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. 90380011301

Issued 05/02/90
Expires 11/02/90

ESTABLISHMENT
STARLA SCHLEICHER
T8N R7E SEC 26 QTR NE
LOT 17
NE 1/4

FEES: Permit 108754 $150.00

Total $150.00

PERMITTEE STARLA SCHLEICHER
1511 W JEAN ST
LINCOLN NE 68522

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE AMOUNT

PAID

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

9038001 13

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: $ 150.00

FILE NO. _____

DATE: April 29, 90

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 NE 1/4 36 ;
   Block _____ : Lot 17 Irr. : Addition ~~T8N, R7E of the 6th PM Lancaster Co.~~
   Street Address 8901 Martell Road

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: 0 ft.

Linda McAllister
Signature of Applicant (Owner or Lessee)

511 W. Sean Ct. Lincoln
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/30/90. Date Frwd. 5/4/90. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 5-4-90. Date Frwd. 5-4-90. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bauer
3. City or County Engineer: Date Rec'd. 05/04/90. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Dwight Dearmont

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8/10/90 by: L.C.H. ~~Need drawing~~
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/20/90 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
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 8 N; Range 7E 6th PM; Section & ¼ Section NE¼ 26
Property Dimensions: 334 ft. x 654 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 28, 90 to April 29, 90. Weather: Precip. Ø Temp. 45°.

OWNER: Scott & Starla Sahleicher

Address: 1511 W. Jean Ct. Lincoln

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	4-28-90	2:30p	4-28-90	7:00p	4-29-90	3:00p	6"	3:30p	5 3/4"	30	1/4"	
2	36	4-28-90	2:30p	4-28-90	7:00p	4-29-90	3:00p	6"	3:30p	5 3/8"	30	5/8"	
3	36	4-28-90	2:30p	4-28-90	7:00p	4-29-90	3:00p	6"	3:30p	4"	30	2"	
4	36	4-28-90	2:30p	4-28-90	7:00p	4-29-90	3:00p	6"	3:30p	5"	30	1"	
5	36	4-28-90	2:30p	4-28-90	7:00p	4-29-90	3:00p	6"	3:30p	5 3/4"	30	1/4"	
6	36	4-28-90	2:30p	4-28-90	7:00p	4-29-90	3:00p	6"	3:30p	4 1/2"	30	1 1/2"	

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

Scott Sahleicher
Signature of Person Conducting Test

Address 1511 W. Jean Ct. Lincoln Phone 476-0195

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): Wymore Silty Clay Loam

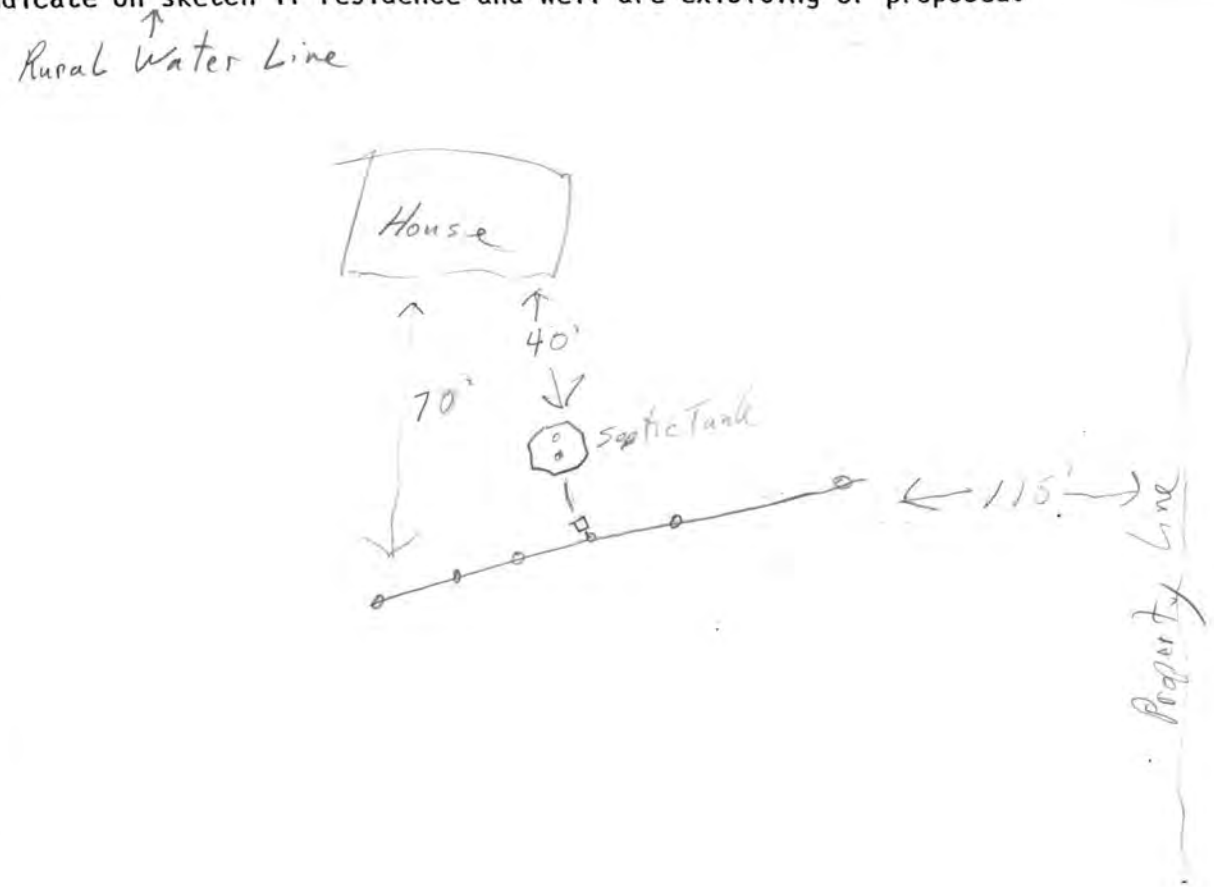
Date: April 30, 1990

Approved Percolation Rate (a)
A. 32 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.



REVIEWING ACTION

Remarks :_____

Date: ~~April~~ May 1, 1990

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 774 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

Scott & Starla Schleicher
8901 Martell Rd.
Hickman Ne.

N

Septic As Built

