CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 1267

INDIVIDUAL SEWAGE DISPOSAL CONSTRUCTION — August 23, 1978
TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

Ralph Boraman, Route 8, Lincoln, NE 68506
LICENSEE OR PERMITTEE — ADDRESS

T8N, R7E, Section 28
NAME OF ESTABLISHMENT, IF ANY — ADDRESS

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

SERIAL NO.	DATE	AMOUNT
624-1535	FEB 23 1978	

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION
HEALTH

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: 474-1541

A

FILING FEE: $ 30.00

FILE NO. 1267

DATE: 2-17-78

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 28 ;
   Block _____ : ~~Lot~~ _____ : Addition ~~Stanley Ridge Estates~~ SEE ATTACHED
   Street Address ~~TRACT~~

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐ TO BE DETERMINED AFTER SOIL TEST

4. Distance to public sewer: miles? ft.

Ralph Borgmon
Signature of Applicant (Owner or Lessee)

RFD 8 Lincoln, Nebr.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 2/23/78 . Date Frwd. 2/23/78 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 2-23-78 Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Tom Baasch

3. City ~~or County~~ Engineer : Date Rec'd. 2-23-78 . Date Frwd. 2-23-78 . ACTION: Approved ☒ Disapproved ☐ Signature: Al Imig

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-16-78 by: _____
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-11-78 By: Ken Mangum

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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B

FILE NO. 1267

PROPERTY WHERE SOIL TESTED:

Location: Township 9N; Range 7E; Section & ¼ Section 28.
Property Dimensions: 330 ft. x 663 ft. Area: 5.2 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 4-27-78 to 4-28-78. Weather: Precip. no Temp. 70.

OWNER: Ralph Bozman
Address: RFD 8 Lincoln Nebr

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	4-27	1:00	4-27	8:00	4-28	1:00	6	1:30	4 3/4	30	1 1/4	30 = 1 1/4
2	36	4-27	1:00	4-27	8:00	4-28	1:00	6	1:30	5 1/4	30	3/4	30 = 3/4
3	36	4-27	1:00	4-27	8:00	4-28	1:00	6	1:30	5 3/8	30	5/8	30 = 5/8
4	40	4-27	1:00	4-27	8:00	4-28	1:00	6	1:30	5 3/8	30	5/8	30 = 5/8
5	36	4-27	1:00	4-27	8:00	4-28	1:00	6	1:30	4 3/4	30	1 1/4	30 = 1 1/4
6	40	4-27	1:00	4-27	8:00	4-28	1:00	6	1:30	5 1/4	30	3/4	30 = 3/4
7	36	4-27	1:00	4-27	8:00	4-28	1:00	6	1:30	5 1/4	30	3/4	30 = 3/4
				Refilled 9:00 4-28					4-28				

Ralph Bozman
Signature of Person Conducting Test

Address RFD 8 Lincoln, Nebr Phone 423-4281

Sum of Percolation Rates: 5.750
Average of Rates:
Mean of Rates: .8214

(Do not write below this line)

REVIEWING ACTION

Remarks:
Soil Type (SCS): Wymore silty clay loam
Date: 4-29-78

Approved Percolation Rate (a)
A. 37 min./inch
B. min./inch
C. min./inch

James Weverka
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 ☐

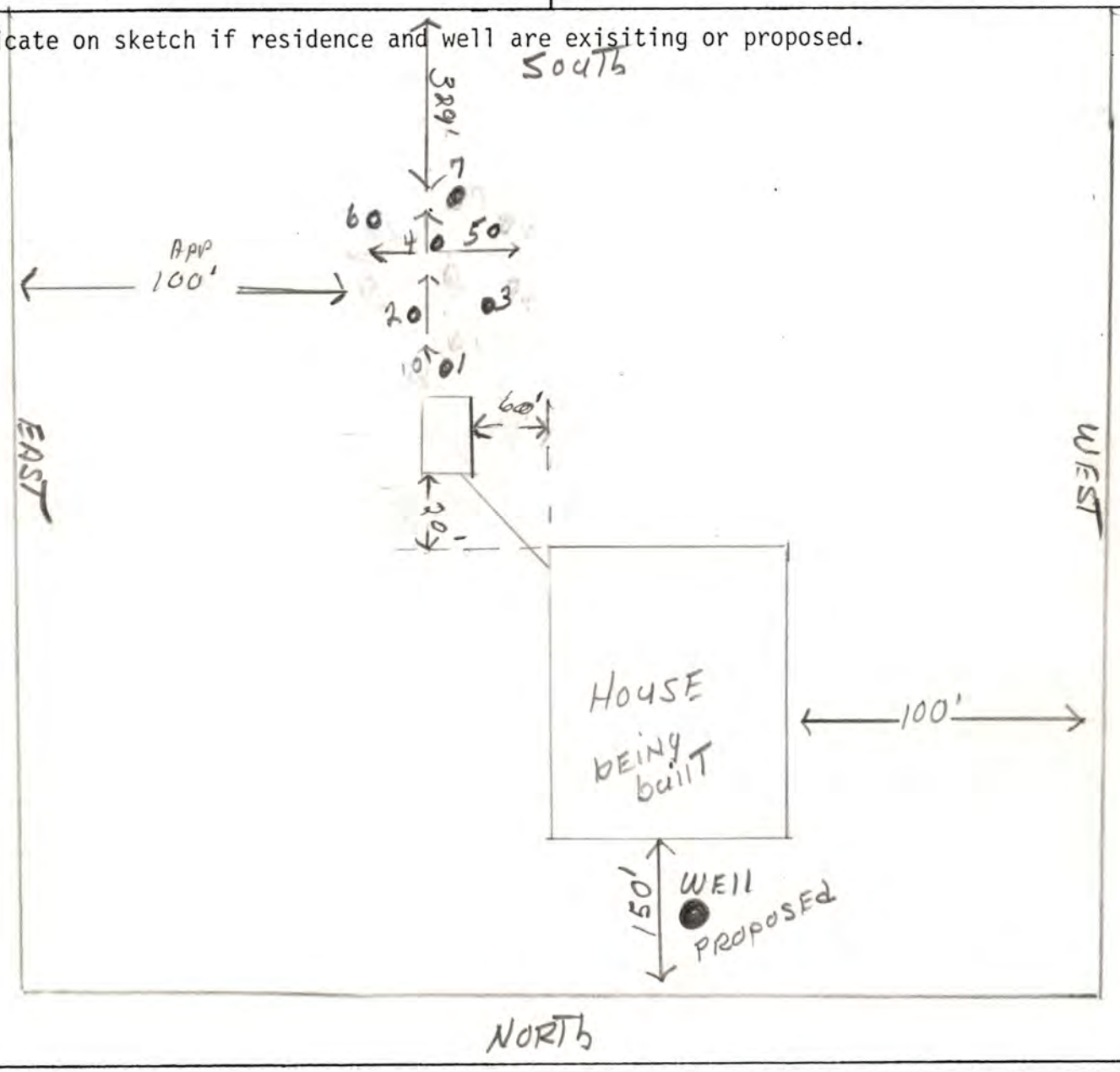
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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C

