LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1204-C

INDIVIDUAL SEWAGE SYSTEMCCONSTRUCTION — TYPE OF PERMIT

APRIL 26, 1978 — THIS PERMIT EXPIRES

Joe Beaderman, Jr. — ISSUED TO

6716 Aylesworth, Lincoln, NE — ADDRESS

T7N, R8E, Section N½ SE¼ of 16

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
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 HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 1204-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 10-18-77

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

SEE ATTACHED

1. Legal description of property: Twp. 7N ; Range 8E ; Section N½ SE¼ ~~SE¼~~ 16
Block _____; Lot _____; Addition _____
Street Address _____

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

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

4. Distance to public sewer: None ft.

Joe Beaderman Jr.
Signature of Applicant (Owner or Lessee)

6716 Aylesworth '05
Address

(Do not write below this double line)

REVIEWING ACTION

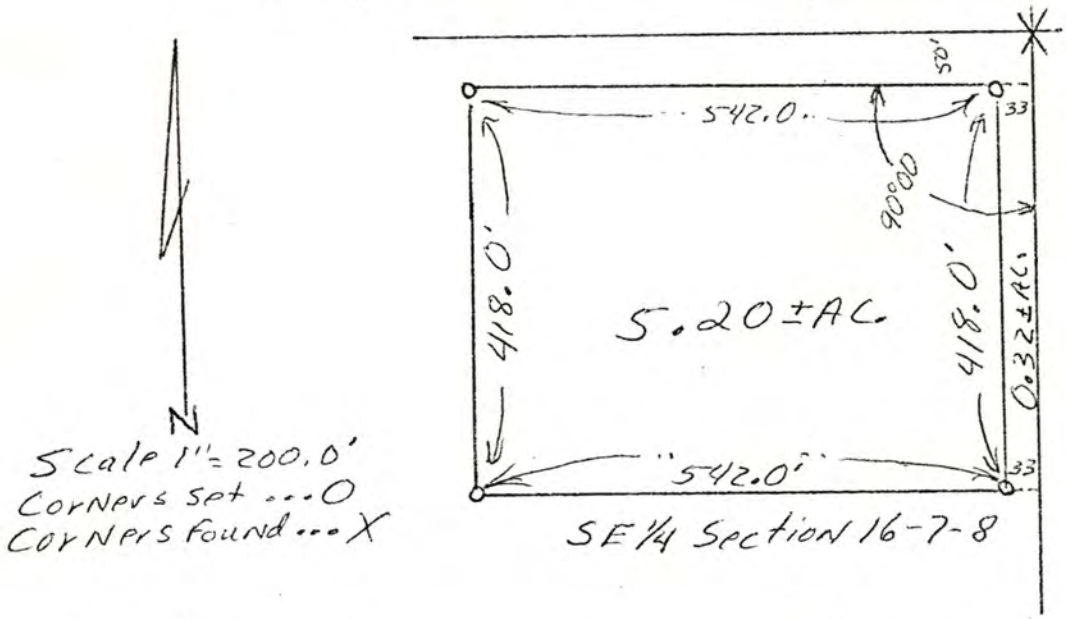
1. Health Department: Date Rec'd. 10/26/77. ACTION: Approved ☒ Disapproved ☐
Date Frwd. 10/26/77. Signature: Jerrold C. Nodd

2. Supt. Bldg. Insp.: Date Rec'd. _____. ACTION: Approved ☒ Disapproved ☐
Date Frwd. 10-26-77. Signature: Tom Baasch

3. City or County Engineer: Date Rec'd. 10/26/77. ACTION: Approved ☒ Disapproved ☐
Date Frwd. 10/26/77. Signature: Henry Ahrens

REMARKS OR REASONS FOR DISAPPROVAL _____

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



I hereby certify that I have surveyed and staked out the following described tract of land:

Commencing at the northeast corner of the SE1/4 of Section 16, Township 7 North, Range 8 East of the 6th Principal Meridian, Lancaster County, Nebraska; thence southerly, along the east line of the SE1/4 of said section 16, a distance of 50.0 feet, to the point of beginning; thence on an angle of 90°00' right, a distance of 575.0 feet; thence southerly, parallel with the east line of the SE1/4 of said Section 16 a distance of 418.0 feet; thence easterly, normal to the east line of the SE1/4 of said Section 16 a distance of 575.0 feet to a point on the east line of the SE1/4 of said Section 16; thence northerly, along the east line of the SE1/4 of said Section 16, a distance of 418.0 feet, to the point of beginning.

Containing 5.52 acres more or less of which 0.32 acres is used as a public road.

Signed this 3rd day of October 1977.

Corners are marked as shown on the sketch and all dimensions shown are in feet or decimals of a foot.

