LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 92380091701

Issued 09/24/92
Expires 03/24/93
Revenue Code 18754

Establishment
JEFFREY OGLE
T7N R8E SEC 6
LOT 11

FEES: $150.00

TOTAL $150.00

Permittee
JEFFREY OGLE
537 CHESTNUT ST
HICKMAN NE 68372

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"

RECEIVED SEP 2 3 1992

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: $150.00/100

FILE NO. _____

DATE: 9-22-92

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 8E; Section 6;
   Block _____: Lot #I.T.: Addition _____
   Street Address 18

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.

23 ac. contained in Lot 11 IT
in SW/4 of Frac. Sec 6
T 7 N., R 8E 6th pm

Signature of Applicant (Owner or Lessee)

537 Chestnut Heckman Ne 68372
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/23/92. Date Frwd. 9/24/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 9/24/92. Date Frwd. 9/24/92. ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 9-24-92. Date Frwd. 9-24-92. ACTION: Approved ☒ Disapproved ☐ Signature: Harry V. Wolfe

REMARKS OR REASONS FOR DISAPPROVAL _____
Should have a depth marker in Lagoon P.D. 8-9-93

Site Visits:
Date: 4-23-93 by: RM need fence + [illegible]
Date: 6/22/93 by: D.C.M.
Date: 8-9-93 by: P.D.

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-9-93 By: Paul Drotzmann

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

FORM 23-43

RECEIVED SEP 23 1992

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 7N ; Range 8E ; Section & ¼ Section SW/4 of Sec 6
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: 8-20-92 to 8-21-92. Weather: Precip. _____ Temp. _____.

LEAC

OWNER: Jeffrey A Ogle

Address: 537 Chestnut Hickman NE

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	8/20	900	8/21	820	8/21	1200	11 5/8	1230	11 1/2	30 Min	1/8	
2	30		905				12	13 1/4		13 1/8		1/8	
3	30		910					13 3/4		13 5/8		1/8	
4	30		915					15 3/4		15 5/8		1/4	
5	30		920					12 2/8		12		1/4	
6	30	8/20	925			8/21	1239	14	1240	13 7/8		1/8	
						(Measurement from Bottom up)							

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

Jeffrey A Ogle
Signature of Person Conducting Test

Address 537 Chestnut Hickman Phone 792-2618

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

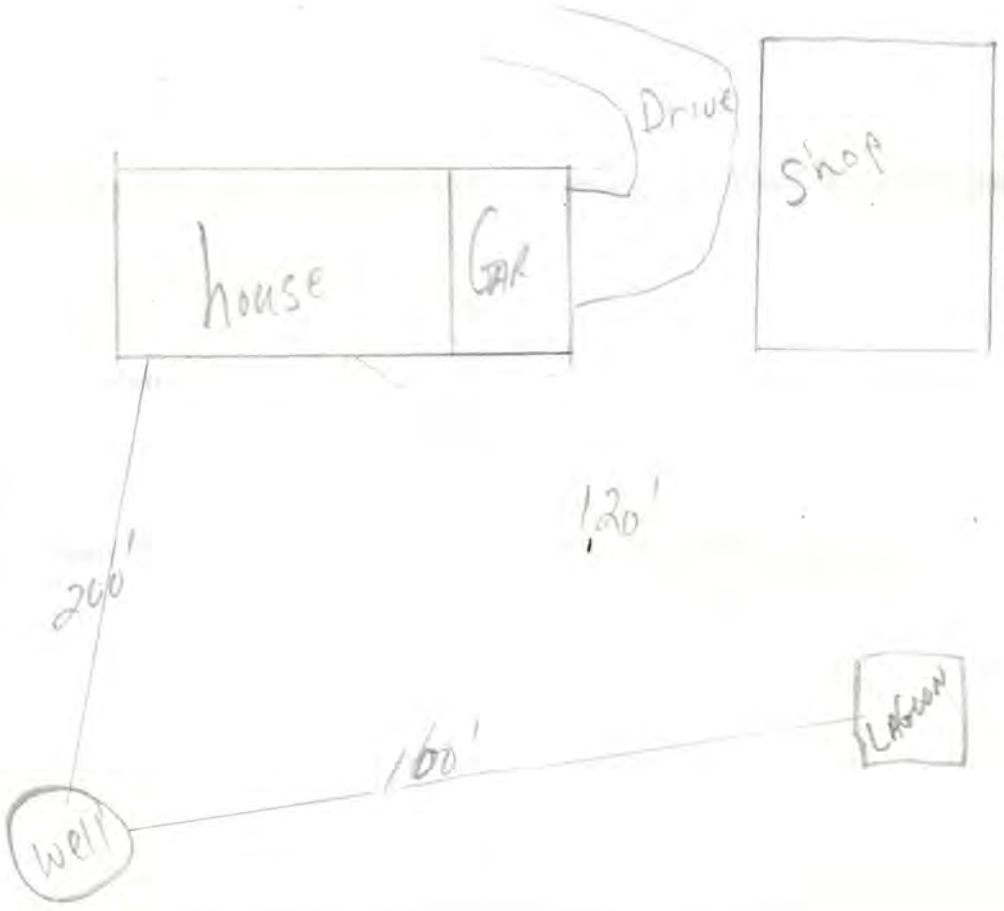
Approved Percolation Rate (a)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official

RECEIVED SEP 23 1982

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_____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

Jeff Ogle
RFO
Hickman, Ne 68372

So. 110 & Panama Rd. (½ N - East side)

