LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1118-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — January 25, 1978

TYPE OF PERMIT — THIS PERMIT EXPIRES

Jerry Holden, RFD, Adams, NE 68301

ISSUED TO — ADDRESS

T7N, R8E, Section 22 E½, NW¼ (Lagoon)

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

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. 1118-C

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

DATE: 7-11-77

The undersigned hereby requests SITE CLEARANCE 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 22 E 1/2 NW 1/4
Block _____; Lot _____; Addition _____
Street Address _____

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

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

4. Distance to public sewer: None ft.

Jerry Holder
Signature of Applicant (Owner or Lessee)

R.F.D. Adams Nebr.
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 7/22/77. ACTION: Approved ☒ Disapproved ☐
Date Frwd. 7/25/77. Signature: Jerrold E. Hood

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

3. City or County Engineer: Date Rec'd. 7-25-77. ACTION: Approved ☒ Disapproved ☐
Date Frwd. 7-26-77. Signature: Henry Graf Recd Mop 8/12/77

REMARKS OR REASONS FOR DISAPPROVAL _____

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

no. R.O.W. requested

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. 1118-C

DATE: 7-11-77

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.

1. Legal description of property: Twp. 7 N ; Range 8 E ; Section 22 E 1/2 & NW 1/4 ; Block ; Lot ; Addition
Street Address .

2. Property Use: Residential ☒; Commercial ☐
No. of Bedrooms 3
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).

Jerry Halden
Signature of Applicant (owner or lessee)

R.F.D. Adams Nebr.
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: by:
Date: by:
Date: by:

3. Date: Approved ☒; Disapproved ☐ 7-27-77
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 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. 1118-C

PROPERTY WHERE SOIL TESTED:
Owner: Jerry Halden
Location: Township 7 : Range 8
Section & ¼ Sect. 22 E½ of NW 1/4 Address: R.F.D. Adams
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

Dates of Tests: 7-11 to 7-12. 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	7-11	8:00 Am	7-12	7:00 Pm	7-12	7:15	12	8:15	11	60	1	60/1
2	60	7-11	8:00	7-12	7:00	7-12	7:15	12	8:15	10½	60	1½	60/1½
3	60	7-11	8:00	7-12	7:00	7-12	7:15	12	8:15	11	60	1	60/1
4	60	7-11	8:00	7-12	7:00	7-12	7:15	12	8:15	11½	60	½	60/½
5	60	7-11	8:00	7-12	7:00	7-12	7:15	12	8:15	10¾	60	1¼	60/1¼
6	60	7-11	8:00	7-12	7:00	7-12	7:15	12	8:15	11	60	1	60/1

Sum of Percolation Rates: 6.25
Average of Rates: 1.04
Mean of Rates: 60 min / 1.04 inches

Jerry Bruna
Signature of Person Conducting Test
Address Firth Neb.
Phone 791-5730 - 791-5760

(Do not write below this line)

REVIEWING ACTION

REMARKS: A lagoon should be lined with this percolation result.
DATE: July 22, 1977

Approved Percolation Rate (a)
A. 51 min./inch
B. ____ min./inch
C. ____ min./inch

Gerald C. Hook
Signature of Reviewing Official

N

County Road

approx 275 ft

existing home

Proposed New house

1
2
3
4
5
6