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. 91380076701

Issued 10/18/91
Expires 04/18/92

ESTABLISHMENT

THOMAS MASTERS
T9N R7E SEC 13 QTR SE
HIDDEN VALLEY ACRES BLK 2 LOT 2

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

THOMAS MASTERS
2105 C ST
LINCOLN NE 68502

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
10/18/91	PAID

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: 10 Oct 91

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 7E ; Section 13 ;
   Block 2 : Lot 2 : Addition Hidden Valley Acres
   Street Address 6001 Prairie Rim Rd

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: NONE ft. EXPERIMENTAL SYSTEM

Signature of Applicant (Owner or Lessee)

2105 Cst Lincoln,
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/17/91. Date Frwd. 10/17/91. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10/17/91. Date Frwd. 10/17/91. ACTION: Approved ☐ Disapproved ☐ Signature:_____

3. City or County Engineer: Date Rec'd. 10/17/91. Date Frwd. 10/17/91. ACTION: Approved ☒ Disapproved ☐ Signature:_____

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 9-14-92 by: P.D
Date: 9-16-92 by: P.D
Date:_____ by:_____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-10-92 By:_____

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
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: 500 ft. x 300 ft. Area: 3. acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒
Dates of Tests: Oct 8th to Oct 9th '91. Weather: Precip. 0 in. Temp. 75°

OWNER: Thomas R Masters

Address: 2105 Cst

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	37	10/8	2:50 pm	10/8	7:09 pm	10/9	3:05	13 7/8	7:05	16 3/8	240	2 1/8	113
2	36	10/8	2:50	10/8	7:10	10/9	3:06	14	7:06	18 2/8	240	4 3/8	55
3	36	10/8	2:51 pm	10/8	7:10 pm	10/9	3:07	14	7:07	18 7/8	240	4 7/8	49
4	36	10/8	2:52 pm	10/8	7:11 pm	10/9	3:08	14	7:08	16 1/8	240	2 1/8	113
5	36	10/8	2:52	10/8	7:12 pm	10/9	3:09	14	7:09	15 3/4	240	1 3/4	137
6	36	10/8	2:53 pm	10/8	7:12 pm	10/9	3:09	14	7:10	14 3/4	240	3/4	320

