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. 93380100101

Issued 06/03/93
Expires 12/03/93
Revenue Code 18754

Establishment
PAUL JOHNSON
T8N R7E SEC 22
LEISURE LAKE ESTATES BLK 1 LOT 3

FEES: $150.00

TOTAL $150.00

Permittee
PAUL JOHNSON
3708 CLOVER CI
LINCOLN NE 68516

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: $_____

FILE NO._____

DATE: 6-1-93

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. 8 N ; Range 7 E ; Section S.W 1/4 ; 22
   Block 1 : Lot 3 : Addition Leisure Lake Estates
   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: N/A ft.

Paul D Johnson
Signature of Applicant (Owner or Lessee)

3708 Clovers Cir 68516 Lincoln
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/1/93. Date Frwd. 6/1/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6/1/93. Date Frwd. 6/1/93. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Spain

3. City or County Engineer: Date Rec'd. 06/01/93. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: Lloyd Rhamey

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8/5/93 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/5/93 By: Jerrold C. Hood

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

FORM 23-43

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
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
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: 5/29 to 5/30 93. Weather: Precip. NONE Temp. 70°80°

OWNER: Paul Johnson

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"	5/29	1:30	5/29	9:00 pm	5/30/93	1:40	10"	5/30/93 5:10	3 1/4"	240	6 3/4"	.03
2	36"	5/29	1:32	5/29	9:00 pm	5/30	1:40	10"	5:10	2 1/2"	240	7 1/2"	.03
3	36"	5/29	1:34	5/29	9:00 pm	5/30	1:40	10"	5:10	4 1/2"	240	5 1/2"	.02
4	36"	5/29	1:36	5/29	9:00 pm	5/30	1:40	10"	5:10	3 3/4"	240	6 1/4"	.03
5	36"	5/29	1:38	5/29	9:00 pm	5/30	1:40	10"	5:10	5 3/4"	240	4 1/4"	.02
6	36"	5/29	1:40	5/29	9:00 pm	5/30	1:40	10"	5:10	5"	240	5"	.02

Sum of Percolation Rates: .15
Average of Rates: .025
Mean of Rates: _____

Paul D Johnson
Signature of Person Conducting Test

Address 3708 Clover Cir 68516 Phone 464-9452

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: June 1, 1993

Approved Percolation Rate (a)
A. 21 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 ☐

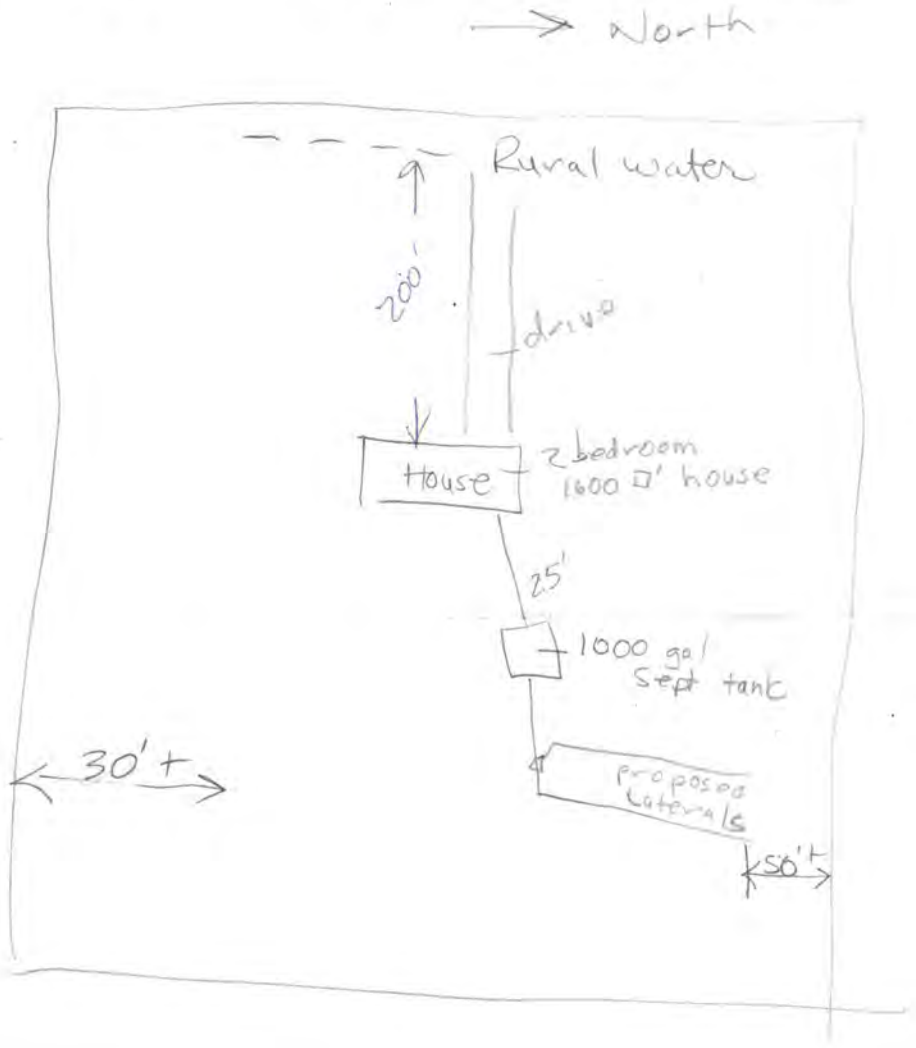
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C

