FILE #2626

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — AUGUST 22, 1988

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

WILLIAM BARCLAY — 8410 PINEDALE AVE. — LINCOLN, NE 68520

LICENSEE OR PERMITTEE — ADDRESS

T9N; R6E; Sec 17; Bk 2; Lot 1; Hitching Post Hills 2nd; 4700 Palomino

NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 60.00	018754	$ 60.00

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 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: $ 60.00

FILE NO. 2626

DATE: _____

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 2 : Lot 1 : Addition HITCHING POST HILLS 2ND
   Street Address 5700 PALOMINO

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. ~~WILL PUT IN WHATEVER SOIL TEST INDICATES~~

[signature]
Signature of Applicant (Owner or Lessee)

8410 PINEDALE LINCOLN
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 2/22/88. Date Frwd. 2/22/88. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 2/22/88. Date Frwd. 2/22/88. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

3. City or County Engineer: Date Rec'd. 2-22-88. Date Frwd. 2-22-88. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL WELL PERMIT RECIEVED.

Site Visits:
Date: 5/10/88 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/9/88 By: Jerrold C. Hood

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

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

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: 12-12-87 to 12-13-87. Weather: Precip. 0 Temp. 40°.

Holes 2 - had water in from Pre-test

OWNER: Gregory A. Loos

Address: 4110 N. 10th Lincoln, NE.
790-6972 (Pager) 474-0922(W) 476-9843(H)

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		Elapsed		
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.)	Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36"	12-12	9:00 AM	12-13	7:00 AM	12-13	7:00 AM	6"	11:00 AM	5"	30m	1"	
2	36"	12-12	9:00 AM	12-13	7:00 AM	12-13	7:00 AM	6"	11:00 AM	5 7/8"	"	1/8"	
3	36"	12-12	9:00 AM	12-13	7:00 AM	12-13	7:00 AM	6"	11:00 AM	5 1/2"	"	1/2"	
4	36"	12-12	9:00 AM	12-13	7:00 AM	12-13	7:00 AM	6"	11:00 AM	5 1/4"	"	3/4"	
5	36"	12-12	9:00 AM	12-13	7:00 AM	12-13	7:00 AM	6"	11:00 AM	5"	"	1"	
6	36"	12-12	9:00 AM	12-13	7:00 AM	12-13	7:00 AM	6"	11:00 AM	5"	"	1"	

Mike Hoogland
Signature of Person Conducting Test

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

Address 2700 Dan Ave Phone 464-0638
Pre-Cast Step Co.

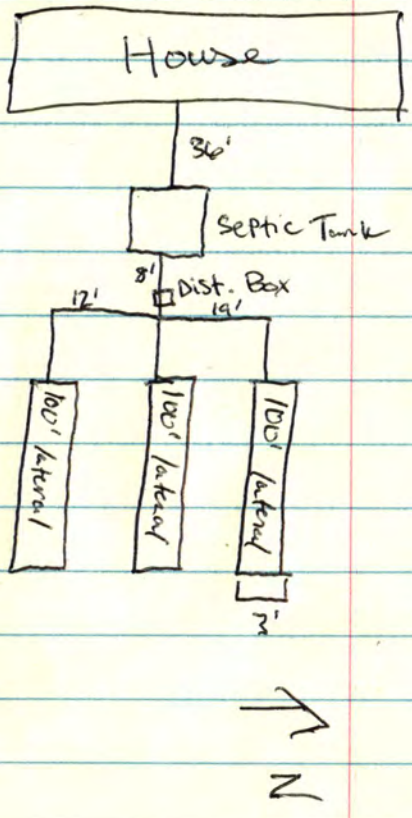
(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): WYMORE SILTY CLAY LOAM.
Date: MAY 6, 1988

Approved Percolation Rate (a)
A. 40 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official


House
36'
Septic Tank
8'
Dist. Box
12'
19'
100' lateral
100' lateral
100' lateral
3'
N