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. 91380073801

Issued 08/12/91
Expires 02/12/92

ESTABLISHMENT

M. LUANN FINKE
T9N R7E SEC 11
LOT 43

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

M. LUANN FINKE
9421 PIONEERS BLVD
LINCOLN NE 68520-9301

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
8/13/91	PAID

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

-Replacement of Previously Filed Form-

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: $ previously paid

FILE NO. _____

DATE: Aug. 6, 1991

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: Irregular Trat Lot 43 NE 11-9-7

1. Legal description of property: Twp. 9N ; Range 7E ; Section 11 ; Block _____ : Lot 43 IT; Addition _____
   Street Address _____

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.

M. Suann Finke
Signature of Applicant (Owner or Lessee)

9421 Pioneers 68520
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/7/91. Date Frwd. 8/7/91. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 8/7/91. Date Frwd. 8/7/91. ACTION: Approved ☒ Disapproved ☐ Signature: Jay M. Thompson per visit with Kaye Reb. on Farmsteads

3. City or County Engineer: Date Rec'd. 8-7-91. Date Frwd. 8-7-91. ACTION: Approved ☒ Disapproved ☐ Signature: Bill Nicholson

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: _____ by: J. C. Hood
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL *
Date: 8/13/91 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

Irregular tract
Lot 43 NE EX N50' 11-9-7

FILE NO. _____

PROPERTY WHERE SOIL TESTED:



Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: 10.33 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐
Dates of Tests: 3-25-91 to 3-25-91. Weather: Precip. 0 Temp. 75°

OWNER: Richard W Finke

Address: 9124 Pioneer

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	3/25	1:55 P	3/26	9:00 A	3/24	12:20	6 1/8	12:50	5 3/4	30	3/8	78.95
2	36	3/25	1:55 P	3/26	9:00 A	3/24	12:20	6 3/4	12:50	6 5/8	30	1/8	230.77
3	36	3/25	1:56 P	3/26	9:00 A	3/24	8:50	6 1/2	9:20	6 1/4	30	1/4	120.00
4	36	3/25	1:56 P	3/26	9:00 A	3/24	12:21	5 3/4	12:51	5 5/8	30	1/8	230.77
5	36	3/25	1:57 P	3/26	9:00 A	3/24	12:22	5 3/4	12:51	5 1/2	31	1/4	124.00
6	36	3/25	1:57 P	3/26	9:00 A	3/24	12:22	6 7/8	12:52	6 3/4	30	1/8	230.77

Sum of Percolation Rates: 4015.26
Average of Rates: 169.21
Mean of Rates: _____

Richard W Finke
Signature of Person Conducting Test

Address 1350 N 37th St Phone 464-6821

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Burchard clay loam
Date: March 28, 1991

Approved Percolation Rate (a)
A. 160 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
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:_____

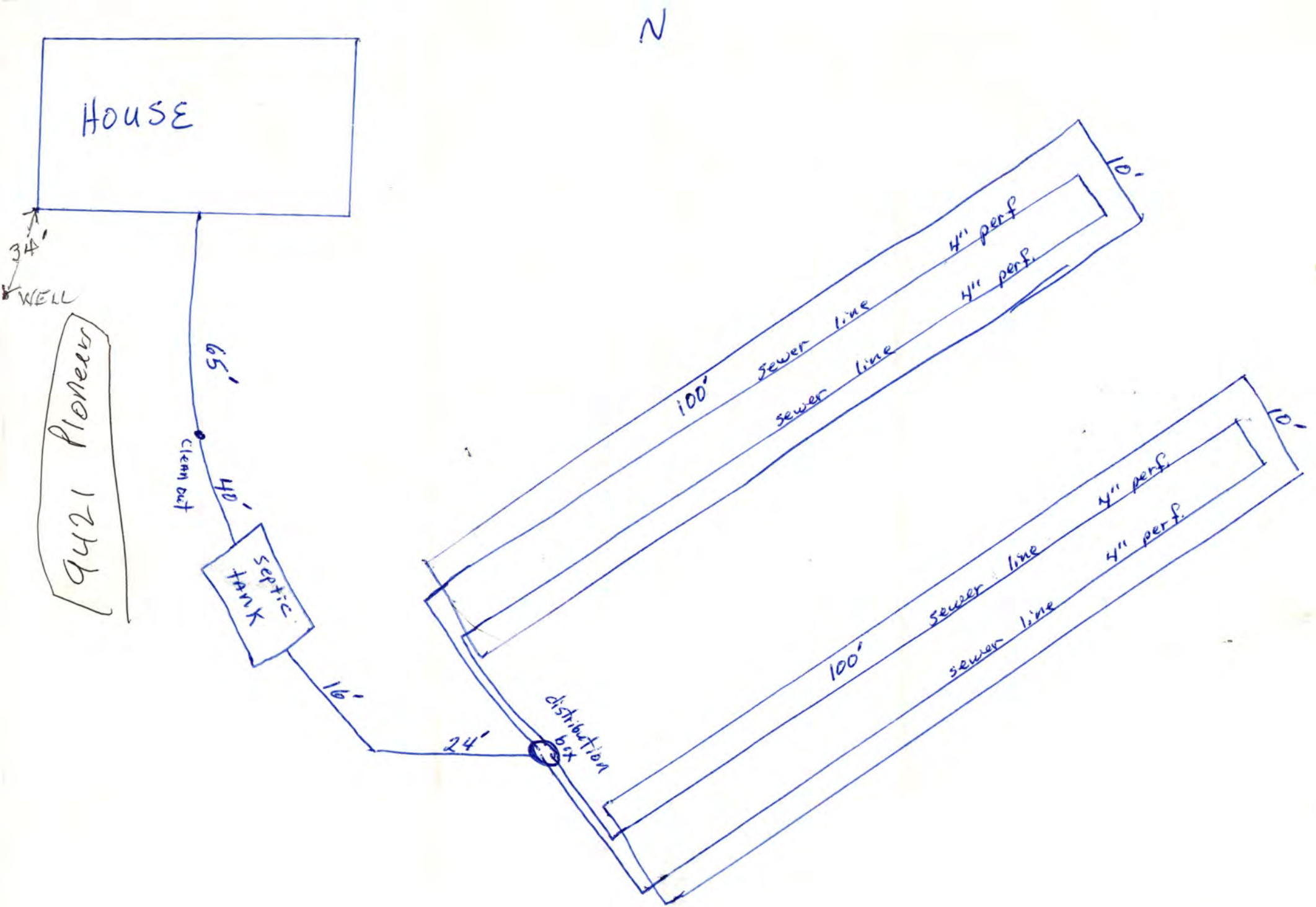
Minimum Design Requirement

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

4/25/91 Visit



Richard Finke