LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2094-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

DECEMBER 1, 1984
THIS PERMIT EXPIRES

DARRELL NYHOFF, CAROL PALECK, BOX 4, SPRAGUE, NE 68438
ISSUED TO — ADDRESS

T8N; R8E; Sec. 31; Lot 161 I.T.; 11300 STAGECOACH ROAD
LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE 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

B. J. NUERNBERGER Lancaster County Treasurer
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: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2094-C

DATE: 5-29-84

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 ;
   Block _____ : Lot ~~16~~ 11; Addition _____
   Street Address 11300 STAGECOACH RD., Hickman NE

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

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

4. Distance to public sewer: _____ ft.

Carol J. Palecek
Signature of Applicant (Owner or Lessee)

Box 4 - Sprague, Ne.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/1/84. Date Frwd. 6/4/84. ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6-4-84. Date Frwd. 6-4-84. ACTION: Approved ☒ Disapproved ☐ Signature: Carol Brown

3. City or County Engineer: Date Rec'd. 6-4-84. Date Frwd. 6-4-84. ACTION: Approved ☒ Disapproved ☐ Signature: Harold Sothan

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8/7/84 by: L.C.H. * WRONG GAUGE OF SEWER PIPE.
Date: 8-13-84 by: rma correction complete need fence
Date: 9-26-97 by: P.D

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

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

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
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B

FILE NO. 2094-C

PROPERTY WHERE SOIL TESTED:

Location: Township 8N ; Range 8E ; Section & ¼ Section 31 SW ¼.
Property Dimensions: 250 ft. x 927.5 ft. Area: 5.3+ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 5-29-84 to 5-30-84. Weather: Precip. ABOVE NORMAL Temp. 70°.

OWNER: CAROL PALECK

Address: Box 4 - SPRAGUE, Ne.

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	3'	5-29	2:15	5-29	4:15	5-30	2:15	6"	2:45	5 5/8	30	3/8	
2	3'	"	2:15	"	4:15	"	2:14	6"	2:44	5 7/8	30	1/8	
3	3'	"	2:15	"	4:15	"	2:16	6"	2:46	5 3/4	30	1/4	
4	3'	"	2:15	"	4:15	"	2:18	6"	2:48	5 3/4	30	1/4	
5	3'	"	2:15	"	4:15	"	2:19	6"	2:49	~~5~~ 5 5/8	30	3/8	
6	3'	"	2:15	"	4:15	"	2:20	6"	2:50	5 7/8	30	1/8	
		"	2:15	"	4:15								

Carol J. Paleck
Signature of Person Conducting Test

Address Box 4 - Sprague Phone 794-4900

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

(Do not write below this line)

REVIEWING ACTION

Remarks: Too slow for conventional septic system
Soil Type (SCS): Mayberry Silty Clay Loam
Date: June 1, 1984

Approved Percolation Rate (a)
A. 120 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 ☐

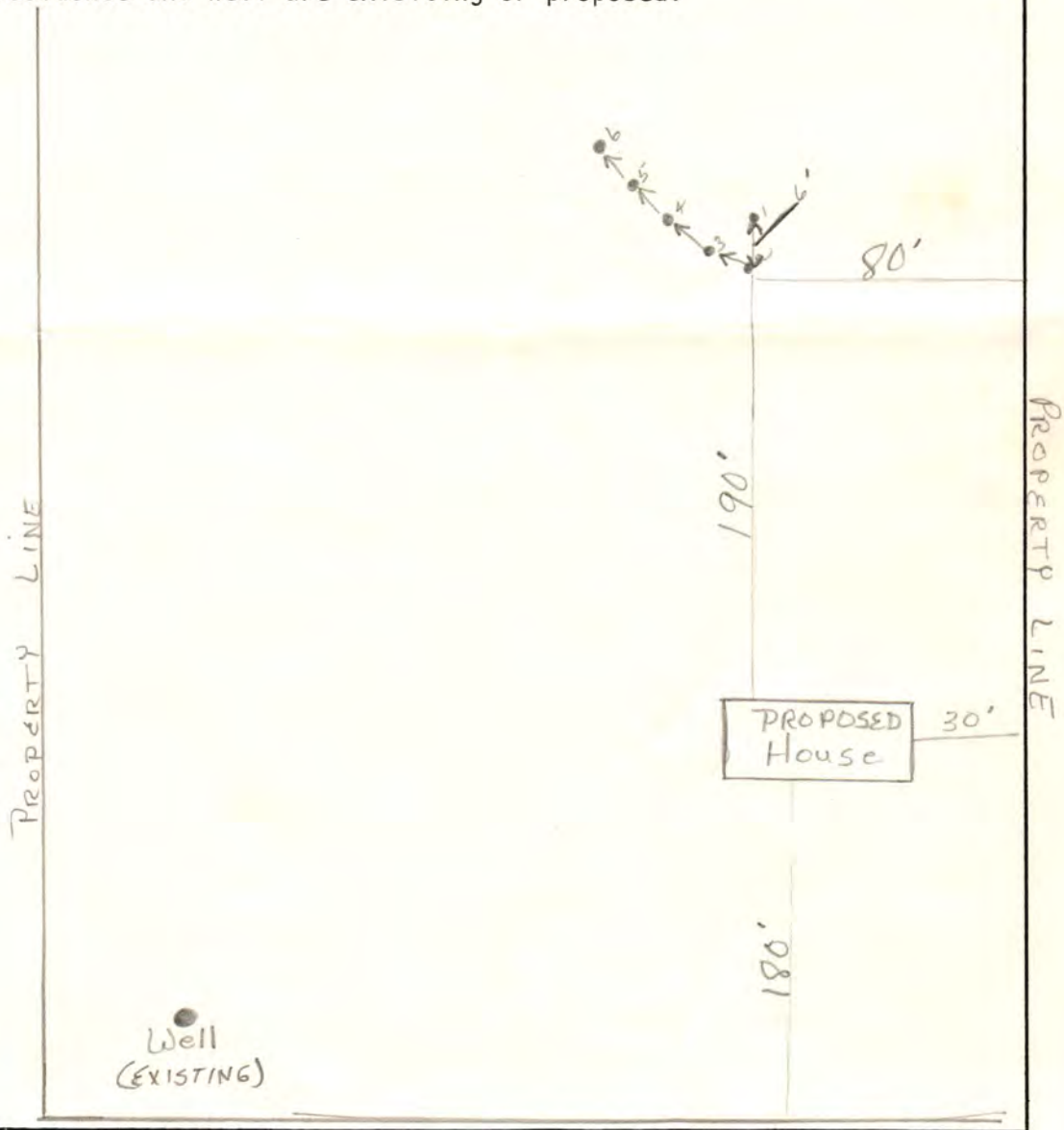
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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C

