LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1300-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

October 19, 1978 — THIS PERMIT EXPIRES

Richard H. Krueger — ISSUED TO

Roca, NE 68430 — ADDRESS

T8N, R6E, Section 13 SE;SE, Lot 17-18

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 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: $ 30.00

FILE NO. 1300-C

DATE: _____

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. 8 N ; Range 6E ; Section 13 SE; SE
   Block _____ : Lot 17-18 : Addition _____
   Street Address RR #1 Roca Nebr 68430

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

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

4. Distance to public sewer: _____ ft.

Richard H Krueger
Signature of Applicant (Owner or Lessee)
7945678

Roca Neb 68430
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/19/78. Date Frwd. 4/19/78. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4-19-78 Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 4-19-78. Date Frwd. 4-19-78. ACTION: Approved ☑ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5-11-78 by: jmv
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-11-78 By: James Novotka

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. 1300-C

PROPERTY WHERE SOIL TESTED:

Location: Township 8N ; Range 6E ; Section & ¼ Section 13 .
Property Dimensions: _____ ft. x _____ ft. Area: 40 acres. (Attach Sheet C with sketch of property).

Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .

Dates of Tests: 4-1-78 to 4-2-78 . Weather: Precip. .1" Temp. 70°.

OWNER: Richard Krueger

Address: Roca NE 68430

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	4/1	10:00	4-2	10:20	4-2	1:50	7 3/8	2:20	6 3/4	30	.625"	48
2	36	4/1	10:00	4-2	10:20	4-2	1:50	4 3/4	2:20	3 3/4	30	1.0"	30
3	36	4/1	10:00	4-2	10:20	4-2	1:50	7 3/8	2:20	6 3/4	30	.625"	48
4	36	4/1	10:00	4-2	10:20	4-2	10:50	7 1/4	11:20	7 1/4	30	0	0
5	36	4/1	10:00	4-2	10:20	4-2	10:50	5 3/4	11:20	5 5/8	30	.125	240
6	36	4/1	10:00	4-2	10:20	4-2	10:50	7 1/8	11:20	6 3/4	30	.375	80

Sum of Percolation Rates: 446
Average of Rates: 74.33
Mean of Rates: _____

Kevin O'Connell
Signature of Person Conducting Test

Address Roca Nebr 68430 Phone 7945678

(Do not write below this line)

REVIEWING ACTION

Remarks: Lagoon must be sealed.
Soil Type (SCS): Mayberry Silty Clay Loam
Date: April 18, 1979

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

Gerald C. Hoad
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 ☐

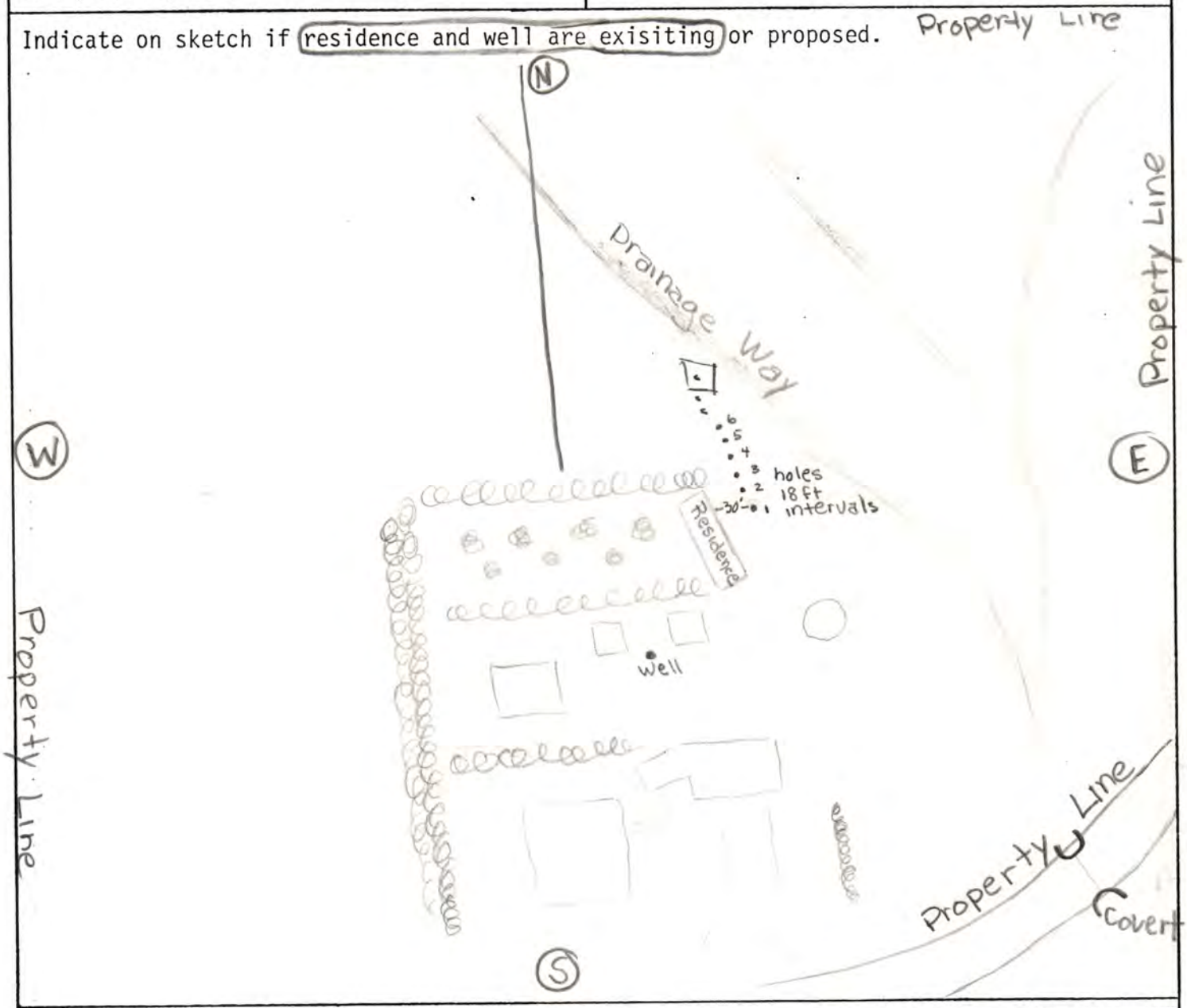
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO._____

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

AS BUILT DRAWING OF SYSTEM

DATE 5-11-78 INSTALLER Richard Krueger

