REC'D OCT 29 1985

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. 2273-C

DATE: 10-27-85

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 9 ;
   Block 5 : Lot 2,3,4 : Addition Kramer Ne
   Street Address 5 Ave - 5t

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe

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

4. Distance to public sewer: None Available ft.

Linda J. Stahlk
Signature of Applicant (Owner or Lessee)

803 Main Crete Ne
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/5/85. Date Frwd. 11/5/85. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 11/5/85. Date Frwd. 11/5/85. ACTION: Approved ☒ Disapproved ☐ Signature:

3. City or County Engineer: Date Rec'd. 11/5/85. Date Frwd. 11/5/85. ACTION: Approved ☒ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL

Site Visits:
Date: by:
Date: by:
Date: by:

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: By:

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

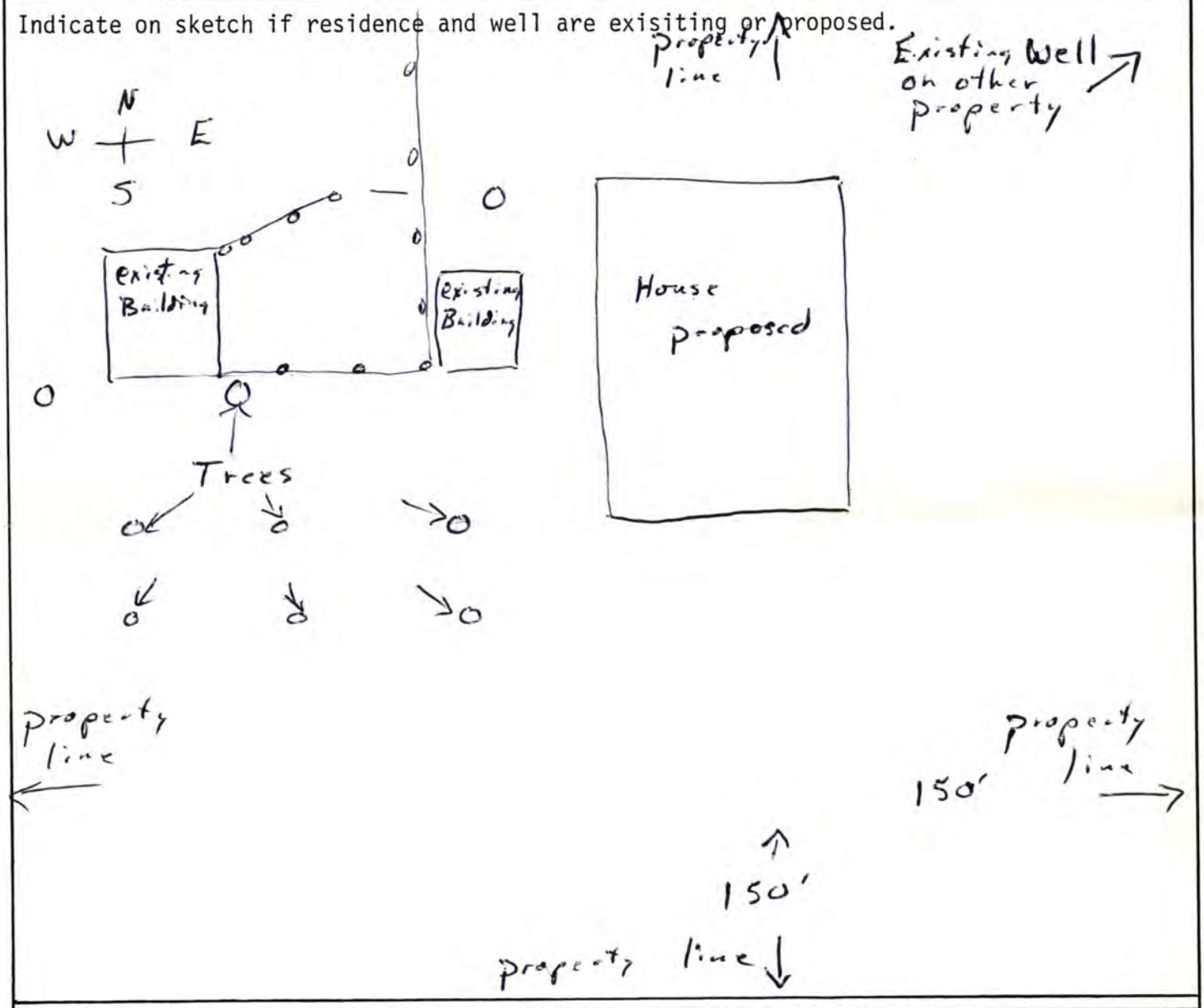
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO. 2273-C