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

FILE NO. 2094-C

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



REVIEWING ACTION

Remarks: _____

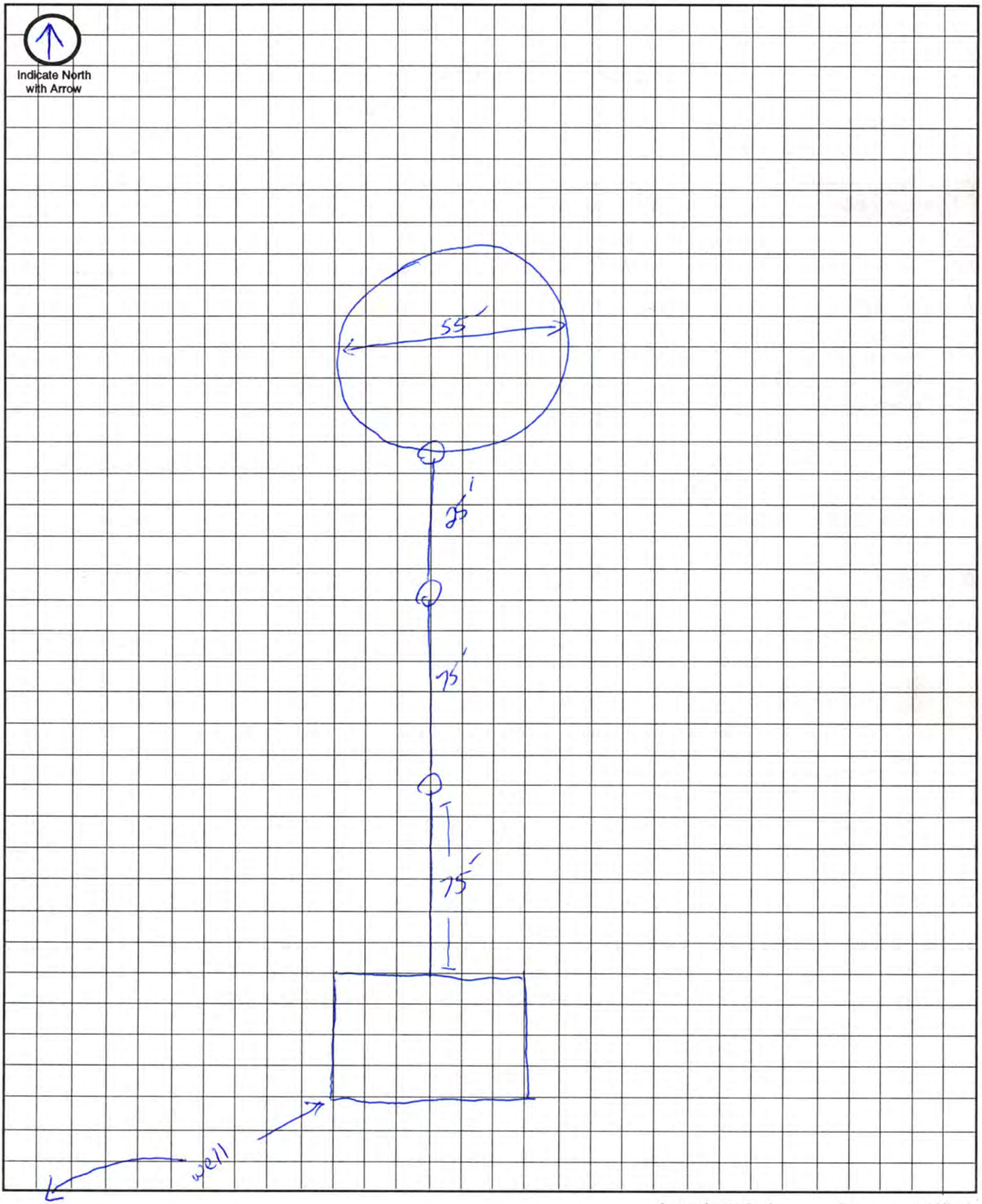
_____

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