FILE NO. 1578

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

February 7, 1980 — THIS LICENSE OR PERMIT EXPIRES

Earl Scudder, Jr. — LICENSEE OR PERMITTEE

9301 Pioneers, Lincoln, NE — ADDRESS

T9N, R7E, Section 11 W½ of NE¼, Lot 25 I.T. — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON-TRANSFERABLE (Alter, Extend, and Repair)

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
110.15	110.16	148.14	6-2

018754

SERIAL NO.	DATE	AMOUNT

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION
HEALTH

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

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1578

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 8/3

The undersigned hereby applies for a permit to ALTER ☑, EXTEND ☑, or REPAIR ☑ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 9N ; Range 7E ; Section 11 West 1/2 NE 1/4;
Block ____; Lot 25 I.T.; Addition ____
Street Address ____

2. Property Use: Residential ____ ☑; Commercial ____ ☐
No. Bedrooms 4 Describe ____
Other Use ☐
Describe ____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☑; Other ☐

4. Description of proposed alteration, extension or repair: Add lateral

5. Work to be done by: Owner ☐ ; or Contractor ☑, ?
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$

Earl Scudder Jr.
Signature of Applicant (owner or lessee)

9301 Pioneers
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: ____
Filing Fee: $ 30.00

2. Site Visits:
Date: 11-29-90 by: rm for loan approval received drawing Soil coverage
Date: ____ by: ____
Date: ____ by: ____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: C W/O I by: ____

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: 474-1541

B

FILE NO. 1578

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: 8/3 to 8/4. Weather: Precip._____Temp._____.

OWNER: Earl Scudder Jr.

Address: 9301 Pioneers

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"	8/3	4:00	8/4	4:00	8/4	5:30	6"	6:00	4½	30	1½	
2	30"	"	"	"	"	"	"	"	"	5	"	1	
3	30"	"	"	"	"	"	"	"	"	3	"	3	
4	30"	"	"	"	"	"	"	"	"	2	"	4	
5	30"	"	"	"	"	"	"	"	"	4	"	2	

John L Strohmyer
Signature of Person Conducting Test

Address 4401 No. 27th Phone 467-1627

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore silty clay loam
Date: August 7, 1979

Approved Percolation Rate (a)
A. 15 min./inch
B. _____ min./inch
C. _____ min./inch

Description by John describes soil inclusion

Gerald C Hood
Signature of Reviewing Official

N
W E
S

approximate measures - paced off 11/28/90

Patricia Y. Saulder

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