LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 471-8000

NON TRANSFERABLE

PERMIT

No. 92380091301

ermit
SEWAGE INSTALLATION

Issued 09/14/92
Expires 03/14/93
Revenue Code 18754

Establishment
DOYLE PETERSEN
T7N R7E SEC 14
~~LOT 6~~
8300 PRINCETON ROAD

FEES: $150.00

TOTAL $150.00

Permittee
DOYLE PETERSEN
4901 S 47 ST
LINCOLN NE 68516

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"

ATTACHMENT C.

SOIL ABSORPTION TEST DATA REPORT

PROPERTY WHERE SOIL TESTED: Owner: DOYLE PETERSEN

Location: Township 7N ; RANGE 7E

Section & 1/4 Sect. SW¼, SEC. 14 Address: 4901 S. 47TH ST. LINCOLN, NE 68516

Property Dimensions: ____ ft. x ____ ft

Area: 35 acres. (Attach sketch of property showing hole location).

Soil Type: Silty Clay ___; Silty Clay Loam ___: Sandy Loam ___

Silty Loam ___; Clay Loam SHELBY X: Sandy Clay ___

Dates of Tests: 4-11-92 to 4-12-92. Weather: Precip. 0 Temp. 37°

PERCOLATION TEST DATA FILE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole 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.)	Percolati Rates (Min./inc
1	28	4-11	14:13	4-12	12:33	4-12	16:05	21 1/16	16:40	21 3/16	35	1/16	40
2	27	4-11	14:15	4-12	12:41	4-12	16:10	21 9/16	16:46	22 3/16	36	1/16	52
3	26	4-11	12:50	4-12	12:37	4-12	16:07	18 9/16	16:42	19 5/16	35	1/16	33
4	26"	4-11	13:00	4-12	12:38	4-12	16:08	16 8/16	16:43	17 8/16	35	1/16	35

Sum of Percolation Rates 160

Average of Rates: 40

Inches per Minute: 0.025

40

Doyle B Peterson, P.E.

Signature of Person Conducting Test

Address 4901 S. 47TH ST., LINCOLN, NE

Phone ~~402~~ 479-2200 (WORK)

Shelby Clay Loam

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

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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.

REVIEWING ACTION

Remarks: _____

Date: SEPTEMBER 11, 1992

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 862 sq.ft.

