LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1881-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

NOVEMBER 24, 1982 — THIS PERMIT EXPIRES

PAULINE ARMSTRONG 1633 DAKOTA CIRCLE LINCOLN NE 68502 — ISSUED TO / ADDRESS

T12N, R8E, N.E.¼ and E½ of the NW¼ SECTION 26 — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE NEW SYSTEM

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

R. J. NUERNBERGER, Lancaster County Treasurer

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 HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐

County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1881-C

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

DATE: May 21-1982

The undersigned hereby applies for a permit to ALTER ☒, EXTEND ☐, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: N.E¼ + E½ of the N.W¼ Section 26
Twp. 12N; Range 8E; Section 26;
Block _____; Lot _____; Addition _____
Street Address _____

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

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

4. Description of proposed alteration, extension or repair: _____

5. Work to be done by: Owner ☐; or Contractor ☒, Hurst Plumbing
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL Over	$ 400	00

Pauline M. Armstrong
Signature of Applicant (owner or lessee)

1633 Dakota Circle
Address

Lincoln, Nebr 68502

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: 7/14/83 by: J.C.H.
Date: 7/15/83 by: J.C.H.
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7/25/83 by: J. C. Hood

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: 474-1541

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: N.E. 1/4 of E 1/2 of the N.W. 1/4 Section 26

Location: Township 12 ; Range 8 ; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: 240 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: 5-18-82 to 5-19-82. Weather: Precip. _____ Temp. 70.

OWNER: Pauline M. Armstrong

Address: 1633 Dakota Circle, Lincoln 68502

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	34	5-18	3PM	5-19	3PM	5-19	3PM	19	7PM	22	330	3"	30/3"
2	"							19	"	22	"	3"	30/3"
3	"							19	"	22	"	3"	30/3"
4	"							19	"	21½	"	2½	30/2½
5	"							19	"	22	"	3	30/3"
6	"							19	"	21	"	2½	30/2½

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

Signature of Person Conducting Test: Orville Hurst

Address Rt 1 Garland Phone 477-7819

(Do not write below this line)

