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. 91380072701

Issued 07/15/91
Expires 01/15/92

ESTABLISHMENT

GORDON TEBO
T8N R7E SEC 8

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

GORDON TEBO
RR0001
BOX 00181
ROCA NE 68430

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
7/17/91	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: $ 150.00

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. 8 N ; Range 7 EAST ; Section 8 ; PART OF NW¼NW¼
   Block _____ : Lot _____ : Addition _____
   Street Address RR1 Box 181 Roca, NE. 68430
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.
   No Public Sewer

Harlan J. Tebo
Signature of Applicant (Owner or Lessee)

RR1 Box 181 Roca, NE. 68430
Address
(423-3573)

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/12/91 . Date Frwd. 7/15/91 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7-15-91 . Date Frwd. 7-15-91 . ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bauer
3. City or County Engineer : Date Rec'd. 7-15-91 . Date Frwd. 7-15-91 . ACTION: Approved ☒ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12-3-91 by: PAUL DROTZMANN
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1-13-92 By: Paul Drotzmann

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

FORM 23-43

ATTACHMENT C.

SOIL ABSORPTION TEST DATA REPORT

PROPERTY WHERE SOIL TESTED:
Location: Township _____
Section & 1/4 Sect. _____
Property Dimensions: ____ ft. x ____ ft
Area: _____ acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ___; Silty Clay Loam ___; Sandy Loam ___
Silty Loam ✓; Clay Loam ___: Sandy Clay ___

Owner: Gordon Tebo
Address: 46 & Bennet Rd.

Dates of Tests: _____ to _____. Weather: Precip. Sunny Temp. 85°
Cloudy

PERCOLATION TEST DATA FILE

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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolat Rates (Min./in
	35"	7-5-91	14:00	7-6-91	15:00	7-6-91	15:00		14:00		30 min	5	
1	"	"	"	"	"	"	"		"		"	5	
2	"	"	"	"	"	"	"		"		"	2	
3	"	"	"	"	"	"	"		"		"	4½	
4	"	"	"	"	"	"	"		"		"	4	
5	"	"	"	"	"	"	"		"		"	4	
6	"	"	"	"	"	"	"		"		"	3	
											"		

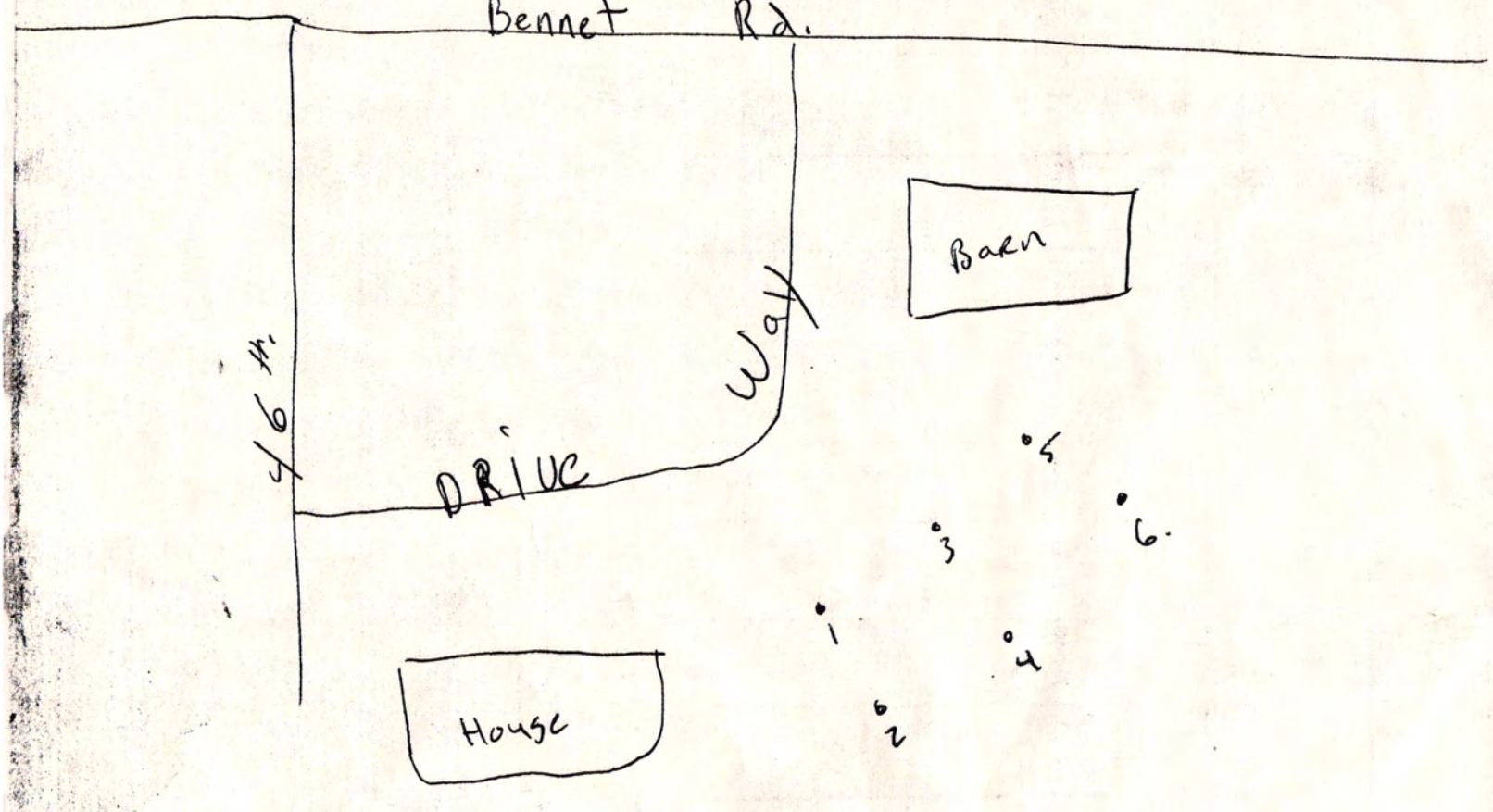
Sum of Percolation Rates ____
Average of Rates: ____
Inches per Minute: 1 min/in

Byron Manley
Signature of Person Conducting Test

Address 5501 W. Kingsley
Phone 470-2231

Wymore Silty Clay Loam and Kennebec Silt loam in area.

7-3-91 Paul Drahmann
1-13-92 Paul Bynum
1-13-92


Bennet Rd.
Barn
Way
DRIVE
46 ft.
House
1
2
3
4
5
6

1-13-92