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

_____

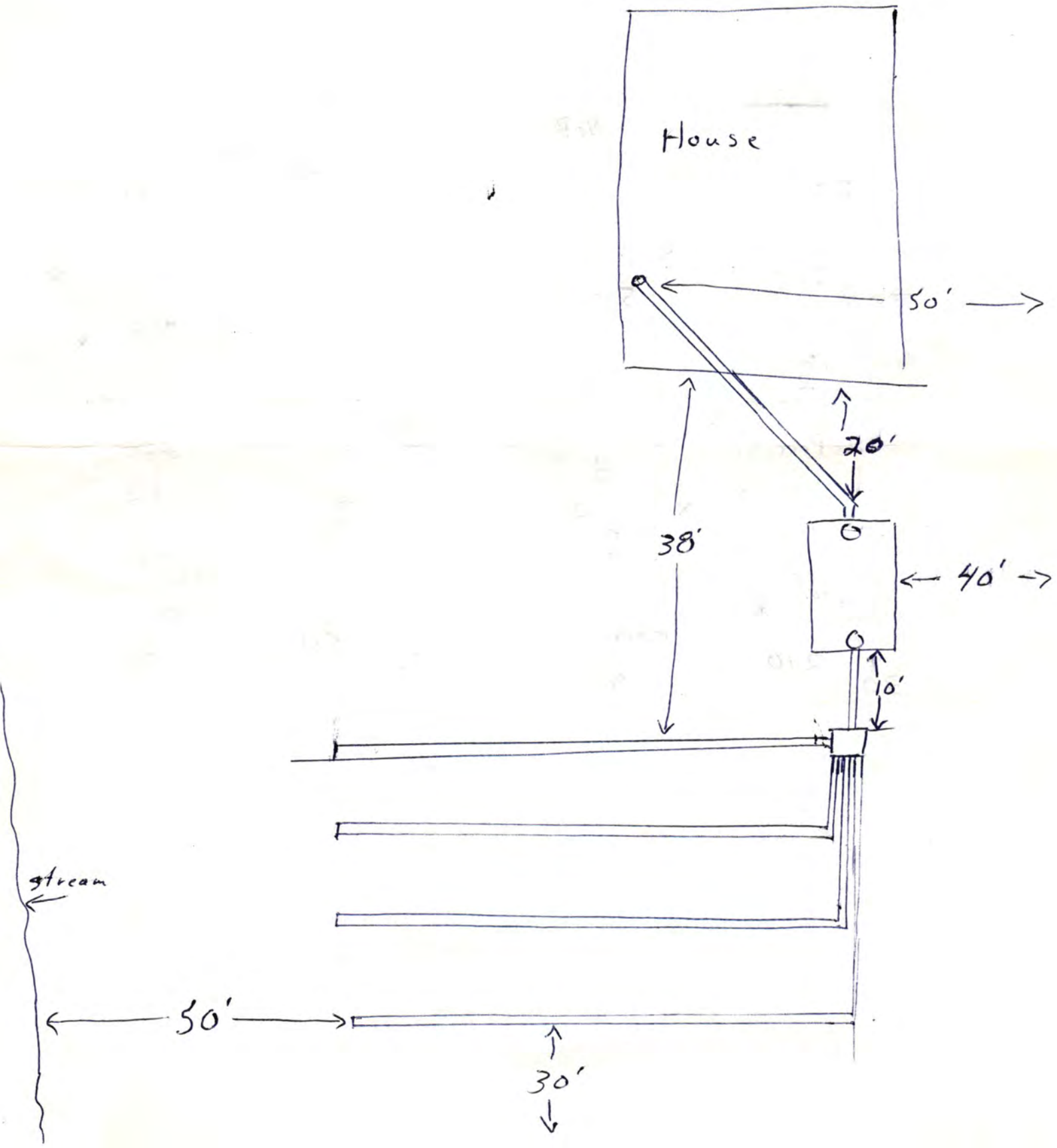
Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 405 sq.ft.

_____
Signature of Reviewing Official

AS BUILT DRAWING OF SYSTEM

DATE 10-27-85 INSTALLER Joe C. Adams



REC'D NOV 5 1985

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. 2273-C

PROPERTY WHERE SOIL TESTED:

Location: Township Kramer; Range _____; Section & ¼ Section _____.
Property Dimensions: 150 ft. x 150 ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐; Silt Loam ☐; Clay Loam ☐.
Dates of Tests: 11-2-85 to 11-3-85. Weather: Precip. 0 Temp. 60°.