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.



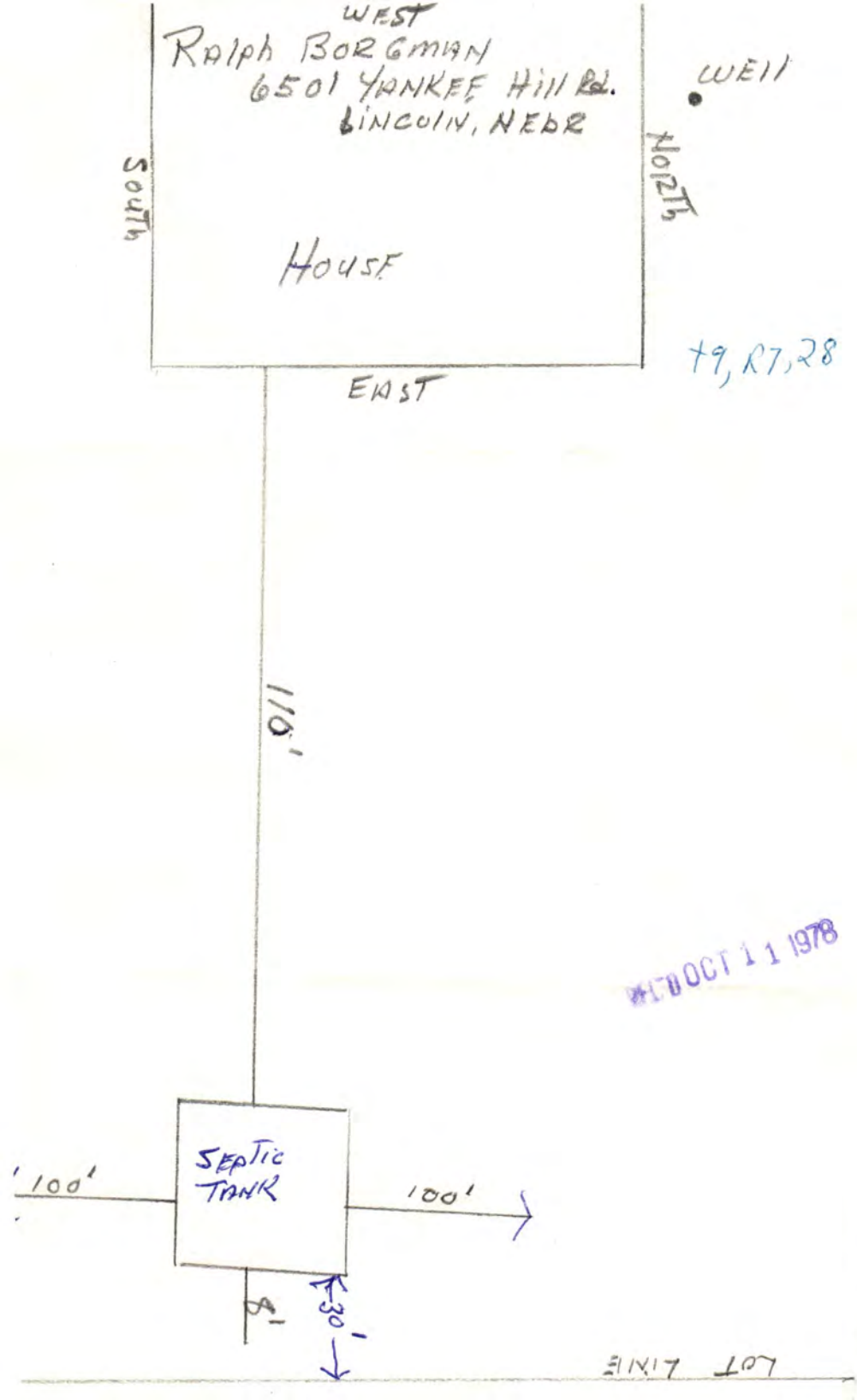
REVIEWING ACTION

Remarks: _____

Date: 4-29-78

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 208 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 832 sq.ft.

James Weverka
Signature of Reviewing Official


WEST
Ralph Borgman
6501 Yankee Hill Rd.
Lincoln, Nebr
WELL
South
North
House
EAST
T9, R7, 28
110'
OCT 11 1978
SEPTIC TANK
100'
100'
8'
30'
LOT LINE