FILE NO. 687

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

March 3, 1976
THIS LICENSE OR PERMIT EXPIRES

Robert D. Krein
LICENSEE OR PERMITTEE

3320 Neer Park Drive
ADDRESS

T9N: R7E: Sec. 22: Bl. 3: Lot 2: Addn: Clarendon Hills
NAME OF ESTABLISHMENT, IF ANY

ADDRESS

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

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

624-1535

SERIAL NO.	DATE	AMOUNT

APPLICATION

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

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

FORM HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 687

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

DATE: Sept 2, 1975

The undersigned hereby requests SITE CLEARANCE 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 22
Block 3 ; Lot 2 ; Addition Clarendon Hills
Street Address 7310 Pinelake Road

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

3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒ Lagoon

4. Distance to public sewer: ____ ft.

Robert D. Krueger
Signature of Applicant (Owner or Lessee)

3320 Fern Park Drive 68506
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. Sept-2-75 . ACTION: Approved ☒ Disapproved ☐
Date Frwd. ____ . Signature: Ronald Magnuson

2. Supt. Bldg. Insp.: Date Rec'd. 9-3-75 . ACTION: Approved ☒ Disapproved ☐
Date Frwd. 9-3-75 . Signature: Walt Williamson

3. City ~~or County~~ Engineer : Date Rec'd. 9-3-75 . ACTION: Approved ☒ Disapproved ☐
Date Frwd. 9-3-75 . Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL ____

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

FORM HD- 43(73) 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 475-6221)

FILE NO. _____

PROPERTY WHERE SOIL TESTED:
Location: Township 9N ; Range 7E
Section & ¼ Sect. 22
Property Dimensions: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☒; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: Robert Krien
Address 3320

Dates of Tests: _____ to _____. Weather: Precip. _____ Temp. ___F

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				
Hole 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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
		Aug 10 75	9:00	Aug 10 75	1:00	Aug 11 75	11:30	18 3/8	12:00	18 3/4	30	1/8	
#1	36"	"	"	"	"	"	"	"	"	"	"	"	
#2	36"	"	"	"	"	"	"	15 5/8	"	15 1/2	"	1/8	

Robert Krein & Ronald Margvart
Signature of Person Conducting Test

Address _____
Phone: _____

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

(Do not write below this line)

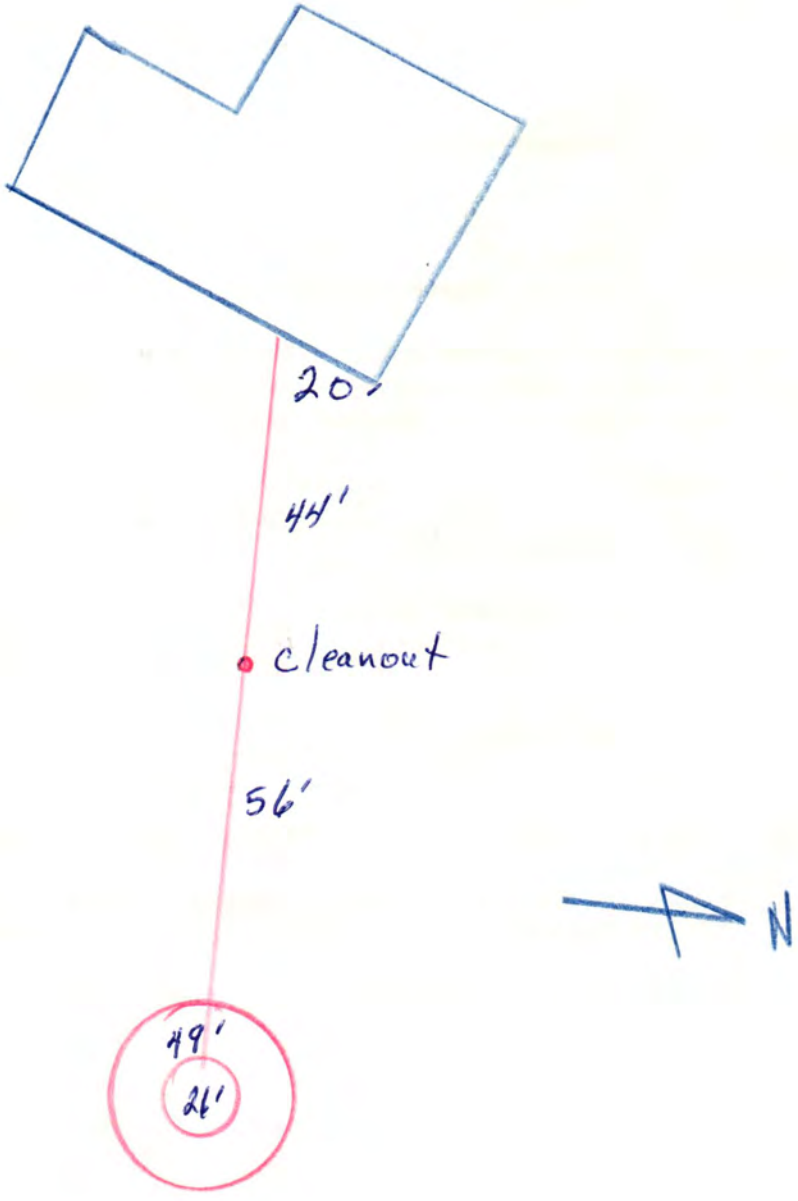
REVIEWING ACTION

REMARKS: Not acceptable for a septic system
Recommend a sewage stabilization lagoon

Approved Percolation Rate(s)
A. too slow min./inch
B. _____ min./inch
C. _____ min./inch

DATE: Aug-11-75

Ronald Margvart
Signature of Reviewing Official



jw -10-13-75