LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2032-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

FEBRUARY 17, 1984
THIS PERMIT EXPIRES

MONTE HAEFFNER — 5821 SPRUCE — LINCOLN, NE 68516
ISSUED TO — ADDRESS

T9N; R7E; Sec. 33
LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
CB	8/17/83	

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: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2032-C

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: Twp. 9N ; Range 7E ; Section 33 ;
   Block _____ : Lot LT 12 IT : Addition _____
   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.

Mato Haefner
Signature of Applicant (Owner or Lessee)

5821 Spruce, Lincoln 68516
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/17/83. Date Frwd. 8/17/83. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 8/17/83. Date Frwd. 8/17/83. ACTION: Approved ☐ Disapproved ☐ Signature: R. Harris

3. City or County Engineer: Date Rec'd. 8/17/83. Date Frwd. 8/17/83. ACTION: Approved ☒ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9/12/83 by: L. C. H
Date: _____ by: _____
Date: _____ by: _____

Need Drawing

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: Jerrold C. Hood

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
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9N; Range 7E; Section & ¼ Section SE¼ 33. Lot 12 I.T.
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: 8-4-83 to 8-5-83. Weather: Precip. 0 Temp. 90°.

Center Lane is access

OWNER: Monte Haeffner
Address: 5821 Spruce - 483-7221

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"	8-4	5:00 pm	8-5	5:00 pm	8-5	5:00 pm	6"	9:00 pm	2"	30m	4"	
2	"	"	"	"	"	"	"	"	"	4½"	"	1½"	
3	"	"	"	"	"	"	"	"	"	5¼"	"	¾"	
4	"	"	"	"	"	"	"	"	"	4¾"	"	1¼"	
5	"	"	"	"	"	"	"	"	"	5"	"	1"	
6	"	"	"	"	"	"	"	"	"	4½"	"	½	

William M. Hoverland
Signature of Person Conducting Test
Address 2701 N. 27th Lot 22 Phone _____

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

(Do not write below this line)

REVIEWING ACTION

Drop hole #1
Remarks: Seems too fast for Silty Clay Loam
Soil Type (SCS): Wymore Silty Clay Loam
Date: AUGUST 15, 1983
confirmed 9/12/83

Approved Percolation Rate (a)
A. ~~37~~ 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
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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:_____

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.

Jerrold C. Hood
Signature of Reviewing Official