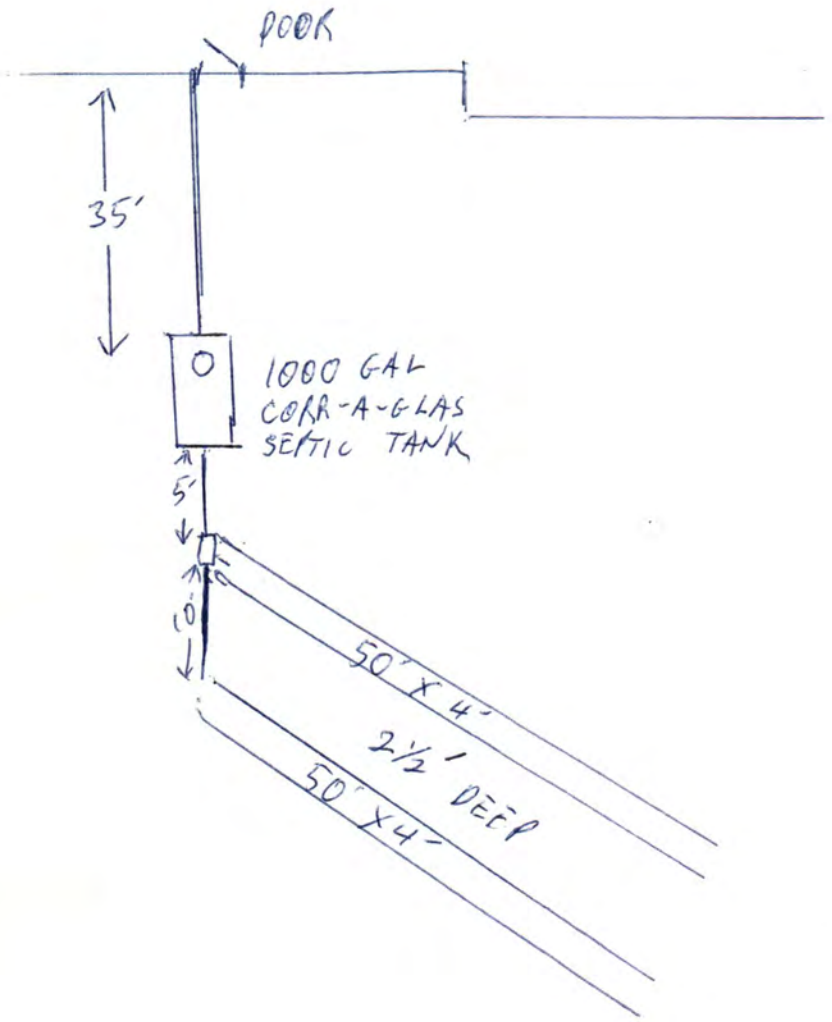
AS BUILT DRAWING OF SYSTEM

DATE _____ INSTALLER Norman Bengtson



FORM HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 1272-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 3/7/78

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. T 7 N ; Range R-6-E; Section S½ of SW¼ - 9
   Block _____; Lot _____; Addition _____
   Street Address _____

2. Property Use: Residential _____ ☒ ; Commercial _____ ☐
   No. of Bedrooms _____. Describe: _____
   Other Use _____ ☐
   Describe: _____

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

4. Distance to public sewer: _____ ft.

Kenneth Muff
Signature of Applicant (Owner or Lessee)

Route 1 Martell Neb.
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 3/9/78. Date Frwd. 3/9/78. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd. 3/9/78. Date Frwd. 3/9/78. ACTION: Approved ☒ Disapproved ☐ Signature: Gary M Sherwood
3. City or County Engineer: Date Rec'd. 3/9/78. Date Frwd. 3/9/78. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

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

FORM HD-43 (73) 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)

FILE NO. _____

PROPERTY WHERE SOIL TESTED:
Location: Township 7N : Range 6E
Section & ¼ Sect. 9 S½ of SW¼
Property Dimensions: ____ ft. x ____ ft.
Area: 80 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ; Silty Clay Loam ; Sandy Loam
Silty Loam ; Clay Loam ; Sandy Clay

Owner: Ken Muff
Address: Martell

Dates of Tests: 10/12/78 to _____. Weather: Precip. 0 Temp. 68

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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	36"		X			10/12	4:35	12"	5:35	3½"	60"	8½"	
2	36"		X			"	"	"	"	3¼"	"	8¼"	
3	"					"	"	"	"	4"	"	8"	
4	"					"	"	"	"	3"	"	9"	
5	"					"	"	"	"	4½"	"	7½"	
6	"					"	"	"	"	2¾"	"	9¼"	

Sum of Percolation Rates: _____
Average of Rates: 4.75
Mean of Rates: .7917

Signature of Person Conducting Test

Address _____

Phone _____

Based on last 10 min readings of attached sheet

(Do not write below this line)

REVIEWING ACTION

REMARKS: Morrill clay Loam (S.C.S.)

DATE: 10-16-78

Approved Percolation Rate (a)
A. 13 min./inch
B. _____ min./inch
C. _____ min./inch

James Wewerka
Signature of Reviewing Official

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT 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: 475-6221)

FILE NO._____

DATE:_____

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 7N ; Range 6E ; Section 9 S½ of SW¼ ; Block_____; Lot_____; Addition_____.
   Street Address_____.

2. Property Use: Residential_____ ☐; Commercial_____ ☐
   No. of Bedrooms_____ Describe:_____
   Other Use Farm
   Describe: 2 bedroom

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

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

_____
Signature of Applicant (owner or lessee)

_____
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd;_____
   Filing Fee: $_____.____

2. Site Visits:
   Date: 11-15-78 by: jm
   Date:_____ by:_____
   Date:_____ by:_____

3. Date: Approved ☐; Disapproved ☐
   by:_____

4. INSTALLATION FINAL WRITTEN APPROVAL
   Date: 11-15-78 by: James Nevels

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1272-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

September 9, 1978 — THIS PERMIT EXPIRES

Kenneth Muff, Route 1, Martell, NE 68404 — ISSUED TO — ADDRESS

T7N, R6E, Section 9 S½ of SW¼ — 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

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH — ISSUING OFFICER

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

20109-0977