LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1379-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

February 4, 1979 — THIS PERMIT EXPIRES

Mary Jo West — ISSUED TO

Route 1, Hickman, NE 68372 — ADDRESS

T8N, R8E, Section 31 — 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

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: 474-1541

A

FILING FEE: $30.00

FILE NO. 1379-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 31 ; SEE ATTACHED
   Block 6.15 Acres in ~~Log Hope Estates~~ Addition
   Street Address 19900 S 110

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: 3 ~~ft~~ miles

464-1820 - Lincoln
792-2338 - Hickman

Mary Jo West
Signature of Applicant (Owner or Lessee)
6920 Aylesworth Lincoln Nebr
Rt 1 Hickman Nebr
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/4/78 . Date Frwd. 8/4/78 . ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8-4-78 . Date Frwd. _____ . ACTION: Approved ☐ Disapproved ☐ Signature: Tom Barash

3. City or County Engineer: Date Rec'd. 8-4-78 . Date Frwd. 8-4-78 . ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-7-78 by: _____
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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
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B

FILE NO. 1379-C

PROPERTY WHERE SOIL TESTED:

Location: Township 8 ; Range 8 ; Section & ¼ Section in the SW¼ of Sec 31
Property Dimensions: 335 ft. x 800 ft. Area: 6.15 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: 7/30 to 8/1 . Weather: Precip Slight Temp. 90's 7/31 80's 8/1

OWNER: Donald D West
Address: 6927 Aylesworth

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	31'	7/30	5:15	7/30	7:15	7/31	3:15	12	3:45	10'	30	2	
2	34'	7/30	4:30	7/30	8:30	7/31	4:30	12	5:00	8	30	4	30/4 = 15/2
3	34'	7/30	4:40	7/30	8:50	7/31	4:40	12	5:10	8	30	4	30/4 = 15/2
4	33'	7/30	4:50	7/30	8:50	7/31	4:55	20½	5:35	17	30	3½	30/3.5
5	35'	7/30	4:50	7/30	8:50	~~7/31~~	4:55	12	5:55	6'	30	6	30/6
6	~~34'~~	7/30	5:00	7/30	9:00	~~7/31~~	9:30	15'	1:45PM	14'	~~1 hr~~	~~2~~ 1	~~1~~
						8/1		8					
6	34	7/31	5:00	7/31	9:00	8/1	9:30	15"	1:45PM	14'		1	1/1

Mary Jo West
Signature of Person Conducting Test

Address _____ Phone _____

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

(Do not write below this line)

REVIEWING ACTION

Remarks: Too fast for below soil
Soil Type (SCS): Wymore Clay Loam
Date: August 4, 1978

Approved Percolation Rate (a)
A. _____ 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 ☒

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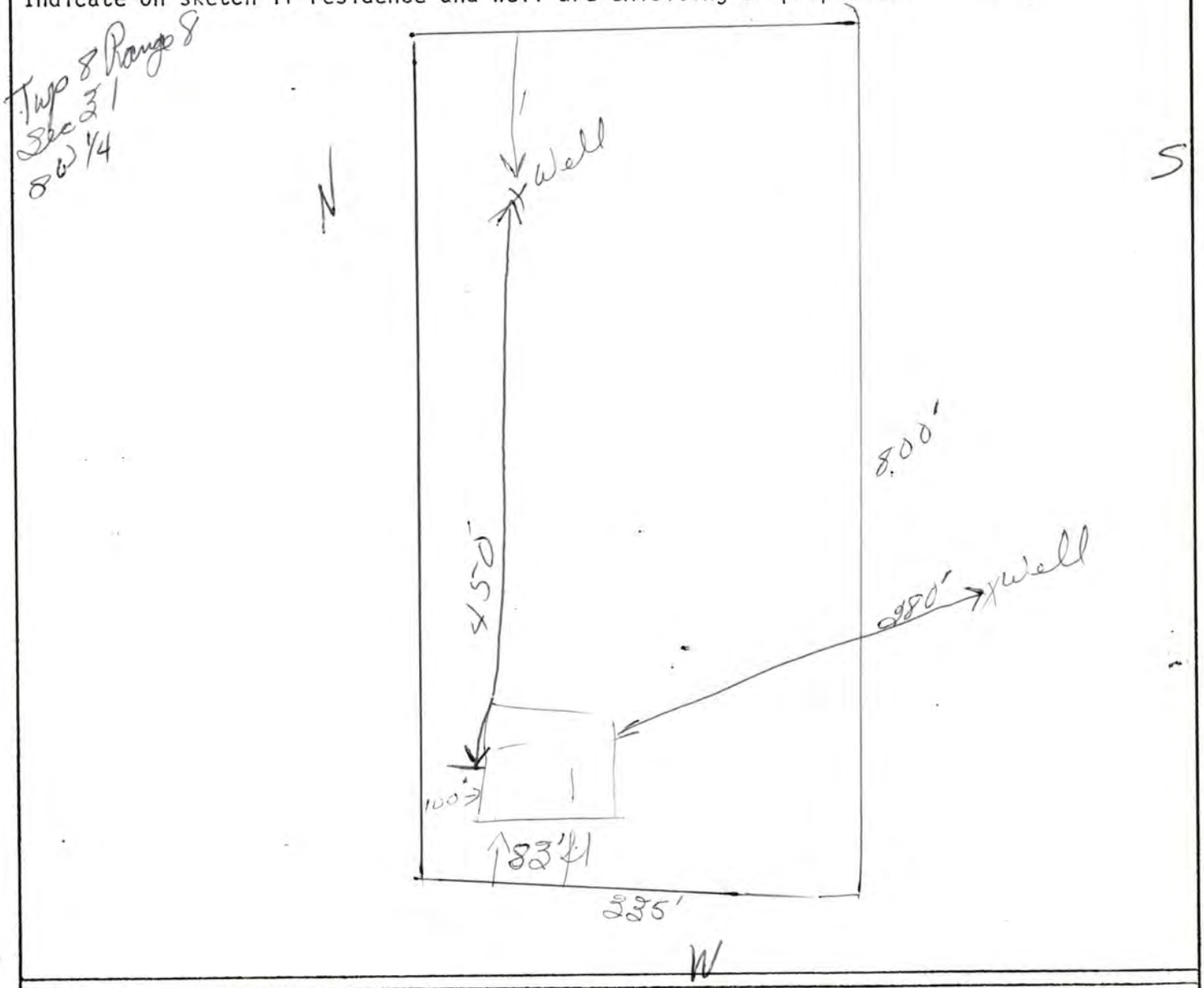
C

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

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E

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



REVIEWING ACTION

Remarks: Lagoon Must be sealed with liner or bentonite

Date: July 28, 1978

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.

Jerrold C. Hood
Signature of Reviewing Official