LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2711-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

6 MONTHS — THIS PERMIT EXPIRES

RUSSELL TOPP — ISSUED TO

RT. 1, BOX 83 ADAMS, NE 68301 — ADDRESS

T7N; R8E; Sec 24 SW; 26000 SOUTH 176TH — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

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
116	3/1/58	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH

ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. ———

20109-0977

788-2732

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: $ 60.00

FILE NO. 2711-C

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 8E ; Section 24 SW;
   Block _____ : Lot _____ : Addition _____
   Street Address 26000 South 176th

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.

Russell Tyler
Signature of Applicant (Owner or Lessee)

RR 1 Box 83 Adams Ne 68301
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/9/88 . Date Frwd. 8/9/88 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nodd

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8-9-88 . Date Frwd. 8-12-88 . ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bowman

3. City or County Engineer: Date Rec'd. 8/9/88 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☒ Signature: Dwight Dammon

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10-4-88 by: _____
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

FORM 23-43

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 N ; Range 8 E ; Section & ¼ Section 24 SW.
Property Dimensions: 1159 ft. x 788 ft. Area: 20.98 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 8/6/88 to 8/8/88 . Weather: Precip. 0 Temp. 81° .

OWNER: Russell Topp

Address: RR1 Box 83 Adams Nle 68301

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"	8/6	4:00 PM	8/7	8:00 AM	8/8	9:00	18"	9:30	18"	30	0"	30/0"
2	36"	8/6	4:00 PM	8/7	8:00 AM	8/8	9:00	15½"	9:30	15⅞"	30	⅛"	30/⅛"
3	36"	8/6	4:00 PM	8/7	8:00 AM	8/8	9:00	15"	9:30	15"	30	0"	30/0"
4	36"	8/6	4:00 PM	8/7	8:00 AM	8/8	9:00	16"	9:30	16"	30	0"	30/0"
5	36"	8/6	4:00 PM	8/7	8:00 AM	8/8	9:00	16"	9:30	15⅞"	30	⅛"	30/⅛"
6	36"	8/6	4:00 PM	8/7	8:00 AM	8/8	9:00	16½"	9:30	16⅝"	30	⅛"	30/⅛"

Russell Topp
Signature of Person Conducting Test

Address RR 1 Box 83 Adams Nle 68301 Phone 788-2732

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

(Do not write below this line)

REVIEWING ACTION

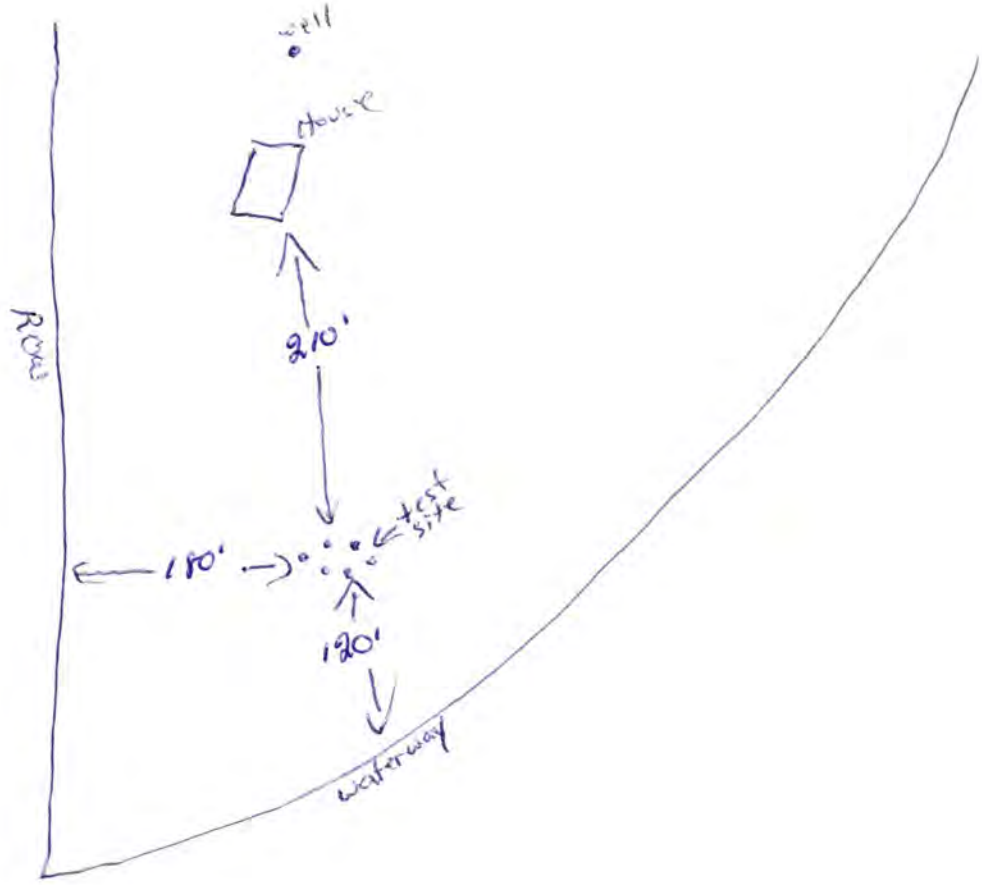
Remarks: _____
Soil Type (SCS): _____
Date: _____

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

_____
Signature of Reviewing Official

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