LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 981-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

June 1, 1977 — THIS PERMIT EXPIRES

Don Kroese — ISSUED TO

RFD Hickman, NE — ADDRESS

T7N; R8E;of 6 Principal; Section SE¼ of Corner SW¼ Sec. 27 — LEGAL DESCRIPTION

REMARKS: NON-TRASNFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624-1535	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
hw		

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. 981-C

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

DATE: 12-1-76

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 8 Eof 6 principal ; Section SW¼ corner SW¼ Sec 27
Block ____; Lot ____; Addition ____
Street Address ____ See attached

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

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

4. Distance to public sewer: None ft.

Don Kroese
Signature of Applicant (Owner or Lessee)

R.F.D. Hickman
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 12/1/76 . Date Frwd. 12/1/76 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

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

3. City or County Engineer: Date Rec'd. 12/1/76 . Date Frwd. 12/2/76 . ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL ____

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

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. 981-C

DATE: 12-1

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 6 SW¼ corner of 5 SW¼ sec 27 ; 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 ☒ Lagone

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).

Don Kroese
Signature of Applicant (owner or lessee)

R.F.D- Heckman
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 2-28-77 by: jw
Date: 4-25-77 by: jw
Date: by:

3. Date: Approved ☒; Disapproved ☐ 12/1/76
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-25-77 by: James Wewerka

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 475-6221)

FILE NO. 981-C

PROPERTY WHERE SOIL TESTED: Owner: Don Kroese

Location: Township 7; Range 8E. 6 Principal Address RFD Hickman
Section & ¼ Sect. SW¼ Section 6 & SW¼ Sec. 27

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: 11-29 to 11-30. 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				
Hole 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"	11-29	8:00	11-30	1:00	11-30	1:00	30"	2:00	29¾	60 min	¼	60 / ¼
2	60"	11-29	8:00	11-30	1:00	11-30	1:00	30"	2:00	30	60 min	0	60 / 0

Sum of Percolation Rates ¼
Average of Rates: ⅛
Mean of Rates: 60 min / ⅛ in

Terry Bauma
Signature of Person Conducting Test

Address Firth Nebr.
Phone: 791-5760 - 791-5730

(Do not write below this line)

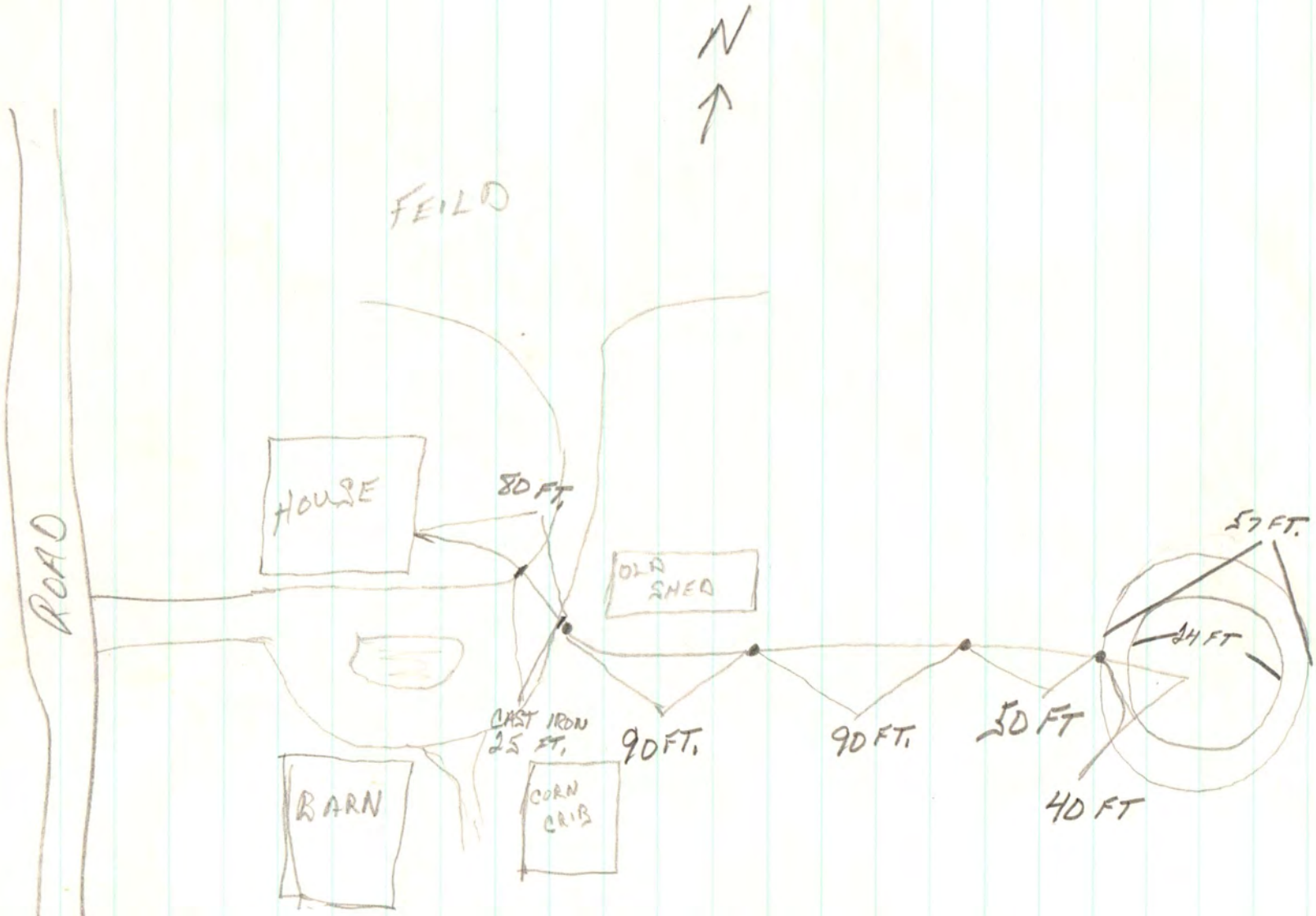
REVIEWING ACTION

REMARKS: Poor soil. Borne out by soil maps

Approved Percolation Rate(s)
A. 240 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: December 1, 1976

Gerrold C. Hoel
Signature of Reviewing Official



2-28-77

Terry Bouma