LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 94380117801

Issued 06/08/94
Expires 12/08/94
Revenue Code 18754

Establishment
RANDY CADES
T9N R6E SEC 17 QTR NE
HITCHING POST HILLS BLK 1 LOT 2

FEES: $150.00

TOTAL $150.00

Permittee
RANDY CADES
8244 STOCKWELL ST
LINCOLN NE 68506

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: 6/7/94

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 17 ;
   Block 1 : Lot 2 : Addition HITCHING POST HILLS 1ST
   Street Address 6100 SADDLE CREEK TRAIL

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: NA ft. EXPERIMENTAL SYSTEM

Randy Linck (560-4304)
Signature of Applicant (Owner or Lessee)

8224 STOCKWELL
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/7/94. Date Frwd. 6/8/94. ACTION: Approved ☑ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 6/8/94. Date Frwd. 6/8/94. ACTION: Approved ☑ Disapproved ☐ Signature: Kay Lyon

3. City or County Engineer: Date Rec'd. 6-8-94. Date Frwd. 6-8-94. ACTION: Approved ☑ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 1/20/95 by: L.C.H. Partial. Sewer, tank, distribution, one lateral
Date: 11-23-95 by: P.D.
Date:_____ by:_____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1/23/95 By: Jerrold C. Hood *

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

* EXPERIMENTAL SYSTEM HENCE PROVISIONAL APPROVAL

FORM 23-43

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

Test Location
6100 Saddle Creek Trail

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
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: _____ to _____. Weather: Precip. 0 Temp. 75°

OWNER: R.J. Cades Company
Address: 1745 S. Cotner Blvd.

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"	4-16	1:00 pm	4-17	12:00 pm	4-17	12:00 pm	6"	12:30 pm	5 7/8"	30m	1/8"	
2	36"	4-16	1:00 pm	4-17	12:00 pm	4-17	12:00 pm	6"	12:30 pm	5 3/4"	30m	1/4"	
3	36"	4-16	1:00 pm	4-17	12:00 pm	4-17	12:00 pm	6"	12:30 pm	5 1/2"	30m	1/2"	
4	36"	4-16	1:00 pm	4-17	12:00 pm	4-17	12:00 pm	6"	12:30 pm	5 1/2"	30m	1/2"	
5	36"	4-16	1:00 pm	4-17	12:00 pm	4-17	12:00 pm	6"	12:30 pm	5 7/8"	30m	1/8"	
6	36"	4-16	1:00 pm	4-17	12:00 pm	4-17	12:00 pm	6"	12:30 pm	5 7/8"	30m	1/8"	

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

Mike Haugland
Signature of Person Conducting Test

Address 2700 DAW Ave Lincoln Phone 464-0638
Precast Product Inc

(Do not write below this line)

REVIEWING ACTION

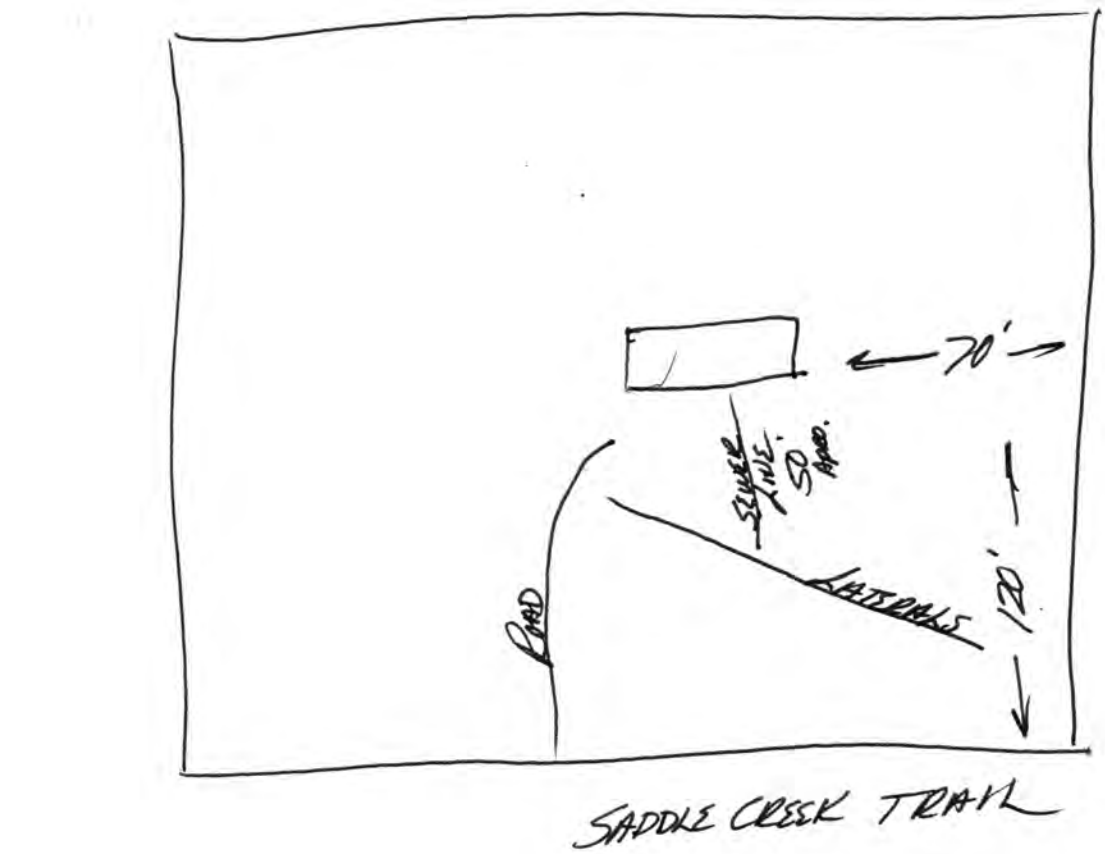
Remarks: _____
Soil Type (SCS): _____
Date: _____

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._____

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

6100
Settle Creek Rd