REVIEWING ACTION

Remarks: Confirmed 7/15/83

Soil Type (SCS): Sharpsburg Silty Clay Loam

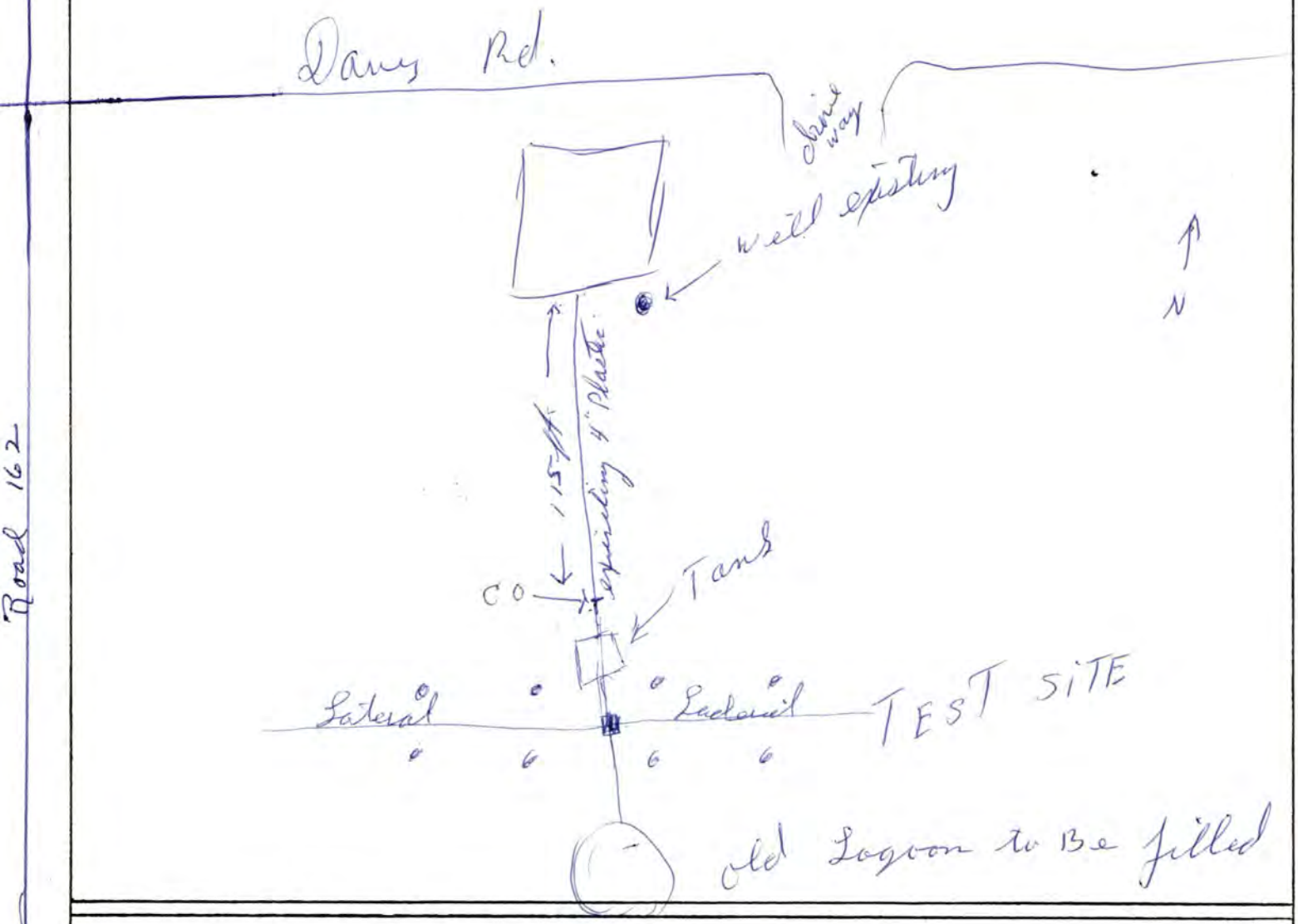
Date: May 21, 1982

Approved Percolation Rate (a)
A. 11 min./inch
B. _____ min./inch
C. _____ min./inch

Signature of Reviewing Official: Jerrold C. Hood

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: 474-1541 **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.



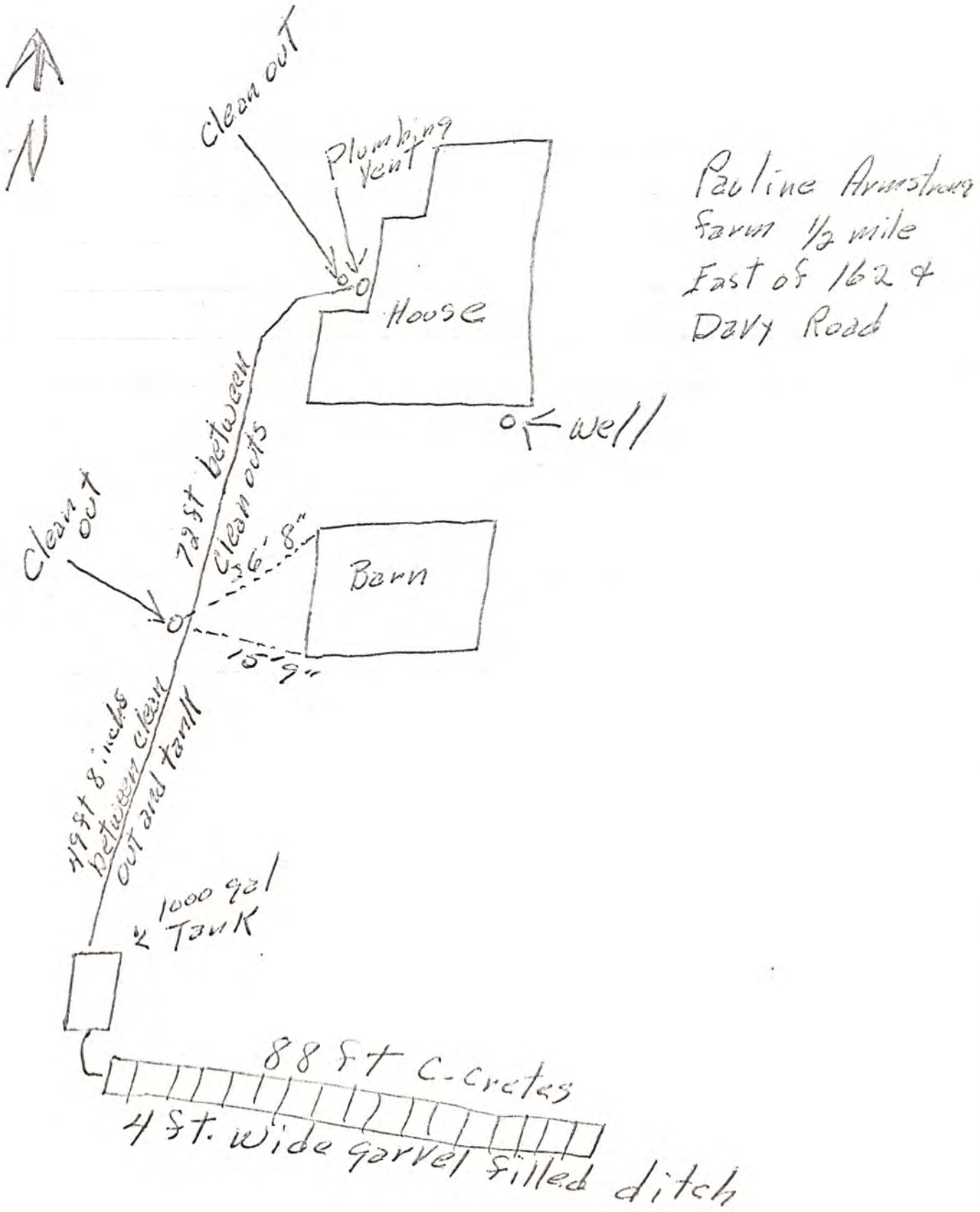
REVIEWING ACTION

Remarks: _____

Date: May 21, 1982

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 114 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 342 sq.ft.

Jerrold C. Head
Signature of Reviewing Official


N
Clean out
Plumbing Vent
House
well
Pauline Armstrong
farm 1/2 mile
East of 162 &
Davy Road
Clean out
72 ft between clean outs
16' 8"
Barn
15' 9"
119 ft 8 inches between clean out and tank
1000 gal Tank
88 ft C-crates
4 ft. wide garvel filled ditch