LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 94380119601

Issued 07/13/94
Expires 01/13/95
Revenue Code 18754

Establishment
WILLIAM STANLEY
T7N R7E SEC 17
LOT 32
4475 OLIVE CREEK ROAD

FEES: $150.00

TOTAL $150.00

Permittee
WILLIAM STANLEY
BOX 29692
LINCOLN NE 68521

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"

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: 7-01-94

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. ~~South~~ 7N Range 7E ; Section 17 ;
   Block_____: Lot 32 II: Addition_____
   Street Address 4475 Olive Creek Rd.

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: 12,000 + ft.

William F Stanley
Signature of Applicant (Owner or Lessee)

R.R. Firth
Address P.O. Box 29692
Lincoln, Ne 68521

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/8/94. Date Frwd. 7/11/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

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

3. City or County Engineer: Date Rec'd. 7/11/94. 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

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

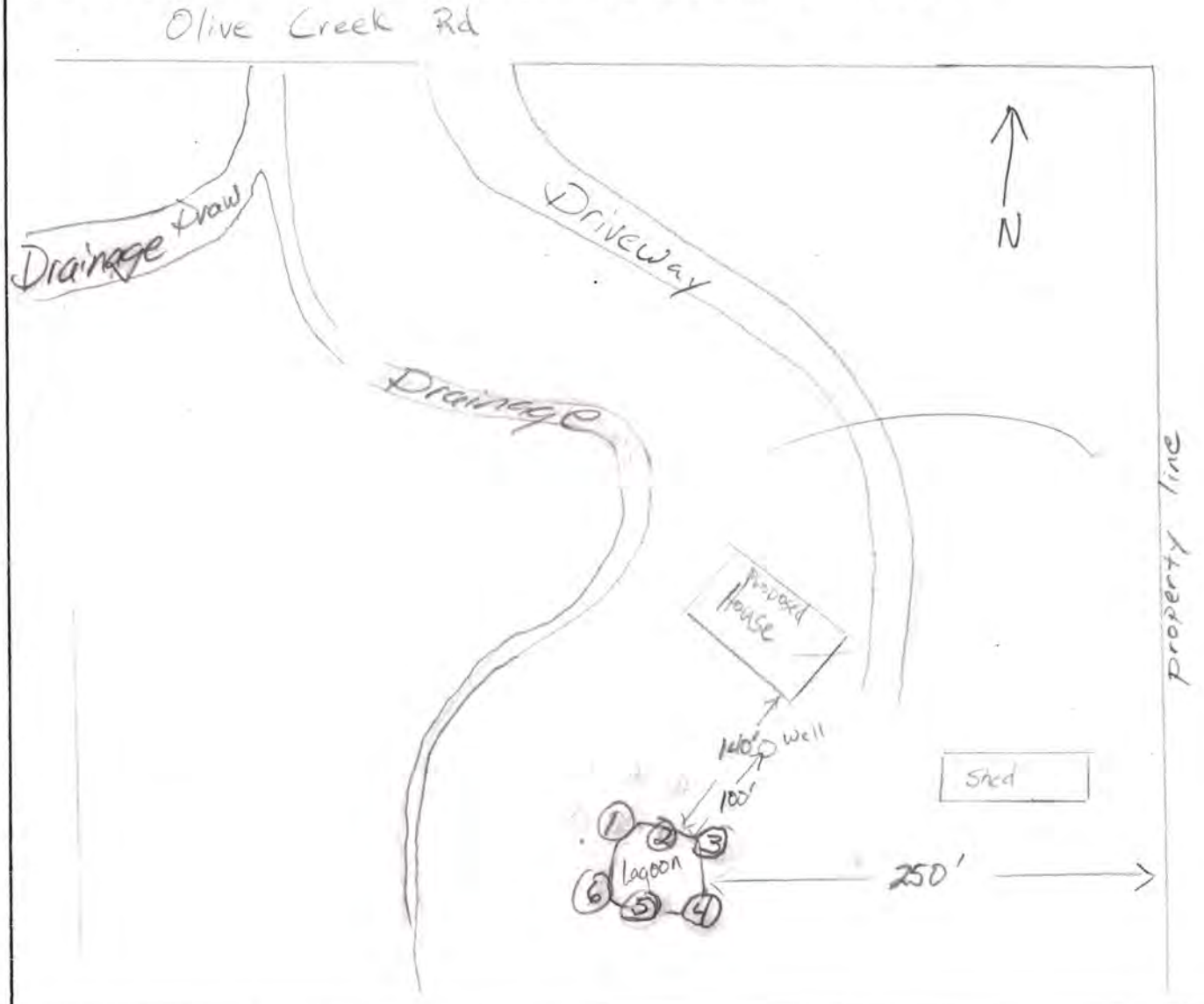
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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.



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 938 sq.ft.

_____
Signature of Reviewing Official

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 7 ; Section & ¼ Section 17 .
Property Dimensions: 1150 ft. x 660 ft. Area: 25 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: Wed 6-27 to Thru. 6-28 . Weather: Precip. light Temp. 90°F.

OWNER: William Stanley

Address: R.R. 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	42"	6-27	16:20	6-28	11:00	6-28	11:30	12"	14:30 6-28	10"	120	4"	30/1
2	45"	6-27	16:20	6-28	11:00	6-28	11:30	12"	14:30 6-28	8"	120	2"	60/1
3	42"	6-27	16:25	6-28	11:00	6-28	11:30	12"	14:30 6-28	10"	120	2	60/1
4	38"	6-27	16:25	6-28	11:00	6-28	11:30	12"	14:30 6-28	11"	120	1	120/1
5	38"	6-27	16:25	6-28	11:00	6-28	11:30	12"	14:30 6-28	11"	120	2	60/1
6	36"	6-27	16:25	6-28	11:00	6-28	11:30	12"	14:30 6-28	9"	120	3	40/1

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

William F Stanley
Signature of Person Conducting Test

Address R. R. Firth Phone 432 9630

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

Approved Percolation Rate (a)
A. 53 min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official