LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1002-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — August 15, 1977

TYPE OF PERMIT — THIS PERMIT EXPIRES

Jerry Friede — 1236 West Ryons, Lincoln, NE 68522

ISSUED TO — ADDRESS

T8N; R5E; Sec. 2, Lot 18 IT

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

Health

ISSUING OFFICER

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

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. 1002-C

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

DATE: 2-15-77

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. 8N; Range 5E; Section 2
   Block ____; Lot 18 I.T.; Addition ~~Coyote Hills~~
   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. Distance to public sewer: ____ ft.

ap 659 Easement

Jerry Friede
Signature of Applicant (Owner or Lessee)

1236 W Ryons
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 2/15/77. Date Frwd. 2/15/77.
   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. 2/15/77. Date Frwd. 3/3/77.
   ACTION: Approved ☐ ☒ Disapproved ☐
   Signature: Henry Graff
   Ready to Mail 3/14/77 County

REMARKS OR REASONS FOR DISAPPROVAL ____

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

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. 1002-C

PROPERTY WHERE SOIL TESTED:
Location: Township 8N ; Range 5E
Section & ¼ Sect. 2
Property Dimensions: ____ ft. x ____ ft. Lot 18
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: Jerry Friede
Address 1236 W. Ryons

Dates of Tests: 2-14-77 to 2-15-77. Weather: Precip. No Temp. 30°

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	36"	2-14	8A	2-15	12A	2-15	8A	6	9A	6	1 hr.	none	
2	36"	↓	↓	↓	↓	↓	↓	6	9A	5½	1 hr.	½	

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

Sanitek Service Co. Mike Kinder
Signature of Person Conducting Test

Address 2425 L st
Phone: 475-1486

(Do not write below this line)

REVIEWING ACTION

REMARKS:

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

DATE:

Signature of Reviewing Official

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. 1002 C

DATE: _____

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. 8 N ; Range 5 E ; Section 2 _____; Block _____; Lot 18 I.T.; Addition ~~Coyote Hills~~ .
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. 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 Zwiebe
Signature of Applicant (owner or lessee)

1236 W Ryons
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 4-6-77 by: JW
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐ 4/15/77
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-9-79 by: Ron Morgunt

4/7/77 Needs to be fenced
Other construction Ok

will call back on Mon.

This form is to be completed and returned to the Health Department to initiate a request for loan approval.
Make Checks Payable to: Lincoln-Lancaster County Health Department

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, NE 68502
Phone: 474-1541

Enclosed is $45.00 Fee ☑

DATE: [illegible]

The undersigned hereby requests evaluation of the following for loan approval on the below described property:

☐ Evaluation of the Individual Water Supply
☐ Evaluation of the Sewage Disposal System

NE ¼

Legal description of property: Twp. [illegible]; Range [illegible]; Section [illegible];
Block ____; Lot 18; Addition ____.
Street Address ____.
Directions on how to get to property [illegible]
[illegible].
Location of well E of house 55 south (lagoon).
Where is tap: Inside ☐ Outside ☒

	NAME	ADDRESS	PHONE
Present Owner:	[illegible] (original owner)		474-2226
Tenant:			
Lending Agency:	[illegible]		

(Do not write below double lines)

Health Department: Date Received 9-28-79
Received $45.00 Check ☒ Cash ☐

Site Visits: Date 10-2-79 by [illegible]
Date 10-9-79 by [illegible]
Date ____ by ____

