LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2604-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

MAY 24, 1988
THIS PERMIT EXPIRES

DONALD M. CHENEY — BOX 132 — PALMYRA, NE 68428
ISSUED TO — ADDRESS

T8N; R8EE Sec SW¼ 36
LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
K.S.	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

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. 9938000550 1

Issued 10/17/89
Expires 04/17/90

ESTABLISHMENT

DONALD CHENEY
RRT 0001 BOX 00628
ADAMS NE 68301

FEES: Permit 018754 $60.00

Total $60.00

PERMITTEE

DONALD CHENEY
RR0001
BOX 00628
ADAMS NE 68301

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

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

NOV 20 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. 2604-C

DATE: 11-13-87

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 8N ; Section 36 ; SE1/4
   Block _____ : Lot _____ : Addition _____
   Street Address _____

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: NA ft.

Donald M Cheney
Signature of Applicant (Owner or Lessee)

Box 132 Palmyra Nebr 68418
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/24/87. Date Frwd. 11/24/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 11/24/87. Date Frwd. 11/24/87. ACTION: Approved ☒ Disapproved ☐ Signature: * Gary M Sherwood

3. City or County Engineer: Date Rec'd. 11/24/87. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: * Judy L Newman

REMARKS OR REASONS FOR DISAPPROVAL * Farm - 20 Acres or more

Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

FORM 23-43

893 800055

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 8 ; Range 8 ; Section & ¼ Section SE½ 36.
Property Dimensions: _____ ft. x _____ ft. Area: 160 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: 10-11-89 to 10-12-89 . Weather: Precip. 0 Temp. 82 .

OWNER: Donald M. Cheney

Address: Rt. 1 Box 62B Adams, NE 68301

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'	10-11	5:20	10-12	5:30pm	10-12	5:50pm	6"	6:20 10-12	5 3/4"	30 min.	1/4 of inch	
2	3'	10-11	5:30	10-12	5:30pm	10-12	5:54	6"	6:24	5 5/8"	30 min	3/8 of inch	
3	3'	10-11	5:35	10-12	5:30pm	10-12	6:00	6"	6:30	5 3/4"	30 min	5/8 of inch	
4	3'	10-11	5:45	10-12	5:30pm	10-12	6:14	6"	6:35	6"	31 min	0	
5	3'	10-11	6:00	10-12	5:30 pm	10-12	6:10	6"	6:40	5 3/4"	30 min	1/4 of inch	
6	3'	10-11	6:05	10-12	5:30pm	10-12	6:15	6"	6:45	5 5/8"	30 min	3/8 of inch	

Douglas M. Cheney
Signature of Person Conducting Test

Address Rt. 1 Box 62A Adams, NE 68301 Phone 788-2740

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

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

_____
Signature of Reviewing Official

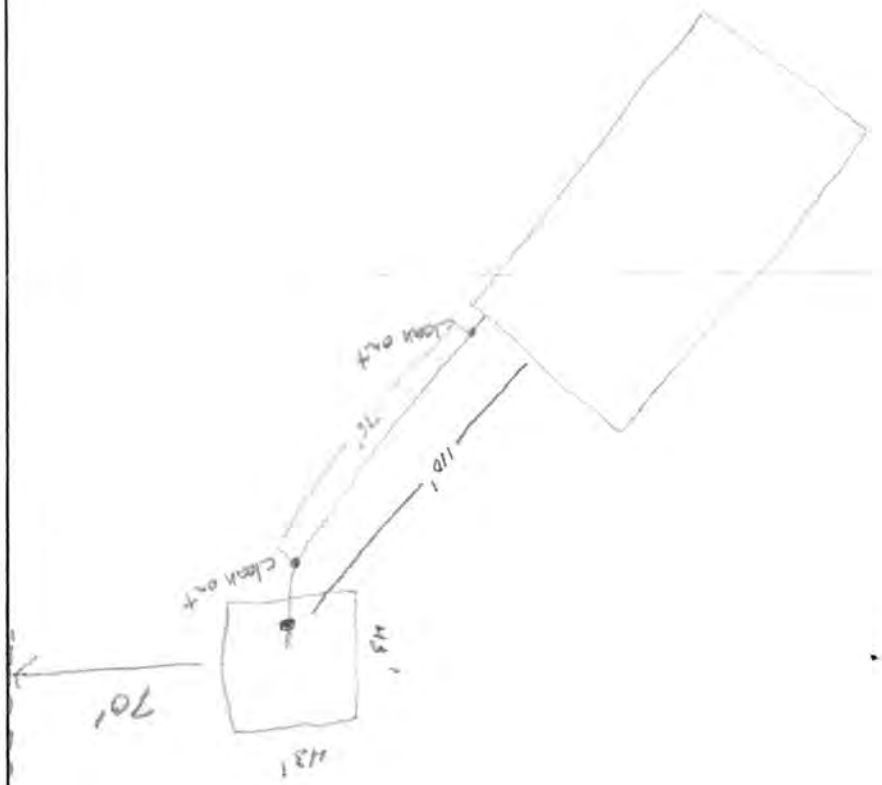
FORM 20102-0477 PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application) City Ordinance No. 9150 ☐ County Resolution No. 2832 ☐	LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT Division of Environmental Health 2200 St. Marys Avenue Lincoln, Nebraska 68502 Phone: 471-7800 **C**
Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.	FILE NO._____

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

Residence and lagoon are exisiting.

I am on rural water

N W E S



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