LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 95380131201

Issued 07/06/95
Expires 01/06/96
Revenue Code 18754

Establishment
HENRY SADER
603 EVERETT ST
LINCOLN NE 68500

FEES: $150.00

TOTAL $150.00

Permittee
HENRY SADER
603 EVERETT ST
LINCOLN NE 68502

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"

REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

Lincoln-Lancaster County
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

A

FILING FEE: $_____

FILE NO. _____

DATE: Norm

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 8E ; Section ~~NW¼ of NW¼~~ 8 ;
   Block _____ : Lot _____ : Addition N½ OF NW¼ OF S½ NW¼
   Street Address 13500 S. 120th
2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒ lagoon
4. Distance to public sewer: N/A ft.

Signature of Applicant (Owner or Lessee)

6003 Everett Trail
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/30/95. Date Frwd. 7/6/95. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7/4/95. Date Frwd. 7/4/95. ACTION: Approved ☒ Disapproved ☐ Signature:
3. City or County Engineer : Date Rec'd. 7-6-95. Date Frwd. 7-6-95. ACTION: Approved ☐ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9/13/95 by: J.C.H. Lagoon a little small, owner wants to try it that way.
Date: 9/18/00 by: J.C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/8/00 By: Jerrold C. Hood

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

FORM 22 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 ; Range 8 ; Section & ¼ Section 8 .
Property Dimensions: _____ ft. x _____ ft. Area: 20 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☑ .
Dates of Tests: 6-18-95 to 6-19-95 . Weather: Precip. 0 Temp. 90° F

OWNER: Henry + Janice SADER

Address: 13500 S. 120th

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"	6/18	4:30 pm	6/18	8:30 pm	6/19	5:30 pm	17½	9:30 pm	19	30	1.5	20
2	36"	"	"			"	"	18	"	19½	"	1.5	20
3	"	"	"			"	"	18½	"	19	"	.5	60
4	"	"	"			"	"	15½	"	17½	"	2.0	15
5	"	"	"			"	"	18	"	19	"	1.0	30
6	"	"	"			"	"	19	"	19½	"	1.5	20

Sum of Percolation Rates: 165
Average of Rates: 27.5
Mean of Rates: _____

Signature of Person Conducting Test

Address 603 Everett Firth, NE Phone 791-2176

(Do not write below this line) NL (475-7671)

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 ☐

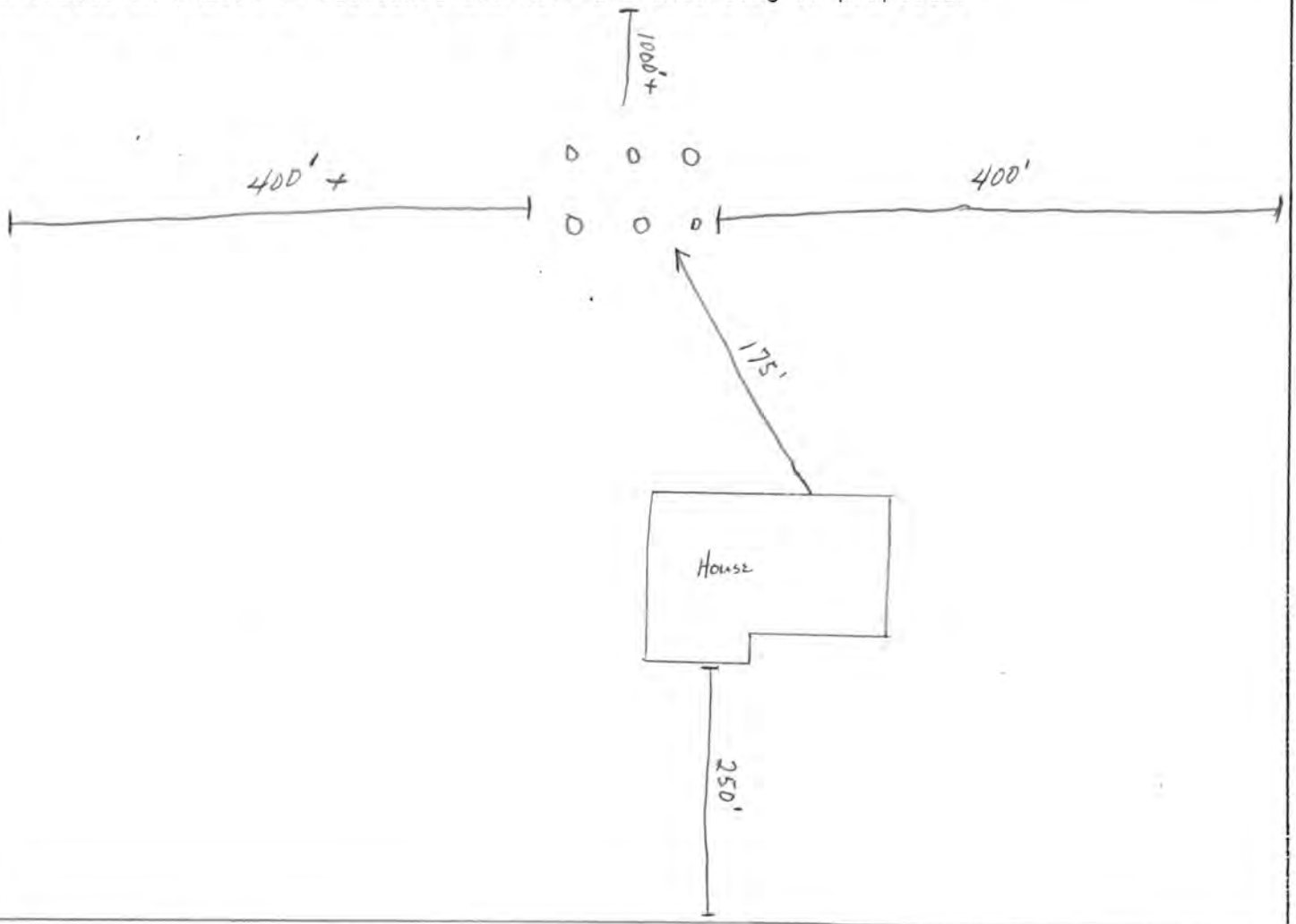
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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.



