LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1303-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

October 28, 1978 — THIS PERMIT EXPIRES

Michael Rosburg — ISSUED TO

Route 7, Box 22, Lincoln, NE 68502 — ADDRESS

T9N, R5E, Section 35 South 825' of the West 1468.5

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

HEALTH

ISSUING OFFICER

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

20109-0977

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: 474-1541

A

FILING FEE: $ 30.00

FILE NO. 1303-C

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. 9 N ; Range 5 E ; Section 35 ;
   Block _____ : Lot _____ : Addition 50 50 Rods of the west 89 Rods SE 1/4
   Street Address RT. 1 MALTA South 825' of the West 1468.5

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

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

4. Distance to public sewer: N/A ft.

Michael R. Rocking
Signature of Applicant (Owner or Lessee)

RT. 7 BOX 22 Lincoln
Address

473-1293

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/27/78. Date Frwd. 4/28/78. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4/28/78. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: Joseph Borkowski

3. City or County Engineer: Date Rec'd. 4/28/78. Date Frwd. 4/28/78. ACTION: Approved ☒ Disapproved ☐ Signature: Allen J. Abbott

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10-9-78 by: jw
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1-3-80 By: jw

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
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B

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PROPERTY WHERE SOIL TESTED:

Location: Township 9 ; Range N 5 ; Section & ¼ Section SE ¼ of 35
Property Dimensions: 825 ft. x 1468.5 ft. Area: 28 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: 04-26-8 to 04-27-8 . Weather: Precip. NO Temp. 50° .

OWNER: Michael R. Rosburg
Address: RT. 7 Box 22 Lincoln

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		04/26 8AM		04/27	8AM	04/27	8AM	6	830AM	5	30	1"	30/1
2		"	"	"	"	"	"	6	830AM	4 5/8	30	1 3/8"	30/1 3/8
3		"	"	"	"	"	"	6	830AM	5 3/4	30	1/4"	30/1/4
4		"	"	"	"	"	"	6	"	5 3/4	30	1/4"	30/1/4
5		"	"	"	"	"	"	6	"	5 1/2	30	1/2"	30/1/2
6		"	"	"	"	"	"	6	"	5 1/2	30	1/2"	30/1/2
7		"	"	"	"	"	"	6	"	4 1/2	30	1 1/2"	30/1 1/2
8		"	"	"	"	"	"	6	"	3 1/2	30	2 1/2"	30/2 1/2

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

Michael R. Rosburg
Signature of Person Conducting Test

Address RT 7 Box 22 Lincoln Phone 474 3638

(Do not write below this line)

REVIEWING ACTION

Remarks: Must be lined for lagoon
Soil Type (SCS): Steinauer clay loam or more silty clay loam
Date: April 27, 1978

Approved Percolation Rate (a)
A. 30 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 ☐

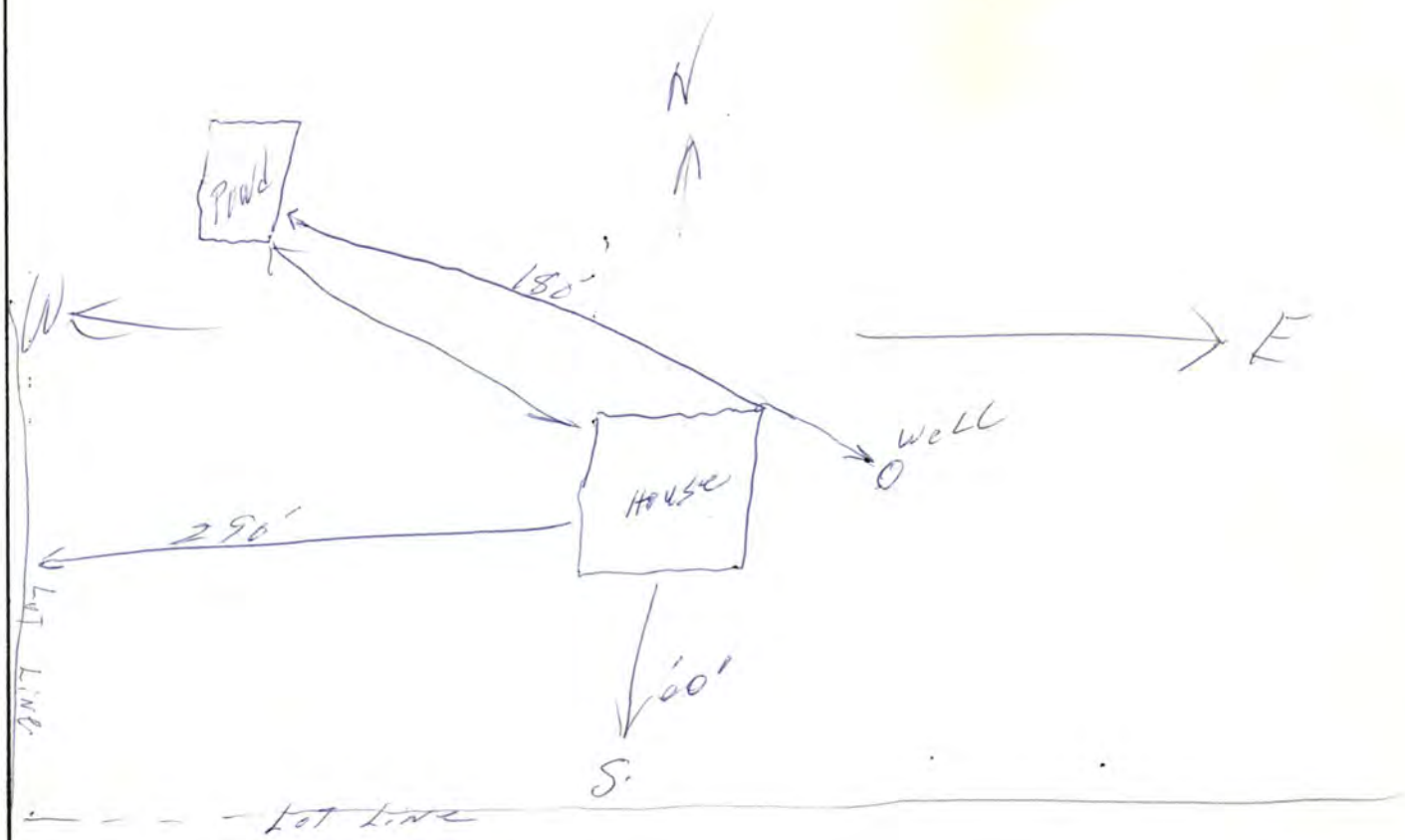
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

