LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 93380098101

Issued 04/27/93
Expires 10/27/93
Revenue Code 18754

Establishment
LINDA BAILEY
T8N R6E SEC 30
BLUESTEM HEIGHTS BLK 6 LOT 8
18101 SW 42 STREET

FEES: $150.00

TOTAL $150.00

Permittee
LINDA BAILEY
3601 SOUTH ST
LINCOLN NE 68506

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: April 27th 1993

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 6 : Lot 8 : Addition Bluestem Heights
   Street Address 18101 SW 42nd
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒
   ~~most~~ ~~sept~~ ~~waste stabilization~~ ~~Lagoon~~
4. Distance to public sewer: _____ ft.

Linda K. Bailey
Signature of Applicant (Owner or Lessee)

3601 South Street Lincoln, Ne 68506
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/27/93. Date Frwd. 4/27/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4/27/93. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: Dale Fahrenbruch
3. City or County Engineer : Date Rec'd. 4-27-93. Date Frwd. 4-27-93. ACTION: Approved ☐ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7/19/93 by: L.C.H. ~~Road Grading~~ + Fence
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 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

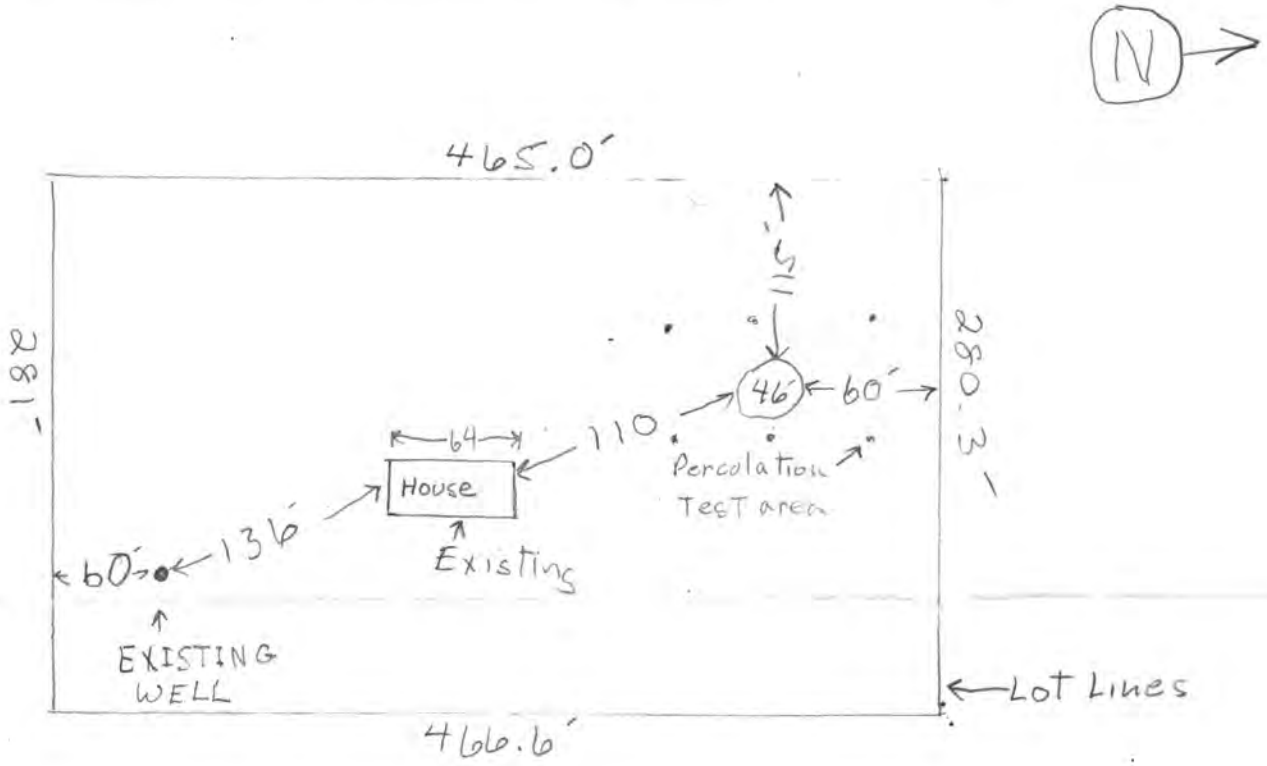
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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: July 7, 1993

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.

