FILE #2306

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

OCTOBER 9, 1986 — THIS LICENSE OR PERMIT EXPIRES

WILLIAM B. PATTERSON — LICENSEE OR PERMITTEE

ROUTE #1, 1200 WEST BURNHAM, LINCOLN, NE 68502 — ADDRESS

T9N; R6E; Sec SE¼, E½, NE¼, SE¼ of 4; 1200 West Burnham — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON TRANSFERABLE ALTER, EXTEND OR REPAIR

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 30.00	018754	$ 30.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. Date and Amount

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

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

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. 2306

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

DATE: _____

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 6E ; Section 4 SE¼, E½ NE¼, SE¼
   Block _____; Lot _____; Addition _____
   Street Address 1200 WEST BURNHAM

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

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

4. Description of proposed alteration, extension or repair: ~~CHANGE TO LAGOON~~ ADD 100' LATERAL

5. Work to be done by: Owner ☐ ; or Contractor ☒, PAUL VON GILLERN
   Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$

William B Patterson
Signature of Applicant (owner or lessee)

RR #1, Box 245, Sealy NE
Address

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
   Date: 4/30/86 by: J.C.H.
   Date: _____ by: _____
   Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
   Date: 5-1-86 by: Ron Margrave

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. 7306

PROPERTY WHERE SOIL TESTED:

Location: Township 9N ; Range 6E ; Section & ¼ Section E½ N.E¼ S.E¼ Sec. 4
Property Dimensions: 330 ft. x 660 ft. Area: 5 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☑ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ . ZOOK SOIL
Dates of Tests: 4/5/86 to 4/5/86 . Weather: Precip. 0 Temp. 65° .

OWNER: William B. Patterson
Address: RR#1, Box 245

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./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36"	4/4	1:00PM	4/5	8:00AM	4/5	11:00AM	6.0"	11:30AM	5½"	30 MIN	½"	
									12:00NOON	5.0"	"	½"	
									12:30PM	4½"	"	½"	
									1:00PM	4⅛"	"	⅜"	
									1:30PM	3.75"	"	⅜"	
									2:00PM	3.50"	"	¼"	
									2:30PM	3.25"	"	¼"	
									3:00PM	3.0"	"	¼"	120 MIN/IN.

William B. Patterson
Signature of Person Conducting Test

Address RR#1, Box 245 Phone 423-5116

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 ☐

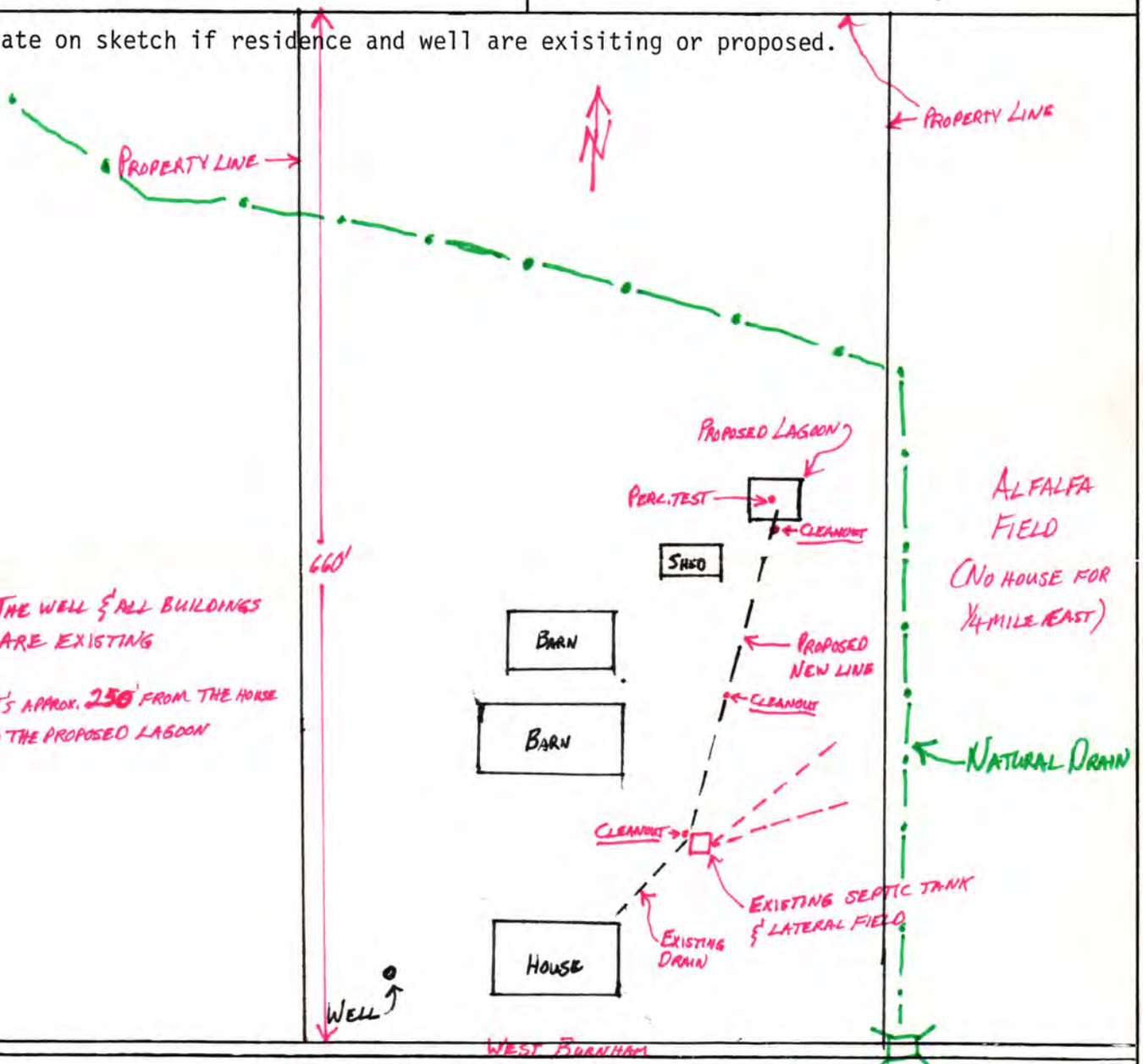
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 2306

