LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 91380076901

Issued 10/24/91
Expires 04/24/92

ESTABLISHMENT

WILLIS RAP
T7N R7E SEC 16
LOT 3&5

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

WILLIS RAP
24301 S 68 ST
FIRTH NE 68358

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
10/29/91	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

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: $ 150.00

FILE NO. _____

DATE: _____

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 R7E ; Section 16 ;
   Block _____ : Lot 3 & 5 I.T. ; Addition I T
   Street Address _____

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

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

4. Distance to public sewer: _____ ft.

Willis Rap
Signature of Applicant (Owner or Lessee)

24301 So 68 RT 1 FIRTH 68358
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/22/91. Date Frwd. 10/23/91. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 10-23-91. Date Frwd. 10-29-91. ACTION: Approved ☒ Disapproved ☐ Signature: Carl Boon

3. City or County Engineer: Date Rec'd. 10-23-91. Date Frwd. 10-28-91. ACTION: Approved ☒ Disapproved ☐ Signature: Larry Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10/29/91 by: L.C.H. PIPELINE ONLY
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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

FORM 23-43

I believe Willis is now on Lot 19

913800769

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: $ 150.00

FILE NO. _____

DATE: _____

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 R7E ; Section 16 ;
   Block _____ : Lot 3 & 5 I.L. ; Addition T
   Street Address _____

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

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

4. Distance to public sewer: _____ ft.

Willis Rap
Signature of Applicant (Owner or Lessee)

24301 So 68 RT 1 FIRTH 68358
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer : Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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

FORM 23-43

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1917-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

MARCH 14, 1983 — THIS PERMIT EXPIRES

WILLIS RAP — ISSUED TO

ROUTE 1 BOX 99A-1 FIRTH NE 68358 — ADDRESS

T7N, R7E, SECTION 16, LOT 3 & 5 IRREGULAR TRACT, ADDITION E½
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. 2823

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. 1917-C

DATE: 9-14-82

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 16 ;
   Block _____ : Lot 3 + 5 IT, Addition E ½
   Street Address _____

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: _____ ft.

Willis Rap
Signature of Applicant (Owner or Lessee)

RT 1 Firth
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/14/82. Date Frwd. 9/14/82. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 9/14/82. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Sherwood

3. City or County Engineer: Date Rec'd. _____. Date Frwd. 9/14/82. ACTION: Approved ☑ Disapproved ☐ Signature: Don R. Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9/30/82 by: J. C. H. North side a little steep. ~~Needs fenced seeding~~
Date: 11/16/98 by: J. C. H. Still not fenced.
Date: 5/19/98 by: J. C. H.

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/19/98 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 _____; Range 7; Section & ¼ Section 16 E ½.
Property Dimensions: _____ ft. x _____ ft. Area: 23+ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 9-7-82 to 9-8-82. Weather: Precip. 0 Temp. 80°.

OWNER: Willis Raf
Address: RT 1 Firth

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	9-7	3 PM	9-8	3PM	9-8	3PM	36	9-9	30½	24hrs	5½	
2	36	9-7	3PM	9-8	3PM	9-8	3PM	36	3PM	30½	24hrs	5½	
3	36	9-7	3PM	9-8	3PM	9-8	3PM	36	↓	30½	24hrs	5½	

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

Willis Raf
Signature of Person Conducting Test
Address RT 1 Firth Phone 475-1474

(Do not write below this line)

REVIEWING ACTION

Remarks: Lagoon indicated
Soil Type (SCS): Sarpy Clay Loam
Date: September 14, 1982

Approved Percolation Rate (a)
A. 240 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Wood
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 ☐