Jerold C. Hood
Signature of Reviewing Official

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 8N ; Range 6E ; Section & ¼ Section 30A.
Property Dimensions: 281 ft. x 466.6 ft. Area: 3 + acres. (Attach Sheet C with sketch of property).

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

Dates of Tests: 6/7/93 to 6/8/93. Weather: Precip. 0 Temp. 75°

OWNER: MIKE BAILEY

Address: 3601 South St. Lincoln, NE
for 18101 S.W. 42.

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings - FINAL 30 MINS					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	6/7	9:30	6/8	8:00	6/8	11:30	28	12:00	28	30	0	0
2	36	6/7	9:30	6/8	8:00	6/8	11:30	28	12:00	27.5	30	.5	60
3	36	6/7	9:30	6/8	8:00	6/8	11:30	28	12:00	28	30	0	0
4	36	6/7	9:30	6/8	8:00	6/8	11:30	28	12:00	28	30	0	0
5	36	6/7	9:30	6/8	8:00	6/8	11:30	28	12:00	27.25	30	.75	40
6	36	6/7	9:30	6/8	8:00	6/8	11:30	28	12:00	28	30	0	0

Sum of Percolation Rates: _____
Average of Rates: >60 min/in
Mean of Rates: _____

Joe Holly
Signature of Person Conducting Test

Address Rt. 1 Dorchester, NE Phone 946-3871

(Do not write below this line)

