LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1787-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

DECEMBER 3, 198 — THIS PERMIT EXPIRES

ADDISON L GLANTZ JR — ISSUED TO

1821 WEST ARLINGTON CIRCLE — ADDRESS

T8N, R5E, Section 1 SE¼ Lot 5IT, Addition Irregular Tracts Lo 5
LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
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

2832

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. _____

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

A

FILING FEE: $ 60.00

FILE NO. 1787-C

DATE: 5-15-81

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 5E ; Section 1 SE 1/4
   Block _____ : Lot 5 I.T. : Addition Irregular Tracts Lot 5
   Street Address _____

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.

Addison L. Hurst Jr.
Signature of Applicant (Owner or Lessee)

1821 West Arlington Cir
Address

-22

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/3/81. Date Frwd. 6/3/81. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6/3/81. Date Frwd. 6/3/81. ACTION: Approved ☒ Disapproved ☐ Signature: Rodger Harris

3. City or County Engineer: Date Rec'd. 6/3/81. Date Frwd. 6/3/81. ACTION: Approved ☒ Disapproved ☐ Signature: Harold E. Sorkan
   By Don Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 8N ; Range 5E ; Section & ¼ Section SE¼ of 1 Lot 1
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: Aug 26, 1980 to Aug 27, 1981. Weather: Precip. _____ Temp. _____.

OWNER: Addison L Glantz Jr
Address: 1821 West Arlington Circle

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./ Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	27 3/8	Aug 26	12:00	Aug 26	4:00	Aug 27	3:30	21 3/8	4:30	22 7/8	30	1 1/4	
2	26 1/4	"	"	"	"	"	"	20 1/4	"	22	30	1 3/4	
3	24	"	"	"	"	"	"	18	"	19 1/4	30	1 1/4	
4	27 1/4	"	"	"	"	"	"	21 1/4	"	23 1/4	30	2 1/4	
5	28 1/8	"	"	"	"	"	"	22 1/8	"	23 5/8	30	1 1/2	
6	27	"	"	"	"	"	"	21	"	22 1/4	30	1 1/4	

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

addison L. Glantz Jr.
Signature of Person Conducting Test

Address 1821 West Arlington Circle Phone 474-5416

(Do not write below this line)

REVIEWING ACTION

Remarks: Rather fast for Wymore
Soil Type (SCS): Wymore Silty Clay Loam
Date: June 3, 1981

Approved Percolation Rate (a)
A. 19 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 ☐

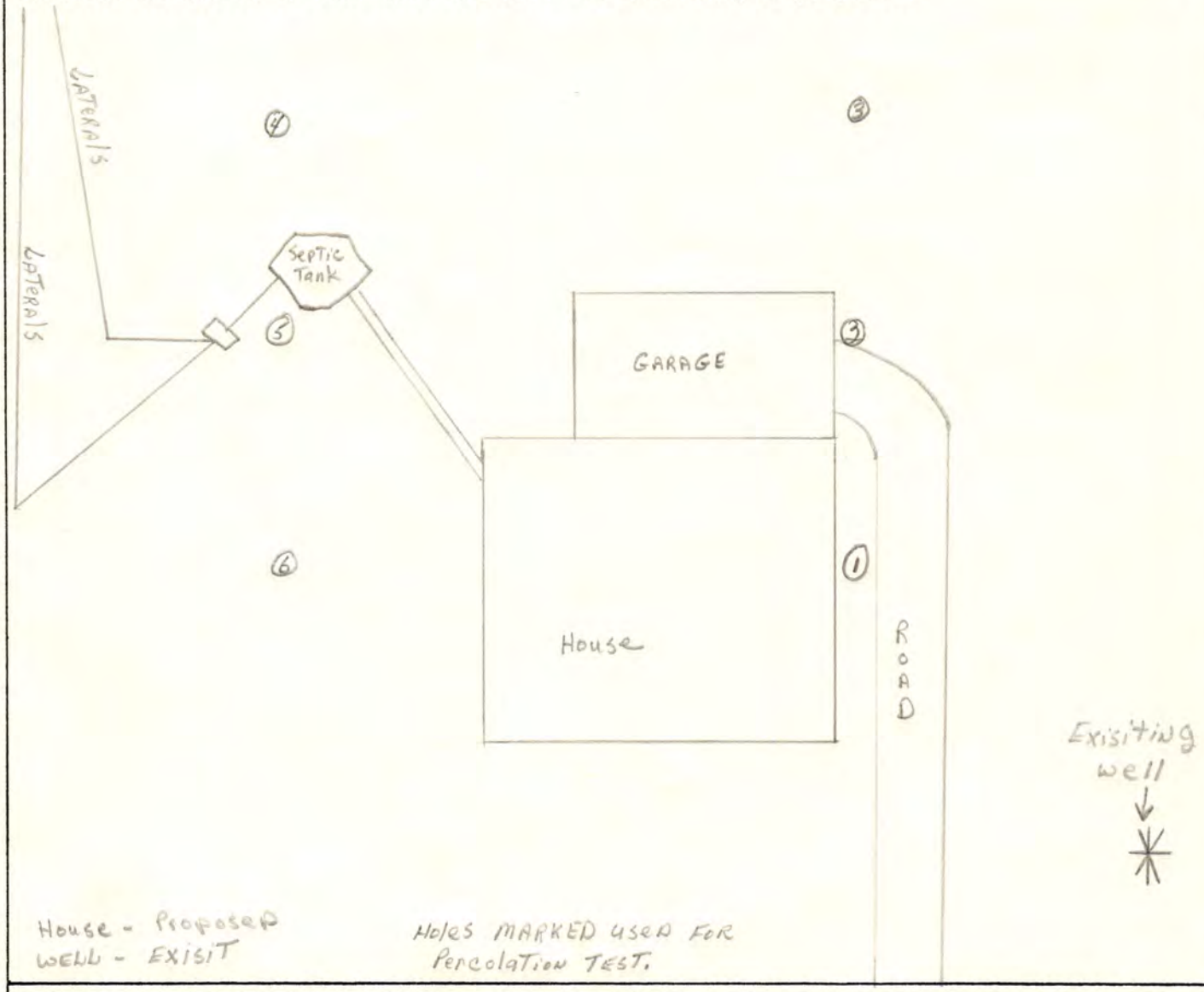
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C

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: Holes 1, 2 + 3 look to be unimportant to system location

Date: June 3, 1981

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 618 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official