LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 90390065501

Issued 11/05/90
Expires 05/05/91

ESTABLISHMENT

DENNIS FREY
T8N R7E SEC 22
LEISURE LAKE ESTATES BLK 2 LOT 2
17405 S 75 STREET

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

DENNIS FREY
RRC001
BOX 00528
ROCA NE 68430

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
11/07	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

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:_____

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 22 ;
   Block 2 : Lot 2 : Addition Leisure Lake Estates
   Street Address 17405 S075

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.

~~423-7698~~
792-2698
mobile 560-2211

Dennis L. Tuey
Signature of Applicant (Owner or Lessee)

Rt. #1, Box 52B, Roca, Nebraska 68430
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/5/90. Date Frwd. 11/5/90. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hoag
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 11-5-90. Date Frwd. 11-5-90. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Boeshe
3. City or County Engineer: Date Rec'd. 11/5/90. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Ron Yeargent

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 11-9-90 by: pm water line in sewer trench
Date: 11-15-90 by: pm not connected
Date: 11-19-90 by: pm Moved 3 ft contacted

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

need drawing

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-5-90 By: Ron Yeargent

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

Taken At
3/4 mi East of 68th Martill Rd No. side

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: 12-5-89 to 12-6-89. Weather: Precip. 0 Temp. 30°.

Water in hole-5- From Pre-Test

OWNER: Beckie E. Takacs

Address: 900 Rutland Dr. No. 509
Lincoln, NE. 68512 423-5784

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"	12-5	5:00 pm	12-6	1:00 pm	12-6	1:00 pm	6"	5:00 pm	5 5/8"	30m	3/8"	
2	36"	12-5	5:00 pm	12-6	1:00 pm	12-6	1:00 pm	6"	5:00 pm	5 1/2"	30m	1/2"	
3	36"	12-5	5:00 pm	12-6	1:00 pm	12-6	1:00 pm	6"	5:00 pm	5 1/4"	30m	3/4"	
4	36"	12-5	5:00 pm	12-6	1:00 pm	12-6	1:00 pm	6"	5:00 pm	5 1/4"	30m	3/4"	
5	36"	12-5	5:00 pm	12-6	1:00 pm	12-6	1:00 pm	6"	5:00 pm	5 3/4"	30m	1/4"	
6	36"	12-5	5:00 pm	12-6	1:00 pm	12-6	1:00 pm	6"	5:00 pm	5 1/2"	30m	1/2"	

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

Mike Hoagland
Signature of Person Conducting Test

Address 2700 Pan Ave Lincoln Phone 464-0638
Pre-Cast Step Co.

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): Wymore Silty Clay Loam

Date: November 5, 1990

Approved Percolation Rate (a)
A. 60 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official