LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2115-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

JANUARY 31, 1985 — THIS PERMIT EXPIRES

TOMMY G. WENDELIN — ISSUED TO

RT #1, BOX 1A MARTELL, NE 68404 — ADDRESS

T8N; R7E; Sec 26; Lot 18 I.T.
LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE 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
LM	73184	(a)09

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. 2115-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 26 ;
   Block _____ : Lot 18I.T. Addition _____
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 1 . Describe _____

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

4. Distance to public sewer: _____ ft.

EXPERIMENTAL SYSTEM

Tommy A. Wendelin
Signature of Applicant (Owner or Lessee)

RT 1 BOX 1A MARTELL, NE. 68404
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/30/84 . Date Frwd. 7/31/84 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Read

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 7/31/84 . Date Frwd. 7/31/84 . ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 7/31/84 . Date Frwd. 7/31/84 . ACTION: Approved ☒ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8/27/84 by: D.C.H. Nothing happening
Date: 9-5-84 by: Sewer line & septic tank
Date: _____ by: _____

EXPERIMENTAL
INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-13-84 By: Ron Maronart

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
Phone: 471-7800

B

FILE NO. 2115-0

PROPERTY WHERE SOIL TESTED:

Location: Township T8N ; Range R7E ; Section & ¼ Section NE¼ of Sec. 26
Property Dimensions: irregular ft. x _____ ft. Area: approx. 28 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 10-24-83 to 10-25-83 . Weather: Precip. — Temp. 65°F.

OWNER: Tommy G. Wendelin

Address: Rt. 1 Box 1A Martell, NE 68404

all holes 5" dia.

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				
Hole 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	10-24	10:~~00~~ AM	10-25	11:~~20~~ AM	10-25	2:50PM	~~3~~ 3:20	22½	22⅞	30	⅜	80
2	36	10-24	10:00AM	10-25	11:20 AM	"	"	3:20PM	21⅝	21¾	"	⅛	240
3	36	10-24	10:00	10-25	11:20	"	"	"	22⅛	22⅜	"	⅜	80
4	36	10-24	10:00	10-25	11:20	"	"	"	22	22¼	"	¼	120
5	36	10-24	10:00	10-25	11:20	"	"	"	22½	22¾	"	¼	120
6	36	10-24	10:00	10-25	11:20	"	"	"	25¼	25¾	"	½	60

Sum of Percolation Rates: ~~700.0~~ 709.0
Average of Rates: 116.67
Mean of Rates: _____

Tom Wendelin
Signature of Person Conducting Test

Address Rt 1 Box 1A Martell, NE. 68404 Phone 794-5435

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

Approved Percolation Rate (a)
A. 96 min./inch
B. _____ min./inch
C. _____ min./inch

_____
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 ☐

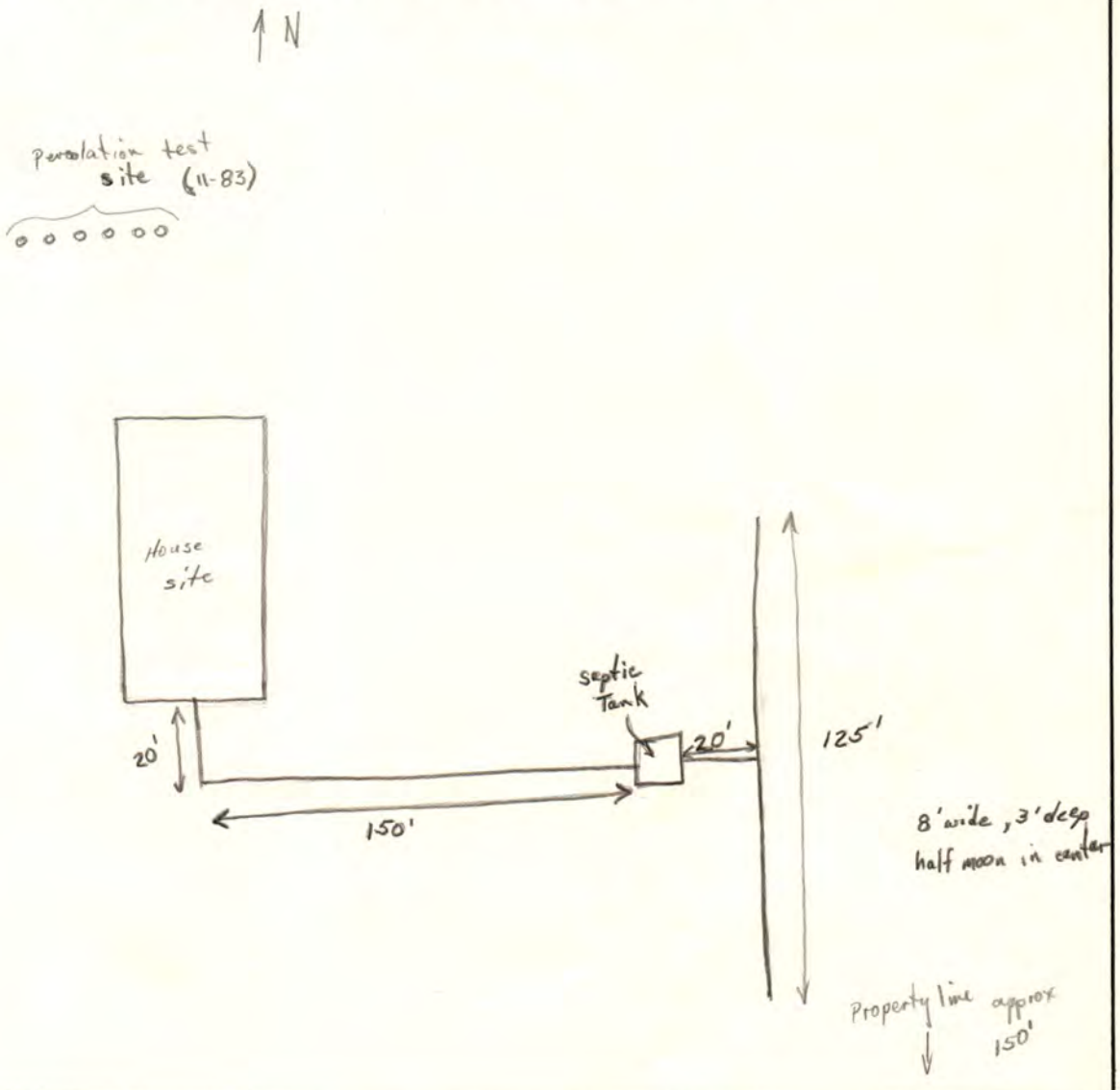
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 2115-C

