LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1454-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

May 9, 1979 — THIS PERMIT EXPIRES

Thelma Moore — ISSUED TO

3619 Madison, Lincoln, NE — ADDRESS

T8N, R6E, Section 32 SE¼, Lot 3 & 4 I.T. — 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

FILING FEE: $ 30.00

FILE NO. 1454-C

DATE: 1454-C

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 32 ; SE Quarter
   Block _____ : Lot 3 + 4 IT ; Addition _____
   Street Address _____

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

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

4. Distance to public sewer: no sewer ft.

Thelma Moore
Signature of Applicant (Owner or Lessee)

3619 Madison
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/9/78 . Date Frwd. 11/9/78 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____ . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Jack E. Anderson

3. City or County Engineer: Date Rec'd. 11-9-78 . Date Frwd. 11-9-78 . ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7-11-79 by: jw
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-16-79 By: James Weverka

There is a possible chance that high water table may be a problem in this area

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: 474-1541

C

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

FILE NO. 1454-C

Indicate on sketch if residence and well are exisiting or proposed.

REVIEWING ACTION

Remarks: Perc. test to be performed on soil to be brought onto site.

Date: November 9, 1978

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 72 ft.
3. With a Trench Width of 18 in.
4. Total Area of Lateral needed ____ sq.ft.

Jerrold 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: 474-1541

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 8 ; Range 6 ; Section & ¼ Section SE 1/4 . 32
Property Dimensions: 1304.6 ft. x 1320.5 ft. Area: 36+ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 11 - 17 to 11 : 18 . Weather: Precip. light Temp. _____ .

OWNER: Henry + Thelma Moore
Address: 3619 Madison

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	24"	11-10	11:30	11-10	3:30	11-11	12:00	6"	4:00	0			
2	24"	11-10	11:30	11-10	3:30	11-11	12:00	6"	4:00	0			
			Redid water Left in 30 min making 10 min test										
1	24"	11-17	10:00	11-17	2:00	11-18	11:00	6"	11:30	4½	10 min	1½ in	
2	24"	11-17	10:00	11-17	2:00	11-18	11:00	6"	11:30	4½"	10 min	1½ in	

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

Thelma Moore
Signature of Person Conducting Test

Address 3619 Madison Phone 464-5672

(Do not write below this line)

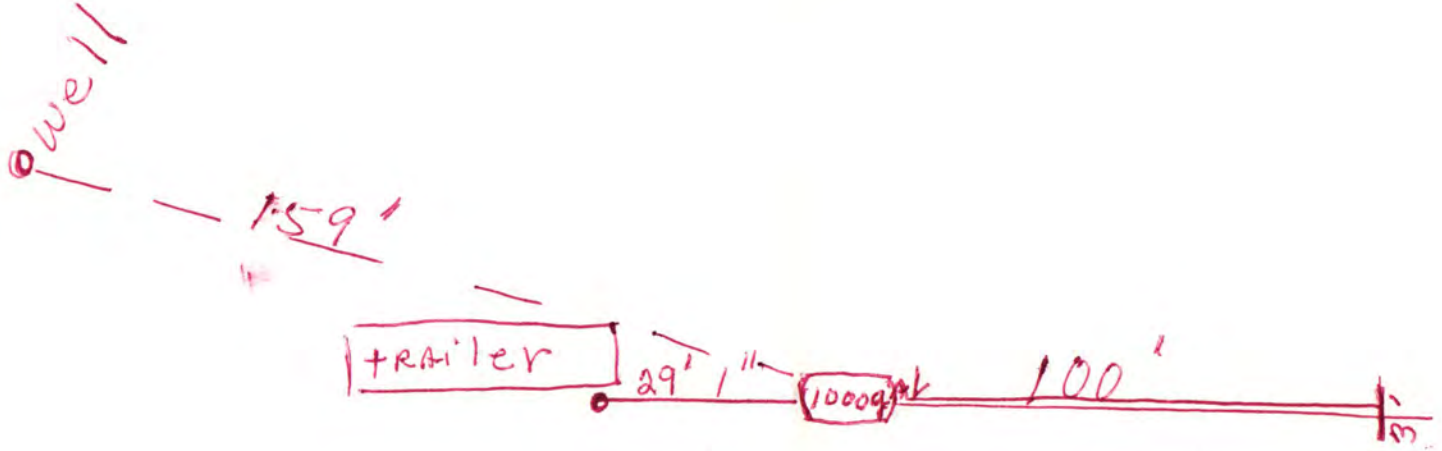
REVIEWING ACTION

Approved Percolation Rate (a)
A. 7 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: Soil taken out of area and left for perhaps 20 years
Soil Type (SCS): Salmo Silty Clay from in pile
Date: November

Gerald C. Hood
Signature of Reviewing Official

Henry MOORE
Route 1
Martell, Neb 68404



STAGE COACH ROAD

JUL 13 1979