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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: 9-7-94

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 29 SW/4 ;
   Block_____: Lot_____: Addition_____
   Street Address_____

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

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

4. Distance to public sewer: _____ft.

Curtis Schwaninger
Signature of Applicant (Owner or Lessee)

Rt 2 Box 9 Hallam Ne. 68368
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/13/94. Date Frwd. 9/13/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 9-7-94. Date Frwd. 9-7-94. ACTION: Approved ☒ Disapproved ☐ Signature: Donna M. Schnell

3. City or County Engineer: Date Rec'd. 9-14-94. Date Frwd. 9-14-94. ACTION: Approved ☐ Disapproved ☒ Signature: Donna M. Schnell

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 10/26/94 by: J.C.H. Done sewer line
Date: 10-27-94 by: J.P.D. Need fence pts.
Date: 6/20/97 by: J.C.H. Ok.

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/20/97 By: Jerrold C. Hood

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 6 ; Section & ¼ Section SW ¼ 29
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: 9-1-94 to 9-2-94. Weather: Precip. _____ Temp. _____.

OWNER: Curtis Schwanninger

Address: Rt 2 Box 9 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"	9-1	3:15	9-2	3:15	9-2	3:15	6"	3:45	5¾"	30	¼	
2	36"	9-1	3:15	9-2	3:15	9-2	3:15	6"	3:45	5⅞"	30	⅛	
3	36"	9-1	3:15	9-2	3:15	9-2	3:15	6"	3:45	5⅝"	30	⅜	
4	36"	9-1	3:15	9-2	3:15	9-2	3:15	6"	3:45	5⅞"	30	⅛	
5	36"	9-1	3:15	9-2	3:15	9-2	3:15	6"	3:45	5¾"	30	¼	
6	36"	9-1	3:15	9-2	3:15	9-2	3:15	6"	3:45	5⅞"	30	⅛	
7	36"	9-1	3:15	9-2	3:15	9-2	3:15	6"	3:45	5⅝"	30	⅜	

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

Curtis Schwanninger
Signature of Person Conducting Test

Address Rt 2 Box 9 Hallam, Ne. Phone # 787-2855

(Do not write below this line)

REVIEWING ACTION

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

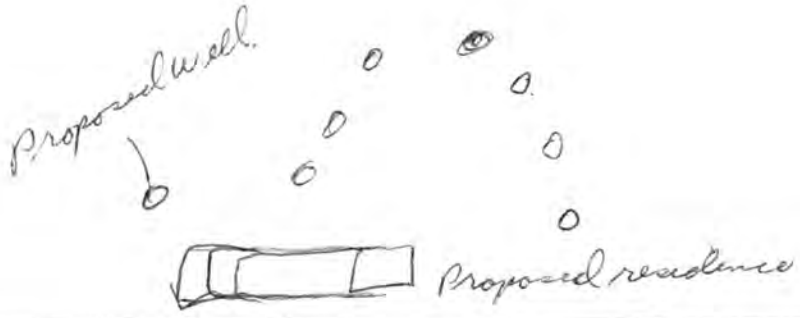
Remarks: Too slow for Conventional septem
Soil Type (SCS): Wymore Silty Clay Loam
Date: September 7, 1994

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: 471-7800 **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.

N



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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit SEWAGE INSTALLATION

No. 94380122001

Issued 09/14/94
Expires 03/14/95
Revenue Code 18754

Establishment CURTIS SCHWANINGER
T7N R6E SEC 29

FEES: $150.00

TOTAL $150.00

Committee CURTIS SCHWANINGER
RR0002
BOX 00009
HALLAM NE 68368

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"