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

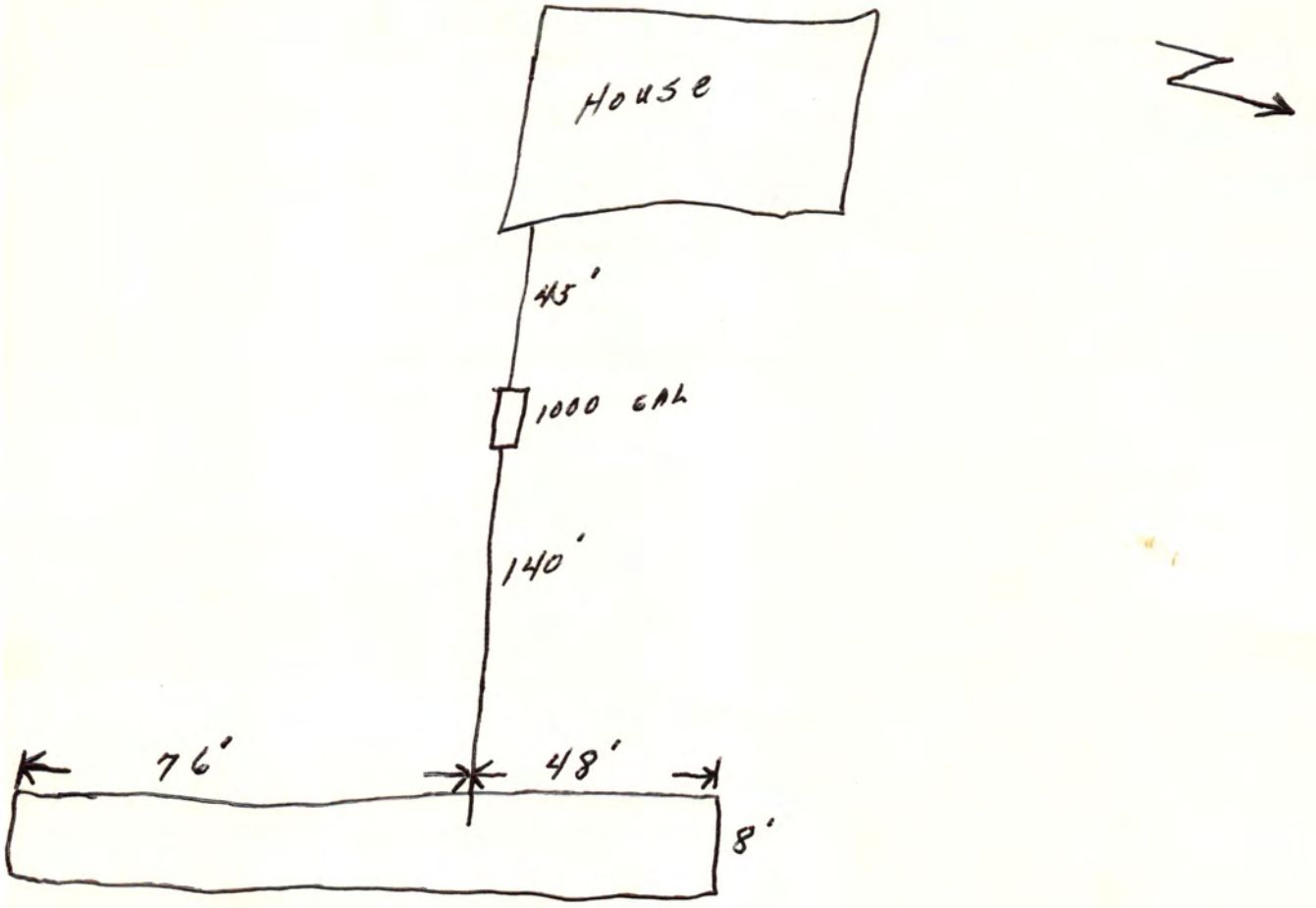
Remarks: _____

Date: July 30, 1984

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 ____ sq.ft.

_____
Signature of Reviewing Official

124
48
76



Strohmyer Exc. Inc.

By Tom Shreve