LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1615-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

April 22, 1980
THIS PERMIT EXPIRES

Dwaine Novak, Jr. Rt. 1, Crete, NE 68333
ISSUED TO ADDRESS

T8N; R5E; Section 31 - SW corner
LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE

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

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

SEP 17 1979

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: 474-1541

A

FILING FEE: $ 60.00

FILE NO. 1615-C

DATE: September 13, 1979

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: SEE ATTACHED pt of SW¼ Twp. 8 North ; Range 5 East ; Section 31 ;
   Block _____ : Lot _____ : Addition _____
   Street Address _____

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____

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

4. Distance to public sewer: none ft.

Duane Novak
Signature of Applicant (Owner or Lessee)

Rural Route 1 Crete, Nebraska
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/22/79. Date Frwd. 10/22/79. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 10/23/79. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Glen Mosher

3. City or County Engineer: Date Rec'd. 10-23-79. Date Frwd. 10-23-79. ACTION: Approved ☑ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12/20/79 by: J.C.H.
Date: 12/27/79 by: J.C.H.
Date: 1/28/80 by: J.C.H.

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1/31/80 By: Jerrold C. Hood

SEP 17 1979

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: 474-1541

B

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PROPERTY WHERE SOIL TESTED:

Location: Township_____; Range_____; Section & ¼ Section_____.
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:_____to_____. Weather: Precip._____Temp._____.

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.)

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

_____
Signature of Person Conducting Test

Address_____ Phone_____

(Do not write below this line)

REVIEWING ACTION

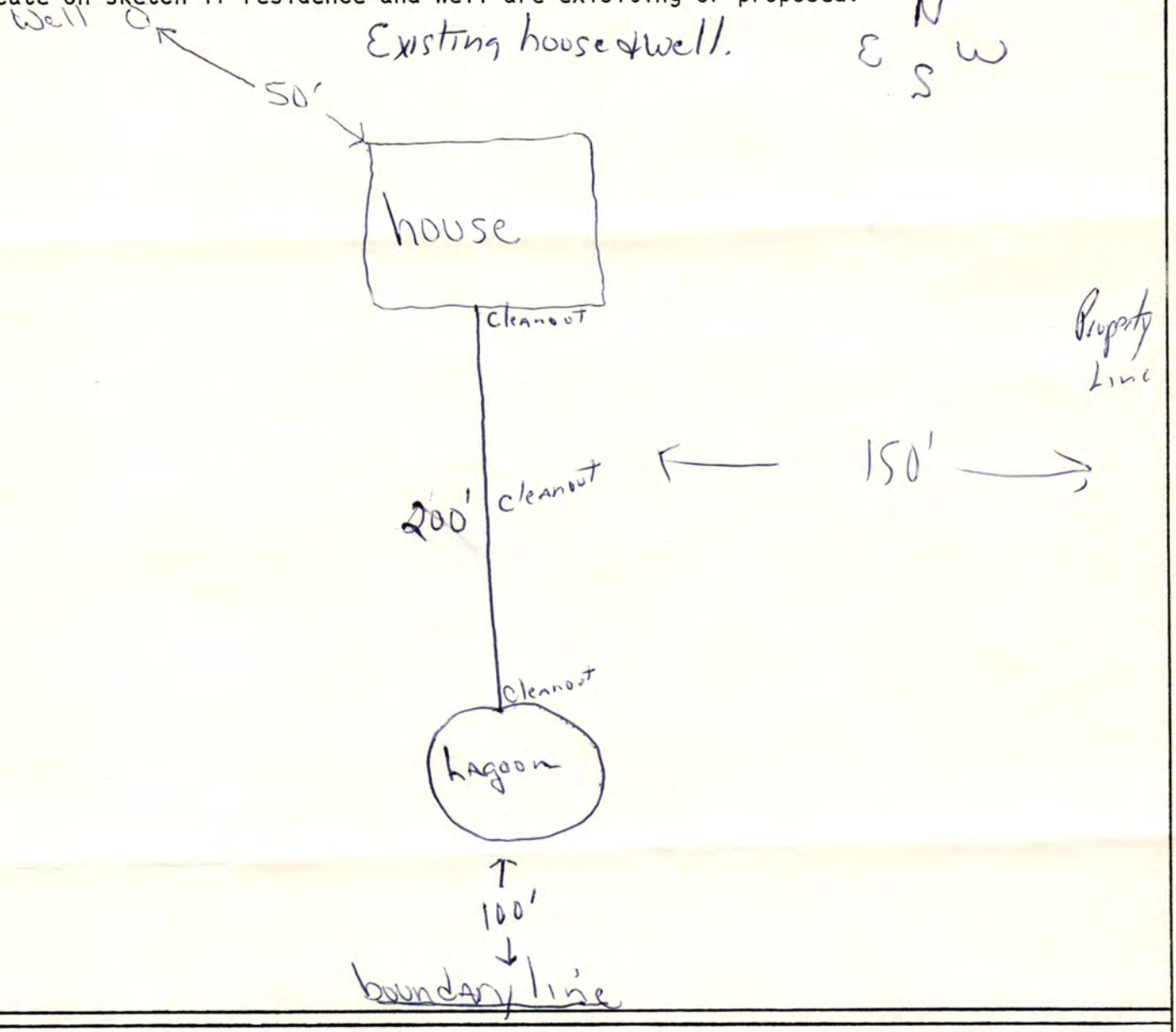
Remarks: Will be sealed
Soil Type (SCS): Wymore Silty Clay Loam possibly Pawnee Clay Loam
Date:_____

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: 474-1541 **C**
Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.	FILE NO. 1615-C

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

1615-C

OCT 22 1979

Referring to the Southwest corner of said Section 31; thence in a Northerly direction along the West line of the Southwest Quarter of said Section 31 on an assumed bearing of N00° 00'00" E, a distance of 1,083.80 feet to the point of beginning; Thence continuing in a northerly direction along the West line of the Southwest Quarter of said Section 31, a distance of 442.0 feet; thence right in an Easterly direction on a line perpendicular to the West line of the Southwest Quarter of said section 31 on a bearing of N 90° 00'00" E, a distance of 985.52 feet; thence right in a Southerly direction on a line parallel to the West line of the Southwest Quarter of said Section 31 on a bearing of S 00° 00'00" W, a distance of 442.0 feet; Thence right in a Westerly direction on a line perpendicular to the West line of the Southwest Quarter of said Section 31 on a bearing of S 90°00'00" W, a distance of 985.52 feet to the point of beginning.

BEEMAN Construction Co.

826-2415
Phone ~~2815~~

506 Linden Street
Crete, Nebraska

