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. 92380091801

Issued 10/02/92
Expires 04/02/93
Revenue Code 18754

Establishment
KEN KERKMANN
T9N R6E SEC 16
EQUESTRAIN ESTATES BLK 4 LOT 4
1rst ADD.

FEES: $150.00

TOTAL $150.00

Permittee
KEN KERKMANN
1212 ABERDEEN AV
LINCOLN NE 68512

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"

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: $_____

FILE NO._____

DATE: 29 SepT 92

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 4 : Addition Equestrian Estates 1st Add
Street Address 2646 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: _____ft.

423-0300 Ken Kerkmen (contractor)
Signature of Applicant (Owner or Lessee)

1212 Aberdeen Ave Lincoln Ne 68512
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/29/92 . Date Frwd. 9/30/92 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9/30/92 . Date Frwd. 9/30/92 . ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer : Date Rec'd. 9-30-92 . Date Frwd. 9-30-92 . ACTION: Approved ☒ Disapproved ☐ Signature: RD Mueller

REMARKS OR REASONS FOR DISAPPROVAL ~~A~~ HAVE WELL PERMIT

Site Visits:
Date: 4/21/93 by: J. C.H.
Date:_____ by:_____
Date:_____ by:_____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4/21/93 By: Jerrold C. Hood

FORM 23-43

2646 Stallion

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: Blk 4. Lot 4

Location: Township 9N ; Range 6E ; Section & ¼ Section See 17. 16
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).

Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .

Dates of Tests: 8-26 to 8-27 . Weather: Precip. 0 Temp. 80 . WTC

OWNER: Ken Kerkman

Address: 1212 Aberdeen Ave 68512

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	8/26	8:00	8/27	7:00	8/27	9:45	28 1/4	10:15	28 7/8	30	3/8	
2			A		A		AM	23 7/8	AM	24 3/8		1/2	
3								30 1/2		32 1/4		1 3/4	
4								28 1/4		29 5/8		1 3/8	
5								26 3/4		27 1/4		1/2	
6								25 1/2		26 1/2		1	
7								15 1/2		16 1/8		5/8	
8								27 1/8		28 3/8		1 1/4	
												6.375	

Brad Southwick
Signature of Person Conducting Test

Address Hickman Ne Phone 475-2462

Sum of Percolation Rates: _____
Average of Rates: .79
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

Approved Percolation Rate (a)
A. 32 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 ☐

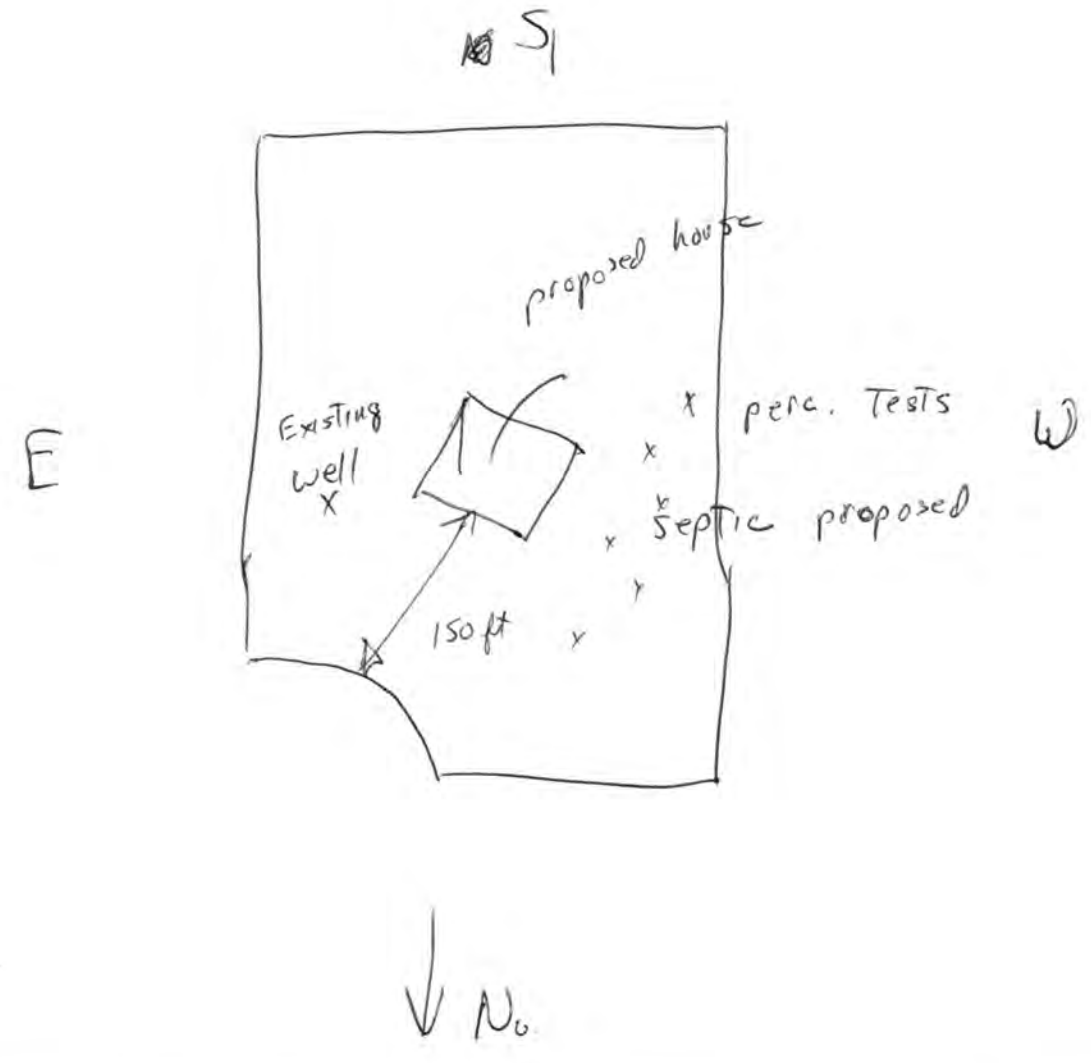
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C

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: SEPTEMBER 30, 1992

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 774 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

N
80' x 3'
20' x 3'
20' x 3'
8'
1000
30'
9½'
House
① well