LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1979-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

NOVEMBER 3, 1983 — THIS PERMIT EXPIRES

L. E. BEHRENDS BOX 113 MARTELL, NE 68404 — ISSUED TO / ADDRESS

T8N, R7E, SECTION 2, LOT 22, IRREGULAR TRACT — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE NEW

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: C. Greus — DATE: 11-3 — AMOUNT: 60.00

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

A

FILING FEE: $ 60.00

FILE NO. 1979-C

DATE: _____

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 7E ; Section 2 ;
   Block _____ : Lot 22 I.T. : Addition _____
   Street Address 82nd Lancaster County

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

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

4. Distance to public sewer: _____ ft.

L. E. Behrends
Signature of Applicant (Owner or Lessee)

Box 113 Martell, Ne 68404
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/2/83. Date Frwd. 5/3/83. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Head
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 5/3/83. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Gary W. Konrad
3. City or County Engineer: Date Rec'd. 5/3/83. Date Frwd. " . ACTION: Approved ☑ Disapproved ☐ Signature: Don Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7/14/83 by: J.C.H. Wrong gauge pipe, cleanouts not every 75', lagoon too small
Date: 7/22/83 by: J.C.H. Pipe covered prior to inspection but clean outs right
Date: _____ by: _____

corrected 7/22/83
Garage gauge pipe

INSTALLATION FINAL WRITTEN APPROVAL *
Date: _____ By: _____

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

* PROVISIONAL APPROVAL WHEN AS BUILT DRAWING RECIEVED. NOT RECIEVED AS OF 2/12/85

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 7E ; Section & ¼ Section 2 .
Property Dimensions: _____ ft. x _____ ft. Area: 5 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: April 1 to April 2 . Weather: Precip. _____ Temp. 45 .

OWNER: L. E. Behrends

Address: _____

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	36	4-1	8AM	4-2	9AM	4-2	9 AM				30	1/8	
2	42	4-1	8:15	4-2	9:15AM	4-2	9:15AM				30	3/4	
3	40	4-1	8:25	4-2	9:25AM	4-2	9:30AM				30	1/6	
4	36	4-1	8:30	4-2	9:30	4-2	9:35AM				30	1/3	
5	34	4-1	9:00	4-2	9:00AM	4-2	9:35AM				30	1/8	
6	39	4-1	9:20	4-2	9:20	4-2	9:46AM				30	1/6	

A. A. Berreotto
Signature of Person Conducting Test

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

Address _____ Phone _____

(Do not write below this line)

REVIEWING ACTION

Remarks: Probably should be sealed
Soil Type (SCS): _____
Date: May 2, 1983

Approved Percolation Rate (a)
A. 120 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 ☐	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.)

82nd street Road

$135 to dig



35 ¢ a ft for 100 ft to lagoon



$135
+ 35
$100 cost (total) for digging
$170
60

60¢ for pipe
$230

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

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