OWNER: _____

Address: _____

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
Hold No.	Hole Depth (in.)	Pre-Saturation Period Start Date (Mo./Day)	Start Time (Hr./Min.)	End Date (Mo./Day)	End Time (Hr./Min.)	Percolation Readings Start Date (Mo./Day)	Start Time (Hr./Min.)	Start Water Level (in.)	End Time (Hr./Day)	End Water Level (in.)	Elapsed Time (Min.)	Results Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36	11-2	10:00	11-3	11:00	11-3	11:00	10	11:30	5	30	5	
2	36	11-2	10:00	11-3	11:00	11-3	11:00	10	11:30	4 3/4	30	5 1/4	
3	36	11-2	10:00	11-3	11:00	11-3	11:00	10	11:30	5 1/4	30	4 3/4	
4	36	11-2	10:00	11-3	11:00	11-3	11:00	10	11:30	5 1/8	30	4 7/8	
5	36	11-2	10:00	11-3	11:00	11-3	11:00	10	11:30	4 1/2	30	5 1/2	
6	36	11-2	10:00	11-3	11:00	11-3	11:00	10	11:30	4 3/4	30	5 1/4	

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

Linda J. Stubbs
Signature of Person Conducting Test

Address 803 Main Crete Ne Phone 826-2084

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 6 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____

Soil Type (SCS): Shelby Clay Loam or Judson Silty Loam

Date: November 5, 1985

_____
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 ☐

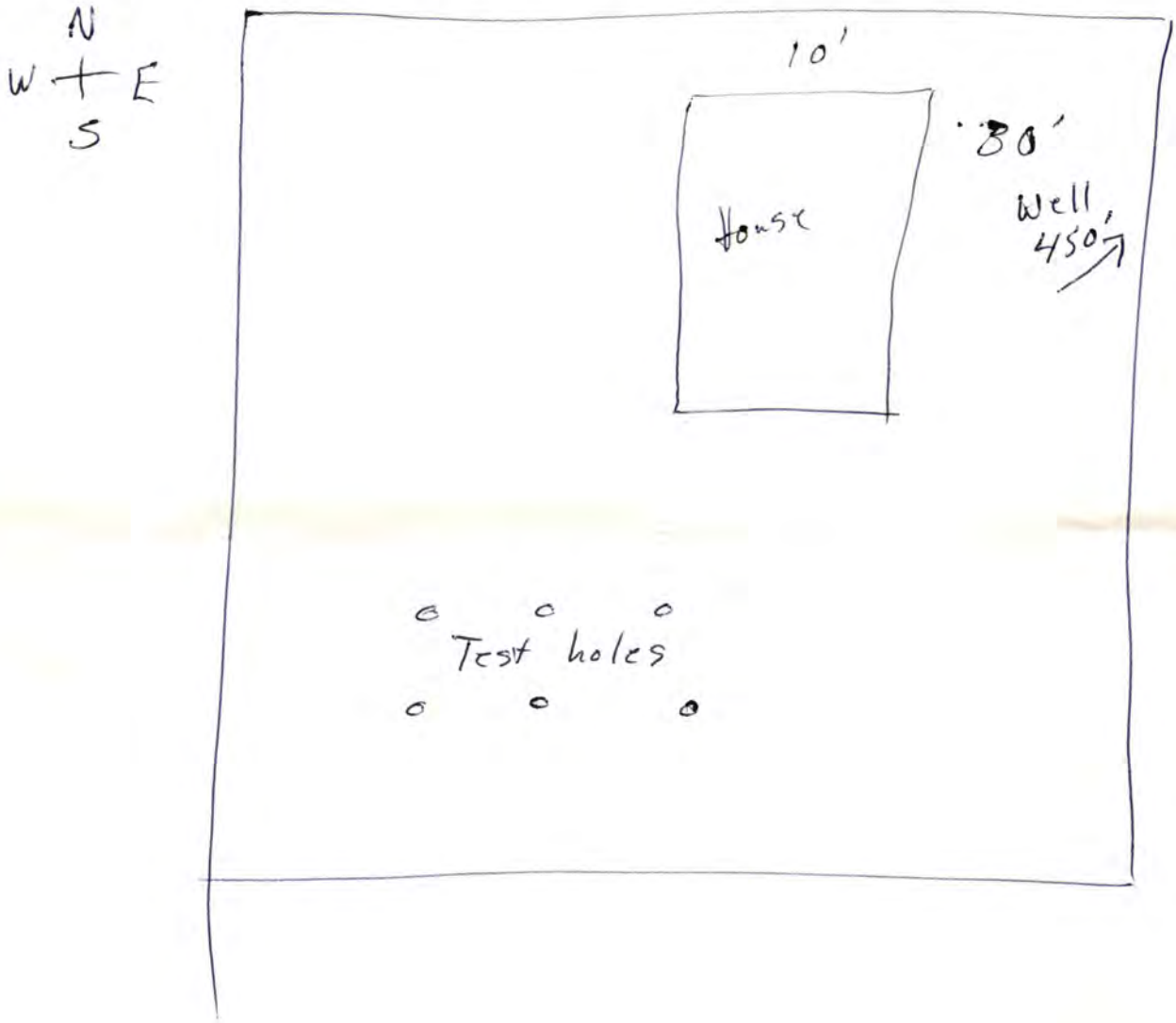
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO. 2273-C

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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2273-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

MAY 5, 1986 — THIS PERMIT EXPIRES

LINDEN T. STEHLIK — ISSUED TO

803 MAIN CRETE, NE 68333 — ADDRESS

T7N; R5E; Sec 9; Bk 5; Lot 234; Addition, Cramer, NE, Silver Street — 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

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

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

20109-0977