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. 90380009701

Issued 03/13/90
Expires 09/13/90

ESTABLISHMENT
GENERAL EXCAVATING CO.
T8N R8E SEC 24
E 1/2 SW 1/4

FEES: Permit 018754 $150.00

$150.00

Total

Issued By COUNTY HEALTH

PERMITTEE
GENERAL EXCAVATING CO.
4401 N 27TH ST
LINCOLN NE 68521

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
PAID	

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

RECEIVED MAR 0 1 1990

9038000097

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 8 E ; Section 24 ;
   Block _____ : Lot _____ : Addition E ½ SW ¼
   Street Address 18000 Martell Rd

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

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

4. Distance to public sewer: _____ ft.

467-1627

80 acres.

General Excavating
Signature of Applicant (Owner or Lessee)

4401 N 27th
Address for Mary Hartman

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/5/90 . Date Frwd. 3/14/90 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____ . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Janet Wilson for P.B

3. City or County Engineer : Date Rec'd. 03/14/90 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Joyce K. Chapman

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 3-9-90 by: [illegible] need drawing of fence
Date: 4-9-90 by: [illegible] sewer line
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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

FORM 23-43

RECEIVED MAR 0 1 1990

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 _____; 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: Feb 25, 1990 to Febr. 26, 1990. Weather: Precip. _____ Temp. _____.

OWNER: MARY HAITMAN 786-5193 782-8901

Address: 18000 MARTELL Rd

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"	2/25	10:00AM	2/26	12 N	2/26	12:30	12"	3:30 2/26	6 1/4	½ hr	5 3/4	5 3/4
2	36"	2/25	10:00AM	2/26	12 N	2/26	12:30	12"	3:30 2/26	10 3/4	½ hrs	1 1/4	1 1/4
3	36"	2/25	10:00AM	2/26	12 N	2/26	12:30	12"	3:30 2/26	8	½ hrs	4	4
4	36"	2/25	10:AM	2/26	12 N	2/26	12:30	12"	3:30 2/26	5	½ hrs	7	7
5	36"	2/25	10:00AM	2/26	12 N	2/26	12:30	12"	3:30 2/26	11 1/2	½ hrs	½	½
6	36"	2/25	10:00AM	2/26	12 N	2/26	12:30	12"	3:30 2/26	3 1/2	½ hrs	8 1/2	8 1/2
										1/2 in	4 hr	108	

Brad Williams
Signature of Person Conducting Test

Address 4201 No-27 Phone 467-1627

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): WYMORE SILTY CLAY LOAM

Date: _____

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

_____
Signature of Reviewing Official