LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 736-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

May 20, 1976
THIS PERMIT EXPIRES

Arlyn Rexinger
ISSUED TO

Bennet, Nebr. 68317
ADDRESS

T8N; R8E; Sec. 33-S½ of SE¼;
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

ISSUING OFFICER

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

FORM HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 736-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 11-20-75

The undersigned hereby requests SITE CLEARANCE 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 33 S ½ of S.E. ¼ 80ac.
Block _____; Lot _____; Addition _____
Street Address _____

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

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

4. Distance to public sewer: None ft.

x Mrs Arlyn Reijenga
Signature of Applicant (Owner or Lessee)

Bennet Nebraska 68317
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 11/20/75. Date Frwd. 11/21/75. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 11/21/75 MZ Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 11/21/75. Date Frwd. 11/21/75. ACTION: Approved ☒ Disapproved ☐ Signature: Glenn Mellenthin

REMARKS OR REASONS FOR DISAPPROVAL _____

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT 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: 475-6221)

FILE NO._____

DATE:_____

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 8 N ; Range 8E ; Section 33 S½ of SE¼ ; Block _____ ; Lot _____ ; Addition _____.
Street Address _____.

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

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

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

X Mrs Arlyn Reffinger
Signature of Applicant (owner or lessee)

RFD Bennet Nebr 68317
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd;_____
Filing Fee: $ 30.00

2. Site Visits:
Date: 7-28-76 by: jw
Date:_____ by:_____
Date:_____ by:_____

3. Date: Approved ☒ ; Disapproved ☐ 11/20/75
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-28-76 by: James Wevera

FORM HD- 43(73) 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 475-6221)

FILE NO. _____

PROPERTY WHERE SOIL TESTED:
Location: Township 8; Range 8
Section & ¼ Sect. 33 SE¼ SE¼
Property Dimensions: ____ft. x ____ ft.
Area: _____ acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay [X]; Silty Clay Loam [ ]; Sandy Loam [ ]
Silty Loam [ ]; Clay Loam [ ]; Sandy Clay [ ]

Owner: Mrs Arlyn Reifinger
Address Bennet Nebr 68317

Dates of Tests: 11-13 to 11-14. Weather: Precip. 0 Temp. 70° F

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				
Hole 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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	60"	11/13	1:00	11:14	2:30	11:14	2:40	30"	3:40	28 3/4	60	1 1/4	60/ 1 1/4
2	60"	11/13	1:05	11:14	2:35	11:14	2:45	30"	3:45	29 3/4	60	3/4	60/ 3/4

Sum of Percolation Rates _____
Average of Rates: 1
Mean of Rates: 60 min / 1 inch

Terry Bouma
Signature of Person Conducting Test

Address Furth Nebr
Phone: 791-5760
791-5730

(Do not write below this line)

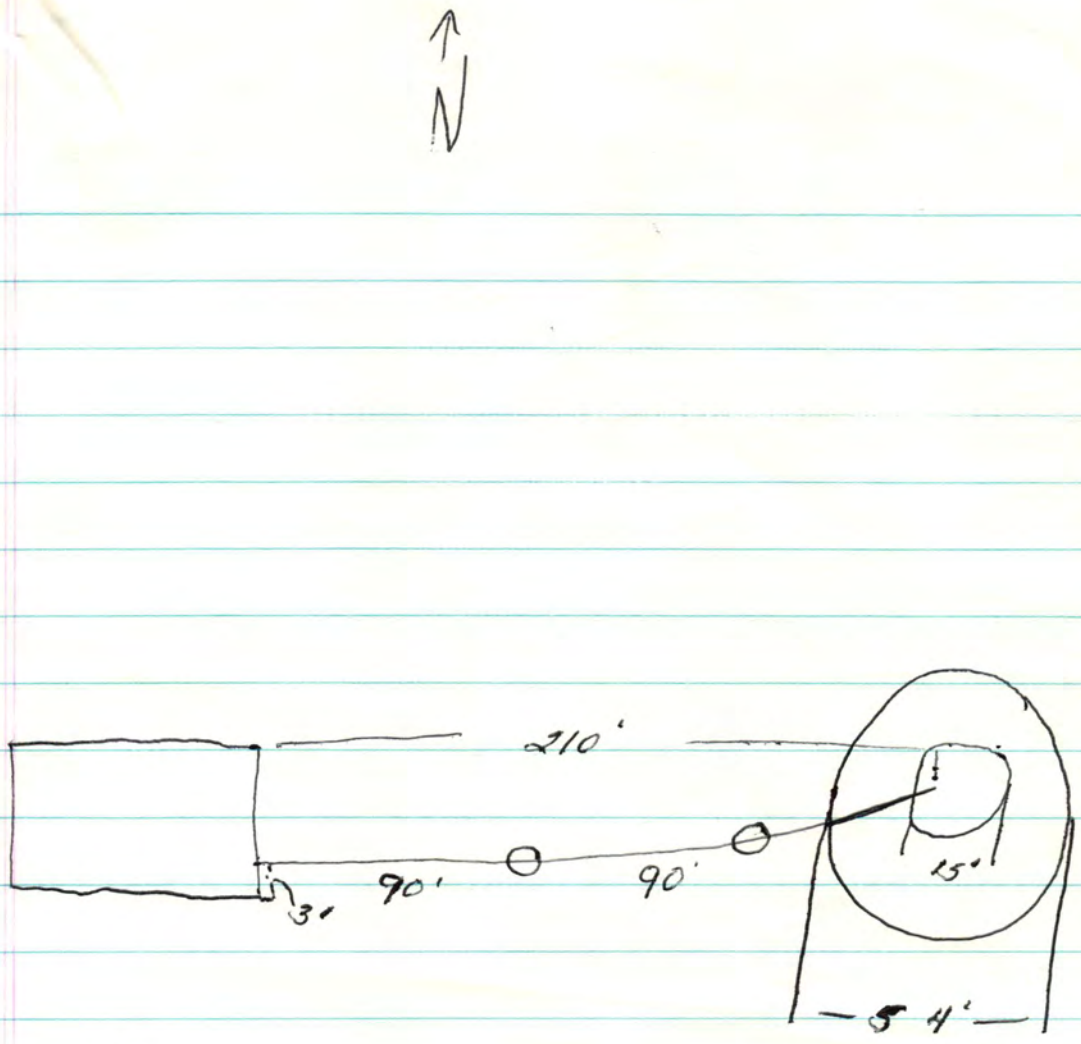
REVIEWING ACTION

REMARKS: _____

DATE: November 20, 1975

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

Jerrold C. Hood
Signature of Reviewing Official



7-28-76

Arlyn Replinger Residance

Terry Bouma