LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2188-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

OCTOBER 16, 1985 — THIS PERMIT EXPIRES

GAILEN BALKE — ISSUED TO

320 INDIAN RD. LINCOLN, NE 68505 — ADDRESS

T8N; R7E; Sec 24; Lot 14 I.T.

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

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
EB	4/1/85	

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: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2188-C

DATE: 4-16-85

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 24 ;
   Block _____ : Lot 14 Tot; Addition _____
   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: _____ ft.

Gailen Bahr
Signature of Applicant (Owner or Lessee)

320 Indian Rd Lincoln Ne 68505
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/16/85. Date Frwd. 4/17/85. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 4/17/85. Date Frwd. 4/17/85. ACTION: Approved ☐ Disapproved ☐ Signature: Gary N. Shenwood

3. City or County Engineer: Date Rec'd. 4-17-85. Date Frwd. 4-17-85. ACTION: Approved ☐ Disapproved ☐ Signature: H. Selthun

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-16-85 by: mm
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-16-85 By: Ron Maynard

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

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. 2188-C

PROPERTY WHERE SOIL TESTED:

Location: Township 8 ; Range 7 ; Section & ¼ Section 24 (North west ¼).
Property Dimensions: 305 ft. x 780 ft. Area: 5 ½ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 4-10-85 to 4-11-85. Weather: Precip. NO Temp. 70-75°.

OWNER: Gaile Balke

Address: 320 Indian Rd

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	4-10	11:15	4-10	3:25	4-11	3:30	3 ¾	4:00	3	30	¾	
2	36	4-10	11:17	4-10	3:27	4-11	3:32	2 ½	4:02	2	30	½	
3	36	4-10	11:19	4-10	3:29	4-11	3:34	6	4:04	4 ½	30	1 ½	
4	36	4-10	11:22	4-10	3:32	4-11	3:37	6	4:07	4 ¼	30	1 ¾	
5	36	4-10	11:24	4-10	3:34	4-11	3:39	4	4:09	2	30	2	
6	36	4-10	11:26	4-10	3:36	4-11	3:41	5 ¼	4:11	4	30	1 ¼	

Gaile Balke
Signature of Person Conducting Test

Address 320 Indian Rd Phone 464-4312

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

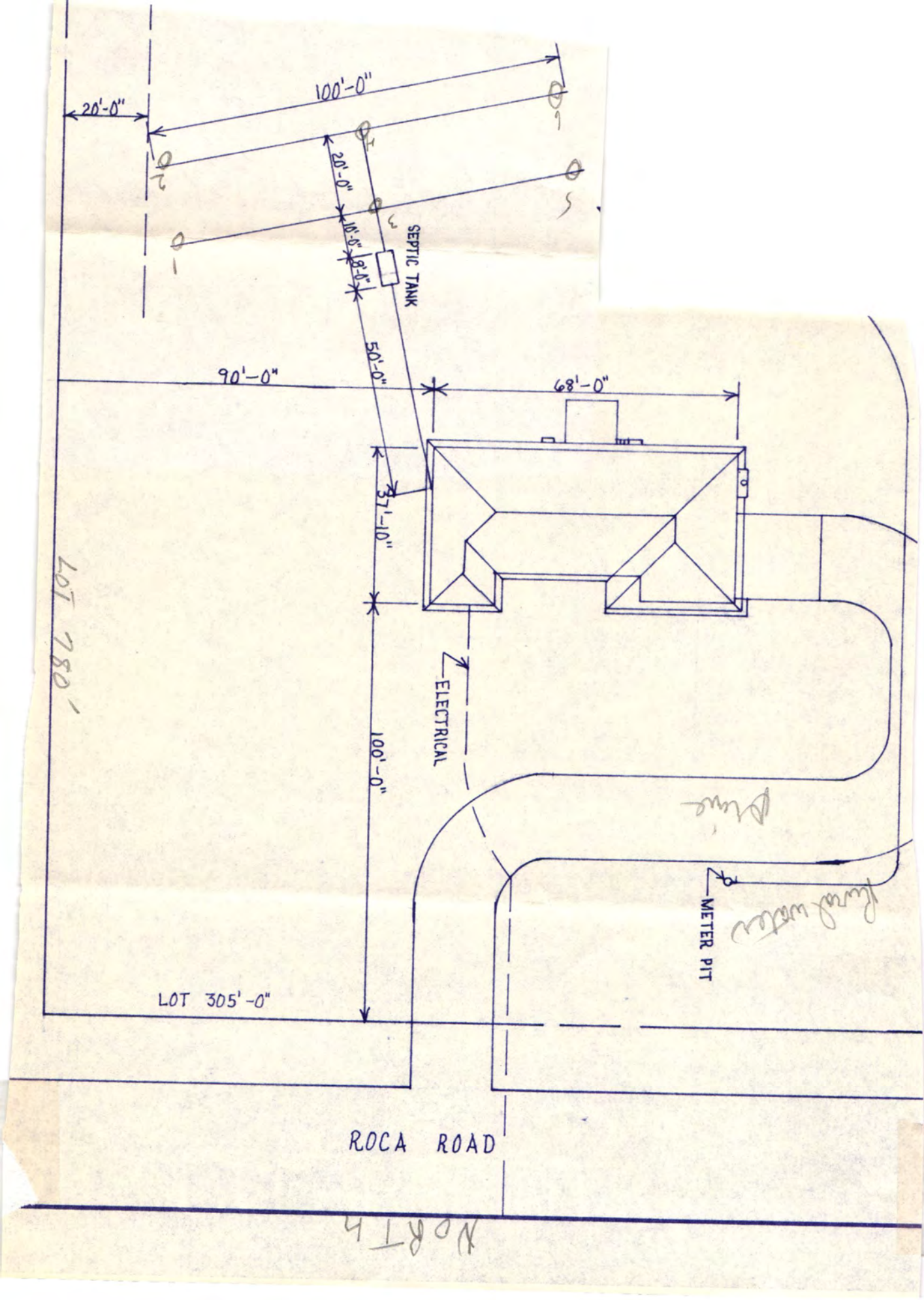
(Do not write below this line)