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT 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: 475-6221)

FILE NO. 1204-C

DATE: 10-18-77

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto. SEE ATTACHED

1. Legal description of property: Twp. 7 N ; Range 8 E ; Section N½ SE¼ 16 ; Block ; Lot ; Addition ~~5 ACRES in S E corner~~
Street Address .

2. Property Use: Residential ☐ ; Commercial ☐
No. of Bedrooms
Describe:

Other Use
Describe:

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

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Joe Beaderman Jr.
Signature of Applicant (owner or lessee)

6716 Aylesworth
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd;
Filing Fee: $ 30.00

2. Site Visits:
Date: 1-30-78 by: jw
Date: 5-5-81 by: [illegible]
Date: 2-10-84 by: JM fence up, but need spot sign.

3. Date: Approved ☒ ; Disapproved ☐ 10/26/77
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 1-3 by:

FORM HD-43 (73) 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)

FILE NO. 1204-C

PROPERTY WHERE SOIL TESTED:
Location: Township 7 : Range 8
Section & ¼ Sect. N½ SE¼ 5 acres SE corner
Property Dimensions: ____ft. x ____ft.
Area: ____acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ; Silty Clay Loam ; Sandy Loam
Silty Loam ; (Clay Loam) ; Sandy Clay

Owner: Joe Baederman Jr.
Address: 6716 Aylesworth

Dates of Tests: 10-18 to 10-19. Weather: Precip.____Temp.____

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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	60	10-18	8:00	10-19	10:00	10-19	10:10	20	11:10	19½	60	½	60/½
2	60	10-18	8:00	10-19	10:00	10-19	10:10	20	11:10	19	60	1	60/1
3	60	10-18	8:00	10-19	10:00	10-19	10:10	21	11:10	20¼	60	¾	60/¾
4	60	10-18	8:00	10-19	10:00	10-19	10:10	20	11:10	20	60	0	60/0
5	60	10-18	8:00	10-19	10:00	10-19	10:10	21	11:10	20¾	60	¼	60/¼
6	60	10-18	8:00	10-19	10:00	10-19	10:11	19	11:11	18½	60	½	60/½

Sum of Percolation Rates: 3 inches
Average of Rates: ½
Mean of Rates: 60 min./½ inches

Terry Bauma
Signature of Person Conducting Test

Address Faith Neb.
Phone 791-5760 791-5780

(Do not write below this line)

