LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 592-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — October 7, 1975

TYPE OF PERMIT — THIS PERMIT EXPIRES

Theodore E. Bellin — 5008 Southwood Circle

ISSUED TO — ADDRESS

T9N; R7E; Sec. 32; Bl. 4; Lot 1; The Highland Add.

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT 4-7-75

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT 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._____

DATE: 3/25/75

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 9NORTH ; Range 7 ; Section 32 ; Block 4 ; Lot 1 ; Addition THE HIGHLANDS .
   Street Address_____.

2. Property Use: Residential_____ ☑; Commercial_____ ☐
   No. of Bedrooms 3
   Describe:_____
   Other Use_____
   Describe:_____

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

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Theodore E Bellin
Signature of Applicant (owner or lessee)

5008 Southwood Circle
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd;_____
   Filing Fee: $ 30.00

2. Site Visits:
   Date: July-16-75 by: _____
   Date:_____ by:_____
   Date:_____ by:_____

3. Date: Approved ☒; Disapproved ☐ 4/7/75
   by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
   Date: July-16-75 by: Ronald Maynard

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. 592-C

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

DATE: 3/25/75

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. 9 NORTH; Range 7 ; Section 32
Block 4 ; Lot 1 ; Addition THE HIGHLANDS SE¼ 32-9-7
Street Address _____

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

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

4. Distance to public sewer: 0 ft.

Theodore E Bellin
Signature of Applicant (Owner or Lessee)

5008 Southwood Circle
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 4/7/75 . Date Frwd. 4/7/75 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: Date Rec'd. _____ . Date Frwd. _____ . ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 4-7-75 . Date Frwd. 4-7-75 . ACTION: Approved ☐ Disapproved ☐ Signature: Henry Graff Deputy

REMARKS OR REASONS FOR DISAPPROVAL _____

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

Read MOTB.

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: Owner: Theodore E. and Stella C. Bellin

Location: Township 9 NORTH; Range 7
Section & ¼ Sect. SOUTH EAST ¼ OF SECTION 32 Address 5008 Southwood Circle

Property Dimensions: 259 ft. x 500 ft.
Area: 3.4 acres. (Attach sketch of property showing hole location).

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

Dates of Tests: MARCH 22, 1975 to MARCH 23, 1975. Weather: Precip. 0 Temp. 50° 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)
1	36"	3/22	2:00	3/23	3:00	3/23	4:07	23 7/16	4:40	24 3/4	33	1 5/16	25.142
2	36"	3/22	2:05	3/23	3:05	3/23	4:10	21 3/4	4:45	21 7/8	35	1/8	280.0
3	36"	3/22	2:10	3/23	3:10	3/23	4:20	20 9/16	4:50	21	30	7/16	68.57
4	36"	3/22	2:15	3/23	3:15	3/23	4:25	22 7/16	4:55	22 1/2	30	1/16	480.0
5	36"	3/22	2:20	3/23	3:20	3/23	4:30	21 3/16	5:00	21 1/4	30	1/16	480.0
6	36"	3/22	2:25	3/23	3:25	3/23	4:40	22 9/16	5:05	22 15/16	25	3/8	66.66

Sum of Percolation Rates 1400.372
Average of Rates: 233.395
Mean of Rates: 227.429

Theodore E Bellin
Signature of Person Conducting Test

Address 5008 Southwood Circle
Phone: 423-5321

(Do not write below this line)

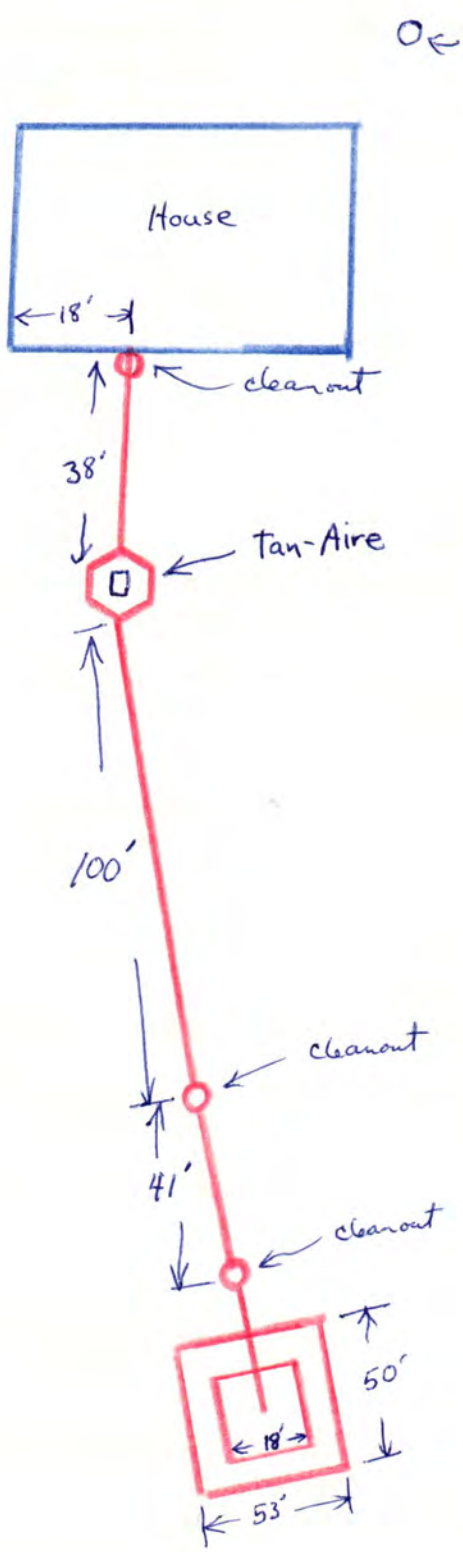
REVIEWING ACTION

REMARKS: Too slow for absorption system.

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

DATE: April 7, 1975

Jerrold C. Hood
Signature of Reviewing Official





The lagoon was installed in a different area than the area where the percolation test was conducted. It appears the lagoon should be lined with an appropriate material to prevent seepage.

rm
July-16-75