LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 90380064401

Issued 10/04/90
Expires 04/04/91

ESTABLISHMENT

DOUG KITTLESON
T8N R6E SEC 30
BLUE STEM HEIGHTS BLK 1 LOT 4
4401 W BLUE STEM ROAD

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

DOUG KITTLESON
1403 BURR ST
LINCOLN NE 68502

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
10/9/90	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

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: $_____

FILE NO._____

DATE: 28 Sep 90

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 6E ; Section 30 ;
   Block 1 : Lot 4 : Addition Blue stem Heights
   Street Address 4401 west Blue Stem Road

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.

Thomas K Nielsen
Signature of Applicant (Owner or Lessee)

1403 Burr Lincoln
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/4/90. Date Frwd. 10/4/90. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nodd

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10-4-90. Date Frwd. 10-4-90. ACTION: Approved ☑ Disapproved ☐ Signature: Paul B Caemmerer

3. City or County Engineer: Date Rec'd. 10/04/90. Date Frwd. _____. ACTION: Approved ☑ Disapproved ☐ Signature: Miguel Vanacort

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 1-18-91 by: rvm need drawing
Date:_____ by:_____
Date:_____ by:_____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date:_____ By:_____

FORM 23-43

Nebraska State Health Department
Division of Housing & Environmental Health

SAN 1701

SOIL ABSORPTION TEST DATA REPORT

PROPERTY WHERE SOIL TESTED: Owner: Doug & Inne Kittleson
Location: Township LOT 7 Block 4 Bluestem Heights
Section & ¼ Sect. Address: 1403 Burt
Property Dimensions: 364 ft. x _____ ft.
Area: 3 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐
Silty Loam ☒ ; Clay Loam ☐ ; Sandy Clay ☐

Dates of Tests: 9-29 to 9-30. Weather: Precip. Trace Temp. 65 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	30	9-29	1300	9-30	1300	9-30	1330	25"			30 min	1½	
2	30	"	"	"	"	"	"	"			"	1½	
3	30	"	"	"	"	"	"	"			"	1¼	
4	30	"	"	"	"	"	"	"			"	1¾	
5	30	"	"	"	"	"	"	"			"	1½	
6	30	"	"	"	"	"	"	"			"	1½	

Sum of Percolation Rates _____
Average of Rates: _____
Inches per minute: _____

Andrew Tanner
Signature of Person Conducting Test

Address 3925 Touzalin Lin.
Phone 464 3947

(Do not write below this line)

REVIEWING ACTION

REMARKS: Wymore Silty Clay Loam

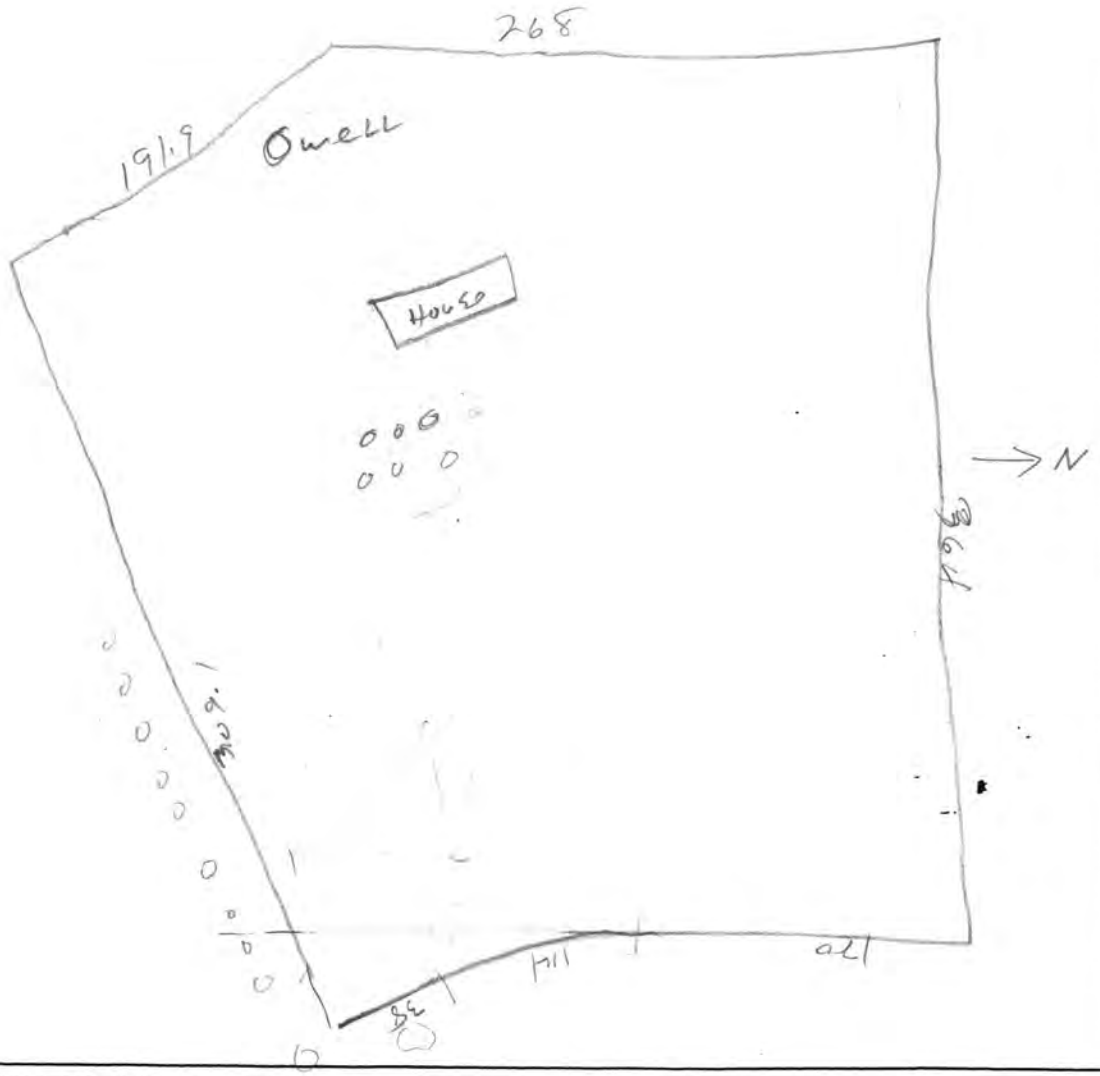
Approved Percolation Rate(s)
A. 20 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: October 4, 1990

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: OCTOBER 4, 1990

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 630 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official