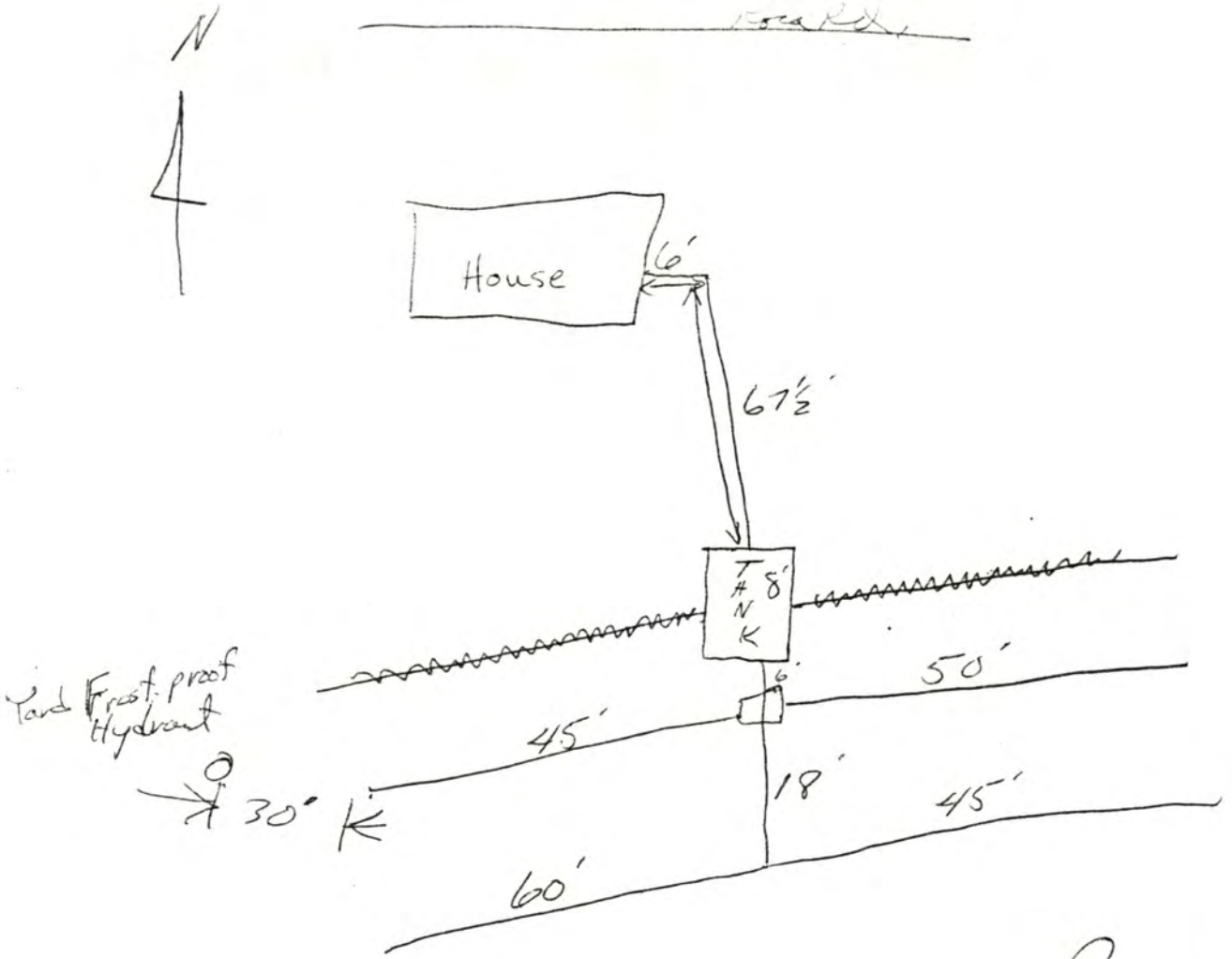
REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: April 16, 1985

Approved Percolation Rate (a)
A. 25 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official


20'-0"
100'-0"
20'-0"
18'-0"
8'-0"
SEPTIC TANK
50'-0"
90'-0"
68'-0"
37'-10"
ELECTRICAL
100'-0"
METER PIT
LOT 305'-0"
ROCA ROAD
NORTH



Lincoln Land Plb.

Roger Blocher