FILE #2476

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE CONSTRUCTION
TYPE OF LICENSE OR PERMIT

OCTOBER 14 1987
THIS LICENSE OR PERMIT EXPIRES

MARK A. MEYER ROUTE #73 OMAHA NE 68123
LICENSEE OR PERMITTEE ADDRESS

T9N; R7E; Sec N½ SE¼ 20; Bk 3; Lot 2; Country Acres Addition; 7745 So. 56 Street
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. _____

DATE: 2476

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 20 ; N½ - SE¼
   Block 3 : Lot 2 : Addition Country Acres
   Street Address 7745 So 56th
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.

Mark A. Meyer
Signature of Applicant (Owner or Lessee)

RR #73 Omaha - 68123.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/14/87. Date Frwd. 4/15/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Neef
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 4/15/87. Date Frwd. 4/15/87. ACTION: Approved ☒ Disapproved ☐ Signature: Gary W. Sherwood
3. City or County Engineer: Date Rec'd. 4-15-87. Date Frwd. 4-15-87. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL COMMUNITY WATER SYSTEM

Site Visits:
Date: 4-5-87 by: _____ need schedule 40 for sewer line
Date: 8-6-87 by: _____ correction made, need drawing
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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

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
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PROPERTY WHERE SOIL TESTED:

Location: Township 9N ; Range 7E ; Section & ¼ Section N½ of SE¼ 20 .
Property Dimensions: _____ ft. x _____ 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: 3/15 to 3/16 . Weather: Precip. 0 Temp. 68 .

OWNER: Doug Baumberger
Address: 100 N St Lincoln

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	3-15	2:30	3-16	3:00	3-16	3:00	6	3:30	2½	30	3½	8.57
2	36	3-15	2:30	3-16	3:00	3-16	3:00	6	3:40	2½	30	3½	8.57
3	36	3-15	2:30	3-16	3:00	3-16	3:20	6	3:50	2½	30	3½	8.57
4	36	3-15	2:30	3-16	3:00	3-16	3:30	6	4:00	2	30	4	7.5
5	36	3-15	2:30	3-16	3:00	3-16	3:40	6	4:10	2	30	4	7.5
6	36	3-15	2:30	3-16	3:00	3-16	3:50	6	4:20	2	30	4	7.5

Sum of Percolation Rates: 48.21
Average of Rates: 8.035
Mean of Rates: _____

Signature of Person Conducting Test

Address 17103 Paradise Rd Phone 291-5794

(Do not write below this line)

REVIEWING ACTION

Remarks: SEEMS A LITTLE FAST
Soil Type (SCS): Wymore Silty Clay Loam & Sharpsburg Silty Clay Loam
Date: APRIL 14, 1987

Approved Percolation Rate (a)
A. 16 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 ☐

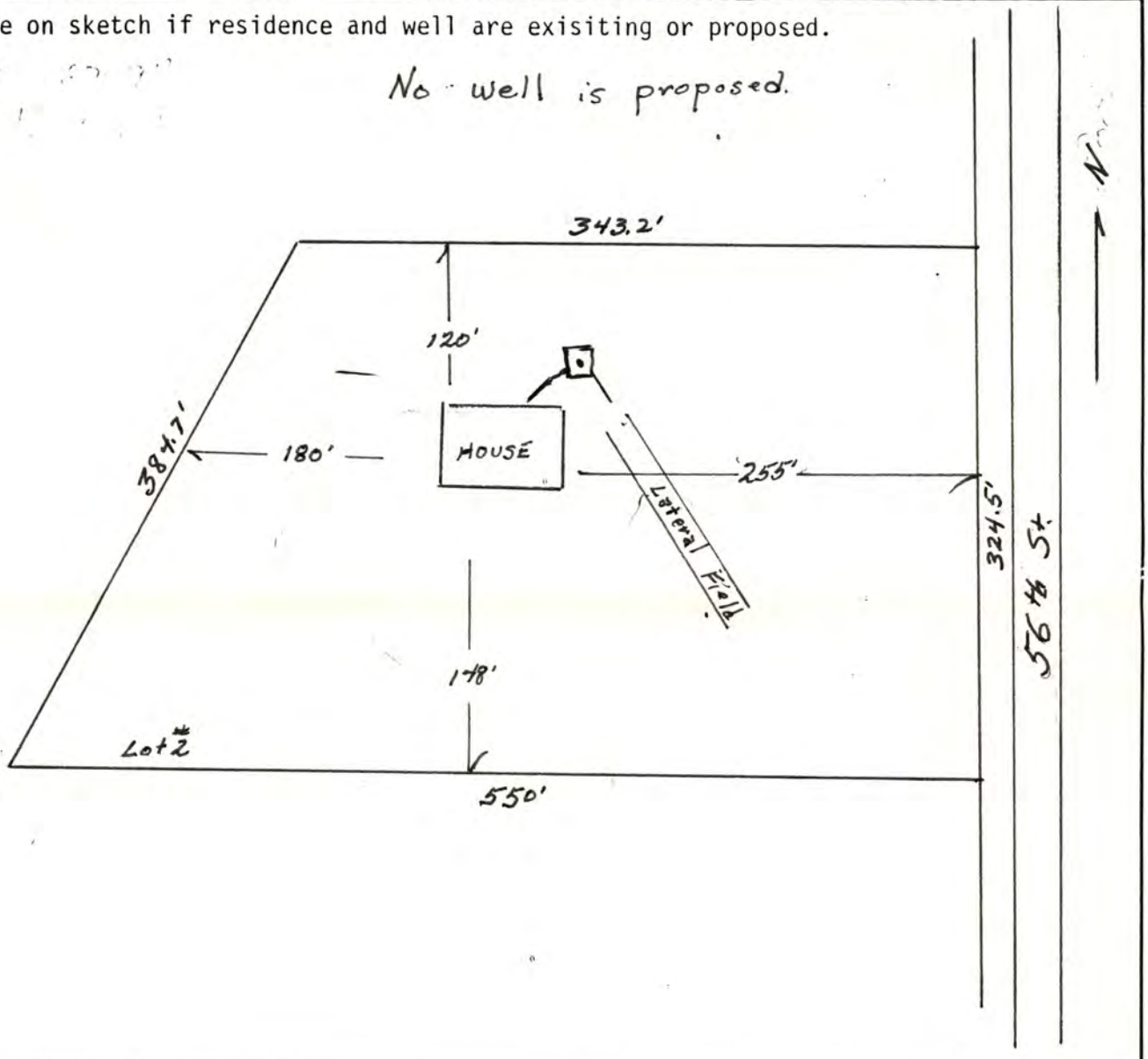
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C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

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Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

Date: APRIL 14, 1987

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 146 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 583 sq.ft.

Jerrold C. Hook
Signature of Reviewing Official