LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 471-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 93380095001

Issued 02/01/93
Expires 09/01/93
Revenue Code 18754

Establishment
DAVID NINNEMAN
T9N R5E SEC 15
LOT 30

FEES: $150.00

TOTAL $150.00

Permittee
DAVID NINNEMAN
RR0001
DENTON NE 68339

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

RECEIVED FEB 0 1993

FORM 0103-0477
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: ~~441-7800~~ 441-8000

A

FILING FEE: $ 150.00

FILE NO. _____

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. 9N ; Range ~~5 East of 6th PM~~ Section 15 ; Block _____ : Lot 30 I.T. : Addition ~~Township 9 North~~
   Street Address 6000 SW 91st

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

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

4. Distance to public sewer: 3/4 mile ft.

David Hunneman
Signature of Applicant (Owner or Lessee)

Rt 1 Denton Ne
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 2/1/93. Date Frwd. 2/2/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 11-24-92. Date Frwd. 12-24-92. ACTION: Approved ☒ Disapproved ☐ Signature: Pat Norris
3. City or County Engineer: Date Rec'd. 02/02/93. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Miguel Vasquez

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6/15/93 by: J. Cff. ~~Fence too short, didn't see well Need drawing, septic etc.~~
Date: 11/4/97 by: J.C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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

FORM 23-43

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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 North ; Range 6th PM (5 East of) ; Section & ¼ Section 15 .
Property Dimensions: 1568.71 ft. x 397.71 ft. Area: 14+ acres. (Attach Sheet C with sketch of property).
East end → 1632.45 West end → 1240.3
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: 11/16-92 to 11-17-92. Weather: Precip. dry Temp. 43

OWNER: David Nunneman
Address: Rt 1 Denton Nebr

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	36	11/16	3 PM	11/17	4:30	11/17	4:30PM	6 1/4	5 PM	6 1/4	30	0	30/0
2	36	11/16	3 PM	11/17	"	11/17	"	6	5PM	5 7/8	30	1/8	30/1/8
3	37	11/16	3 PM	11/17	"	11/17	"	6	5:05PM	6	35	0	35/0
4	36	11/16	3:05PM	11/17	"	11/17	4:40	6 1/8	5:10PM	6	30	1/8	30/1/8
5	36	11/16	3:05PM	11/17	"	11/17	4:40	6	5:10PM	6	30	0	30/0
6	36	11/16	3:05PM	11/17	"	11/17	4:45	6 1/8	5:15PM	6 1/8	30	0	30/0

Sum of Percolation Rates: 185 7/8
Average of Rates: 30.81 4/100
Mean of Rates: _____

David Nunneman
Signature of Person Conducting Test
Address Rt 1 Denton Nebr Phone 795 3075

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

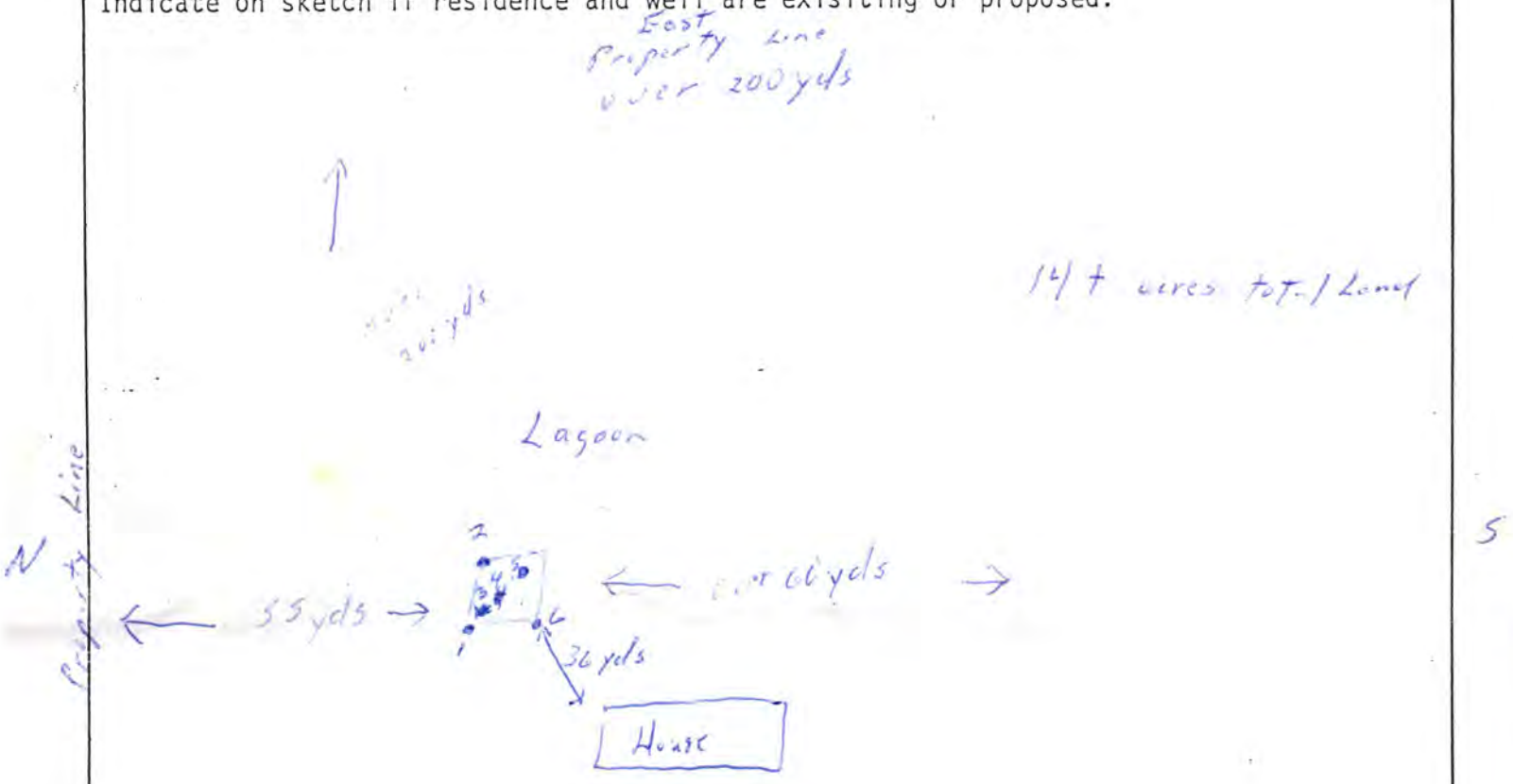
Approved Percolation Rate (a)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official

RECEIVED FEB 0

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.



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