LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 471-8000

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 92380088801

Issued 07/27/92
Expires 01/27/93
Revenue Code 18754

Establishment
BILL BARCLAY
T9N R7E SEC 22
DUNROVIN ACRES BLK 1 LOT 2

FEES: $150.00

TOTAL $150.00

Permittee
BILL BARCLAY
8410 PINEDALE AV
LINCOLN NE 68520

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: $_____

FILE NO._____

DATE: 7-23-92

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 22 ;
   Block 1 : Lot 2 : Addition DUNROWIN ACRES 1ST
   Street Address _____

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: _____ ft.

BILL BARCLAY
Signature of Applicant (Owner or Lessee)

8410 PLEDALE LINCOLN
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/23/92. Date Frwd. 7/23/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7/23/92. Date Frwd. 7/23/92. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 7-23-92. Date Frwd. 7-23-92. ACTION: Approved ☒ Disapproved ☐ Signature: RD Mytheun

REMARKS OR REASONS FOR DISAPPROVAL RURAL WATER DISTRICT

Site Visits:
Date: 10/7/92 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/7/92 By: Jerrold Wood

FORM 23-43

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 _____; Range _____
Section & ¼ Sect. _____
Property Dimensions: ____ft. x ____ ft.
Area: _____ acres. (Attach sketch of property showing hole location).

Owner: Barkley
Address 84 & York Acc Hill

Soil Type: Silty Clay ☐; Silty Clay Loam ☑; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Dates of Tests: 7-11-92 to 7-12-92. Weather: Precip. Sunny Temp. 70 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)
	30"	7/11	07:00	7/12	07:00		07:00		11:00		30 min		
1	"	"	"	"	"	"	"		"		"	1½	
2	"	"	"	"	"	"	"		"		"	1½	
3	"	"	"	"	"	"	"		"		"	¾	
4	"	"	"	"	"	"	"		"		"	½	
5	"	"	"	"	"	"	"		"		"		
6	"	"	"	"	"	"	"		"		"	1½	

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

Bryan Marley
Signature of Person Conducting Test

Address 612 Wolf Dr Eagle NE 68347
Phone: 464-0634 WORK 791-2518 HOME

(Do not write below this line)

REVIEWING ACTION

REMARKS: Wymore Silty Clay Loam
Conformed 10/7/92

DATE: JULY 23, 1992

Approved Percolation Rate(s)
A. 27 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
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 23, 1992

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 713 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

8140 Dunrovin

Bouweas Plumbing
3900 N 27th
466-1944

10/7/92
Greg Bouweas

N

1000' Concrete TANK

200' - 1/2 moon Concrete pipe

SEWER 4" PVC Class 160

