# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1851-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

June 14, 1982 — THIS PERMIT EXPIRES

EGGER, VALERIE ANN — ISSUED TO

RT 1, BOX 81 MARTELL, NE 68404 — ADDRESS

T8N; R6E; Sec SW¼ 34 — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE

| 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 HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐

County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1851-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: _____

The undersigned hereby applies for a permit to ALTER ☒, EXTEND ☐, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 8N ; Range 6E ; Section SW¼34 ;
Block _____ ; Lot _____ ; Addition _____
Street Address _____

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms 3
Describe _____
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: CHANGE TO LAGOON SYSTEM.

5. Work to be done by: Owner ☐ ; or Contractor ☒ , _____
Contractor's Name

6. Estimated cost of project:

| | | |
|---|---|---|
| a. Materials | $ | |
| b. Labor | $ | |
| c. Other | $ | |
| TOTAL | $ | 700.00 |

Valerie Ann Egger
Signature of Applicant (owner or lessee)

Rt 1 Box 81 Martell, NE 68404
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 30.00

2. Site Visits:
Date: 4/13/82 by: J. C. H.
Date: 4/26/82 by: J. C. H.
Date: _____ by: _____

3. Date: Approved ☒ ; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 4/26/82 by: J. C. Hood

~~Needs some finish drawing~~

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 34 .
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: _____ to _____. Weather: Precip. _____ Temp. _____.

OWNER: Darrell Egge
Address: Martell Nebraska

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 | 34 | 9-12-81 | 9:00 | 9-13-81 | | 9-13-81 | 11:00 | 14 | 12: | 13½ | | ½ | |
| 2 | 32 | " | | | | | " | 16 | " | 14¾ | | 1¼ | |
| 3 | 36 | " | | | | | | 14 | | 13 | | 1 | |
| 4 | 34 | " | | | | | | 15 | | 13¾ | | 1¼ | |
| 5 | 34 | " | | | | | | 12 | | 11 | | 1 | |
| 6 | 35 | " | | | | | | 14 | | 12¾ | | 1¼ | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

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

Don Egge
Signature of Person Conducting Test

Address Roca Phone 794-4315

(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 ☐

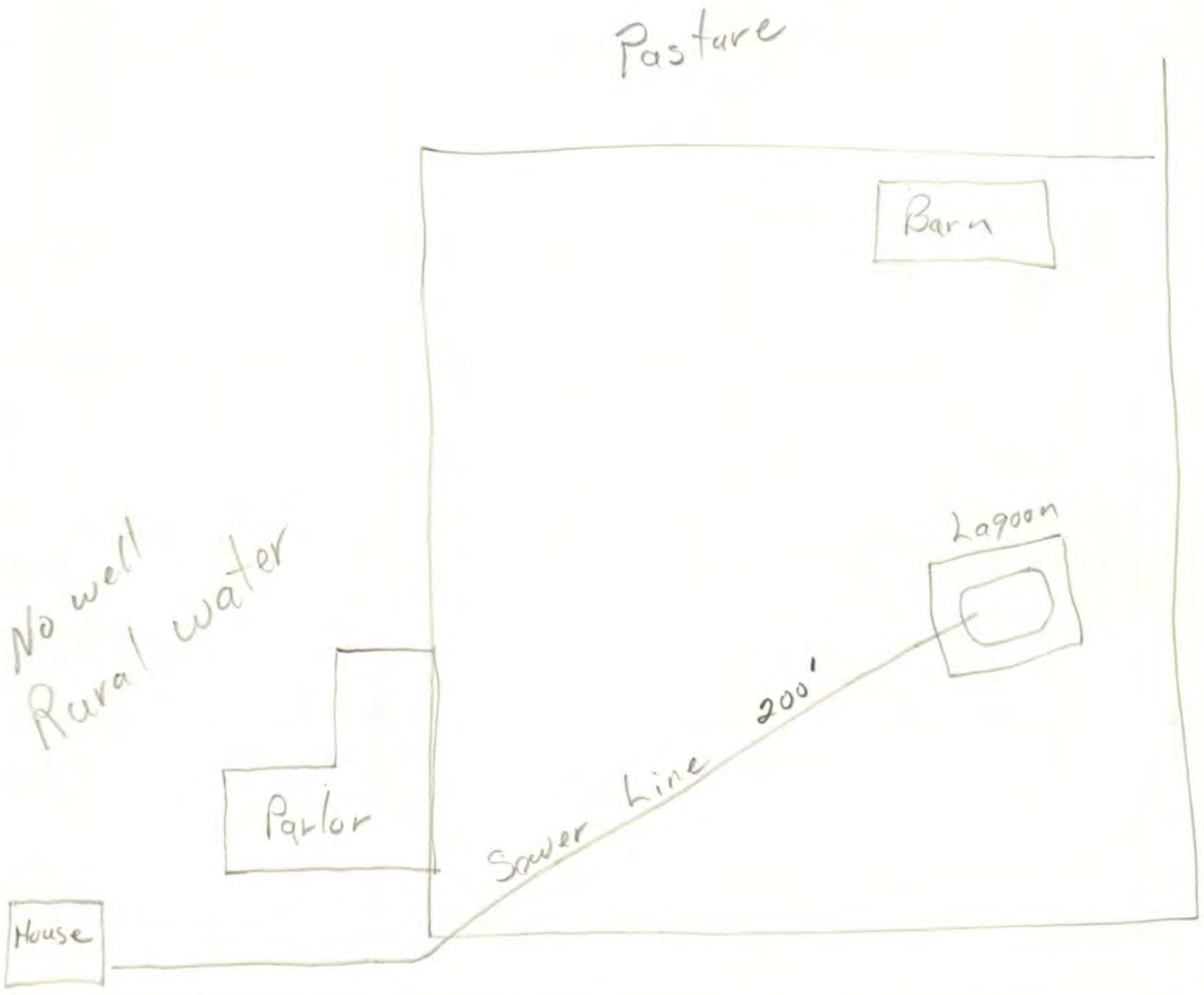
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

**C**

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

FILE NO._____

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