LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1351-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

December 30, 1978 — THIS PERMIT EXPIRES

Steven Cherep — ISSUED TO

3535 Everett, Lincoln, NE 68506 — ADDRESS

T9N, R7E, Section 33, Lot 2, Add Clybern Acres — 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

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH

ISSUING OFFICER

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

20109-0977

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. 1351-C

DATE: 6/22/78

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 33 ;
   Block ____ : Lot 2 : Addition CLYBERN ACRES
   Street Address ____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe ____

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

4. Distance to public sewer: ~~[illegible]~~ 3½ miles ft.

Steven C. Sherer
Signature of Applicant (Owner or Lessee)

3535 EVERETT
Address
LINCOLN NE 68506

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/30/78. Date Frwd. 6/30/78. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6-30-78. Date Frwd. ____. ACTION: Approved ☒ Disapproved ☐ Signature: Tom Baasch

3. City or County Engineer: Date Rec'd. 6-30-78. Date Frwd. 6-30-78. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL ____

Site Visits:
Date: 9-6-78 by: DM
Date: ____ by: ____
Date: ____ by: ____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-11-78 By: Ronald Mayer

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

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
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B

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PROPERTY WHERE SOIL TESTED:

Location: Township_____; Range_____; Section & ¼ Section_____.
Property Dimensions: _____ft. x _____ft. Area:_____acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☒ ; Clay Loam ☐ .
Dates of Tests: 5-18-78 to 5-19-78. Weather: Precip. 0 Temp._____.

OWNER: x

Address: x

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"	5/18	4:00 PM	5/19	5:30	5/19	4:00	6	8:15		8½ min	6"	8½ 1"
2	"	"	"	"	"	"	"	6	"		5½ min	6"	5½ 1"
3	"	"	"	"	"	"	"	6	"		37 min	6"	37 1"
4	"	"	"	"	"	"	"	6	"		17 min	6"	17 1"
5	"	"	"	"	"	"	"	6	"		12 min	6"	12 1"
6	"	"	"	"	"	"	"	6	"		10 min	6"	10 1"

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

_____
Signature of Person Conducting Test

Address_____ Phone_____

(Do not write below this line)

REVIEWING ACTION

Remarks:_____
Soil Type (SCS): Pawnee Clay Loam
Date: June 30, 1978

Approved Percolation Rate (a)
A._____min./inch
B. 22.75 min./inch
C._____min./inch

Gerrold C. Hoak
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 ☒

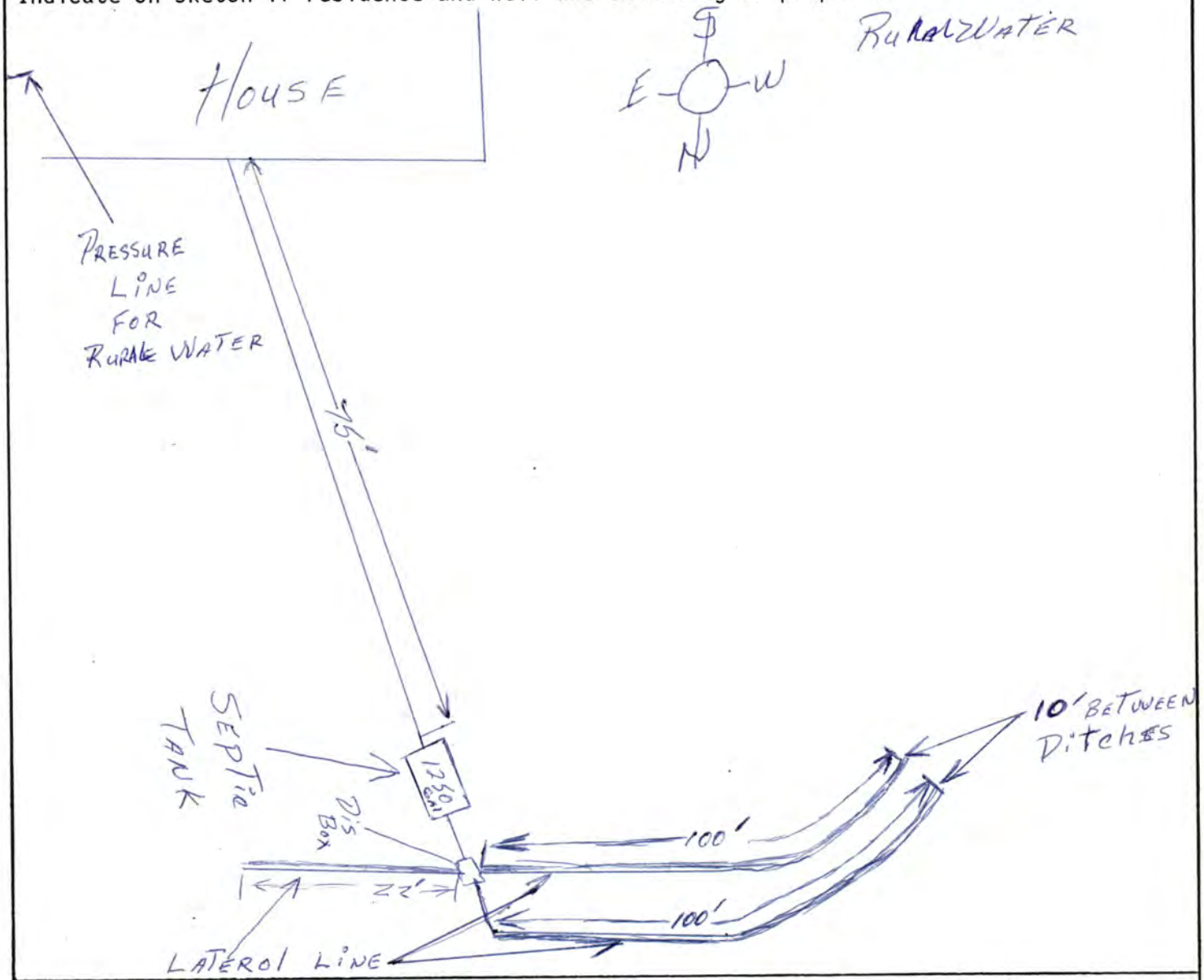
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
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Lincoln, Nebraska 68502
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C

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: June 30, 1978

Minimum Design Requirement
1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals 222 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 886 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

SEP 1 1 1978

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 474-1541 Lincoln, Nebraska 68502

E. D. LYMAN, M. D., M.P.H.
DIRECTOR

Steve Cherup
3535 Everett
Lincoln, Nebr
68506
Tele 489-4395

Date Sept 7, 1978
Installed by
Dan from Gillem
Quality Septic Service
Tele 467-4792

Installed
Sept 6, 1978

