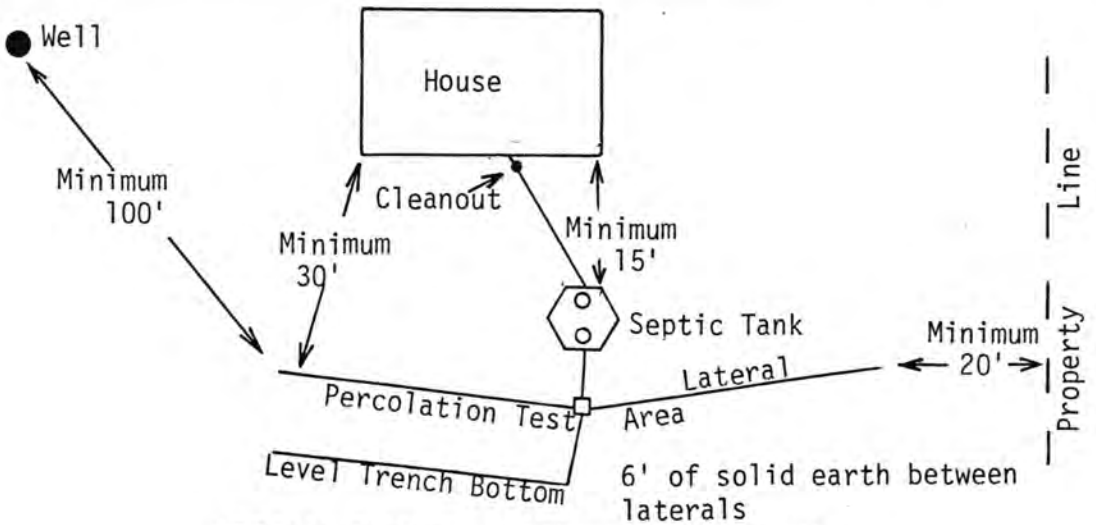
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Sch. 40; 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 _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade _____ in.
8. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material _____; Number - available outlets _____.
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 ___ ; Length of each line _____, _____, _____, _____, _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width _____ ft.;
Slope _____ in/100 ft.; Average Depth _____ in.
4. Filter Material: _____
Depth of Material _____ in.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2523-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

JANUARY 2, 1988
THIS PERMIT EXPIRES

MILO REJCHA — ROUTE #1, BOX 67 — HALLAM, NE 68368
ISSUED TO — ADDRESS

T9N; R5E; Sec SE¼ 23; S-W 72 & West Pella Rd.
LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

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

RECEIPTED BY	DATE	AMOUNT
JS	7-2-87	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

AS BUILT DRAWING OF SYSTEM

DATE 7-24-87. INSTALLER Oosting well & Plbg.

