LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 94380121501

Issued 08/26/94
Expires 02/26/95
Revenue Code 18754

Establishment
KATHY ANDERSON
T8N R6E SEC 26
LOT 13&14
950 HICKMAN ROAD

FEES: $150.00

TOTAL $150.00

Permittee
KATHY ANDERSON
4125 E ST
LINCOLN NE 68510

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: _____

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 Twp. 8 No. ; Range 6 E. of 6th P.M.; Section 26 ;
   Block _____ : Lot _____ : Addition _____
   Street Address 950 Hickman Rd., Roca, 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: NA ft.

Kathy Anderson
Signature of Applicant (Owner or Lessee)

4125 E St., Lincoln, NE 68510
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8-22-94. Date Frwd. 8-25-94. ACTION: Approved ☑ Disapproved ☐ Signature: Paul Dickgrafe

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 8-25-94. Date Frwd. 8-25-94. ACTION: Approved ☑ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 8-25-94. Date Frwd. 8-25-94. ACTION: Approved ☑ Disapproved ☐ Signature: Don Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: _____ by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/26/94 By: Jerrold C. Hood

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

FORM 23-43

AN IRREGULAR TRACT OF LAND SITUATED IN LOTS THIRTEEN (13) AND FOURTEEN (14), IRREGULAR TRACTS IN THE SOUTHEAST QUARTER (SE 1/4) OF SECTION 26, TOWNSHIP 8 NORTH, RANGE 6 EAST OF THE 6TH P.M., LANCASTER COUNTY, NEBRASKA, MORE PARTICULARLY DESCRIBED AS FOLLOWS: REFERRING TO THE SOUTHEAST CORNER OF SAID SECTION 26, THENCE SOUTH 89 DEGREES 35 MINUTES WEST ALONG THE SOUTH LINE OF THE SOUTHEAST QUARTER, A DISTANCE OF 867.73 FEET; THENCE DUE NORTH PARALLEL TO THE EAST LINE OF SAID SOUTHEAST QUARTER, A DISTANCE OF 50.0 FEET TO THE POINT OF BEGINNING, THE SAID POINT BEING ON THE NORTH RIGHT OF WAY LINE OF THE COUNTY HIGHWAY, THENCE SOUTH 89 DEGREES 35 MINUTES WEST ON A LINE 50 FEET NORTH OF AND PARALLEL TO THE SOUTH LINE OF THE SOUTHEAST QUARTER, A DISTANCE OF 980.38 FEET, THENCE NORTH 41 DEGREES 20 MINUTES 15 SECONDS EAST ALONG THE EAST LINE OF LOT 12, IRREGULAR TRACTS, A DISTANCE OF 605.57 FEET TO THE NORTHEAST CORNER OF LOT 12, THENCE NORTH 89 DEGREES 25 MINUTES 15 SECONDS EAST A DISTANCE OF 84.0 FEET, THENCE DUE NORTH PARALLEL TO THE EAST LINE OF SAID SOUTHEAST QUARTER, A DISTANCE OF 818.77 FEET TO A POINT ON THE NORTH LINE OF LOT 13, IRREGULAR TRACT; THENCE NORTH 89 DEGREES 28 MINUTES 52 SECONDS EAST ALONG THE NORTH LINES OF LOTS 13 AND 14, A DISTANCE OF 690.51 FEET; THENCE DUE SOUTH PARALLEL TO THE EAST LINE OF SAID SOUTHEAST QUARTER, A DISTANCE OF 610.0 FEET; THENCE SOUTH 89 DEGREES 35 MINUTES WEST PARALLEL TO THE SOUTH LINE OF SAID SOUTHEAST QUARTER, A DISTANCE OF 193.95 FEET; THENCE DUE SOUTH PARALLEL TO THE EAST LINE OF SAID SOUTHEAST QUARTER A DISTANCE OF 662.14 FEET TO THE POINT OF BEGINNING.

Exhibit "A"

Legal Property Description

BLOCK

CODE

CHECKED KE

ENTERED

Kurt Anderson

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 N; Range 6 E; Section & ¼ Section 26 ~~SE~~
Property Dimensions: _____ ft. x _____ ft. Area: 20.2 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐; Silty Clay Loam ☒; Sandy Loam ☐; Silt Loam ☐; Clay Loam ☐.
Dates of Tests: 8-6 to 8-7. Weather: Precip. — Temp. 72.

