LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2521-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

JANUARY 1, 1988 — THIS PERMIT EXPIRES

JOHN PORTER — ISSUED TO

7541 HOLDREGE — ADDRESS

LINCOLN, NE 68505

T8N; R8E; Sec 33; N½, SW¼ — 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
MG	7-1-87	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

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

20109-0977

JUL 1 1987

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. 2521-C

DATE: 6-29-87

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 33 ;
   Block — : Lot — : Addition N 1/2, SW 1/4
   Street Address _____

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: None ft.

Signature of Applicant (Owner or Lessee)

7541 Holdrege Lincoln, NE 68505
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/1/87. Date Frwd. 7/1/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Head
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7-1-87. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]
3. City or County Engineer: Date Rec'd. 7/1/87. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8/5/87 by: J.C.H east dike needs to be higher lagoon long enough but too narrow
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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

FORM 23-43

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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PROPERTY WHERE SOIL TESTED:

Location: Township 8N ; Range 8E ; Section & ¼ Section N½, SW¼, Sec 33
Property Dimensions: 2640 ft. x 1320 ft. Area: 80 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☒ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 6-28-87 to —. Weather: Precip. None Temp. 88± °F.

OWNER: John C Porter

Home Address: 7541 Holdrege
Lincoln NE 68505

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	28"	6/28	5:10 PM	6/28	5:40 PM	6/28	5:40 PM	20 5/16+	6:10 PM 28	20 3/8	30	1/16 -	480 + or 30 min/1/16"
2	28"	6/28	5:10 PM	6/28	5:40 PM	6/28	5:40 PM	19 12/16+	6:10 PM 28	19 7/8	30	1/16 -	480+ or 30 min/1/16"

Sum of Percolation Rates: 960
Average of Rates: 480
Mean of Rates: 480

Signature of Person Conducting Test

Address 3601 Calvert (office) Phone 488-8000 or 464-0910 (Home)
Lincoln NE 68506

or 30 min/1/16"

(Do not write below this line)

REVIEWING ACTION

Remarks: NO SEALING NECESSARY
Soil Type (SCS): Mayberry Clay Loam
Date: JULY 1, 1987

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 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
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C

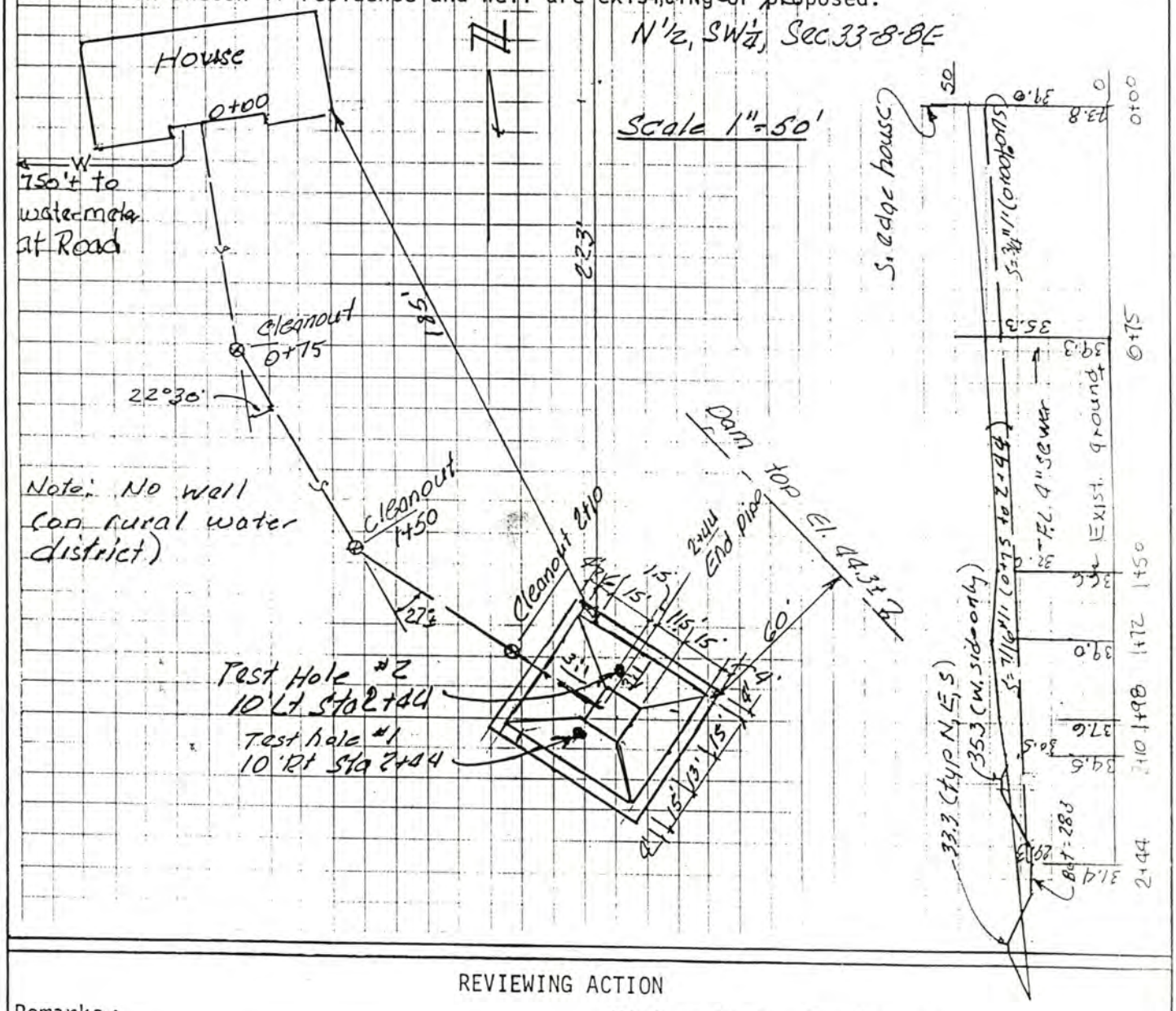
Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

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

C. R. Nedrow
N½, SW¼, Sec 33-8-8E

Scale 1"=50'



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