[illegible]
Signature of Applicant

[illegible]
Address

PRELIMINARY STATUS -- DATE 10-2-79

Water System:
Approved ☐ Disapproved ☒

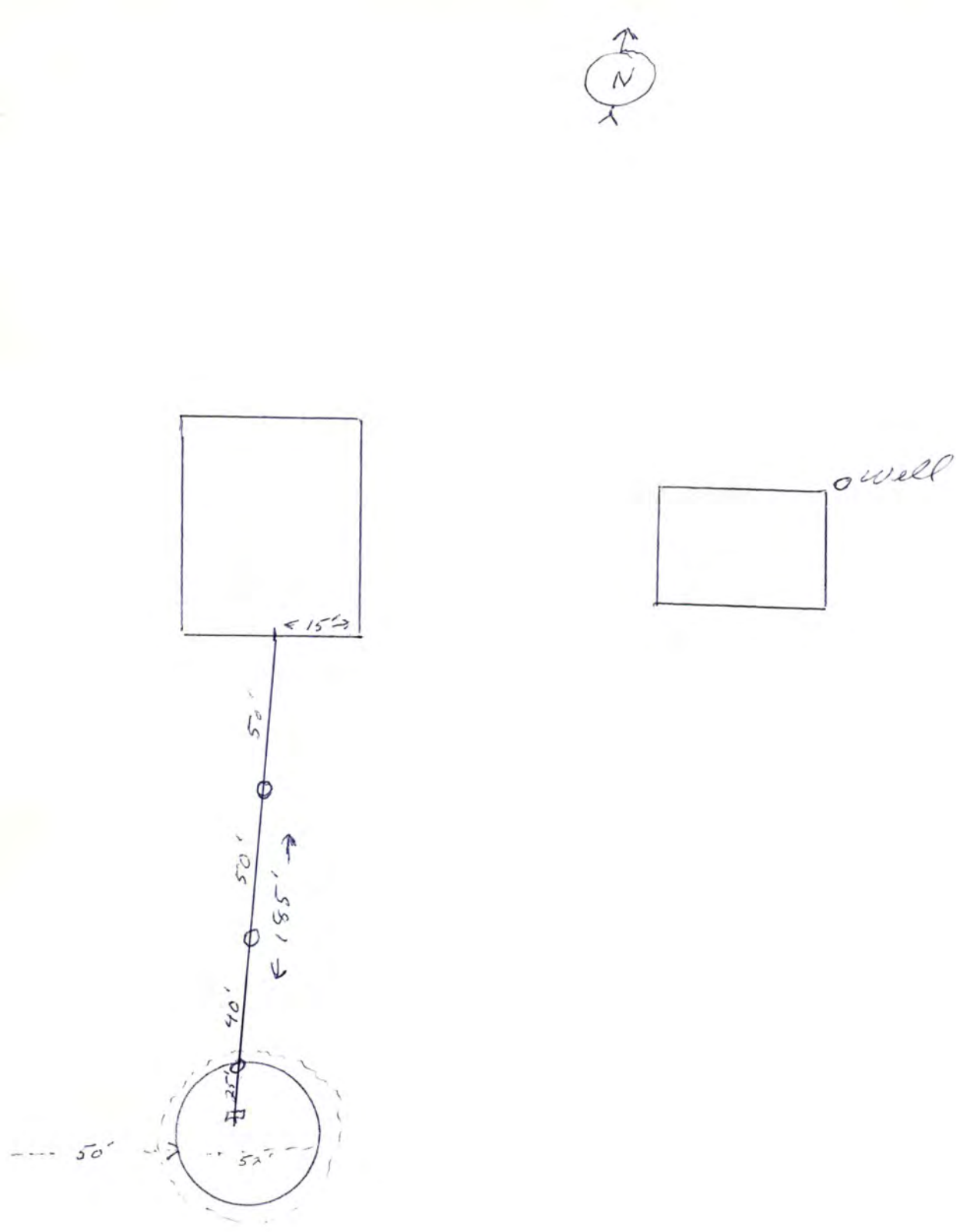
Sewage Disposal System:
Approved ☒ Provisional Approval ☐
Disapproved ☐

Corrections Required or Reasons for Disapproval Feedlot (corral) within 50 ft. Needs sanitary cap Hydrant too close (Corrections Made except sanitary cap).
☒ See Attached Letter.

FINAL APPROVAL -- DATE 10-10-79

Water System ☒. Sewage Disposal System ☒. BY Ron Mangrant

Form Number 20215-0878


N
well
15'
50'
50'
155'
40'
25'
50'
50'