REVIEWING ACTION

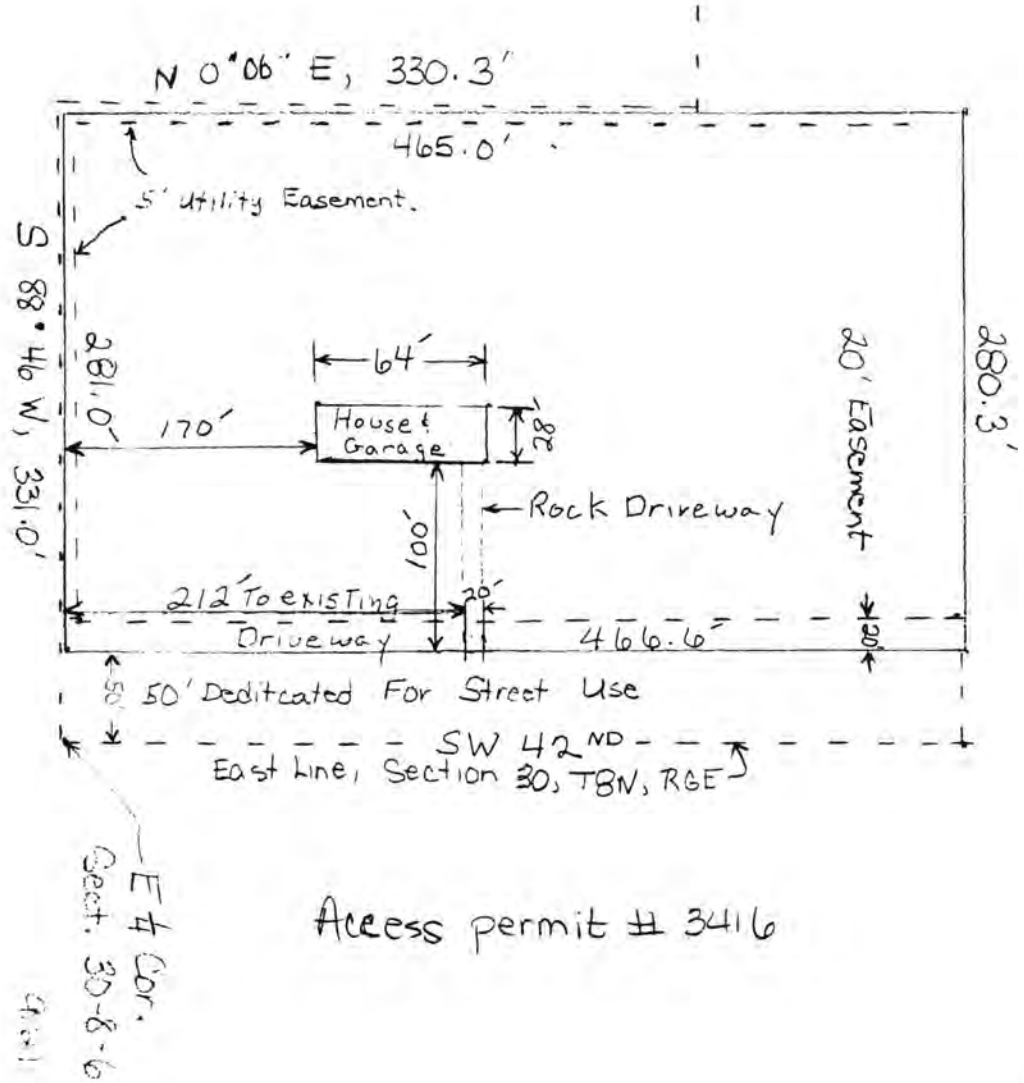
Remarks: _____

Soil Type (SCS): _____

Date: _____

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

_____
Signature of Reviewing Official



Access permit # 3416

Site Plan

Note;

ZONING:
Agriculture

Setbacks;
50' From East & West Property Lines
15' From North & South Property Lines

LOT 8, BLOCK 6
BLUESTEM HEIGHTS LLC N
18101 SOUTHWEST 42ND
Scale: 1" = 100'

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

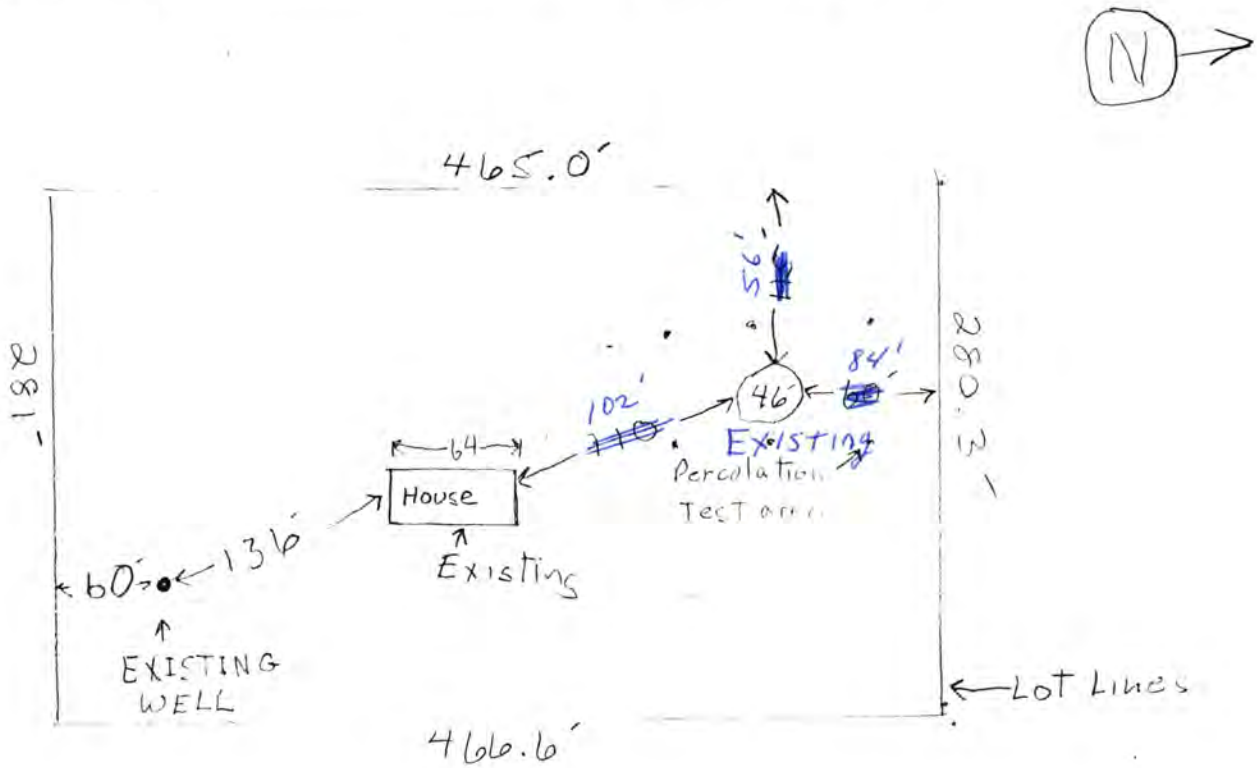
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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: July 7, 1993

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.

Jerrold C. Hood
Signature of Reviewing Official