LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1181-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

April 3, 1978 — THIS PERMIT EXPIRES

Curtis Cheney — ISSUED TO

Bennet, NE 68317 — ADDRESS

T8N, R8E, Section 8, Addition W½ N½ E½ NW¼

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH — ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

FORM HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 1181-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 4-25-77

The undersigned hereby requests SITE CLEARANCE 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 8 E; Section 8
Block _____; Lot _____; Addition W½ N½ E½ NW¼ 10 ac.
Street Address _____

2. Property Use: Residential _____ ☒ ; Commercial _____ ☐
No. of Bedrooms 3. Describe: _____
Other Use _____ ☐
Describe: _____

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

4. Distance to public sewer: _____ ft.

Curtis K. Conley
Signature of Applicant (Owner or Lessee)

182-6210

Bennet, Neb. 68317
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 10/3/77. Date Frwd. 10/3/77. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. _____. Date Frwd. 10-3-77. ACTION: Approved ☒ Disapproved ☐ Signature: OK

3. City or County Engineer: Date Rec'd. 10/3/77. Date Frwd. 10/3/77. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT 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: 475-6221)

FILE NO. 1181-C

DATE: _____

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 8N ; Range 8E ; Section 8 ; Block ____ ; Lot ____ ; Addition W½ NE¼ NW¼.
   Street Address _____.

2. Property Use: Residential ☒ Commercial ☐
   No. of Bedrooms 3
   Other Use ____
   Describe: ____
   Describe: ____

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

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Curtis K C Loney
Signature of Applicant (owner or lessee)

Bennet, Neb 68317
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; _____
   Filing Fee: $ 30.00

2. Site Visits:
   Date: 10-12-77 by: sm
   Date: _____ by: _____
   Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐ 10/3/77
   by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
   Date: 10-12-77 by: Ron Magnuson

FORM HD-43 (73) SOIL ABSOR TION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LA STER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 474-1541)

FILE NO. 1181-C

PROPERTY WHERE SOIL TESTED:
Location: Township 8 N : Range 8 E
Section & ¼ Sect. 8
Property Dimensions: ____ ft. x ____ ft.
Area: 20 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ; Silty Clay Loam ; Sandy Loam
Silty Loam ; Clay Loam ; Sandy Clay

Owner: Curtis H Cheney
Address: Bennet, Neb 68317

Dates of Tests: 9/15 to 9/19. Weather: Precip. Rained Fair Soil is saturated Temp. 68

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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1		9/18	10 AM	9/19	2:30 PM	9/19	6:30 AM	9"	7:03	7½"	31M.	1½"	
2		"	"	"	"	"	"	7"	"	6"	"	1"	
3		"	"	"	"	"	"	7½"	"	6½"	"	1"	
4		"	"	"	"	"	"	7"	"	5¾"	"	1¼"	
5		"	"	"	"	"	"	7½"	"	6¼"	"	1¼"	
6		"	"	"	"	"	"	8"	"	6½"	"	1½"	

