LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 94380117701

Issued 06/08/94
Expires 12/08/94
Revenue Code 18754

Establishment
KELLY DUNCAN
T8N R7E SEC 27
LOT 27
17705 S 82 STREET

FEES: $150.00

TOTAL $150.00

Permittee
KELLY DUNCAN
6431 SKYLARK LN
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: $ 150.00

FILE NO. _____

DATE: 3-18-94

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 North; Range 7E ~~East of the 6th P.M.~~; Section 27;
   Block _____: Lot 27: Addition _____
   Street Address 17705 South 82nd, Hickman, NE. 68372

2. Property Use: Residential ☒ ; Commercial ☐ ; Other Use ☐
   No. of Bedrooms 4. Describe 1½ story walk-out

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

4. Distance to public sewer: > 5,000 ft.

Kelly D. Duncan
Signature of Applicant (Owner or Lessee)

Current: 6431 Skylark Lane
Lincoln, NE. 68516
Address

483-5809

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/2/94. Date Frwd. 6/6/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 6-3-94. Date Frwd. 6-3-94. ACTION: Approved ☒ Disapproved ☐ Signature: Annette Pond

3. City or County Engineer: Date Rec'd. 6-6-94. Date Frwd. 6-6-94. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7/11/94 by: D.C.H. Needs ~~fencing~~, fence, etc.
Date: 7/26/94 by: D.C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7/26/94 By: Jerrold C. Hood

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

Test Location
82 + Martell Rd. 2/10 mi. So West 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: 3-5-94 to 3-6-94. Weather: Precip. 0 Temp. 38°.

Holes - 5-6 had water in From Pre-test

OWNER: Kelly K. Duncan
Address: 6431 Skylark Lane
Lincoln, NE. 68516 483-5809

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"	3-5	10:00 Am	3-6	8:30 Am	3-6	8:30 Am	6"	9:00 Am	5 7/8"	30m	1/8"	
2	36"	3-5	10:00 Am	3-6	8:30 Am	3-6	8:30 Am	6"	9:00 Am	5 7/8"	30m	1/8"	
3	36"	3-5	10:00 Am	3-6	8:30 Am	3-6	8:30 Am	6"	9:00 Am	5 7/8"	30m	1/8"	
4	36"	3-5	10:00 Am	3-6	8:30 Am	3-6	8:30 Am	6"	9:00 Am	5 7/8"	30m	1/8"	
5	36"	3-5	10:00 Am	3-6	8:30 Am	3-6	8:30 Am	6"	9:00 Am	6"	30m	0"	
6	36"	3-5	10:00 Am	3-6	8:30 Am	3-6	8:30 Am	6"	9:00 Am	5 7/8"	30m	1/8"	

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

Mike Hoogland
Signature of Person Conducting Test

Address 2700 Dan Ave Lincoln Phone 464-0638
Precast Products INC.

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. _____ 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 ☐

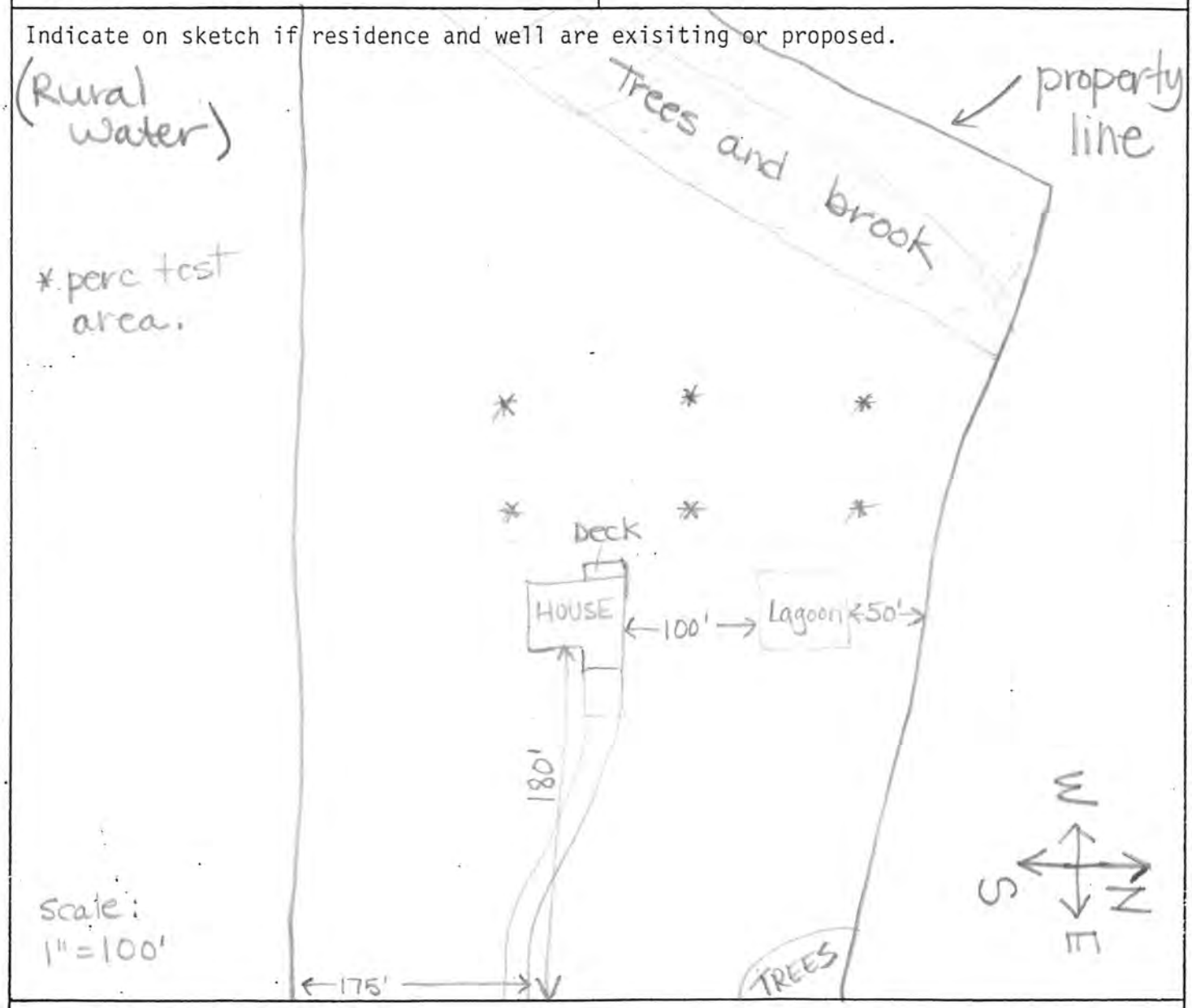
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO._____

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



REVIEWING ACTION

Remarks:_____

_____

Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____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

RECEIVED JUL 13 1994

NORMAN PLUMBING

2400 NORTH 63RD STREET
LINCOLN, NEBRASKA 68507

PHONE
(402) 464-5721

Drawning of Sewer Line run To Lagoon at 17705 So. 82nd (7-11-94)

