LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 93380100801

Issued 06/09/93
Expires 12/09/93
Revenue Code 18754

Establishment
LARRY KOHLES
T8N R6E SEC 16
LOT 40

FEES: $150.00

TOTAL $150.00

Permittee
LARRY KOHLES
RR0001
BOX 0066H
MARTELL NE 68404

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
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: 6-4-93

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 6 E ; Section 16 SW¼ ;
   Block _____ : Lot 40 I.T. : Addition _____
   Street Address Rt 1, Box 66H Martell NE

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. request lagoon

Tony P Kohles
Signature of Applicant (Owner or Lessee)

Rt 1 Box 66H, Martell NE 68404
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/4/93 . Date Frwd. 6/7/93 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nodd

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 6/7/93 . Date Frwd. 6/7/93 . ACTION: Approved ☒ Disapproved ☐ Signature: Larry Lyon

3. City or County Engineer: Date Rec'd. 06/07/93 . Date Frwd. _____ . ACTION: Approved ☐ Disapproved ☐ Signature: Virgil Weaver

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6/25/93 by: L.C.H.
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
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 8 ; Range 6 ; Section & ¼ Section 16 SW¼ Lot 40
Property Dimensions: 1256 ft. x 477 ft. Area: 12 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☑ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 5/27/93 to 5/28/93 . Weather: Precip. None Temp. 65°F.

OWNER: Larry Kohles

Address: Rt 1, Box 66H, Martell NE. 68404

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	23	5/27	18:30	5/28	18:25	5/28	18:30	8	1905	8⅛	35	⅛	280
2	24	5/27	18:30	5/28	18:25	5/28	1832	9⅛	1905	9¼	35	⅛	280
3	27	5/27	18:30	5/28	18:25	5/28	1837	5½	1909	6¾	32	1¼	26
4	26	5/27	18:30	5/28	18:25	5/28	1839	10¾	1909	11¾	30	1	30
5	27	5/27	18:30	5/28	1825	5/28	1840	9¼	1911	9⅝	31	⅜	83
6	26	5/27	18:30	5/28	18:25	5/28	1841	7⅝	1913	8	32	⅜	85

Sum of Percolation Rates: 784
Average of Rates: 131
Mean of Rates: _____

Jay P Kohles
Signature of Person Conducting Test

Address Rte 1 Box 66H Martell Phone 787-2555 (work)

(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

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

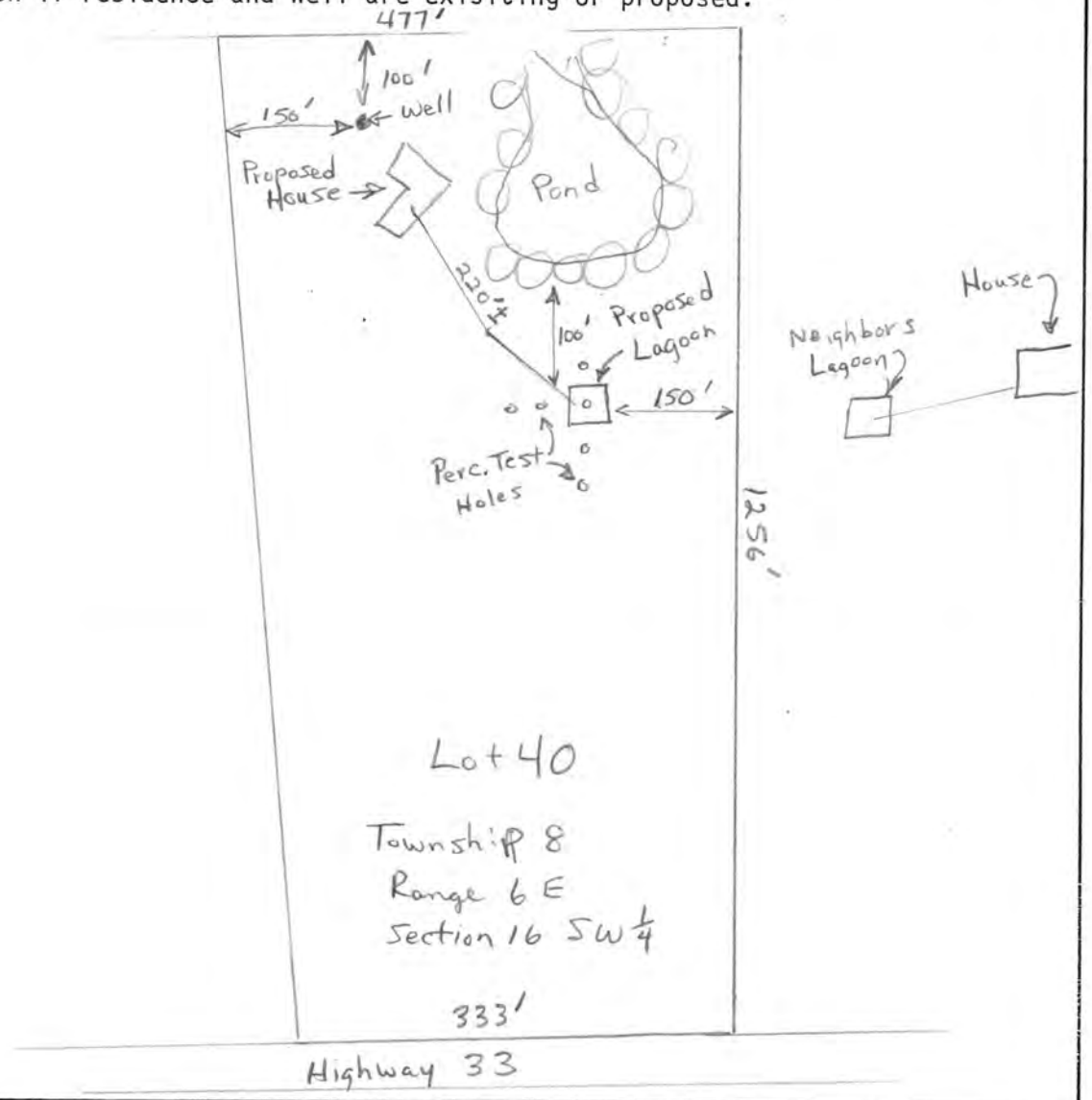
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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Lincoln, Nebraska 68502
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C

