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. 477-C

JL3.

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

DATE: 2-5-74

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein: E 380' OF W 1080' OF N 458.53' OF NW/4 NE/4

1. Legal description of property: Twp. 8N; Range 4E; Section 13 NE¼
Block _____; Lot _____; Addition Subd Permit #182
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. Distance to public sewer: _____ ft.

Galen R Juma
Signature of Applicant (Owner or Lessee)

1738 'G' #2 Lincoln, Ne.
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 7/5/74. Date Frwd. 7/8/74.
ACTION: Approved ☒ Disapproved ☐
Signature: Jerrold C. Hoad

2. Supt. Bldg. Insp.: Date Rec'd. _____. Date Frwd. 7-8-74
ACTION: Approved ☐ Disapproved ☐
Signature: Paul Pate

3. City or County Engineer: Date Rec'd. _____. Date Frwd. 7-8-74.
ACTION: Approved ☐ Disapproved ☐
Signature: Walter Hoppe

REMARKS OR REASONS FOR DISAPPROVAL _____

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

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. 479-C

DATE: 7-5-74

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. 8N ; Range 4E ; Section 13 NE 1/4 ; Block ; Lot ; Addition .
   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).

Galen R Tuma
Signature of Applicant (owner or lessee)

1738 'G' #7 Lincoln Ne.
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
   Date: by:
   Date: by:
   Date: by:

3. Date: Approved ☒; Disapproved ☐ 7/5/74
   by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
   Date: 11/21/74 by: Jerrold C. Hood

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. 479-C

PROPERTY WHERE SOIL TESTED:
Location: Township 8 ; Range 4
Section & ¼ Sect. 13 NE ¼
Property Dimensions: 280 ft. x 483.5 ft.
Area: 4 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: Galen R. Tuma
Address 1738 G #2 Lincoln Nb.

Dates of Tests: 7/1/74 to 7/2/74. Weather: Precip. 00 Temp. 100°F

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"	7/1	4 38 PM	7/2	6 15 PM	7/2	4 15 PM	9"	9 55 PM	1½	30"	1	
2	"	"	"	"	"	"	"	"	"	7	"	½	
3	"	"	"	"	"	"	"	"	"	7	"	½	
4	"	"	"	"	"	"	"	"	"	8½	"	½	
5	"	"	"	"	"	"	"	"	"	7¼	"	¼	
6	"	"	"	"	"	"	"	"	"	8	"	⅛	

Robert D Johnson
Signature of Person Conducting Test

Address 2619 N° 33rd
Phone: 432 3595

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

(Do not write below this line)

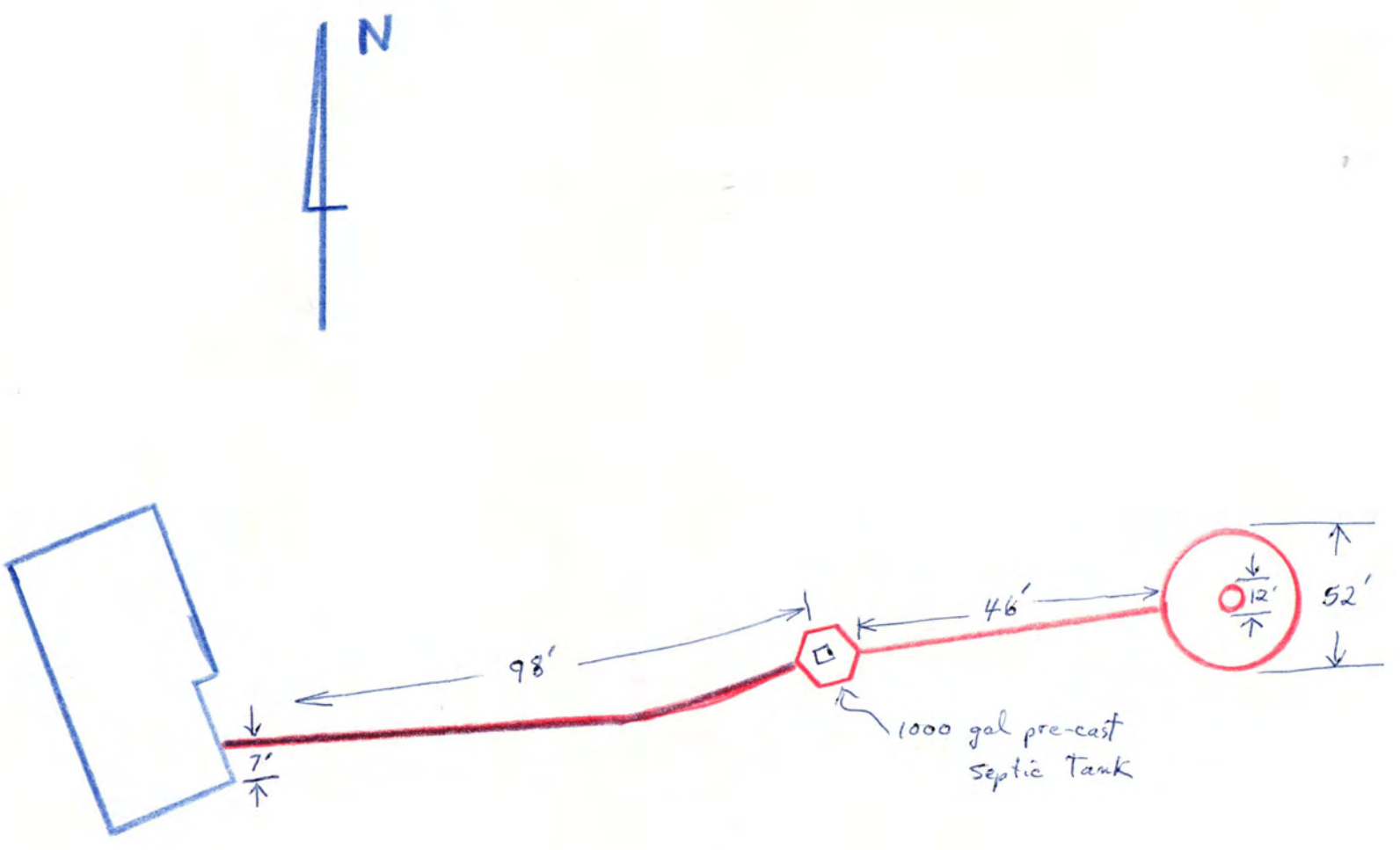
REVIEWING ACTION

REMARKS: Too slow for septic systems

DATE: July 5, 1974

Approved Percolation Rate(s)
A. 69 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official



- pipe in lagoon about 1½' above bottom

NOV-21-74