S. 120th

REVIEWING ACTION

Remarks: _____

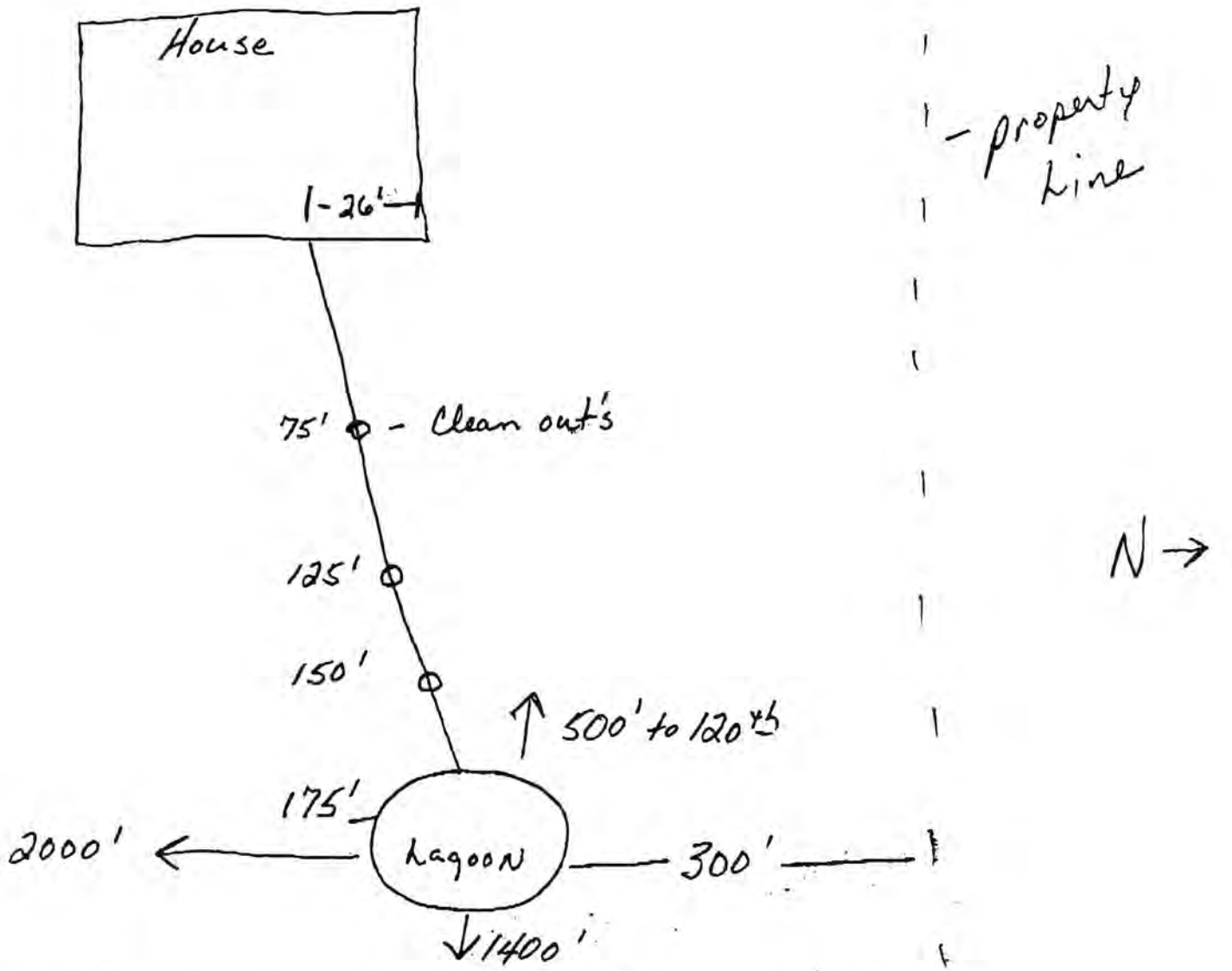
_____

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

120 ± St.



- 4" PVC with Cleanouts
- Drop from Edge of house to center of Lagoon Was Appox. 7'
- No well, Rural Water #1

ATTN: Mr. Hood. 11-3-00

RE: Henry Sader
13800 S. 120th
Bennet, NE 782-2001

FROM : FAX NO. : Nov. 03 2000 04:00PM P1