Gerrald C. Hood
Signature of Reviewing Official

Doyle Peterson - 82 & Princeton Rd

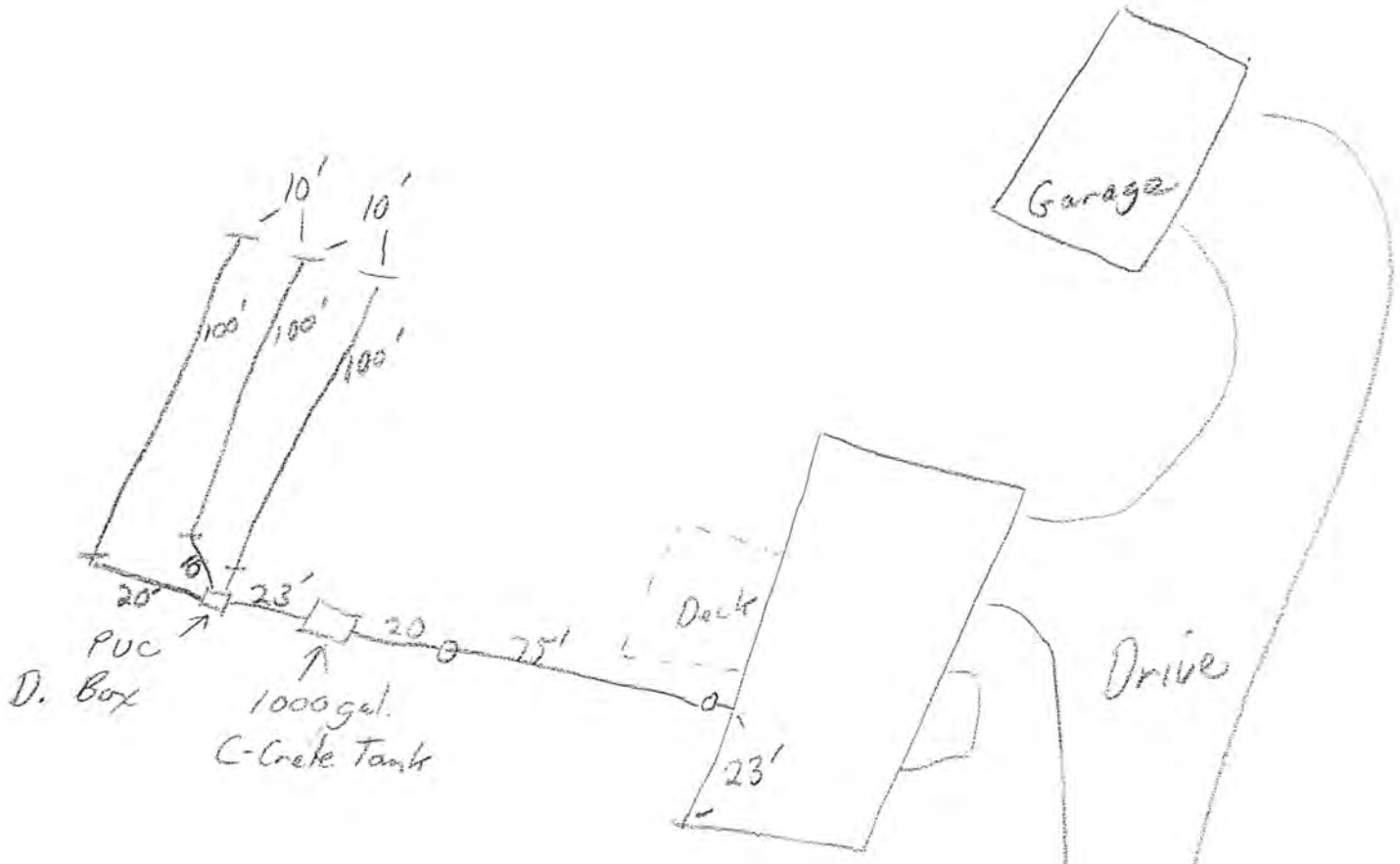
RECEIVED JUN 3 1 1993

RFD

Firth, Ne 68358

As Built 6-93

Southwick Sewer + Sewer



1,000 gallon Precast Tank (1 compartment)

PVC Distribution Box (5 outlets)

3) -100' PVC 4" Perforated Lateral

Princeton Rd

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

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FILING FEE: $ 150.00

FILE NO. _____

DATE: 9-11-92

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 14 ;
   Block _____ : Lot 6 I.T. : Addition _____
   Street Address 8300 PRINCETON ROAD

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: NO SEWER ft.

Doyle B Peterson
Signature of Applicant (Owner or Lessee)

4901 S. 47TH ST, LINCOLN, NE 68516
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/11/92. Date Frwd. 9/14/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hoop

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9/14/92. Date Frwd. 9/14/92. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Lyon

3. City or County Engineer: Date Rec'd. 9-14-92. Date Frwd. 9-14-92. ACTION: Approved ☐ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 3/18/93 by: J.C.H. pipe & tank
Date: 4/22/93 by: J.C.H. & lateral
Date: 6/9/93 by: J.C.H.

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/21/93 By: Jerrold C. Hoop

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

FORM 23-43

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Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 471-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☒ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☒ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 8300 PRINCETON ROAD

Twp 7N Range 7E Section 14 1/4 SW 1/4 SW Block ___ Lot 6 Addition ___

Directions to Property 4 MILES SOUTH & 1.1 MILES EAST OF HICKMAN

Location of Well RIGHT SIDE OF GARAGE DRIVE Tap Location: Inside ☐ Outside ☒

Location of Sewage System ABOUT 250' NORTHWEST OF HOUSE Year Installed 1993

	NAME	ADDRESS	PHONE
Present Owner:	DOYLE & TERRI PETERSEN	4901 S. 47TH ST. LINCOLN NE 68516	479-2200 (WORK) 483-4863 (HOME)
Tenant/Buyer:	SAME AS ABOVE	BUILDING NEW HOME	
Return to:	SAME AS ABOVE	4901 S. 47TH ST. LINCOLN, NE 68516	SAME AS ABOVE

Signature of Applicant Doyle Petersen Address 4901 S. 47TH ST. LINCOLN, NE 68516 Date 2/10/93

HEALTH DEPARTMENT USE ONLY

Date Received 02/11/93 Received $150.00 Check ☒ Cash ☐ #3062

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 3/17/93 Well only. 6/9/93 by J.C.H.

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ <0.1 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date 3/18/93 by J.C.H. (Well Start Survey)

Date 4/14/93 by J.C.H.

Date 4/15/93 by J.C.H.

Comments: ___

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒ **SEWAGE DISPOSAL SYSTEM** Approved: ☒ Provisional Approval: ☐

Approved by Jerrold C. Hood R.E.H.D. Date 6/21/93

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

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