Sum of Percolation Rates: 787
Average of Rates: 131
Mean of Rates: _____

Thomas R Masters
Signature of Person Conducting Test

Address 2105 Cst Phone 435-1426
488-6004

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

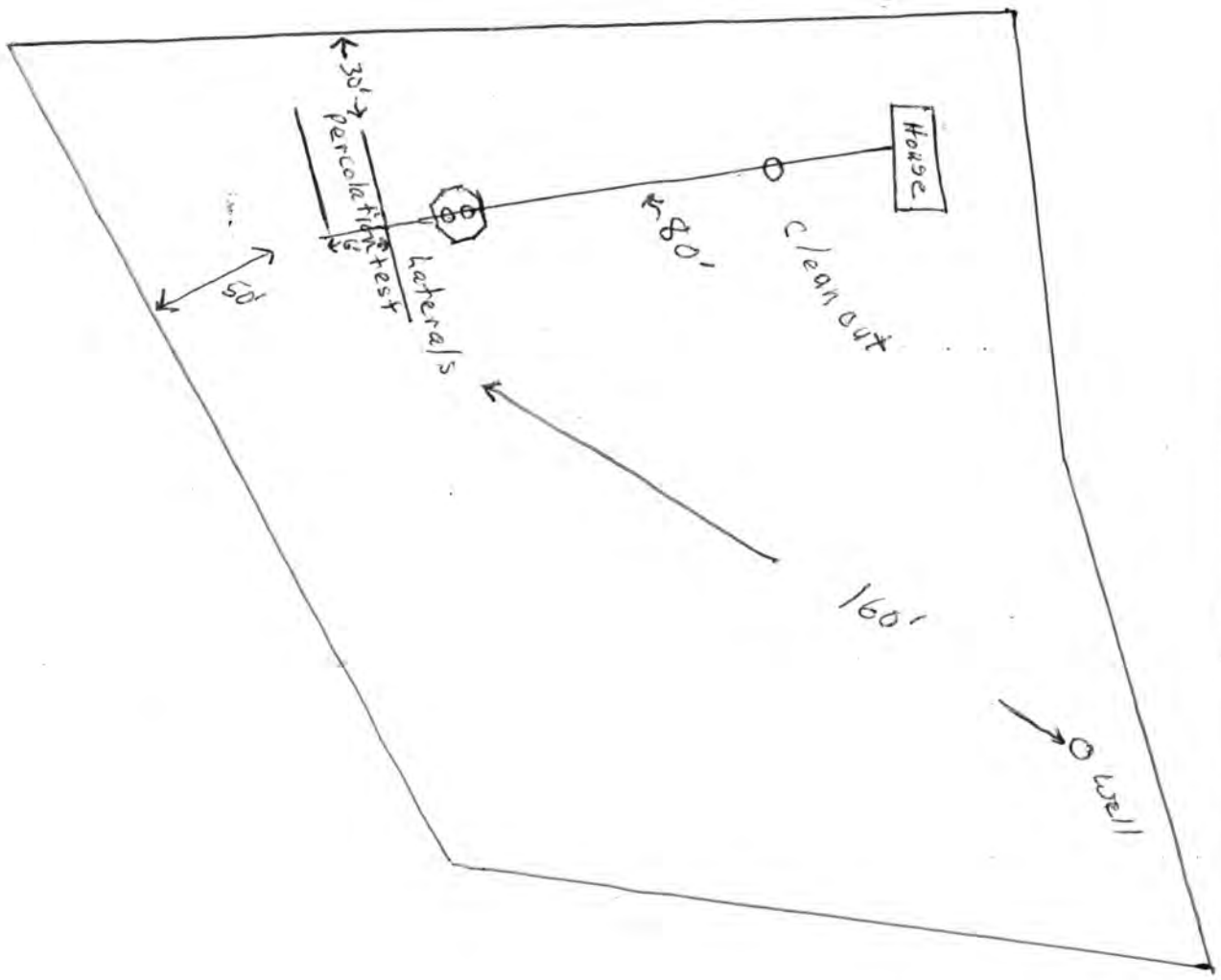
Date: _____

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: _____

_____

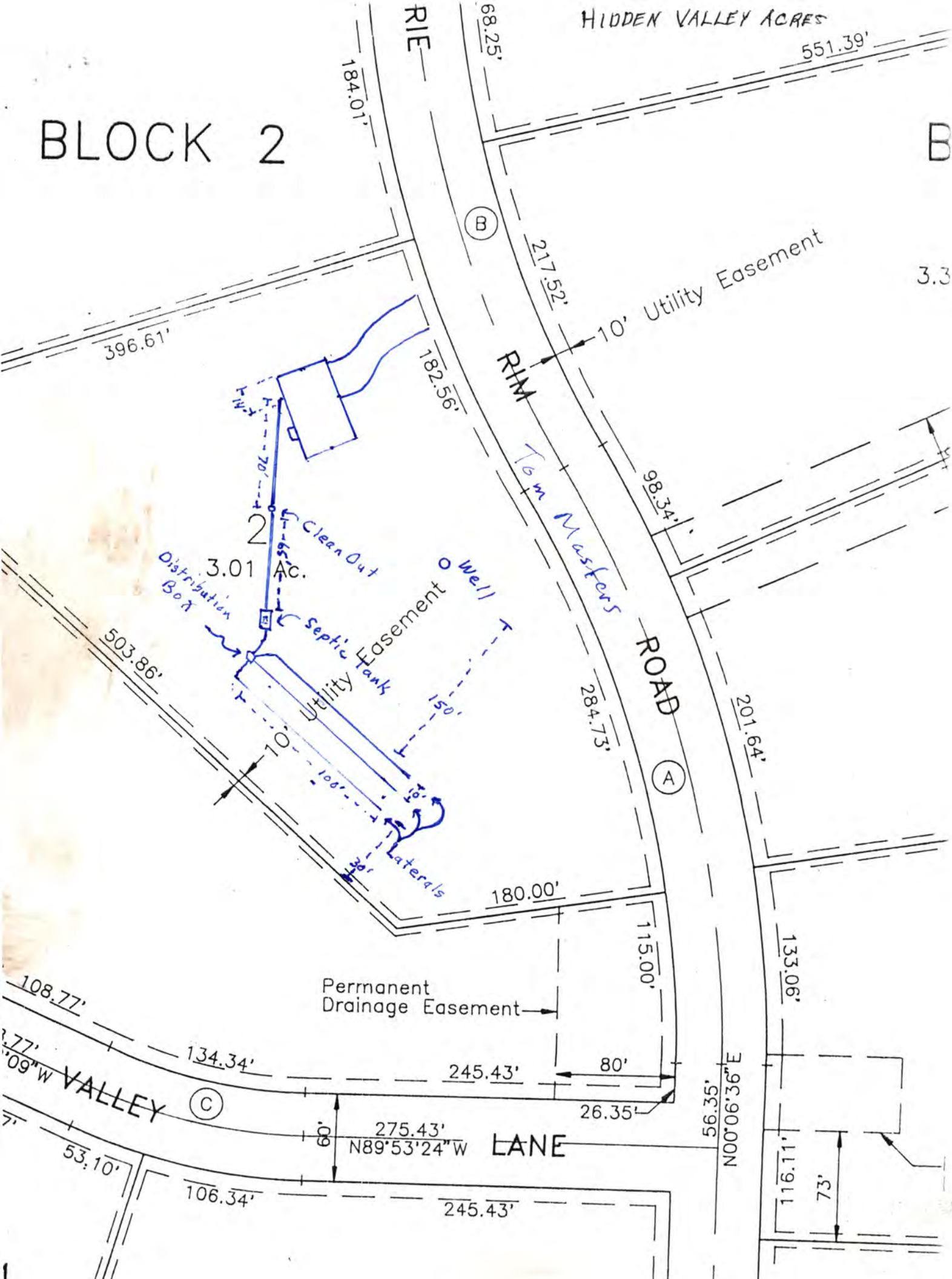
Date: _____

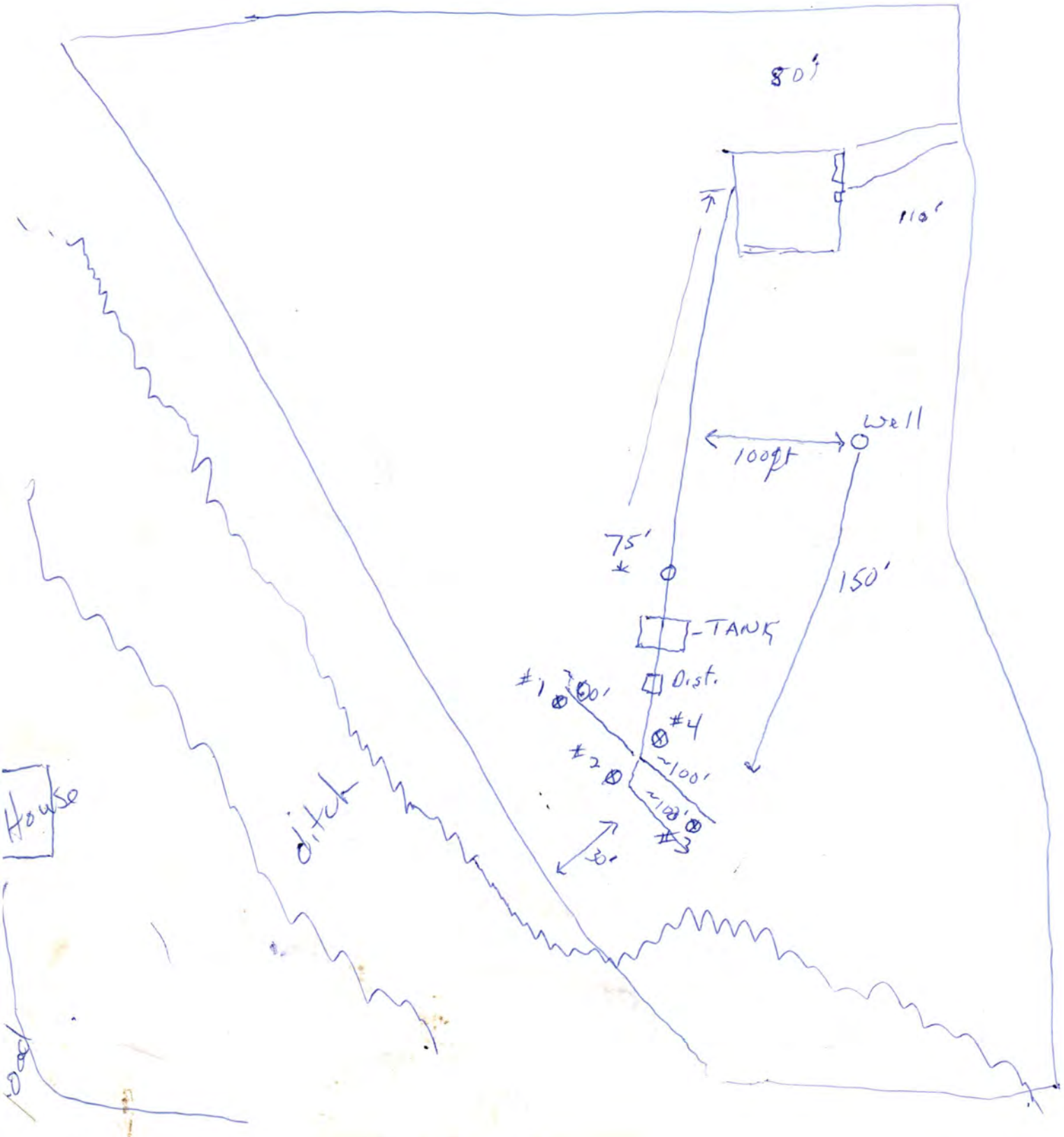
Minimum Design Requirement

1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 293 ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 879 sq.ft.

_____

Signature of Reviewing Official


HIDDEN VALLEY ACRES
BLOCK 2
RIE
184.01'
68.25'
551.39'
B
217.52'
10' Utility Easement
3.3
396.61'
182.56'
RIM
Tom Masters
ROAD
98.34'
201.64'
284.73'
2
3.01 Ac.
Clean Out
Distribution Box
Septic Tank
Utility Easement
Well
150'
100'
10'
30'
Laterals
503.86'
180.00'
115.00'
133.06'
Permanent
Drainage Easement
108.77'
134.34'
245.43'
80'
26.35'
56.35'
N00°06'36"E
VALLEY
275.43'
N89°53'24"W
LANE
53.10'
106.34'
245.43'
116.11'
73'


80'
110'
Well
100ft
75'
150'
TANK
Dist.
#1
60'
#4
#2
~100'
~120'
#3
30'
House
ditch