FILE #2567

# CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

MARCH 30, 1988
THIS LICENSE OR PERMIT EXPIRES

HARTLAND HOMES P.O. BOX 2787 LINCOLN, NE 68502
LICENSEE OR PERMITTEE ADDRESS

T9N; R7E; Sec 25; 6 PM Parcel 3 NW¼
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. 2567

DATE: 7-12-87

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 25 ;
   Block _____ : Lot _____ : Addition _____
   Street Address 6PM Parcel 3 N½ NW¼ 17.9 acres

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: mile ft.

Heartland Homes
Signature of Applicant (Owner or Lessee)

PO Box 2787 Lin 68502
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/30/87. Date Frwd. 10/1/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 10/2/87. Date Frwd. 10/2/87. ACTION: Approved ☐ Disapproved ☒ Signature: Jim Shewood

3. City or County Engineer: Date Rec'd. 10/1/87. Date Frwd. 10/1/87. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL ~~The lot must be 20 Acres or more net land with a 550 frontage and 550 foot lot width~~ OK B.O.Appeals # 1690

Site Visits:
Date: 12-11-87 by: _____
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-11-87 By: Ron Maynard

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

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
Phone: 471-7800

**B**

FILE NO. 2567

PROPERTY WHERE SOIL TESTED:

Location: Township 9N ; Range 7E ; Section & ¼ Section 25. 6PM
Property Dimensions: _____ ft. x _____ ft. Area: 17.9 acres. (Attach Sheet C with sketch of property).
Parcel 3 N½ NW¼
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 7-11-87 to 7-12-87. Weather: Precip. 0 Temp. 70.

OWNER: Hartland Homes.
Address: P.O Box 2787 Zip 68502

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 | 18 | 7-11 | 9AM | 7-11 | 1PM | 7:12 | 11AM | 6 | 12PM | 4⅞ | 1h | 1⅛ | |
| 2 | 18 | " | " | " | " | " | " | 6 | " | 4⅞ | " | 1⅛ | |
| 3 | 18 | " | " | " | " | " | " | 6 | " | 4⅞ | " | 1⅛ | |
| 4 | 18 | " | " | " | " | " | " | 6 | " | 4½ | " | 1½ | |
| 5 | 18 | " | " | " | " | " | " | 6 | " | 4⅞ | " | 1⅛ | |
| 6 | 18 | " | " | " | " | " | " | 6 | " | 5 | " | 1 | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

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

Signature of Person Conducting Test

Address Lincoln 7 Phone 435 8808

(Do not write below this line)

REVIEWING ACTION

Remarks: Final construction appears to be in Sharpsburg & Some pavage
Soil Type (SCS): Burchard Clay Loam
Date: SEPTEMBER 30, 1987

Approved Percolation Rate (a)
A. 51 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Wood
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
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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.



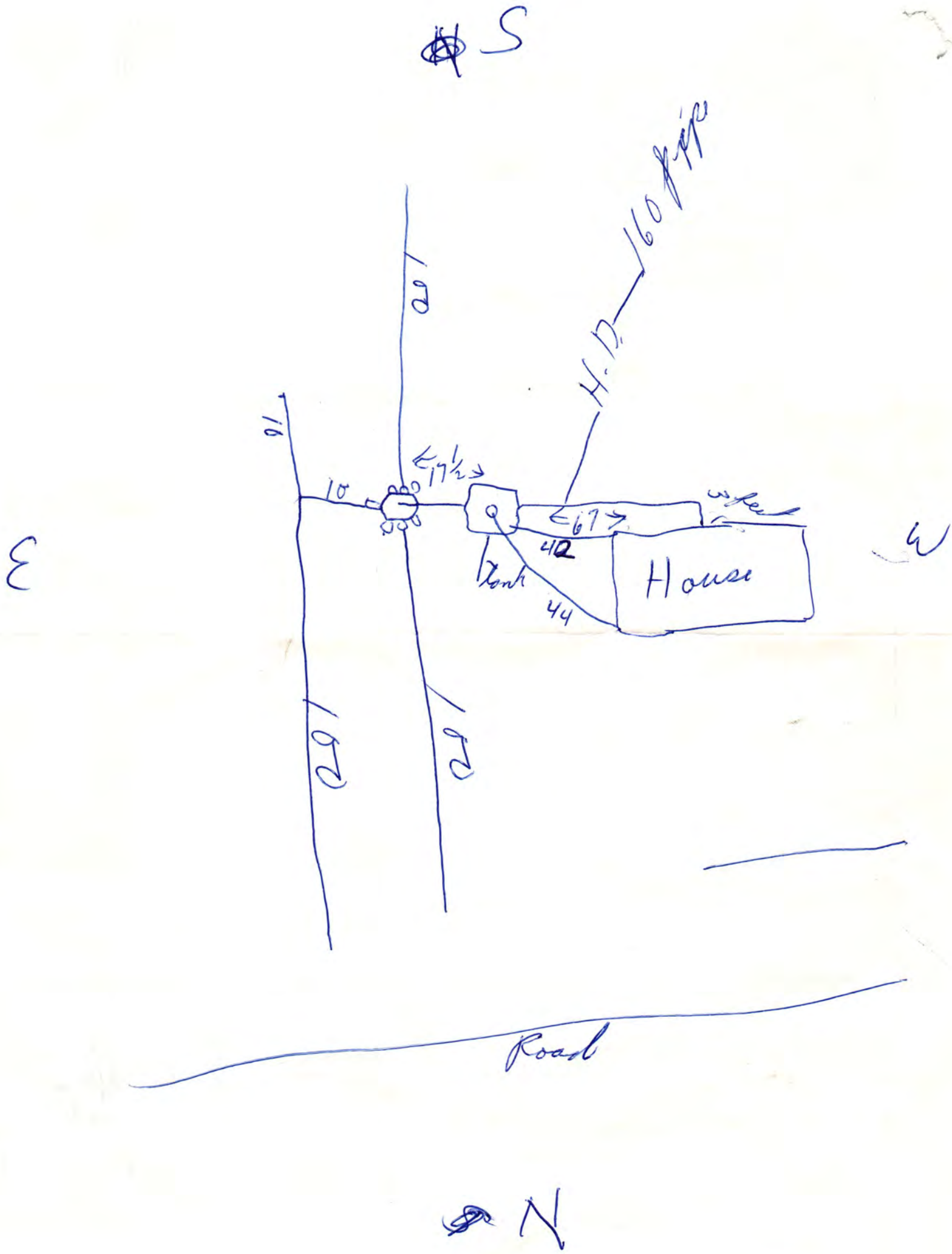

REVIEWING ACTION

Remarks: _____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 310 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 929 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official


S
H.D. 160 ft
20'
10'
10
17½
67
3 feet
41'2
Tank
44
House
E
W
20'
20'
Road
N