LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1886-C

INDIVIDUAL SEWAGE SYSTEM CONTRUCTION — TYPE OF PERMIT

DECEMBER 14, 1982 — THIS PERMIT EXPIRES

WILLIAM F MEYER 3415 HILLSIDE LINCOLN NE

ISSUED TO — ADDRESS

T9N, R7E, SECTION 35, LOT 10 IRREGULAR TRACT

LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE NEW

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

RECEIPTED BY	DATE	AMOUNT
EB	06/14/82	

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: $ 60.00

FILE NO. 1886-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 35 ;
   Block _____ : Lot 101 I.T. : Addition Sec 35-9-7
   Street Address 10901 So. 98TH

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

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

4. Distance to public sewer: _____ ft.

William F. Moyer
Signature of Applicant (Owner or Lessee)

3415 Hillside
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/14/82. Date Frwd. 6/14/82. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. _____. Date Frwd. 6/14/82. ACTION: Approved ☒ Disapproved ☐ SEE Note Signature: Jay Sherwood

3. City or County Engineer: Date Rec'd. 6-14-82. Date Frwd. 6-14-82. ACTION: Approved ☒ Disapproved ☐ Signature: Harold E Sokhan

REMARKS OR REASONS FOR DISAPPROVAL If Sewage System or Beans are Located in front 600' of Property they must meet flood Plain Permit requirements

Site Visits:
Date: 9/16/83 by: JMR
Date: 11/2/84 by: L.C.H. Sewer line changed.
Date: 11/30/84 by: L.C.H.

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/30/84 By: Jerrold C. Nood

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

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section 35.
Property Dimensions: 958.75 ft. x 239.92 ft. Area: 5 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 5-9-82 to 5-10-82. Weather: Precip. _____ Temp. 75°.

OWNER: William F. Meyer

Address: 3415 Hillside

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"	5-9	4:00PM	5-10	4:00PM	5-10	4:00 PM	17 3/4					
2	36"	5-9	4:00	5-10	4:00	5-10	4:00	24					
3	36"	5-9	4:00	5-10	4:00	5-10	4:00	20 1/2					
4	36"	5-9	4:00	5-10	4:00	5-10	4:00	18 3/4					
5	36"	5-9	4:00	5-10	4:00	5-10	4:00	16 1/2					
6	36"	5-9	4:00	5-10	4:00	5-10	4:00	17					
7	36"	5-9	4:00	5-10	4:00	5-10	4:00	17					

William F. Meyer
Signature of Person Conducting Test

Address 3415 Hillside Phone 488-7997

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

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

_____
Signature of Reviewing Official

1	17 5/8	17 5/8	17 5/8	17 5/8	17 5/8	17 3/4
2	24	24	24	24	24	24 1/8
3	20 7/8	23 1/2	24 1/2	25 3/4	26 1/4	27
4	19 7/8	21	21 7/8	22 1/2	23	23 3/4
5	17 1/2	18 3/8	19 1/4	19 1/2	20	20 1/8
6	18 1/2	19 1/4	19 7/8	20	20 1/4	20 3/8
7	17 1/8	17 1/4	17 1/4	17 1/4	17 3/8	17 1/2

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

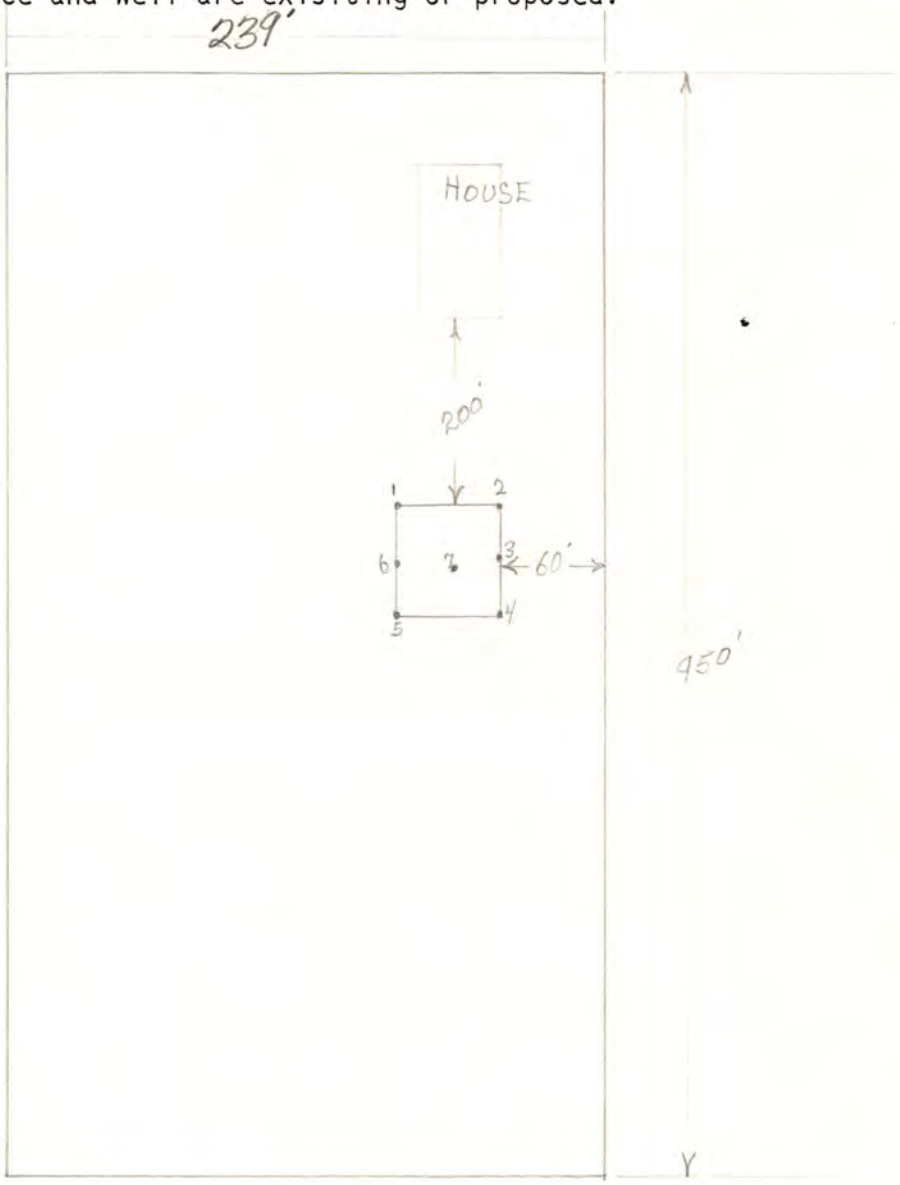
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C

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: June 14, 1982

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

Jerrold C. Hook
Signature of Reviewing Official

AS BUILT DRAWING OF SYSTEM

DATE 11-12-84 INSTALLER Larry Schwarck

Install Sewer 3034 to Lagoon

