FILE # 2861

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

6 MONTHS — THIS LICENSE OR PERMIT EXPIRES

JAMES L. AMERINE — LICENSEE OR PERMITTEE

15516 Capehart Rd. Papillion, NE 68138 — ADDRESS

T9N; R7E; Sec. 28 SW¼; 9400 So. 56th St. — 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

C105E001 — 060.00C — 07-13-82

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. 2861

DATE: _____

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: PARCEL 2 SEE ATTACHED
   Twp. 9 N ; Range 7E ; Section 28 S.W.¼
   Block _____ : Lot _____ : Addition _____
   Street Address 9400 South 56th St.

2. Property Use: Residential ☐ ; Commercial ☐ Other Use ☒
   No. of Bedrooms 0 . Describe Horse barn with 1 bath to include a shower

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

4. Distance to public sewer: unknown. ft.

(X) Reginald A Francone
Signature of Applicant (Owner or Lessee)

9400 So 56 St Lincoln, Ne 68516
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/12/89. Date Frwd. 7/13/89. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7/13/89. Date Frwd. 7/13/89. ACTION: Approved ☒ Disapproved ☐ Signature: Dale

3. City or County Engineer: Date Rec'd. 7-13-89. Date Frwd. 7-13-89. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bentzle

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7-26-89 by: Jm
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-26-89 By: Ken Bryant

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~~ 471-8000
Doug Smith

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9N ; Range 7E ; Section & ¼ Section 28 SW¼
Property Dimensions: 2628.59M ft. x 1338.38 ft. Area: 71.30 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 29 June to 28 June . Weather: Precip. 3" 5 days prior Temp. 76 to 84°

OWNER: _____

Address: _____

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"	28 June	7:00 AM	28 June	11:20	29 June	7:20	23¼	11:20	26¼			
2	"					"	7:20	23¼	11:20	27¾			
3	"					"	7:21	21¼	11:21	25½			
4	"						7:21	25½	11:21	27⅛			
5	"						7:22	24¼	11:22	25¾			
6	"						7:22	25¾	11:22	27¼			

James S. Rivers
Signature of Person Conducting Test

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

Address 15516 Capehart Rd. Phone 253-8383
Papillion, NE 68138

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

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

_____
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 ☒

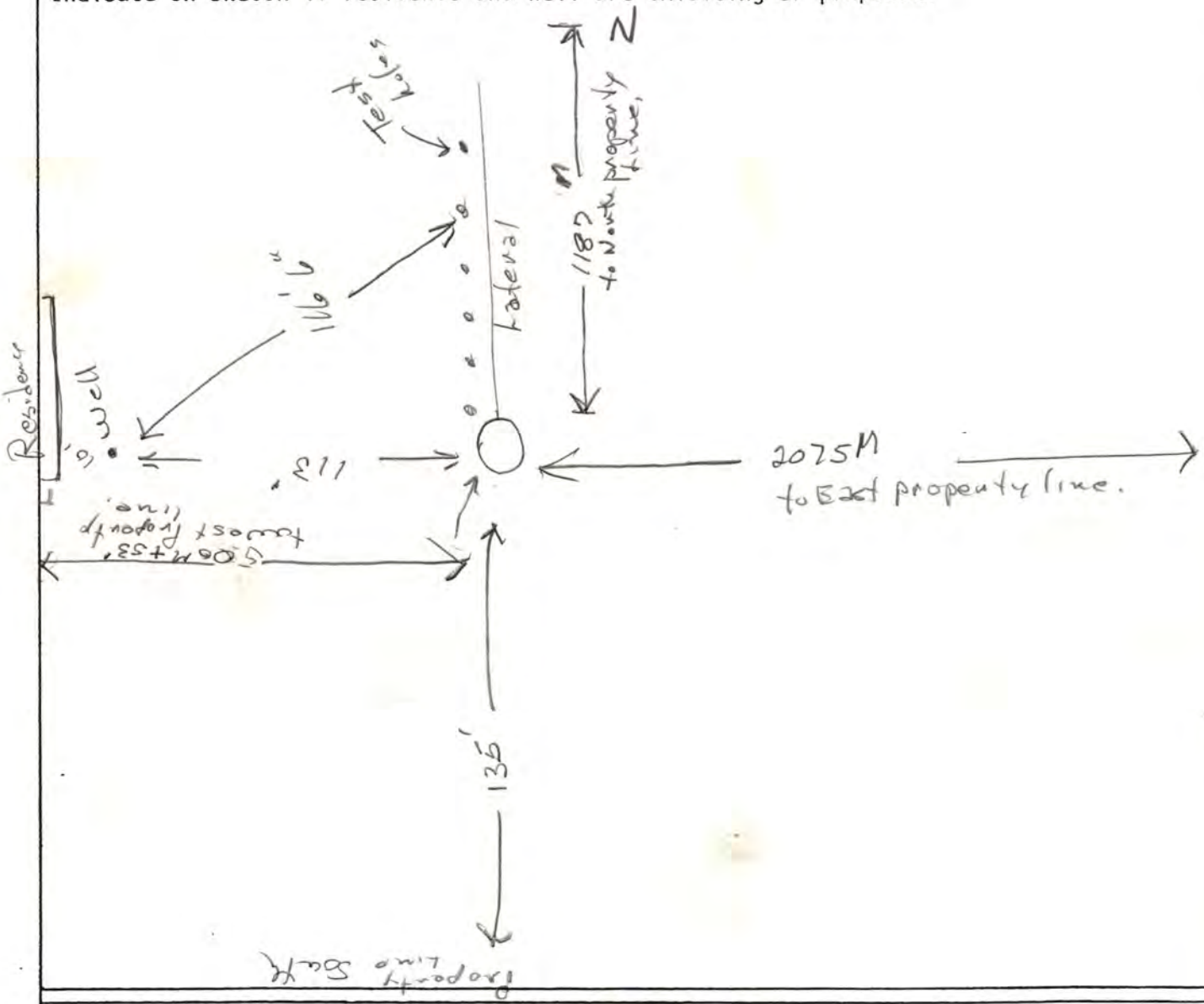
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO._____