Curtis H Cheney
Signature of Person Conducting Test

Address Bennet, Nebr
Phone 782-6210

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

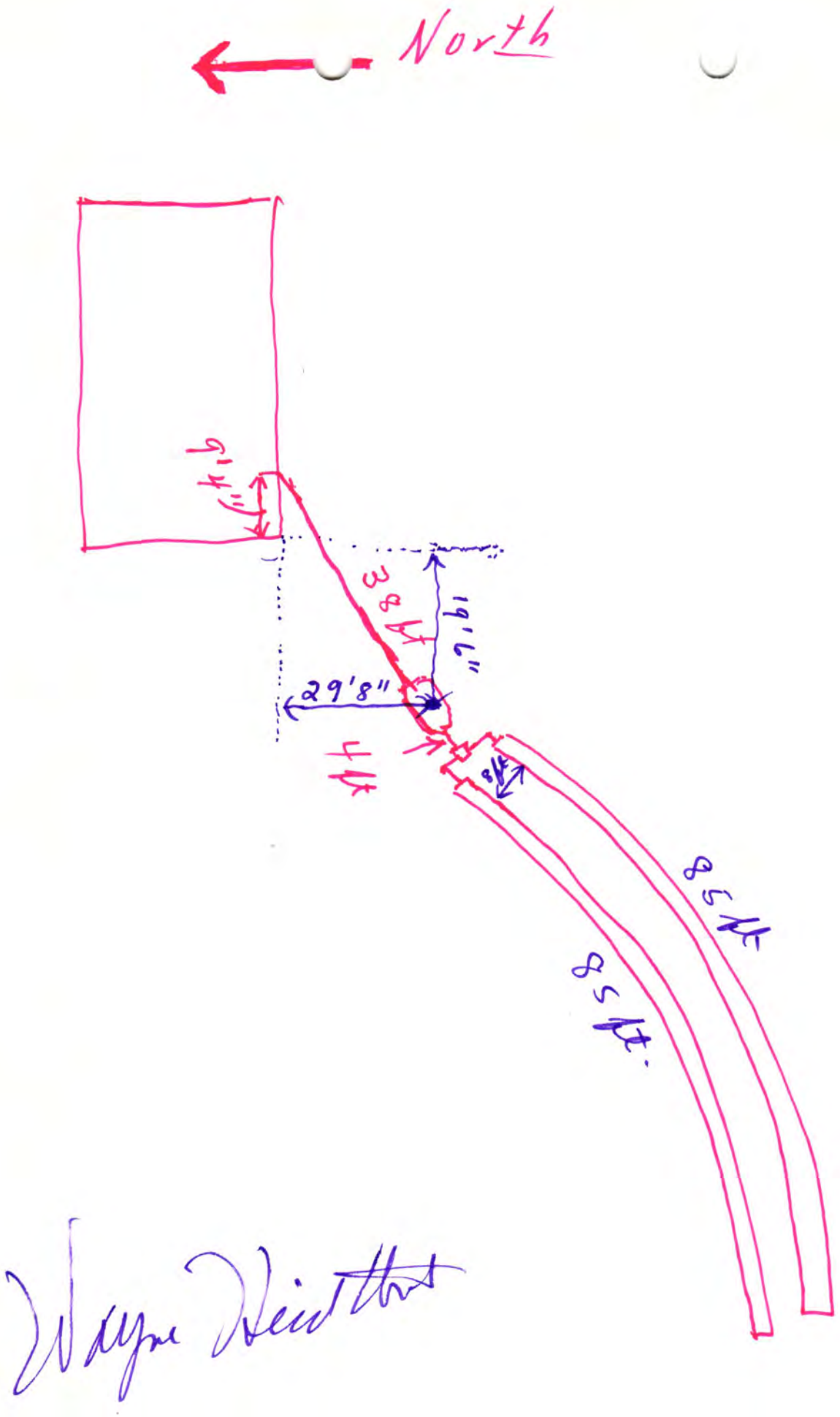
(Do not write below this line)

REVIEWING ACTION

REMARKS: Wymore Silty Clay Loam (S.C.L.)
DATE: October 3, 1977

Approved Percolation Rate (a)
A. 24 min./inch
B. ____ min./inch
C. ____ min./inch

Gerrold C. Hood
Signature of Reviewing Official



Wayne Weidhaas

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health

220 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE SYSTEM REPAIR

No. 92390026401

Issued 01/22/92

Expires 07/22/92

ESTABLISHMENT

CURTIS CHENEY
T8N R8E SEC 8 QTR NW
12601 BENNET ROAD

FEES: Permit 018754 $50.00

Total $50.00

PERMITTEE

CURTIS CHENEY
BOX 0077A
BENNET NE 68317

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
1/24/92	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

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

FILE NO._____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 1-21-92

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 8N; Range 8E; Section 8 W½ OF N½ OF E½ OF NW¼
Block_____; Lot_____; Addition_____
Street Address 12601 Bennet Road

2. Property Use: Residential_____ ☒; Commercial_____ ☐
No. Bedrooms 3
Describe_____
Other Use ☐
Describe_____

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

4. Description of proposed alteration, extension or repair: Changed out distribution box, Added 160' perforated pipe and used 48 ton's of gravel in ditch 3 to 4' wide pumped Septic tank also back flushed existing laterals with water to clean them out. Brad Southwick

5. Work to be done by: Owner ☒; or Contractor ☒, Southwick Sewer & Drain
Contractor's Name

6. Estimated cost of project:

a. Materials	$ 165.00	distribution box & pipe & fittings
b. Labor	$ 300.00	digging
c. Other	$ 340.00	gravel
TOTAL	$ 805.00	

I paid Southwick 339.50 I did the ditch work, Brad just showed me how to do it. And to keep the pipe level

Custer K Cheney
Signature of Applicant (owner or lessee)

Box 77A Bennet, Nebr 68317
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd:_____
Filing Fee: $ 50.00

2. Site Visits:
Date: 1/24/92 by: L.C. Hood
Date:_____ by:_____
Date:_____ by:_____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL ☒
Date: 1/28/92 by: L.C. Hood

* PROVISIONAL APPROVAL ADDITION WAS COVERED WITHOUT INSPECTION, CAN ONLY COUNT 100' OF THE LATERAL.