LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1950-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

JUNE 13, 1982 — THIS PERMIT EXPIRES

AUTHUR YONKEY — ISSUED TO

ROUTE 8, LINCOLN, NE 68506 — ADDRESS

T7N, R7E, SECTION 13, ADDITION: W½ OF S.E. ¼ OF SECTION 13 — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE NEW SYSTEM

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

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. 1950-C

DATE: 13 DEC 82

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 7E ; Section 13 ;
   Block _____ : Lot _____ : Addition W ½ OF S.E. ¼ OF SEC 13
   Street Address PRINCETON ROAD BETWEEN 96TH & 110TH ST.

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: Miles ft.

Arthur B Gordon
Signature of Applicant (Owner or Lessee)

R+8 Lincoln Nebr 68506
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 12/13/82. Date Frwd. 12/13/82. ACTION: Approved ☒ Disapproved ☐ Signature: Gerrald C. Hoot

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 12-13-82. Date Frwd. 12-13-82. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bouma

3. City or County Engineer: Date Rec'd. 12-13-82. Date Frwd. 12-13-82. ACTION: Approved ☒ Disapproved ☐ Signature: Harold E Sothan

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4-13-83 by: rm (pipe does not meet Schedule 40 Standards)
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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 7E ; Section & ¼ Section W ½ OF S.E ¼ OF SEC 13.
Property Dimensions: 1320 ft. x 2640 ft. Area: 65 + acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☑ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: Oct 23 to Oct 24. Weather: Precip. 0 Temp. 55°F.

OWNER: ART B. YONKEY

Address: Rt 8, LINCOLN

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	30"	Oct 23	9:30 AM	Oct 24	1:15 PM	Oct 24	1:20 P.M.	10½"	1:55	10 ¾"	35	¼"	140
2	30"	Oct 23	9:30 AM	Oct 24	1:15 PM	"	"	9½"	1:55	10 ¼"	"	¾"	47
3	30"	Oct 23	9:30 AM	Oct 24	1:15 PM	"	"	9½"	1:55	9 ⅝"	"	⅛"	280
4	30"	Oct 23	9:30 AM	Oct 24	1:15 PM	"	"	11"	1:55	11 ½"	"	½"	70
5	30"	Oct 23	9:30 AM	Oct 24	1:15 P.M.	"	"	11½"	1:55	11 ¾"	"	¼"	140
6	30"	Oct 23	9:30 AM	Oct 24	1:15 PM	"	"	11"	1:55	11 ¼"	"	¼"	140

Sum of Percolation Rates: 817
Average of Rates: 136
Mean of Rates: _____

Arthur B Yonkey
Signature of Person Conducting Test

Address Rt 8 Lincoln Nebr Phone 423-2417 791-5833

(Do not write below this line)

REVIEWING ACTION

Remarks: Lagoon indicated
Soil Type (SCS): Wymore Silty Clay Loam
Date: December 13, 1982

Approved Percolation Rate (a)
A. 80 min./inch
B. _____ min./inch
C. _____ min./inch

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 ☐

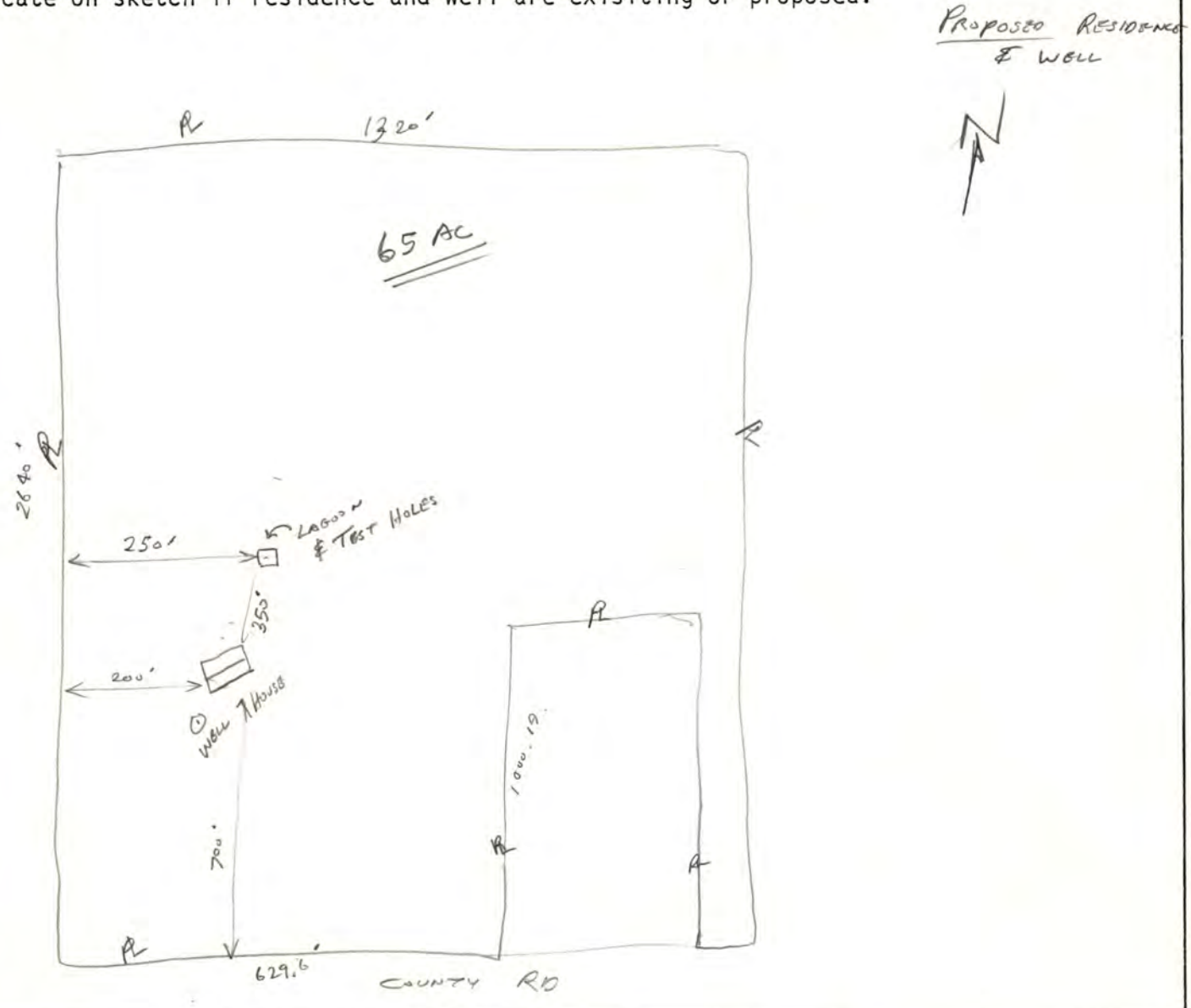
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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C

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

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



REVIEWING ACTION

Remarks: _____

Date: December 13, 1982

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.

Gerrold C. Hoos
Signature of Reviewing Official