LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 96380140901

Issued 04/02/96
Expires 10/02/96
Revenue Code 18754

Establishment
BERNARD MARISKA
T8N R5E SEC 19
LOT 160

FEES: $150.00

TOTAL $150.00

Permittee
BERNARD MARISKA
RRT 001
CRETE NE 68333

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

A

FILING FEE: $_____

FILE NO._____

DATE: April 1 - 96

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. 8N ; Range 5E ; Section 19 NE¼;
   Block 160 Ac: Lot _____: Addition _____
   Street Address RR #1 CRETE NE

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

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

4. Distance to public sewer: _____ft.

Bernard P Marsh
Signature of Applicant (Owner or Lessee)

RR #1 Crete Neb Box 242 68333
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/1/96. Date Frwd. 4/1/96. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 4.1.96. Date Frwd. 4.1.96. ACTION: Approved ☒ Disapproved ☐ Signature: DK

3. City or County Engineer: Date Rec'd._____. Date Frwd._____. ACTION: Approved ☒ Disapproved ☐ Signature: Jim Pluegh

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 6-13-96 by: JK # See brief
Date:_____ by:_____
Date:_____ by:_____

INSTALLATION FINAL WRITTEN APPROVAL
Date:_____ By:_____

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

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

B

Permit no 96380140901 FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 7 N ; Range 5 E ; Section & ¼ Section 19 . Lot 160
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☒ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 4-17 to 4-18 . Weather: Precip. 0 Temp. 55 .

OWNER: _____

Address: _____

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"	4-17	12 00	4-18	12 00	4-18	12 00	18"	12 30	18	30		
2	36"	"	"	"	"	"	"	"	"	17 2/8	"		
3	36"	"	"	"	"	"	"	"	"	17 6/8	"		
4	36"	"	"	"	"	"	"	"	"	18	"		
5	36"	"	"	"	"	"	"	"	"	18	"		
6	36"	"	"	"	"	"	"	"	"	18	"		

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

Bernd A Mesker
Signature of Person Conducting Test

Address RR 1 Box 242 Phone 826 5612
Cute Mesker

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

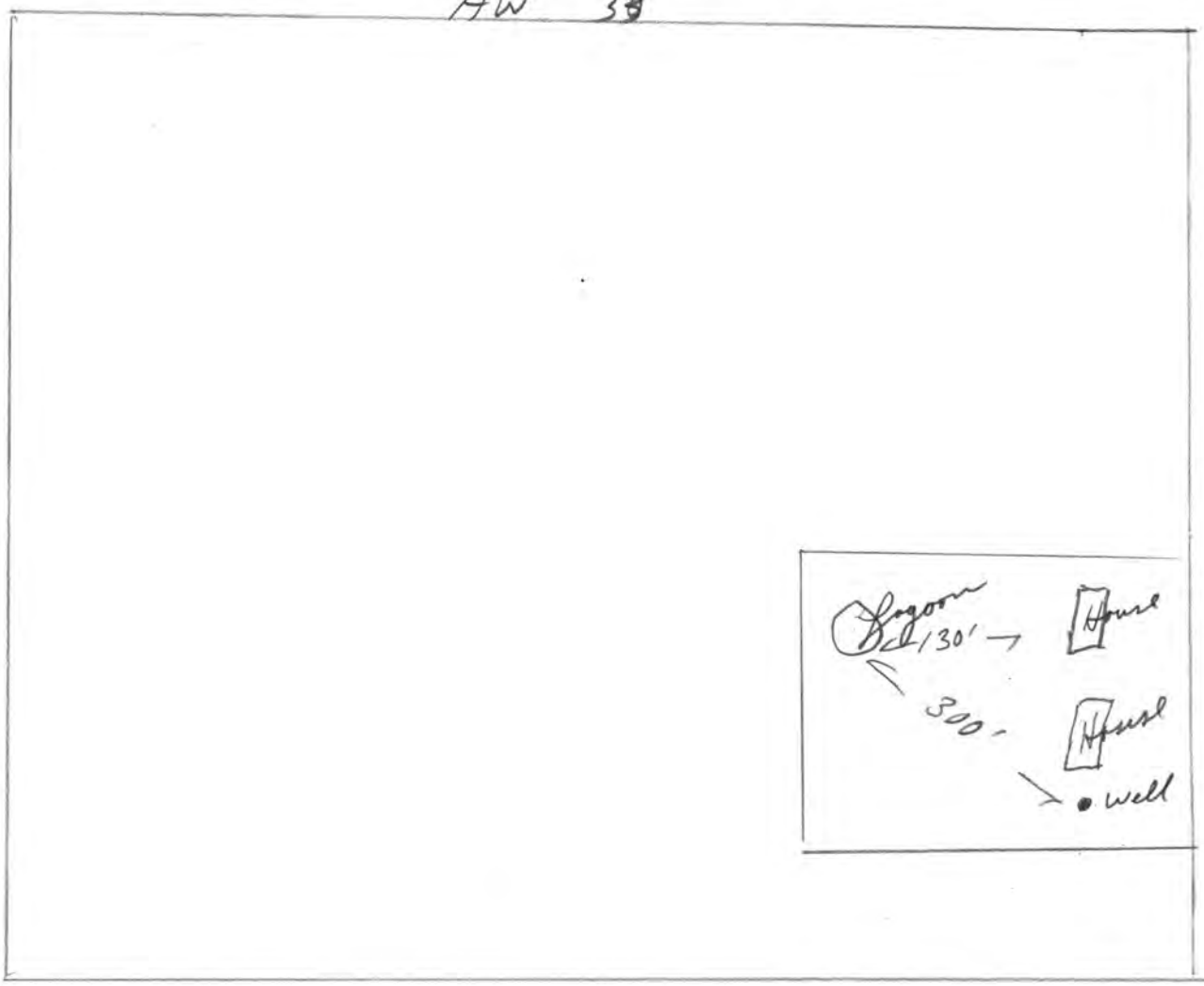
Approved Percolation Rate (a)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official

4/0

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 **3140 N Street** Lincoln NE 68510 (402)-441-8022 **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