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

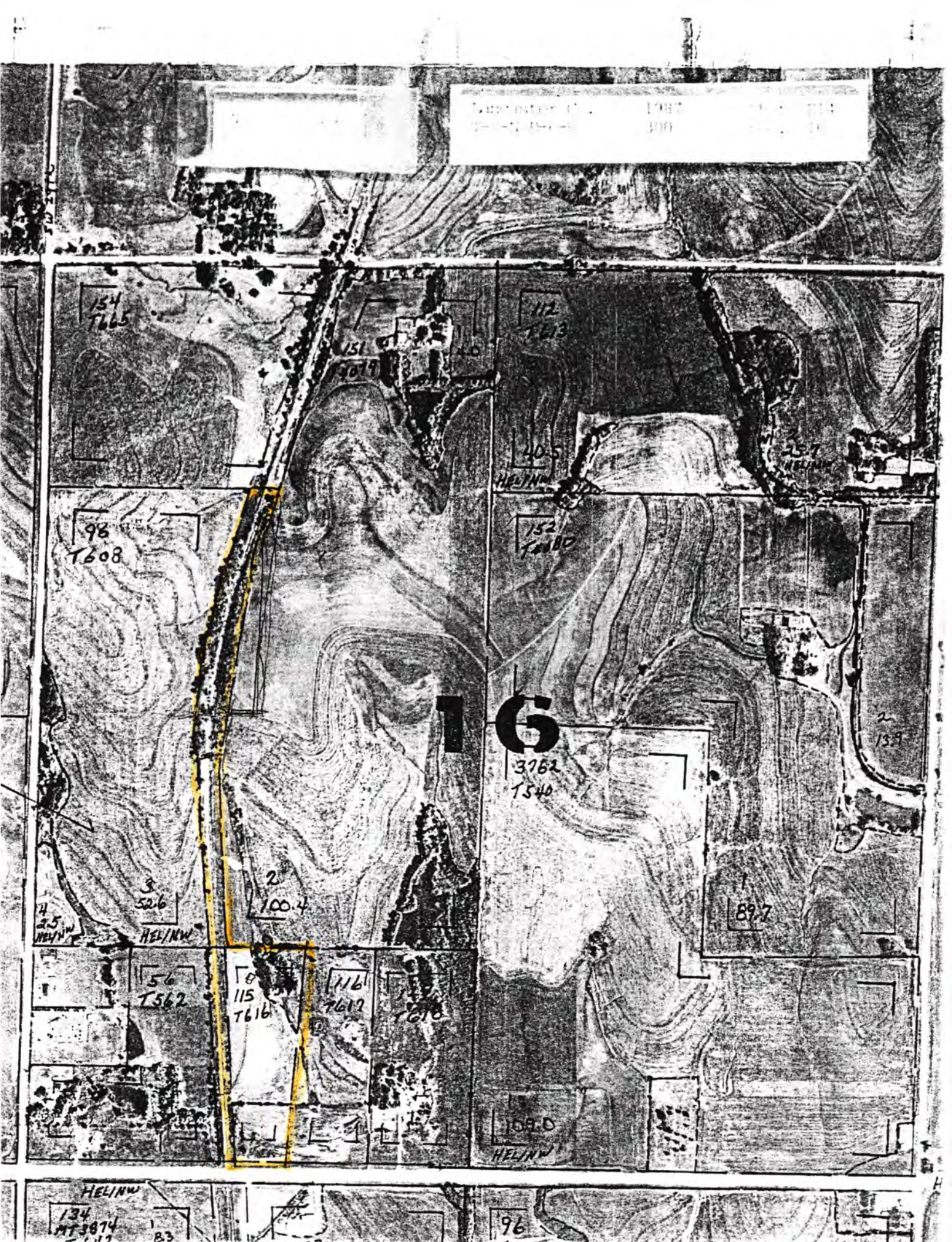
Remarks:_____

_____

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


154
T665
151
T679
112
T613
40.5
HEL/NW
35.7
HEL/NW
96
T608
152
T680
16
3762
T540
13.9
3
52.6
HEL/NW
2
100.4
1
89.7
4
25
HEL/NW
56
T562
115
T616
116
T612
T610
109.0
HEL/NW
HEL/NW
134
MT3874
96