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



Remarks: _____

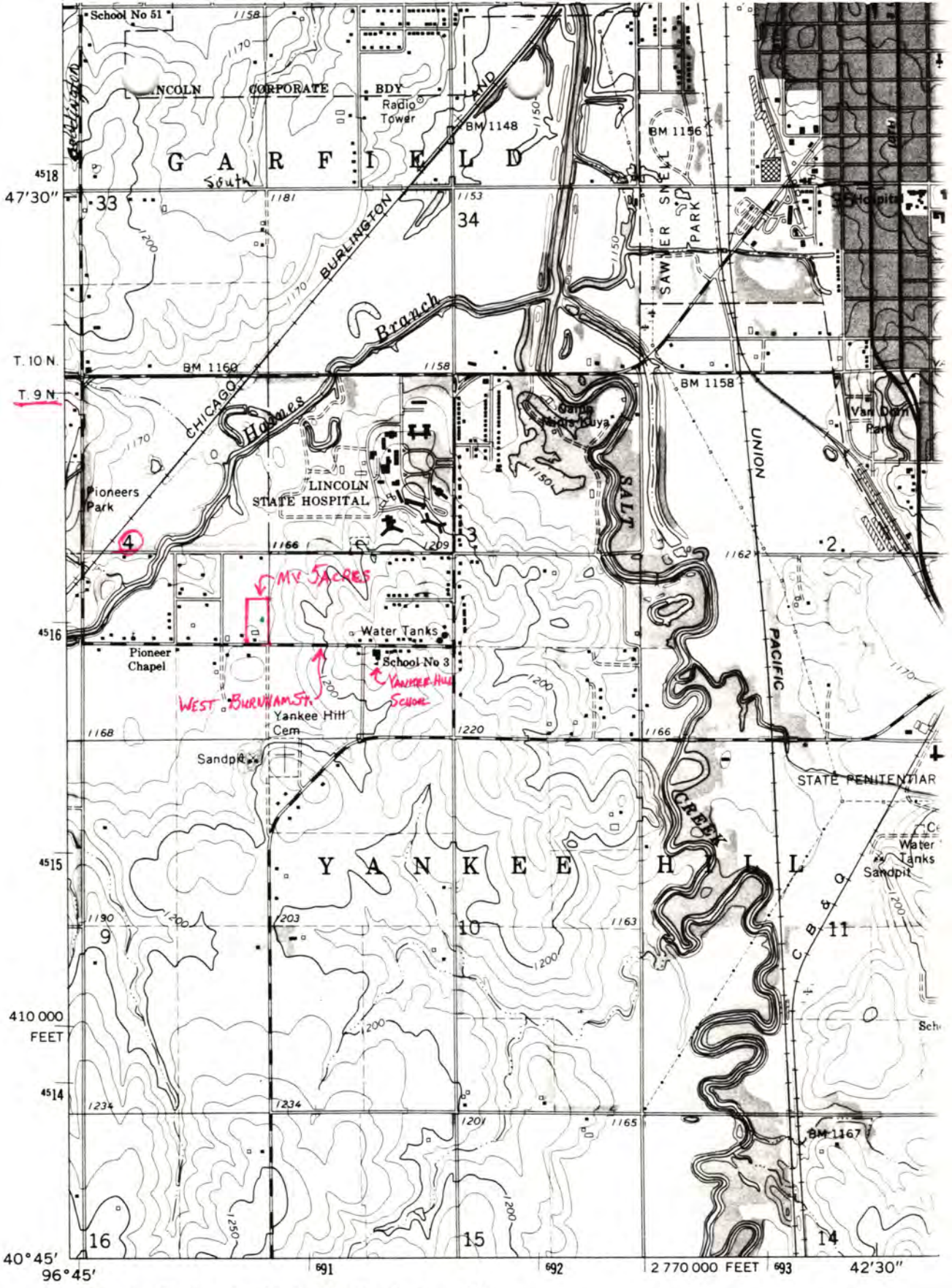
_____

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



(DENTON) 6665 III NE

Mapped, edited, and published by the Geological Survey

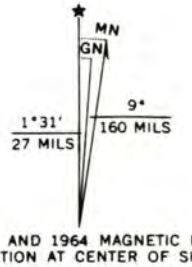
Control by USGS and USC&GS

Topography by photogrammetric methods from aerial photographs taken 1961 and planetable surveys 1964