OWNER: Kurt Anderson

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.)
1	30	8-6	11:00	8-7	11:00	8-7	12:00	6"	12:30	5	30	1	
2	30	"	"	"	"	"	"	"	"	5	"	1	
3	30	"	"	"	"	"	"	"	"	5	"	1	
4	30	"	"	"	"	"	"	"	"	5	"	1	
5	30	"	"	"	"	"	"	"	"	5⅛	"	⅛	
6	30	"	"	"	"	"	"	"	"	5¼	"	¼	

Signature of Person Conducting Test

Address Box 161 Elwood NE 68349 Phone 994-3595

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam with Pawnee Clay Loam Close
Date: August 26, 1994

Approved Percolation Rate (a)
A. 32 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
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 ☒

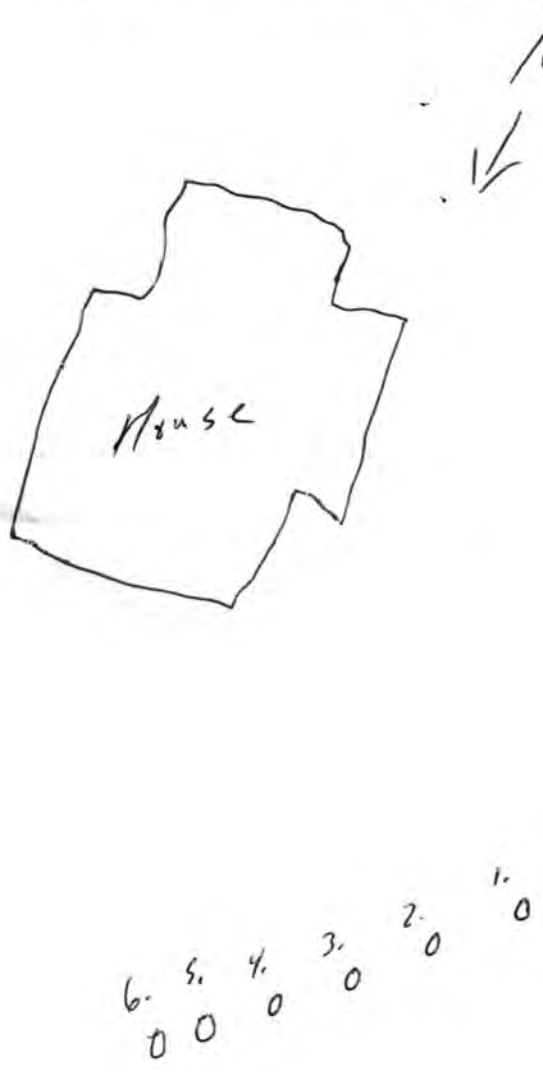
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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

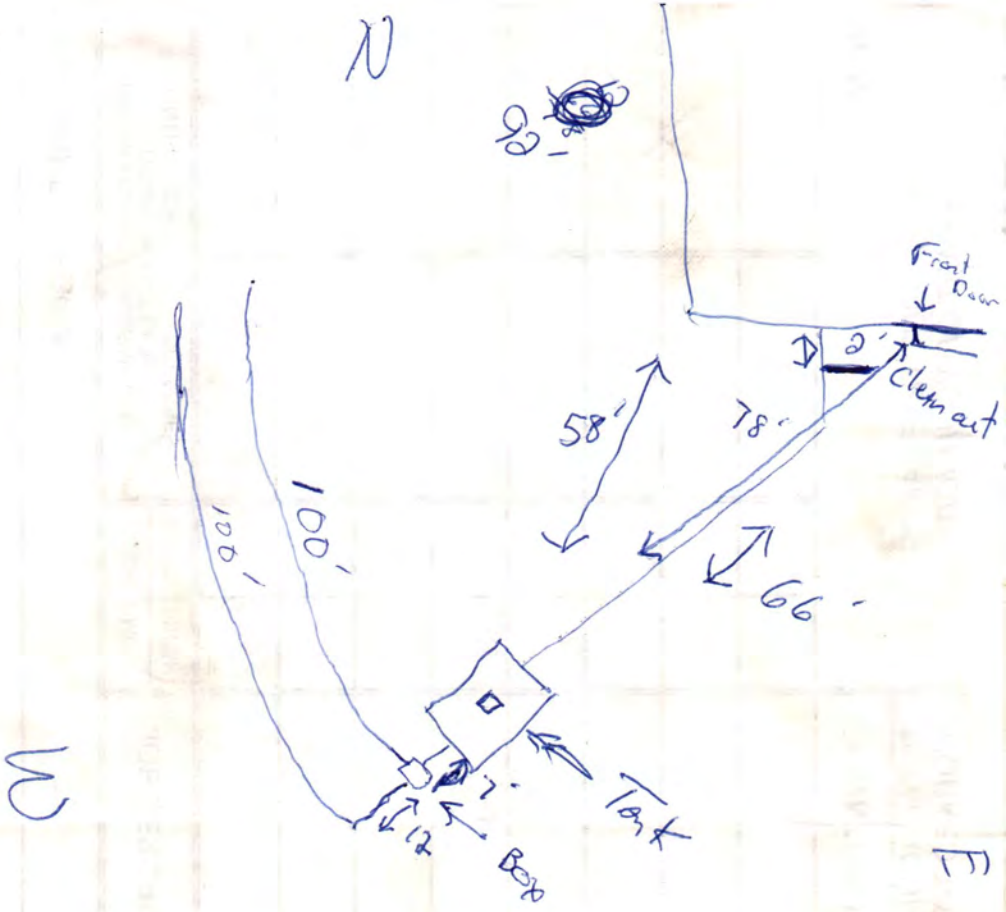
Remarks:_____

_____

Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 194 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 774 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official


N
22'
Front Door
2'
Clematis
58'
78'
100'
100'
66'
7'
Tank
12'
Box
W
E