LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2283-0

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

JUNE 2, 1986 — THIS PERMIT EXPIRES

HELEN I. SCHWENKE — ISSUED TO

ROUTE #1 DENTON, NE 68339 — ADDRESS

T9N; R5E; Sec 26; Route #1, Denton, NE — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE ALTER, EXTEND OR REPAIR

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
HEG	12-3-85	

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 HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐

County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO. 2283-C

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

DATE: 11/25/85

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☑, or REPAIR ☑ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 9N; Range 5E; Section 26;
Block _____; Lot _____; Addition _____
Street Address Route 1, Denton, Ne 68339

2. Property Use: Residential _____ ☑; Commercial _____ ☐
No. Bedrooms 2 Describe _____
Other Use ☐
Describe None

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

4. Description of proposed alteration, extension or repair: Sewer line, septic tank + laterals

5. Work to be done by: Owner ☐; or Contractor ☑, Capital City Trenching
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	More than $400.00
TOTAL	$	

Helen L. Schwenke
Signature of Applicant (owner ~~or lessee~~)

Rt 1 Denton Ne. 68339
Address 797-3905

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: 8-20-86 by: mm partial
Date: 8-25-86 by: mm
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hook

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-25-86 by: Ken Maynard

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. 2283-C

2 Bedroom

PROPERTY WHERE SOIL TESTED:

Location: Township 9N ; Range 5E ; Section & ¼ Section 26.
Property Dimensions: _____ ft. x _____ ft. Area: 120 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 10/27 to 10/28 . Weather: Precip. _____ Temp. _____ .

Test shows 215'x4' wide lateral required OWNER: Mrs Emmett Schwenke

Address: Denton
797-3905

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	32	Oct 27	10:00	10/28	11:00	1028	2:00	6"	2:30	5¼	30	¾	
2	"	"	"	"	"	"	"	"	"	3¾	"	1¼	
3	"	"	"	"	"	"	"	"	"	5	"	1	
4	"	"	"	"	"	"	"	"	"	5¾	"	¼	
5	"	"	"	"	"	"	"	"	"	5¾	"	¼	
6	"	"	"	"	"	"	"	"	"	5	"	1	

John Stedman
Signature of Person Conducting Test

Address 4401 No. 27th Phone _____

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

(Do not write below this line)

REVIEWING ACTION

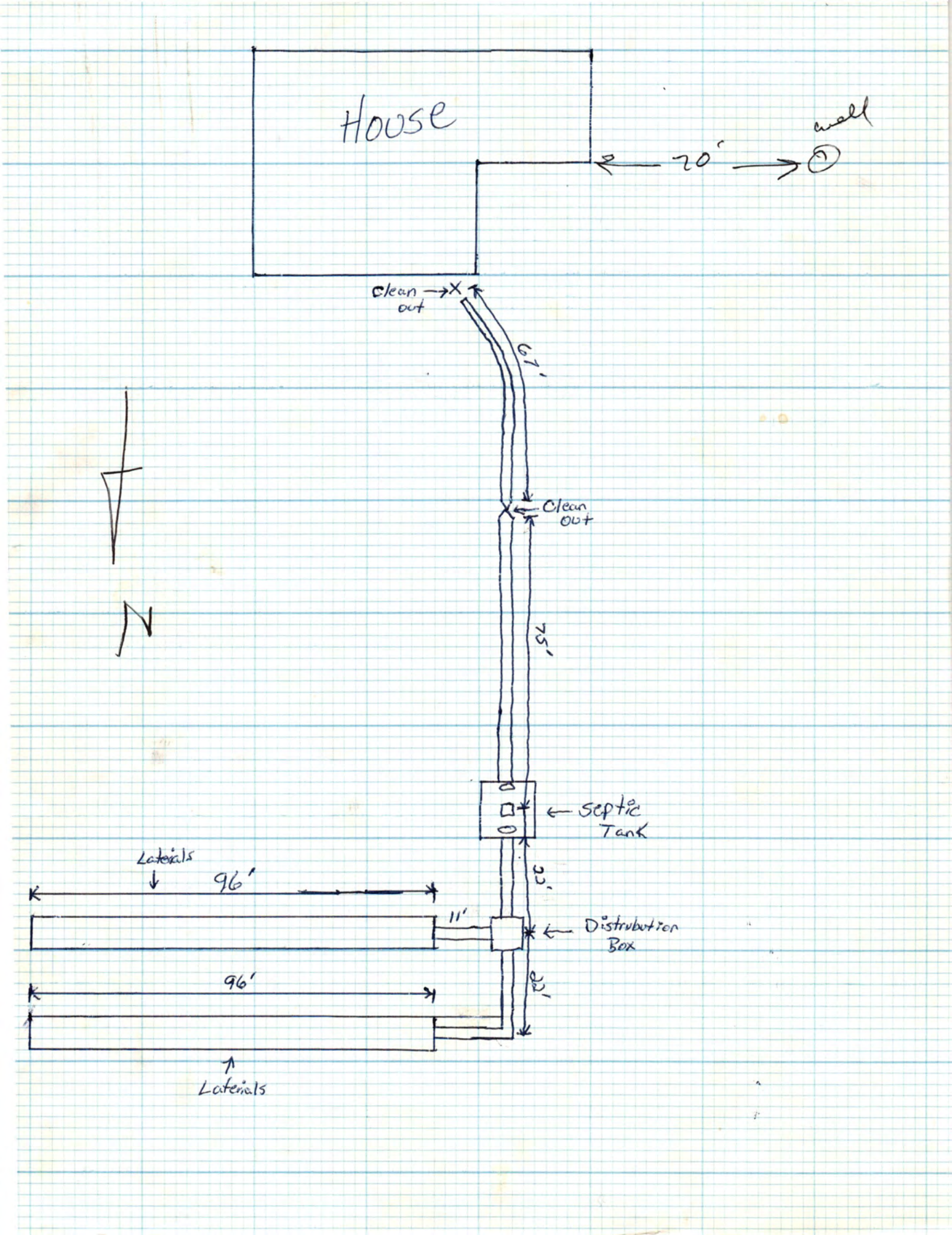
Remarks: _____

Soil Type (SCS): _____

Date: NOVEMBER 26, 1985

Approved Percolation Rate (a)
A. 40 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official


House
well
20'
Clean out
67'
Clean out
75'
Septic Tank
23'
Laterials
96'
11'
Distrubution Box
96'
20'
Laterials
N