REVIEWING ACTION

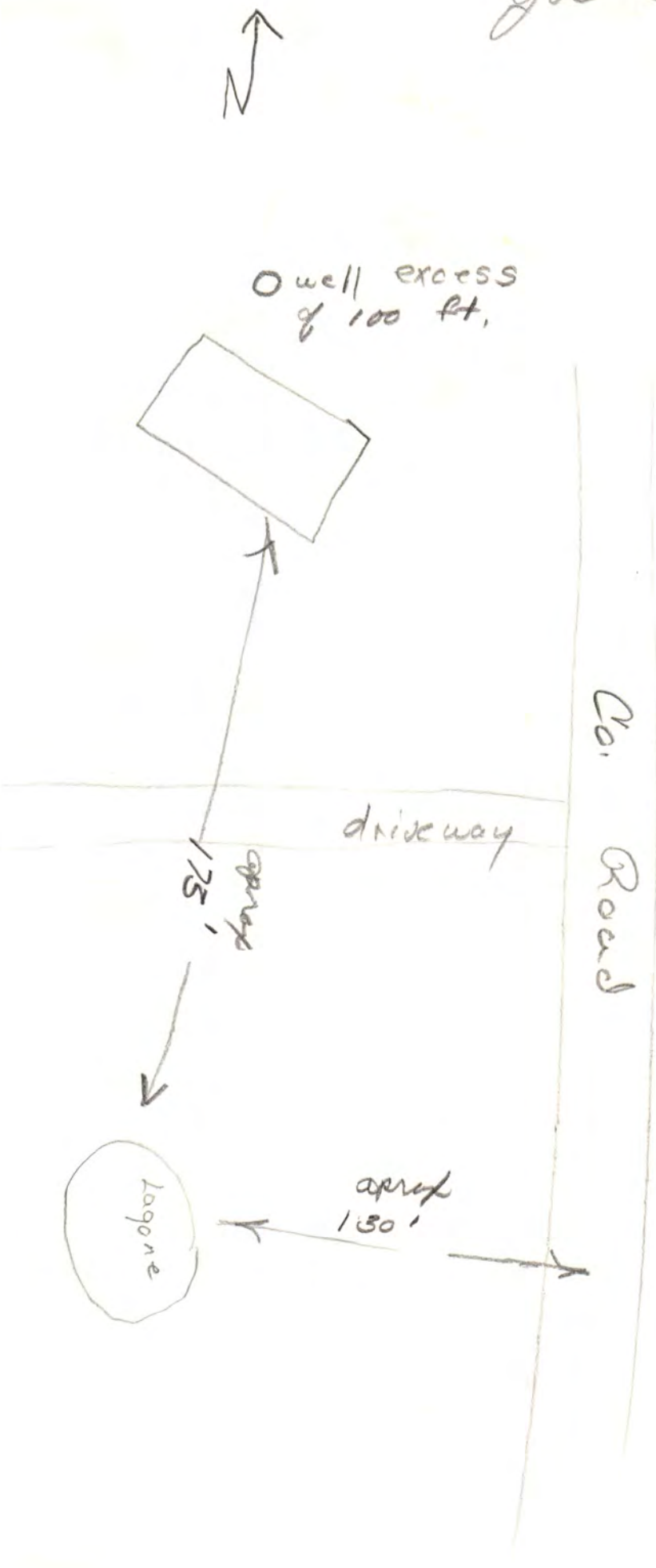
REMARKS: _____

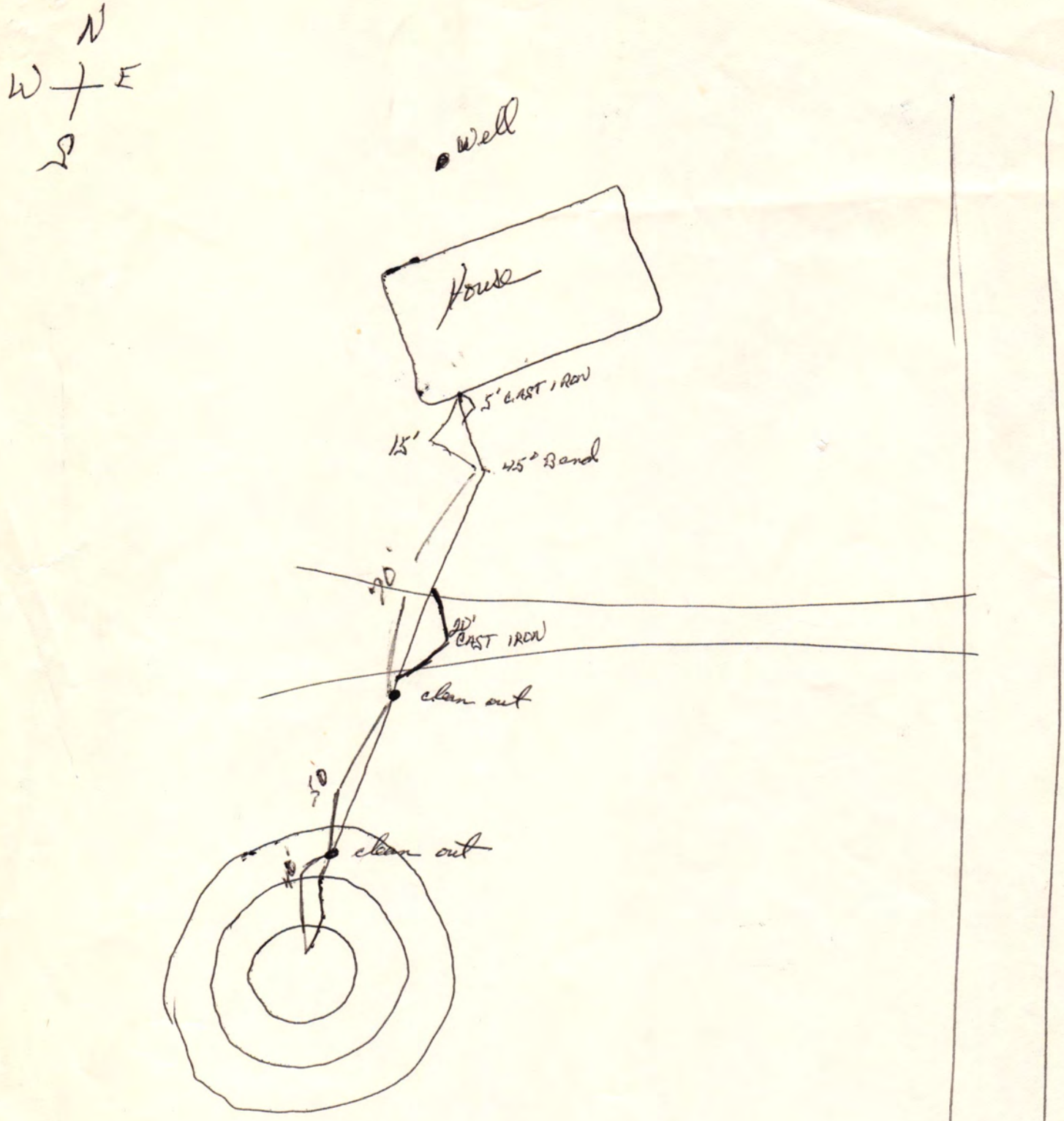
DATE: _____

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

_____
Signature of Reviewing Official

Joe Beaderman





JOE Bederman
Bouma trenching
591-5760