LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 93380099801

Issued 05/28/93
Expires 11/28/93
Revenue Code 18754

Establishment
HERB REESE
T9N R7E SEC 20
COUNTRY ACRES SOUTH BLK 1 LOT 5

FEES: $150.00

TOTAL $150.00

Permittee
HERB REESE
BOX 67516
LINCOLN NE 68506

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

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: $ 150.00

FILE NO. _____

DATE: March 1- 93

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 SW¼SE¼ Sec 20
   Block 1 : Lot 5 : Addition Country Acres South
   Street Address 4800 Bridle Lane
2. Property Use: Residential ☒ ; Commercial ☐ ; Other Use ☐
   No. of Bedrooms 3 . Describe Singley FLamly
3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐
4. Distance to public sewer: 1/2 Mile ft. EXPERIMENTAL SYSTEM Herb Reese

Signature of Applicant (Owner or Lessee)

Po. Box 67516 Lincln NE 68506
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/27/93. Date Frwd. 5/27/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____. Date Frwd. 5/27/93. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]
3. City or County Engineer: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6/9/93 by: L.C.H.
Date: 6/10/93 by: L.C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/15/93 By: Jerrold Hood *

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

* EXPERIMENTAL SYSTEM HENCE APPROVAL IS PROVISIONAL

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 9N ; Range 7E ; Section & ¼ Section SW¼ SE¼ Sec. 20
Property Dimensions: 235 ft. x 400 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: Feb. 22, 1993 to Feb. 23, 1993 Weather: Precip. 0 Temp. 12°F .

OWNER: Doug & Lorele Dito

Address: 3811 J St., Lincoln 68510

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	2/22	1100	2/22	1500	2/23	1300	6	1330	5.60	30	0.40	0.0133
2	36	2/22	1110	2/22	1510	2/23	1305	6	1335	5.25	30	0.25	0.0083
3	36	2/22	1120	2/22	1520	2/23	1310	6	1340	5.35	30	0.35	0.0116
4	36	2/22	1130	2/22	1530	2/23	1315	6	1345	5.40	30	0.60	0.0200
5	36	2/22	1140	2/22	1540	2/23	1320	6	1350	5.30	30	0.30	0.0100
6	36	2/22	1150	2/22	1550	2/23	1325	6	1355	5.60	30	0.40	0.0133

Gerald R. Svobda
Gerald R. Svobda, Geologist
Signature of Person Conducting Test

Address 2540 South 17th 68502 Phone 435-0546

Sum of Percolation Rates: 0.0765
Average of Rates: 0.0127
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Pawnee clay loam
Date: _____

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

_____
Signature of Reviewing Official

DITTOE RESIDENCE
4800 Bridle Lane
Lincoln, Ne.