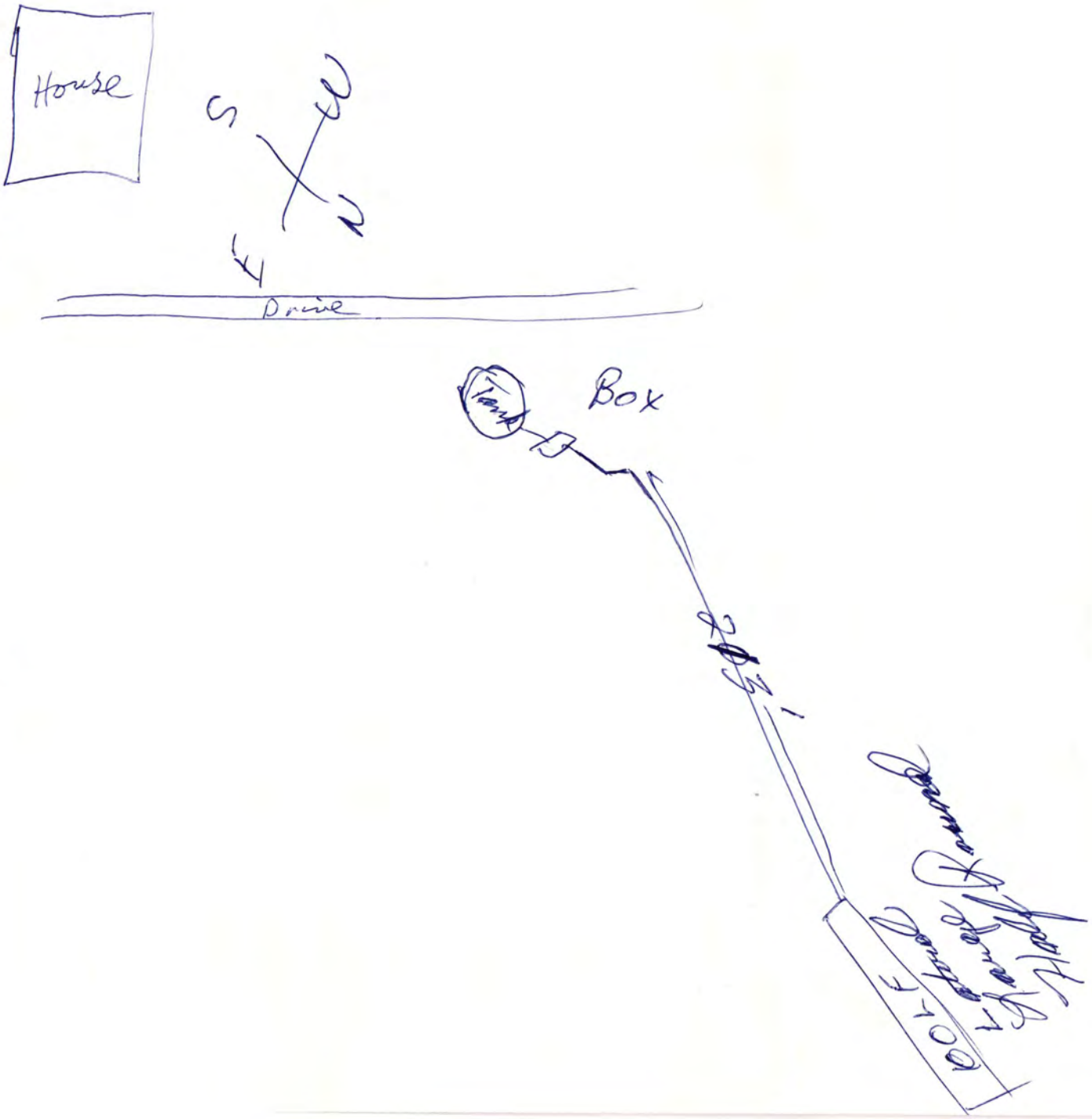
Polyconic projection. 1927 North American datum
10,000-foot grid based on Nebraska coordinate system, south zone
1000-meter Universal Transverse Mercator grid ticks, zone 14, shown in blue

Red tint indicates areas in which only landmark buildings are shown

Fine red dashed lines indicate selected fence and field lines where generally visible on aerial photographs. This information is unchecked



UTM GRID AND 1964 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET


House
S
W
N
E
Drive
Tank
Box
Leach Field