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. 91380071001

Issued 06/03/91
Expires 12/02/91

ESTABLISHMENT

MICHAEL NOVACEK
T9N R6E SEC 16
EQUESTRIAN ESTATES BLK 5 LOT 1
5701 STABLE LANE

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

MICHAEL NOVACEK
BOX 00152
HALLAM NE 68368

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
6/5/91 DS	$150.00

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

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

FILE NO. _____

DATE: 5-14-91

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 5 : Lot 1 : Addition EQUESTRIAN ESTATES
   Street Address 5701 STABLE Lane

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: N/A ft.
   as results of perk test

Michael S. Ngaeka
Signature of Applicant (Owner or Lessee)

P.O. Box 152, Hallam, Ne. 68368
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/31/91 . Date Frwd. 5/31/91 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 5/31/91 . Date Frwd. 5/31/91 . ACTION: Approved ☒ Disapproved ☐ Signature: Mel Goddard

3. City or County Engineer: Date Rec'd. 5/31/91 . Date Frwd. 5/31/91 . ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bazels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12/10/91 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: 12/13/91 By: Jerrold C. Hood

FORM 23-43

5701 Stable

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. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9 ; Range 6 ; Section & ¼ Section 16.
Property Dimensions: _____ ft. x _____ ft. Area: 3 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐
Dates of Tests: 5-27 to 5-28. Weather: Precip. 0 Temp. 63

OWNER: Michael G. Novacek
Address: P.O. Box 152 Hallam, Ne.

116'

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. RL	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	30	5-27	800	5-28	830	5-28	830	13 1/2	1230	14 1/8	30	5/8	
2	30	5-27	800	5-28	830	5-28	830	13 1/4	1230	13 7/8	30	5/8	
3	30	5-27	800	5-28	830	5-28	830	14	1230	14 1/2	30	1/2	
4	30	5-27	800	5-28	830	5-28	830	13	1230	13 5/8	30	5/8	
5	30	5-27	800	5-28	830	5-28	830	15 1/4	1230	15 3/4	30	1/2	
6	30	5-27	800	5-28	830	5-28	830	16	1230	16 1/2	30	1/2	

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

Michael D. Novacek
Signature of Person Conducting Test
Address P.O. Box 152 Hallam NE 68368 Phone 787-2135

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: May 31, 1991

Approved Percolation Rate (a)
A. 53 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hoop
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 ☒

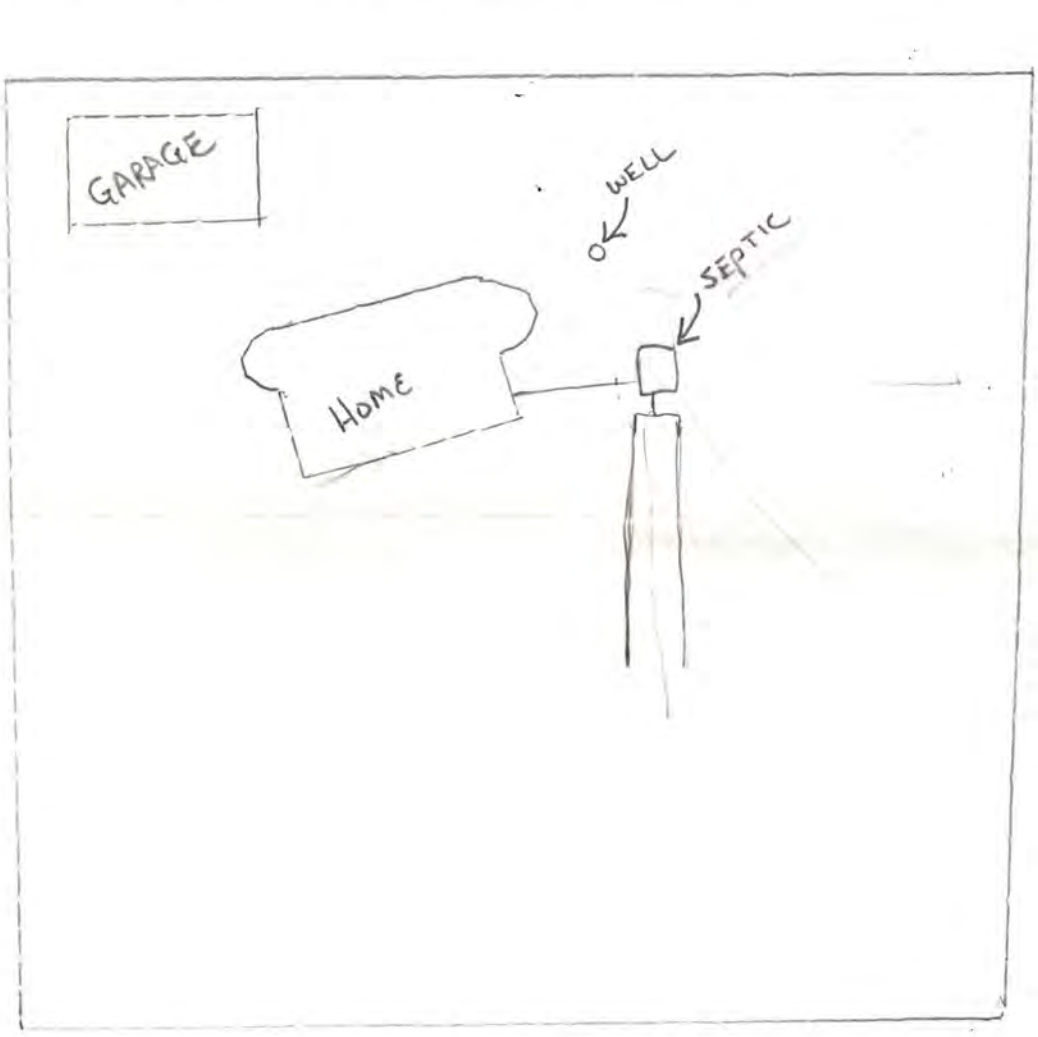
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C

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: May 31, 1991

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 938 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official