LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2811-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

6 MONTHS — THIS PERMIT EXPIRES

LARRY ESSINK — ISSUED TO

FIRTH, NE 68358 — ADDRESS

T8N; R8E; Sec. 8 — 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	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

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

20109-0977

791-5869

RECEIVED MAR 2 9 1989

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. 2811-C

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. 8N ; Range 8E ; Section 8 ; NW¼ OF NE¼
   Block _____ : Lot _____ : Addition _____
   Street Address 12701 Bennet Rd., Bennet NE 68317
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒
4. Distance to public sewer: _____ ft. LAGOON

LARRY ESSINK
Signature of Applicant (Owner or Lessee)

FIRTH, NEBRASKA 68358
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/3/89 . Date Frwd. 4/3/89 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4-3-89 . Date Frwd. 4-10-89 . ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bourne
3. City or County Engineer: Date Rec'd. 4/3/89 . Date Frwd. 4/3/89 . ACTION: Approved ☒ Disapproved ☐ Signature: Jim Plough

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5-1-89 by: ~~PAS~~ need fence & drawing
Date: 9-26-97 by: P.D
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-26-97 By: Paul Johnson

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

FORM 23-43

RECEIVED MAR 2 3 1989

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 NE 8.
Property Dimensions: 640 ft. x 1395 ft. Area: 20.49 acres. (Attach Sheet C with sketch of property).
1977 Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 3-19-89 to 3-19-89. Weather: Precip. ? Temp. 50°.

OWNER: Wayne Chener - Sold to Larry Essink

Address: Rt.1 Box 6 Firth, ne 68358

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	33"	3/19	1:30	3/19	5:30	3/19	5:30	6"	6:00 3/19	5½"	30	½"	
2	35"	3/19	1:30	3/19	5:30	3/19	5:30	6"	6:00 3/19	6"	30	0"	
3	36"	3/19	1:30	3/19	5:30	3/19	5:30	6"	6:00 3/19	5⅜"	30	⅜"	
4	34	3/19	2:30	3/19	6:30	3/19	6:30	6"	7:00 3/19	5½	30	½"	
5	37	3/19	2:30	3/19	6:30	3/19	6:30	6"	7:00 3/19	5⅜"	30	⅜"	
6	38	3/19	2:30	3/19	6:30	3/19	6:30	6"	7:00 3/19	6"	30	0"	

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

Larry Essink
Signature of Person Conducting Test

Address Rt.1 Box 6 Firth Phone 791-5869

(Do not write below this line)

REVIEWING ACTION

Remarks: TOO SLOW FOR CONVENTIONAL SEPTIC SYSTEM

Soil Type (SCS): _____

Date: MARCH 29, 1989

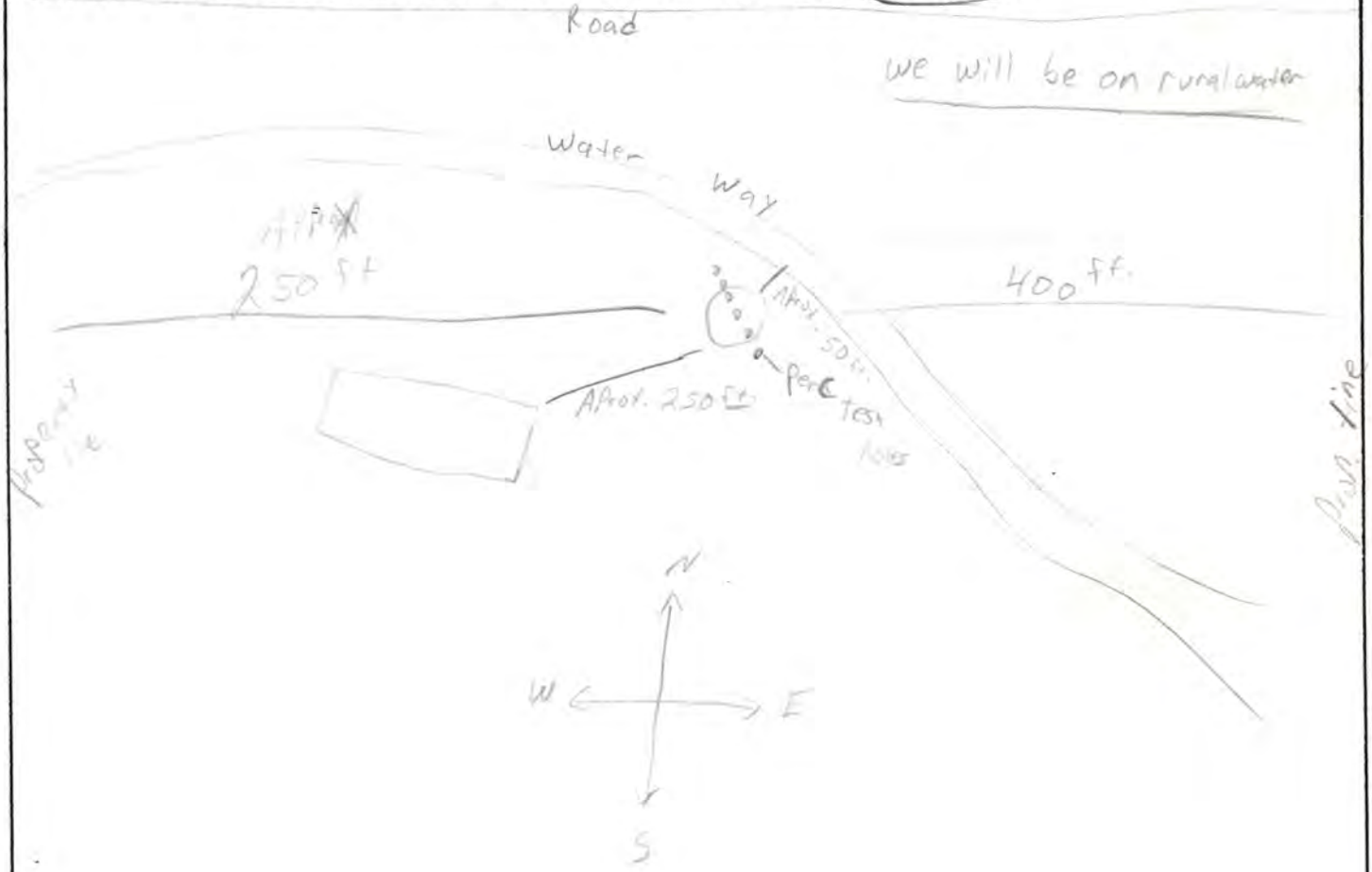
Approved Percolation Rate (a)
A. 120 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold C. Hood
Signature of Reviewing Official

