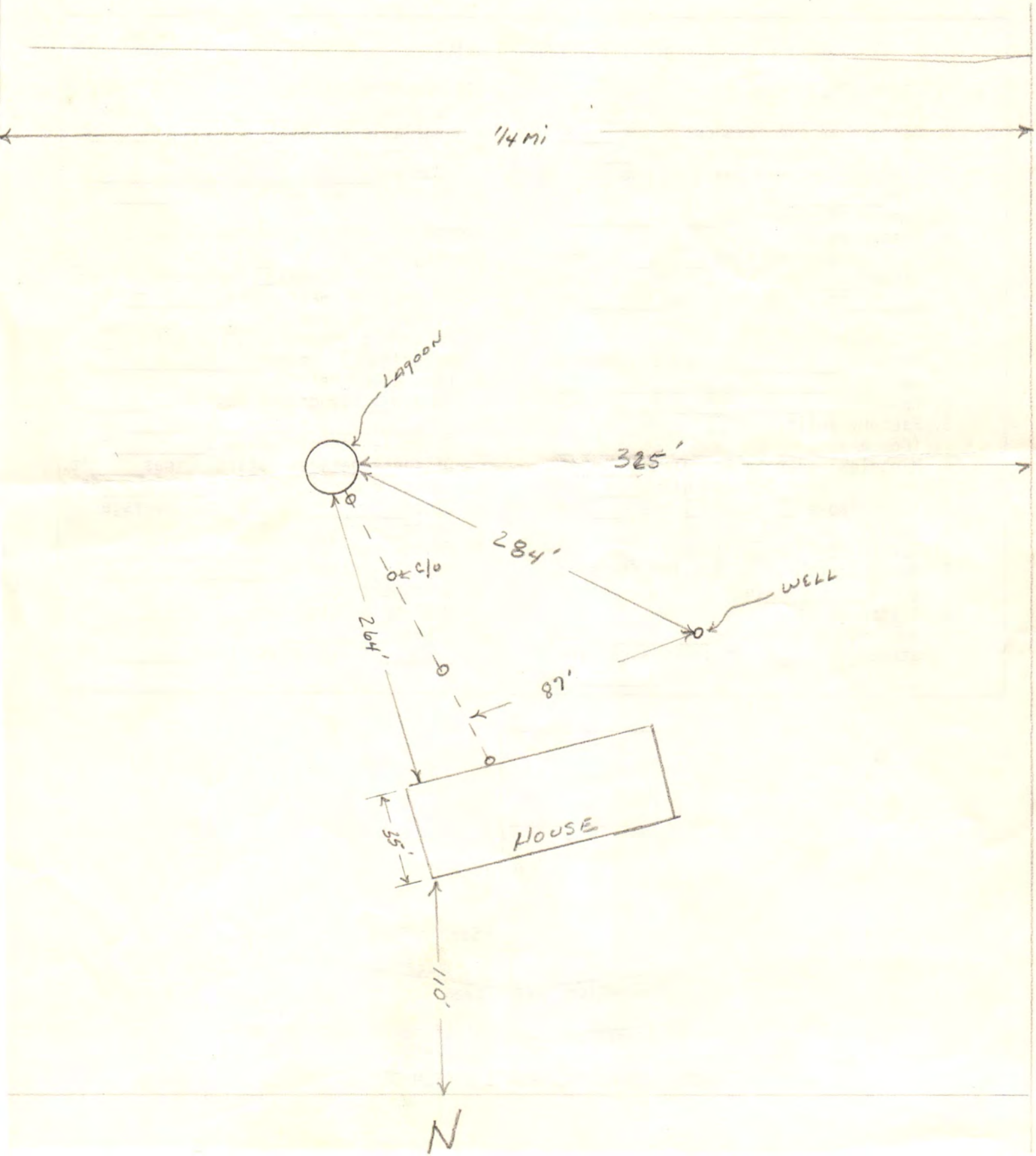
AS BUILT DRAWING OF SYSTEM

DATE 3-23-82 INSTALLER Greg Stevens



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. 1756-C

DATE: March 2- 1981

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 6E ; Section NW 4 10;
   Block _____ : Lot _____ : Addition ~~21.69~~
   Street Address _____
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒
4. Distance to public sewer: _____ ft.

Gregory R Steven
Signature ~~of~~ Applicant (Owner or Lessee)

R1 Box 374 Hickman
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/2/81 . Date Frwd. 3/2/81 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. _____ . Date Frwd. 3-2-81 . ACTION: Approved ☒ Disapproved ☐ Signature: See Note Gary N. Shenard
3. City or County Engineer: Date Rec'd. 3/2/81 . Date Frwd. 3/2/81 . ACTION: Approved ☑ Disapproved ☐ Signature: Don R. Thomas

REMARKS OR REASONS FOR DISAPPROVAL Approve for 20+ Acres used for farming Only.

Site Visits:
Date: 4/6/81 by: J.C.H. Need fence ~~+ [illegible]~~.
Date: 7/2/97 by: J.C.H.
Date: _____ by _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: July 2, 1997 By: Jerrold C. Hood

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

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. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 7N ; Range 6E ; Section & ¼ Section NW¼10.
Property Dimensions: 715 ft. x 1320 ft. Area: 21.67 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 2-28-81 to 2-29-81 . Weather: Precip. 0 Temp. 48°.

OWNER: Gregory R Stevens

Address: _____

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	2/28	3:00	2/29	4:00	2/29	4:00	19 3/4	8:00	20 1/4	30	1/8	
2	36	2/28	3:00	2/29	4:00	2/29	4:00	21 1/2	8:00	24"	30	1/4	
3	36	2/28	3:00	2/29	4:00	2/29	4:00	20"	8:00	20 7/8	30	1/8	
4	36	2/28	3:00	2/29	4:00	2/29	4:00	21 1/2	8:00	23 5/8	30	1/8	
5	36	2/28	3:00	2/29	4:00	2/29	4:00	18"	8:00	19 5/8	30	1/4	
6	36	2/28	3:00	2/29	4:00	2/29	4:00	21 1/4	8:00	22 3/8	30	1/4	

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

Gregory R Stevens
Signature of Person Conducting Test

Address RT 1 Box 374 Hickman Phone 792-2955

(Do not write below this line)

REVIEWING ACTION

Remarks: Too slow for septic
Soil Type (SCS): Pawnee Clay Loam
Date: March 2, 1981
Not verified. Maybe Adamsberg or Wymore

Approved Percolation Rate (a)
A. 160 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hook
Signature of Reviewing Official

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. #1756-C

Individual Sewage System Construction — TYPE OF PERMIT

September 2, 1981 — THIS PERMIT EXPIRES

Gregory or May Stevens — ISSUED TO

Hickman NE 68472 — ADDRESS

7N, R6E, Section NW 4 10

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

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

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH

ISSUING OFFICER

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

20109-0977