LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2126-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

FEBRUARY 21, 1985 — THIS PERMIT EXPIRES

EDWARD L. MUNDORF — ISSUED TO

RR #1, BOX 80-J — ADDRESS

BENNET, NE 68317

T8N; R8E; Sec 3; Lot 24 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
[illegible]	2-21-85	60.00

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. 3126-C

DATE: 8-21-84

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. Bn. ; Range 8E ; Section 3[redacted] ;
   Block _____ : Lot 24 I.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.

Edward L Mundorf
Signature of Applicant (Owner or Lessee)

RR 1 BOX 80J BENNET NE 68317
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/21/84. Date Frwd. 8/21/84. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8-21-84. Date Frwd. 8-21-84. ACTION: Approved ☒ Disapproved ☐ Signature: Constance B. May

3. City or County Engineer: Date Rec'd. 8/21/84. Date Frwd. 8/21/84. ACTION: Approved ☐ Disapproved ☒ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11/28/84 by: J. C. H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/28/84 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

FILE NO. 2136-C

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: 8-18 84 to 8-19 84. Weather: Precip. 0 Temp. 90°.

OWNER:_____

Address: RR 1 BOX 80J

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	24"	8-18	9:30	8:18	12:30	8:19	9:30	6"	4/19		30m.	1 7/8	
2	24"	8-18	9:30	8:18	12:30	8:19	9:30	6	4/19		30	1 5/8	
3	24"	8-18	9:30	8:18	12:30	8:19	9:30	6	4/19		30	1 3/4	
4	24"	8-18	9:30	8:18	12:30	8:19	9:30	6	4/19		30	2"	
5	24"	8-18	9:30	8:18	12:30	8:19	9:30	6	4/19		30	2"	
6	24	8-18	9:30	8:18	12:30	8:19	9:30	6	4/19		30	1 1/4	

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

Edward C Mundorf
Signature of Person Conducting Test

Address RR 1 BOX 80J Phone 782-8081

(Do not write below this line)

REVIEWING ACTION

Remarks: Topsoil test
Soil Type (SCS): Pawnee Clay Loam
Date: August 20, 1984

Approved Percolation Rate (a)
A. 17 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 ☐

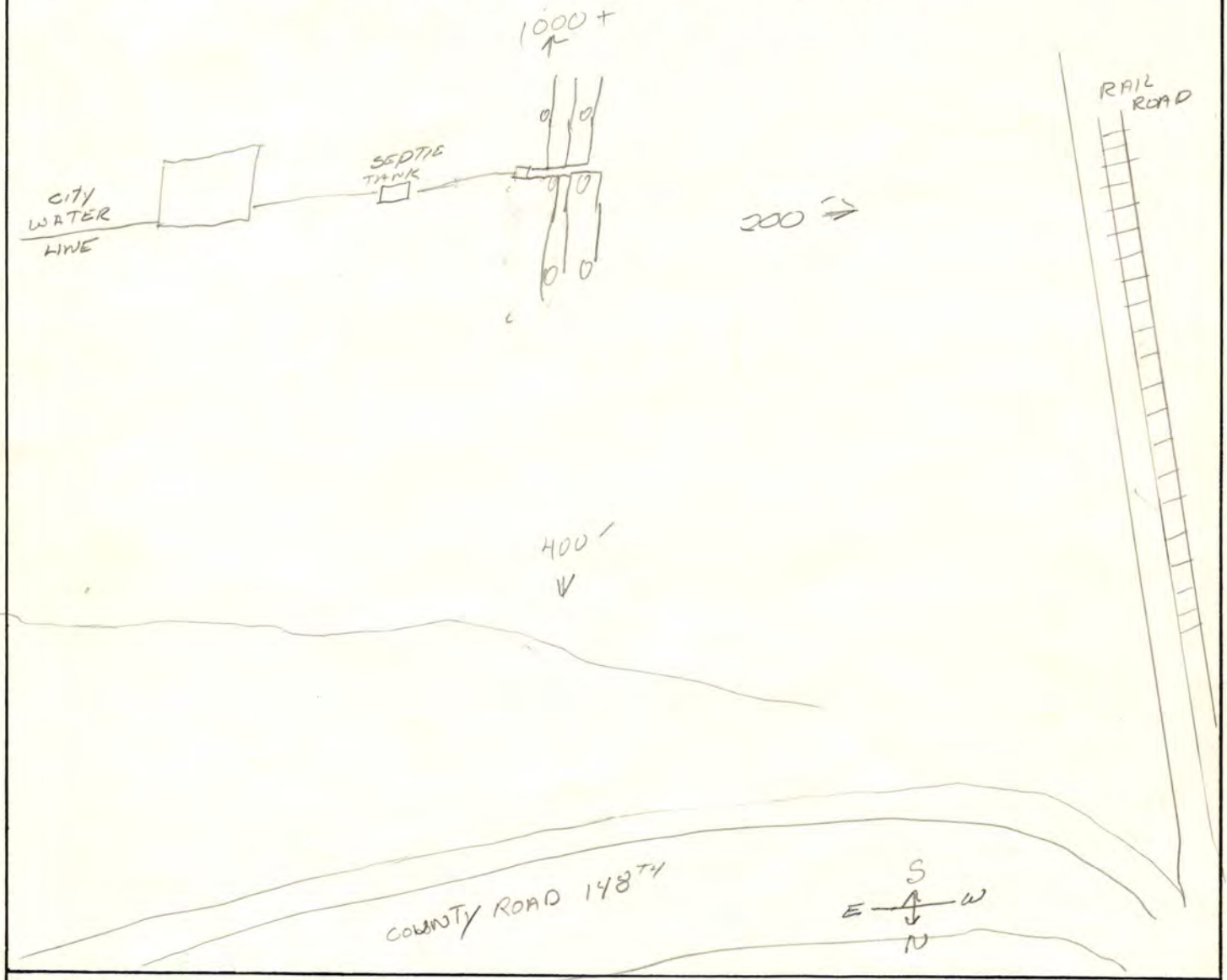
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO. 2136-C

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



REVIEWING ACTION

Remarks: _____

Date: August 21, 1984

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 66 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 198 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

MUNDORF - RR 1 BOX 80J BENNET NE
T8N; R8E; SEC. 3; LOT 24 IT

