LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION
LAGOON

ESTABLISHMENT

DENNIS FIEDLER
T9N R6E SEC 32
SE 1/4 OF 1/4 SEC 32
11101 SW 27TH STREET

PERMITTEE

DENNIS FIEDLER
5800 BERKELEY DR
LINCOLN NE 68512

No. 89380001101

Issued 07/26/89
Expires 01/26/90

FEES: Permit 018754 $60.00

Total $60.00

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

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: $ _____

FILE NO. _____

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 32 ;
   Block _____ : Lot _____ : Addition SE¼ of ¼ Section 32
   Street Address ~~Rt~~ 11101 SW 27th Street

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

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

4. Distance to public sewer: Rural ft.

Dennis Priddy
Signature of Applicant (Owner or Lessee)

5800 Berkeley Dr. Lincoln, NE
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/25/89. Date Frwd. 7/27/89. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7-26-89. Date Frwd. 7-28-89. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bauma
3. City or County Engineer: Date Rec'd. 7/27/89. Date Frwd. 7/27/89. ACTION: Approved ☒ Disapproved ☐ Signature: Jim Ploenzke

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9/19/89 by: J.C.H.
Date: 1/16/90 by: J.C.H. fences, signs & locks installed
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1/16/90 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
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9 ; Range 6 ; Section & ¼ Section 32 East ½ of SE ¼
Property Dimensions: _____ ft. x _____ ft. Area: 120 acres. (Attach Sheet C with sketch of property).
Soil Type: WTD3 Silty Clay ☒ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: July 21 to July 22, 1987. Weather: Precip. 0 Temp. 82 .

OWNER: Dennis & Lynn Fiedler

Address: 11101 SW 27th Lincoln, NE

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	30"	7/21	3:30	7/21	9:30	7/22	11:45	6"	3:45 22	5" 15/16	240	3/4"	240/3/4"
2	36"	7/21	3:30	7/21	9:30	7/22	11:45	6"	3:45 22	5" 15/16	240	1 1/8"	240/1 1/8"
3	36"	7/21	3:30	7/21	9:30	7/22	11:45	6"	3:45 22	5" 15/16	240	3/4"	240/3/4"
4	36"	7/21	3:30	7/21	9:30	7/22	11:45	6"	3:45 22	5" 15/16	240	1"	240/1"
5	36"	7/21	3:30	7/21	9:30	7/22	11:45	6"	3:45 22	5" 15/16	240	1 1/4"	240/1 1/4"
6	36"	7/21	3:30	7/21	9:30	7/22	11:45	6"	3:45 22	3" 2/16	240	16 3/4"	240/16 3/4"

Dennis Fiedler
Signature of Person Conducting Test

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

Address 11101 SW 27th Lincoln NE Phone 471-7436 - Wife Lynns Work #

(Do not write below this line)

REVIEWING ACTION

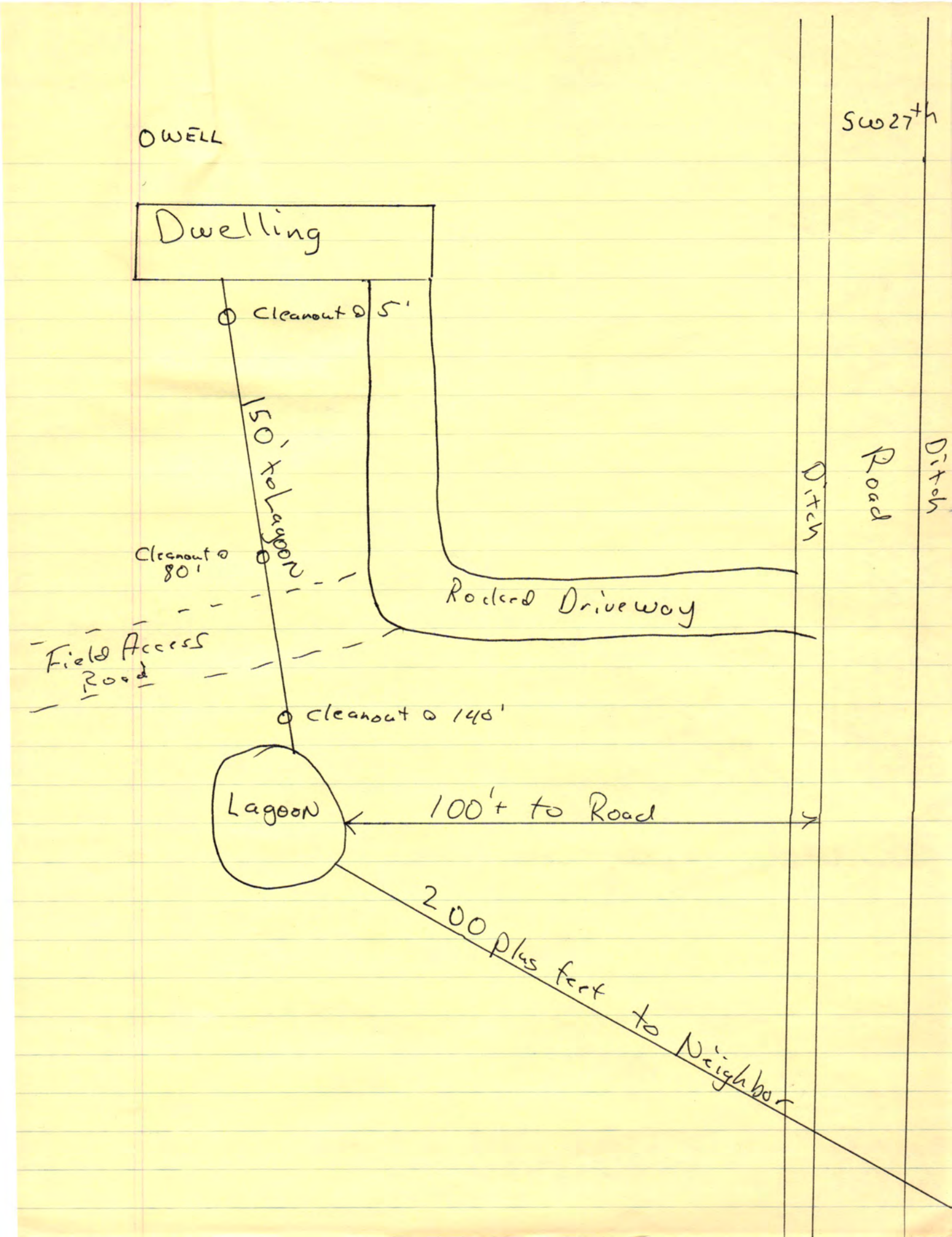
Remarks: _____

Soil Type (SCS): _____

Date: _____

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

_____
Signature of Reviewing Official


SW 27th
OWELL
Dwelling
Cleanout @ 5'
150' to Lagoon
Ditch
Road
Ditch
Cleanout @ 80'
Rocked Driveway
Field Access Road
cleanout @ 140'
Lagoon
100'+ to Road
200 plus feet to Neighbor