RECEIVED MAR 2 8 1989

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:_____

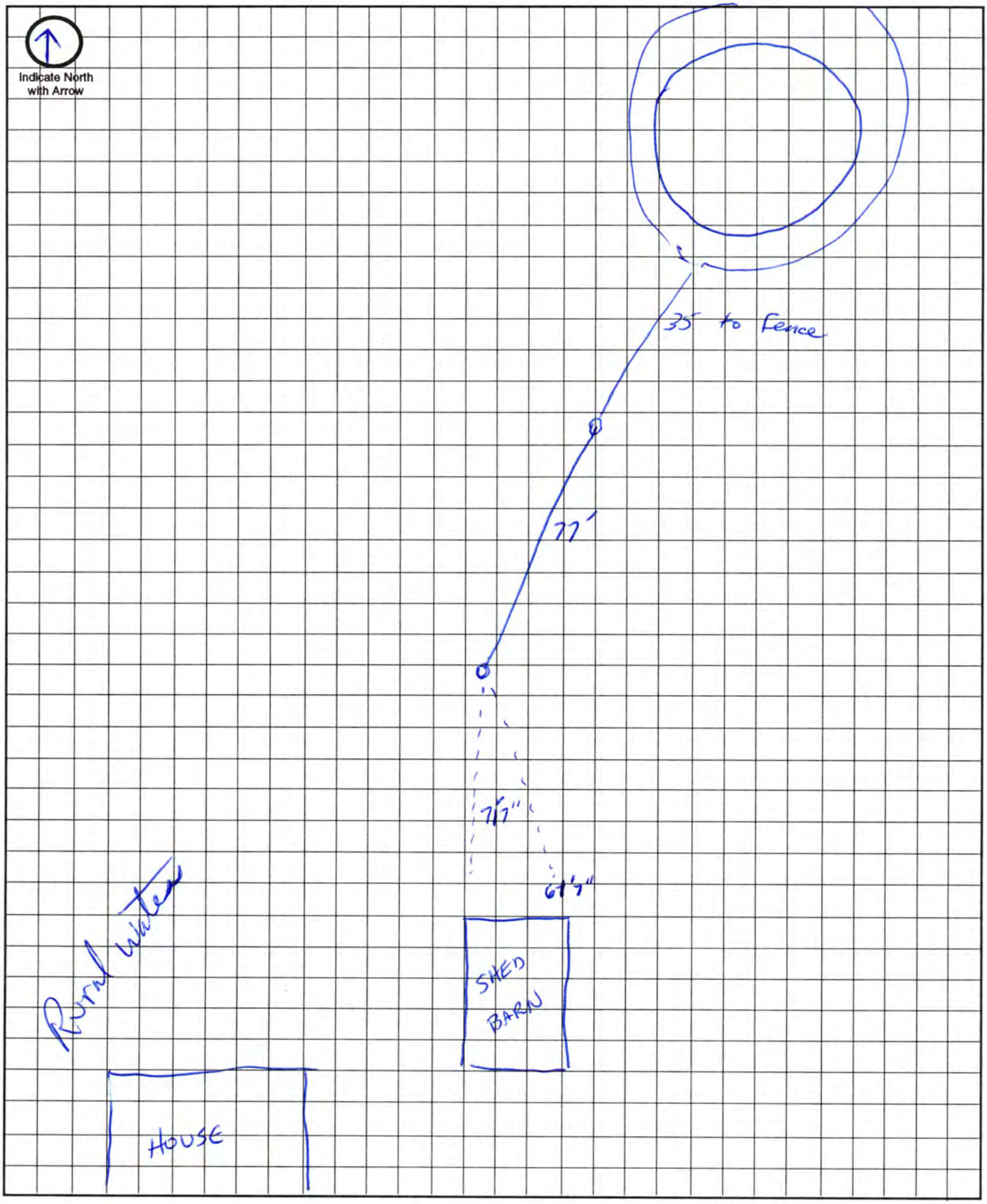
Minimum Design Requirement

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

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s