FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. _____

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

DATE: 10/20/78

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 8 N ; Range 6E ; Section 1 ;
Block _____; Lot 39 ; Addition _____
Street Address _____

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

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

4. Description of proposed alteration, extension or repair: Construct lagoon

5. Work to be done by: Owner ☒ ; or Contractor ☐ , _____
Contractor's Name

6. Estimated cost of project:

a. Materials	$	25
b. Labor	$	100
c. Other	$	
TOTAL	$	125

Wayne Foster
Signature of Applicant (owner or lessee)

Rt. 1, Roca, NE 68430
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____ FEE
Filing Fee: $ NO

2. Site Visits:
Date: 10-27-78 by: jw
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☐; Disapproved ☐
by: _____

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-31-78 by: James Wheeler

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

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 8 ; Range 6 ; Section & ¼ Section 1 SE4.
Property Dimensions: _____ ft. x _____ ft. Area: 8 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☒ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 9/16/78 to 9/17/78 . Weather: Precip. None Temp. Warm.

OWNER: Wayne Foster

Address: 423-3480

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	24	9/16	7:30	9/17	8:20	9/17	9:00	6 1/2	9:35	6 7/16	35	1/16	560	.0625
2	26	9/16	7:32	9/17	8:20	9/17	9:05	6 1/8	9:40	6	35	1/8	280	.1250
3	24	9/16	7:34	9/17	8:20	9/17	9:10	6 9/16	9:45	6 1/2	35	1/16	560	.0625
4	30	9/16	7:36	9/17	8:20	9/17	9:15	6 1/4	9:50	5 7/8	35	3/8	93	.3750
5	25	9/16	7:38	9/17	8:20	9/17	9:20	6 1/2	9:55	6 3/8	35	1/8	280	.1250
6	24	9/16	7:40	9/17	8:20	9/17	9:25	6 5/16	10:00	6 1/8	35	3/16	187	.1875
														.15625

Sum of Percolation Rates: 1960
Average of Rates: 327
Mean of Rates: 193

Wayne Foster
Signature of Person Conducting Test

Address Rt. 1, Roca, NE 68430 Phone 423-3480

(Do not write below this line)

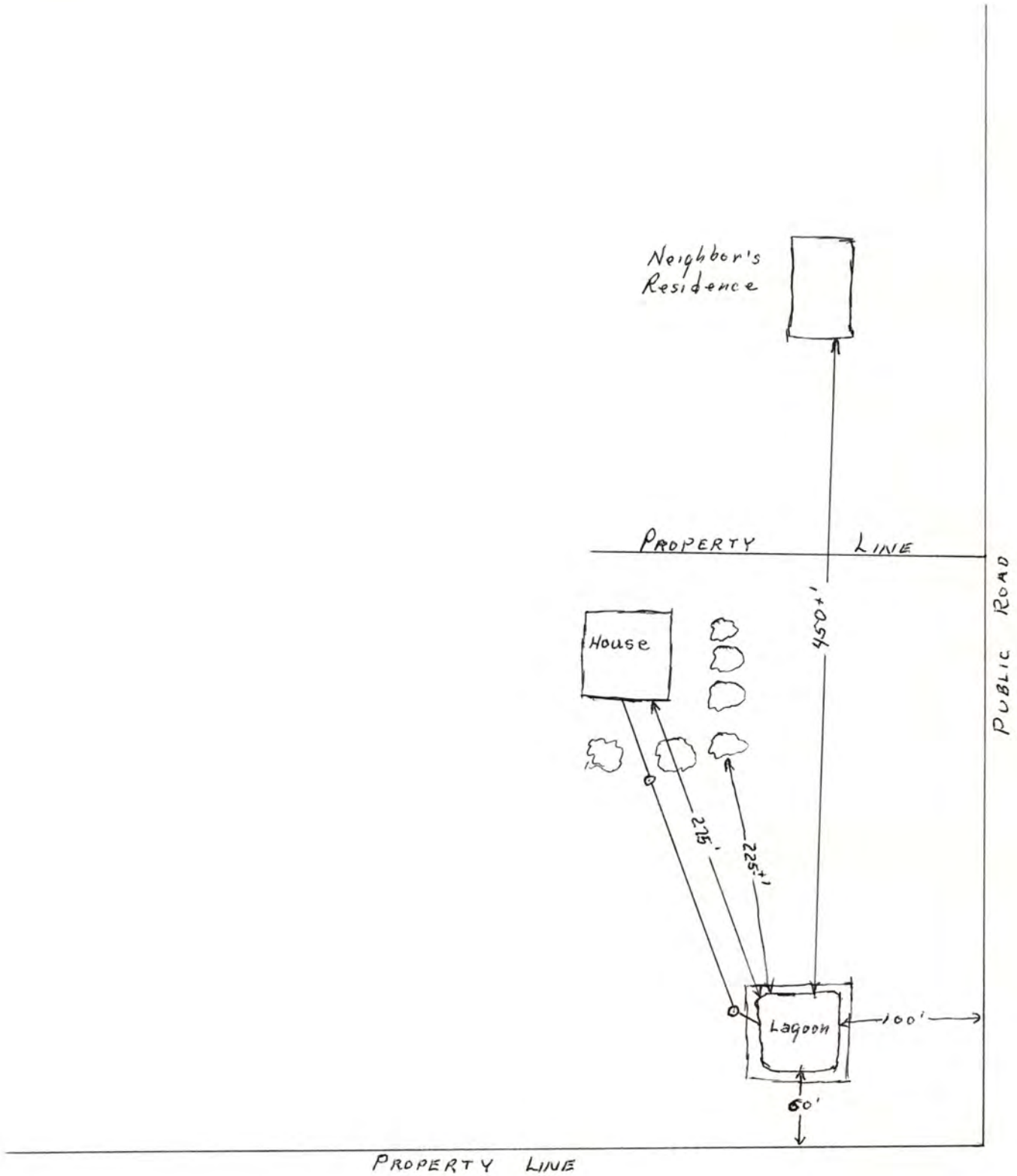
REVIEWING ACTION

Remarks: Lagoon must be sealed
Soil Type (SCS): W tc
Date: _____

Approved Percolation Rate (a)
A. 160 min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official

Lot 39, Sec 1, Twp 8 N, Rge 6 E



Wayne Foster
423-3480