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 exisiting or proposed.



REVIEWING ACTION

Remarks: _____

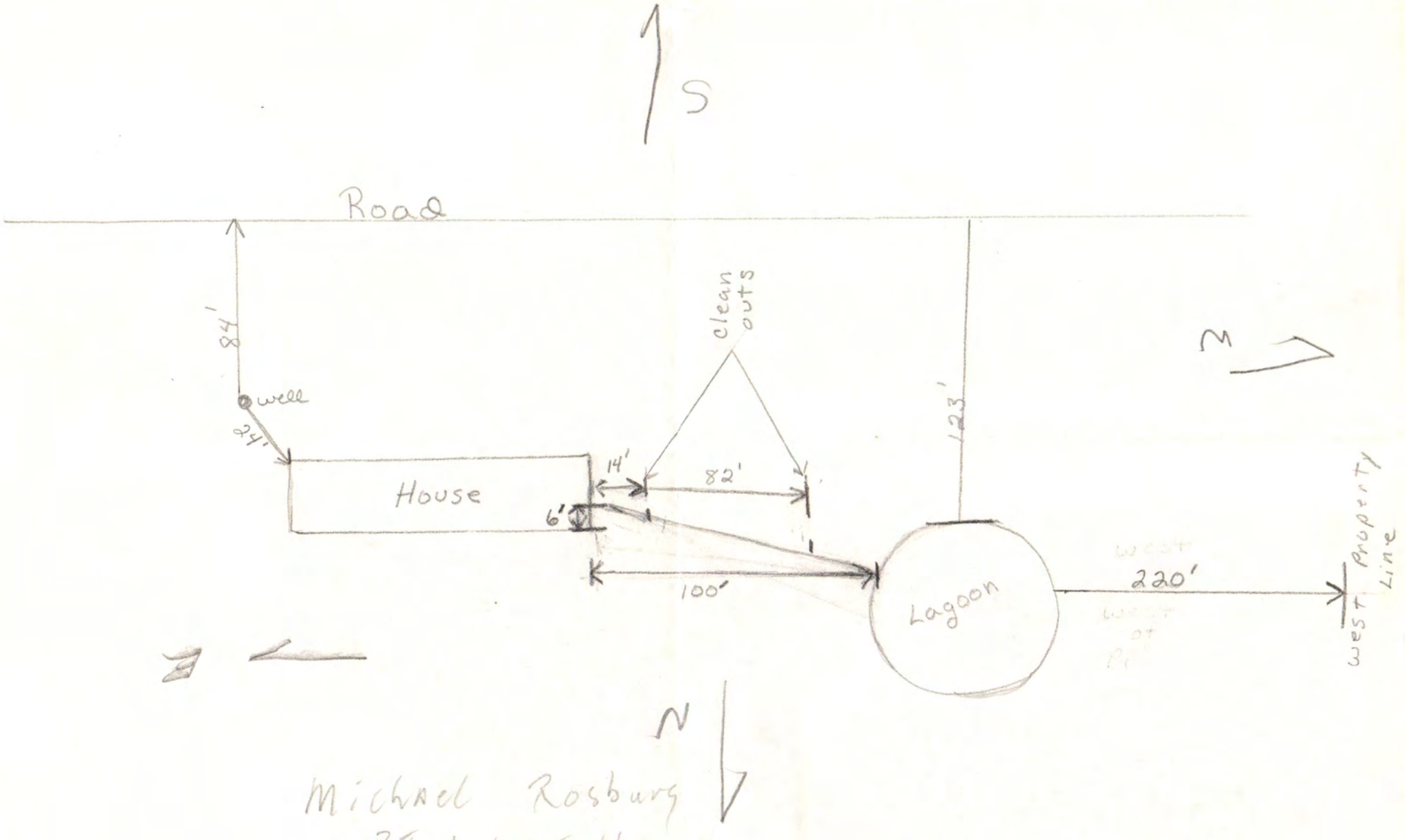
_____

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

OCT 17 1978



Michael Rosburg
Rt. 1 MARTELL

(SW. 72 + SALTILLO Rd.
1/4 mi. W. ON NO. side)