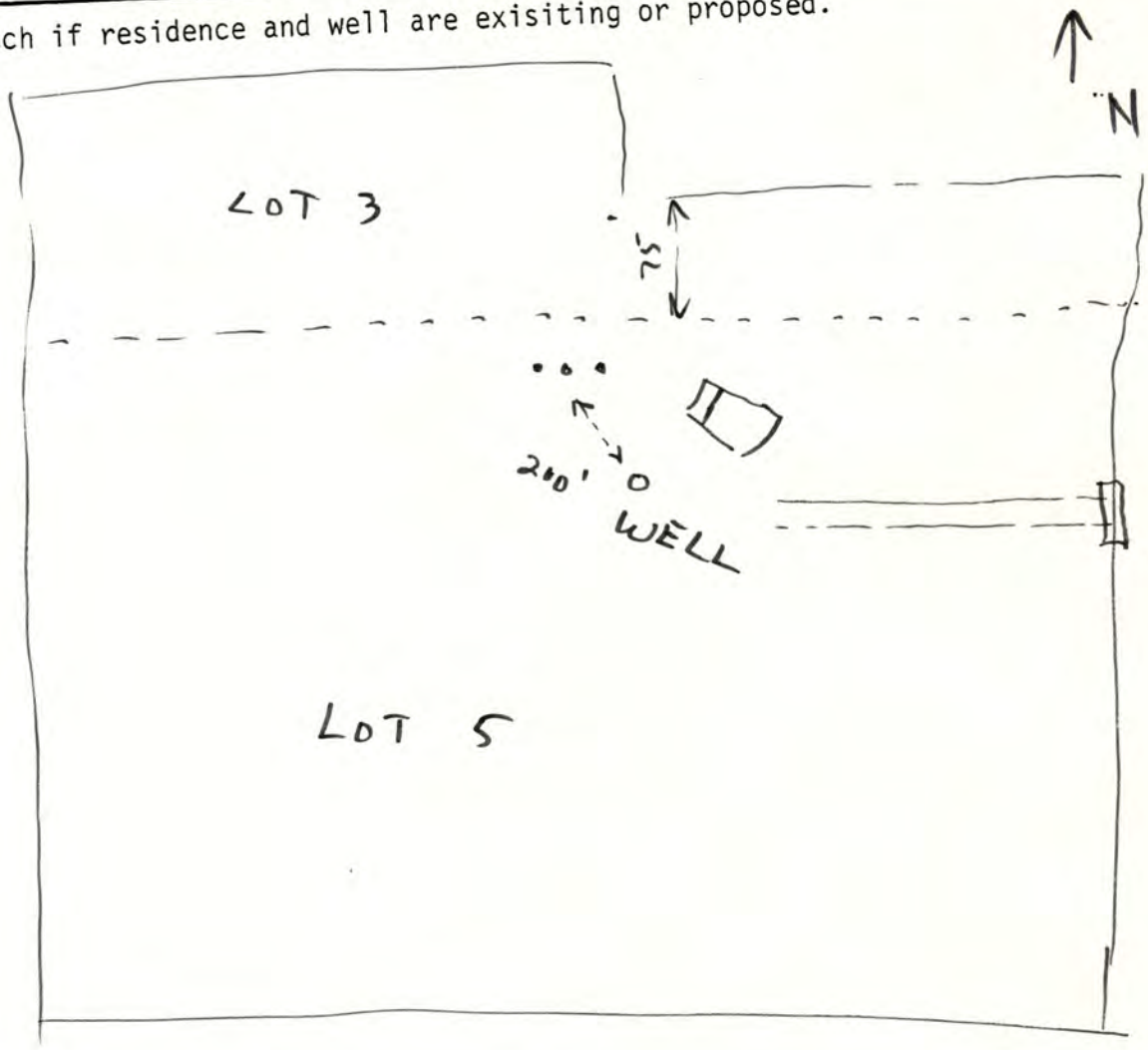
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

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.



