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. 90380009801

Issued 03/13/90
Expires 09/13/90

ESTABLISHMENT

RICHARD HARTZ
T9N R6E SEC 16
1ST ADD. EQUESTRIAN BLK 4 LOT 2

FEES: Permit 019754 $150.00

Total $150.00

PERMITTEE

RICHARD HARTZ
1445 ROSE ST
LINCOLN NE 68502

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
Paid	

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

9038000 98

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: $ 150.00

FILE NO. _____

DATE: March 5, 1990

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 6E ; Section 16 ;
   Block 4 : Lot 2 : Addition First ADDITION EQUESTRIAN ESTATES
   Street Address 2601 Stallion Circle

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

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

4. Distance to public sewer: None ft.

Home
Phone ~~Home~~ 477-5198
Work ~~Home~~ 479-2233

Richard Hart
Signature of Applicant (Owner or Lessee)

1445 Rose Lincoln Ne. 68502
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/8/90 . Date Frwd. 3/14/90 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nodel

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 3/14/90 . Date Frwd. 3/14/90 . ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer : Date Rec'd. 3/14/90 . Date Frwd. 3/14/90 . ACTION: Approved ☒ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

te Visits:
e: 5-8-90 by: DM need drawing
e: _____ by: _____
: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

e: Health Dept. Copy
w: Engineers Copy
Bldg. Inspector's Copy

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

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9 ; Range 6E ; Section & ¼ Section 16 .
Property Dimensions: 340 ft. x 500 ft. Area: 3.4 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☒ ; Clay Loam ☐ .
Dates of Tests: May 20, 1989 to May 21, 1989. Weather: Precip. Dry Temp. 70's.

OWNER: Richard Hartz

Address: 2601 Stallion Circle

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	24	5/20	4:00	5/21	1:00	5/21	1:00	6	5:30	5 3/8	30	5/8	48
2	24	↓	↓	↓	↓	↓	1:02	↓	5:32	4 7/8	↓	1 1/8	27
3	24	↓	↓	↓	↓	↓	1:04	↓	5:34	5 1/4	↓	3/4	40
4	22	↓	↓	↓	↓	↓	1:06	↓	5:36	5 1/4	↓	3/4	40
5	24	↓	↓	↓	↓	↓	1:08	↓	5:38	4 7/8	↓	1 7/8	19
6	24	↓	↓	↓	↓	↓	1:10	↓	5:40	4	↓	2	15

Sum of Percolation Rates: 189
Average of Rates: 31 min/inch
Mean of Rates: 31

Richard Hart 3/5/90
Signature of Person Conducting Test

Address 1445 Rose

Work 474-2233
Home Phone 477-5198

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): Wymore Silty Clay Loam

Date: March 8, 1990

Approved Percolation Rate (a)
A. 27 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Wood
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 ☐

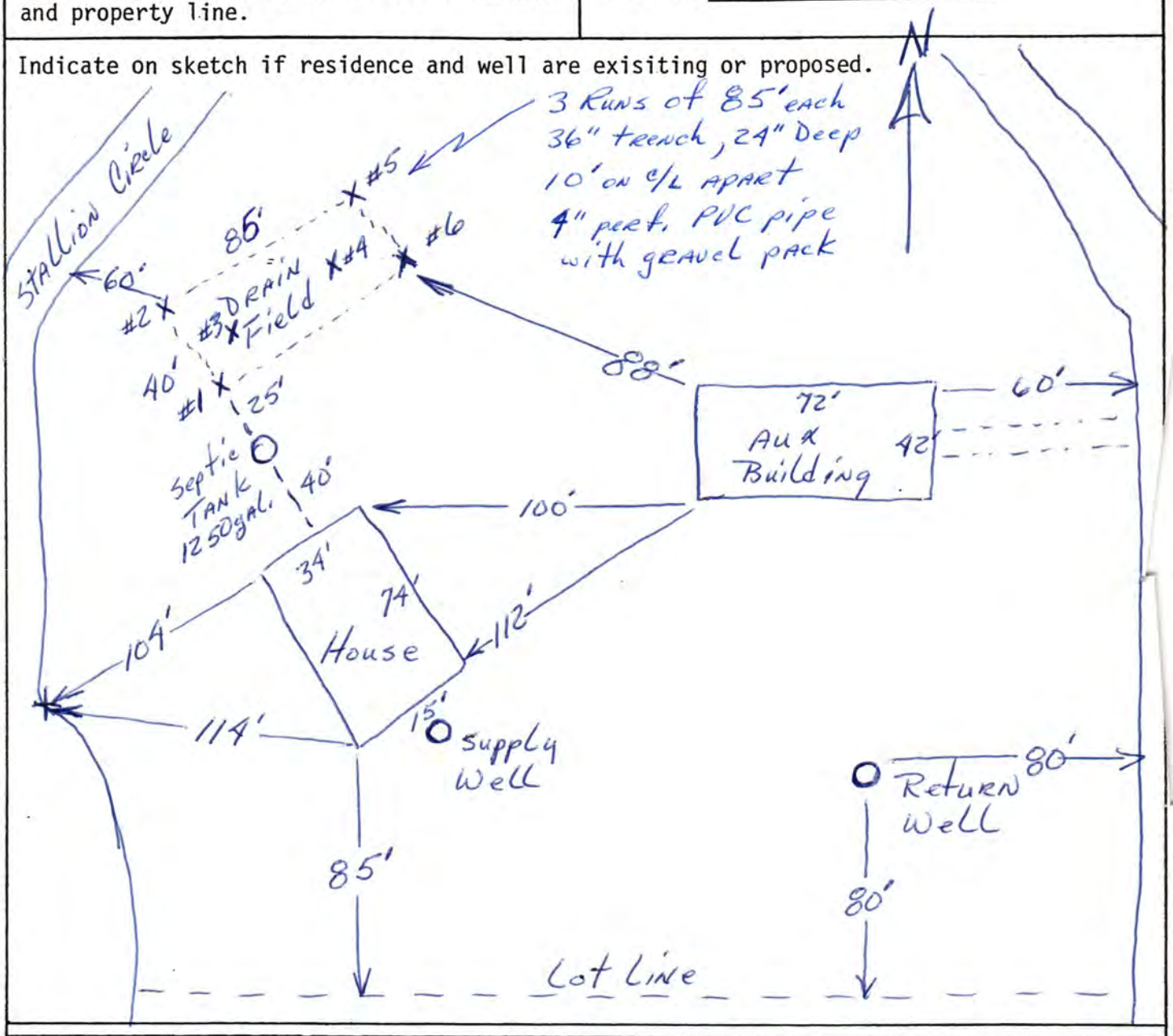
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C

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: March 8, 1990

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals_____ ft.
3. With a Trench Width of_____ in.
4. Total Area of Lateral needed 713 sq.ft.

Gerald C. Hood
Signature of Reviewing Official