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.



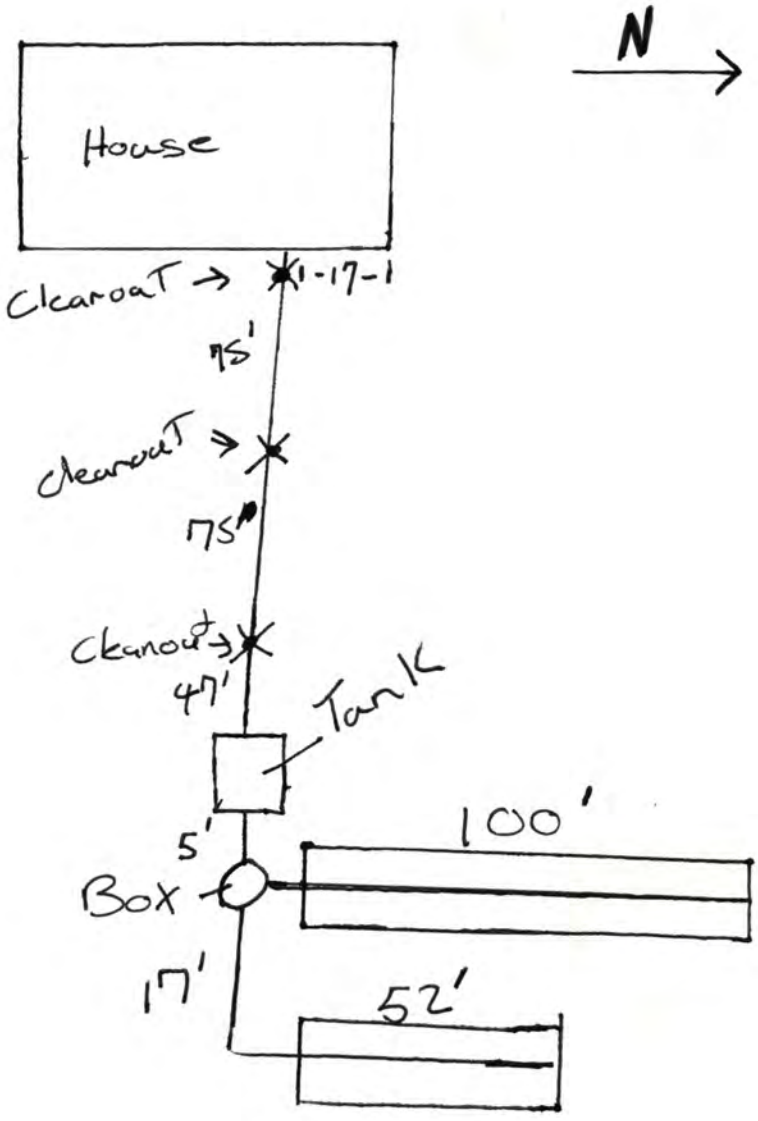
REVIEWING ACTION

Remarks : _____

Date: June 1, 1993

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 420 sq.ft.

Gerrold C. Hood
Signature of Reviewing Official


N
House
Cleanout
1-17-1
75'
Cleanout
75'
Cleanout
47'
Tank
5'
Box
100'
17'
52'