LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1190-0

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

April 11, 1978 — THIS PERMIT EXPIRES

Dolyn Meinke — ISSUED TO

RFD, Crete, NE 68333 — ADDRESS

T8N, R5E, Section 14 SW¼

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. 1190-C

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

DATE: 10-6-77

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 5 tac.

1. Legal description of property: Twp. 8 N; Range 5 E; Section 14 SW¼
Block —; Lot —; Addition —
Street Address —

2. Property Use: Residential ☒; Commercial ☐
No. of Bedrooms 4. Describe:

Other Use ☐
Describe:

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

4. Distance to public sewer: no public sewer ft.

Dolyn Menke
Signature of Applicant (Owner or Lessee)

RRD #1 Crete, Neb.
Address

(Do not write below this double line)

REVIEWING ACTION

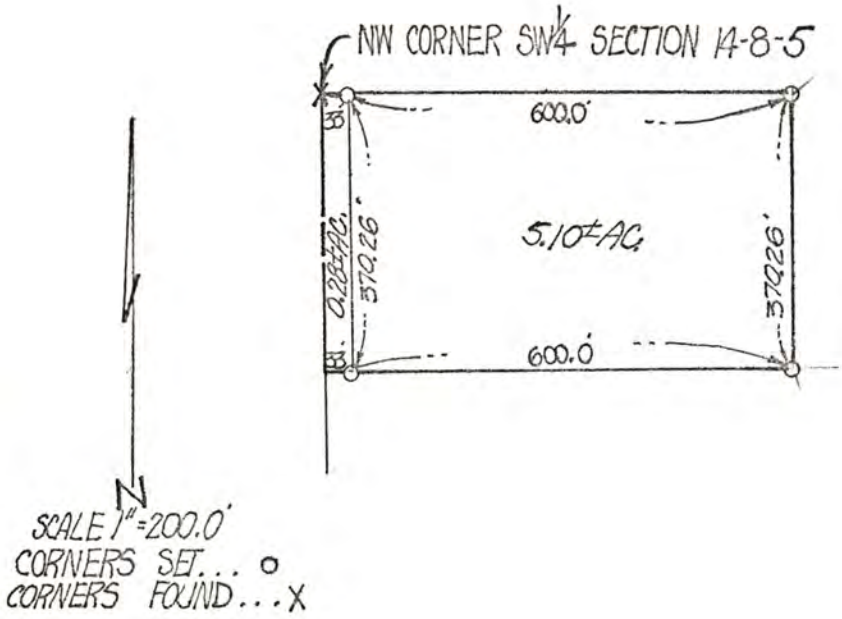
1. Health Department: Date Rec'd. 10/11/77. Date Frwd. 10/11/77. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Todd

2. Supt. Bldg. Insp.: Date Rec'd. 10-24-77. Date Frwd. 10-24-77. ACTION: Approved ☐ Disapproved ☒ Signature: Gary M. Stewart

3. City or County Engineer: Date Rec'd. 10-24-77. Date Frwd. 10-24-77. ACTION: Approved ☐ Disapproved ☒ Signature: Henry Graff

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:

The north 370.26 feet of the west 633.0 feet of the SW¼ of Section 14, Township 8 North, Range 5 East of the 6th Principal Meridian, Lancaster County, Nebraska.

Containing 5.38 acres, more or less of which 0.28 acres, is used as a public road.

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

Signed this 13th day, of October, 1977.

Henry Graff
Deputy County Surveyor
Lancaster County, Nebraska

REGISTERED LAND SURVEYOR
HENRY G. GRAFF
LS - 170
NEBRASKA

F.B. U2-Pg. 137

210912-G

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. 1190-C

DATE: Oct 6, 1977

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 14 SW¼ SEE ATTACHED ; Block — ; Lot — ; Addition —.
   Street Address —.

2. Property Use: Residential ☒ Commercial ☐
   No. of Bedrooms 4 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).

Dolyn Menke
Signature of Applicant (owner or lessee)

RFD #1 Crete, Neb.
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
   Date: 12-15-77 by: —
   Date: 4/24/81 by: D.S.
   Date: — by: —

3. Date: Approved ☒; Disapproved ☐ 10/11/77
   by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
   Date: 4/24/81 by: D.S.

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. 1190-C

PROPERTY WHERE SOIL TESTED:
Owner: Dolyn Menke
Location: Township 8 : Range 5
Section & ¼ Sect. SW¼ of section 14 Address: RFD #1 Crete, Neb.
Property Dimensions: ____ ft. x ____ ft.
Area: 143 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: Oct 6, 1977 to Oct 7, 1977. Weather: Precip. — Temp. 60

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	36"	10-6	10:30 AM	10-6	4:00 PM	10-7	3:00 PM	6"	3:30 PM	6"	30	0	
2	36"	10-6	10:30	10-6	4:00 PM	10-7	3:00 PM	6"	3:30 PM	6"	30	0	
3	36"	10-6	10:30	10-6	4:00 PM	10-7	3:00 PM	6"	3:30 PM	6"	30	0	
4	40"	10-6	10:30	10-6	4:00 PM	10-7	3:00 PM	6"	3:30 PM	6"	30	0	
5	36"	10-6	10:30	10-6	4:00 PM	10-7	3:00 PM	6"	3:30 PM	6"	30	0	
6	36"	10-6	10:30	10-6	4:00 PM	10-7	3:00 PM	6"	3:30 PM	6"	30	0	

Dolyn Menke
Signature of Person Conducting Test

Address RFD #1 Crete, Neb.
Phone 826-8564

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

(Do not write below this line)

REVIEWING ACTION

REMARKS: Pawnee Clay Loam (PgC)

DATE: October 11, 1977

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

Gerrold C. Hoak
Signature of Reviewing Official