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



REVIEWING ACTION

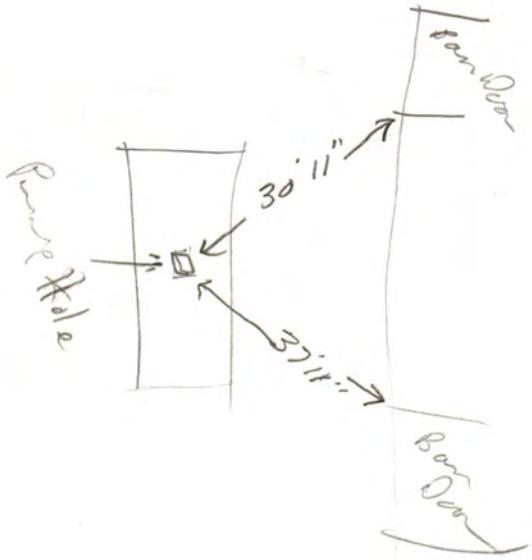
Remarks:_____

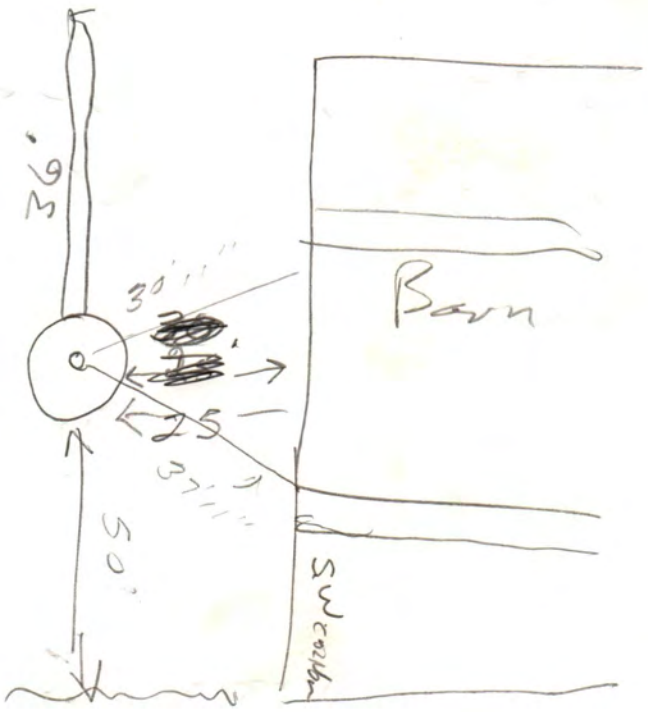
Date: JULY 12, 1989

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 4 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 12.5 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

N


Barn Door
30' 11"
Pump Hole
37' 11"
Barn Door


36'
30' 11"
Barn
25'
37' 11"
50'
SW corner