REVIEWING ACTION

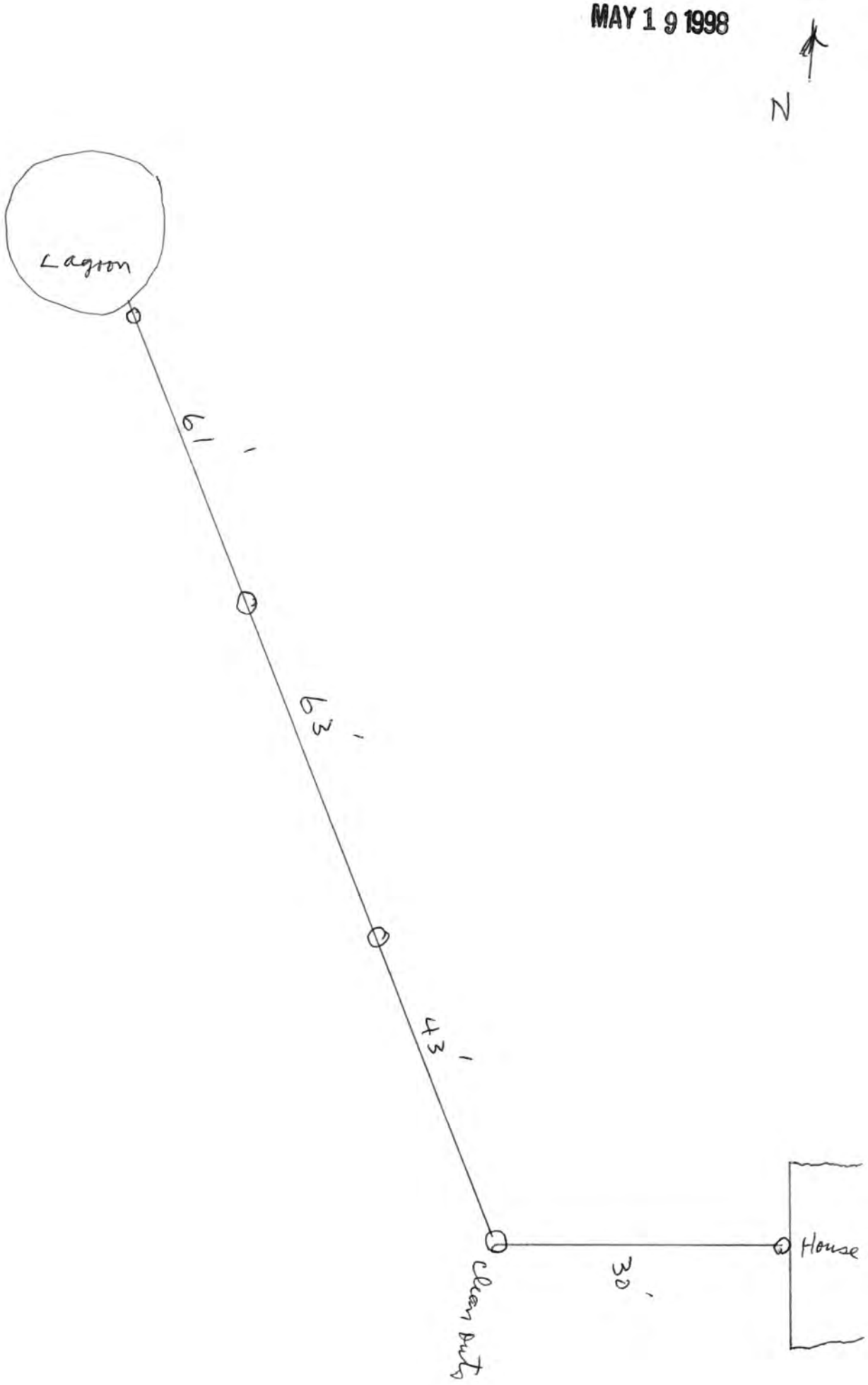
Remarks:_____

Date: September 14, 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.

Jerrold C. Hood
Signature of Reviewing Official

MAY 19 1998



WILLIS RAP
Rt. 1
FIRTH NE 68358