LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT
SEWAGE INSTALLATION

No. 89380004501

Issued 10/04/89
Expires 04/04/90

ESTABLISHMENT
THOMAS OLSON
T12N R8E SEC 27 QTR SW
LOT 16

FEES: Permit 019754 $60.00

Total $60.00

PERMITTEE THOMAS OLSON
PR0001
BOX 00193
WAVERLY NE 68462

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

8938 00045

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: $_____

FILE NO._____

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. 13N; Range 8E; Section SW 27-;
Block_____: Lot 16 I.T.: Addition_____
Street Address Branched Oak Rd., Halfway between 141st & 162nd st.

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

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

4. Distance to public sewer: 23,760 ft.

Thomas H. Olson
Signature of Applicant (Owner or Lessee)
RFD 1 Box 135A
Waverly, Nebr. 68462
Address
786-2413

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/3/89. Date Frwd. 10/5/89. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hool

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10-5-89. Date Frwd. 10-5-89. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bowen

3. City or County Engineer: Date Rec'd. 10/5/89. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Dwight Williamson

REMARKS OR REASONS FOR DISAPPROVAL Part of Property in Flood Plain

Site Visits:
Date: 10/6/89 by: J.C. Hool
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/23/89 By: Jerrold C. Hool *

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

* IF INSIDE SEPTIC TANK COATED

FORM 23-43

(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

2200 St. Mary's Avenue
Lincoln, Nebraska 68502
Phone: ~~474-1541~~ 471-8000

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: Lot 16

Location: Township M11 ; Range 8 ; Section & ¼ Section 27 - 12 SW
Property Dimensions: _____ ft. x _____ ft. Area: 80 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☒ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 10-2-89 to 10-3-89 . Weather: Precip. 0 Temp. 50°.

Phone 786-2413 OWNER: Thomas H- Olson
Address: RFD1 Box 135A Waverly, Nebr- 68462

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	28	10/2	10:00	10/3	9:00	10/3	9:06	14"	9:50	14 7/8	44	7/8"	50
2	28	10/2	10:00	10/3	9:00	10/3	9:08	14"	9:44	15 7/8	36	1 7/8"	20
3	28	10/2	10:00	10/3	9:00	10/3	9:10	14"	9:36	16 1/8	26	2 1/8"	12
4	28	10/2	10:00	10/3	9:00	10/3	9:12	14"	9:47	16 3/4	35	2 3/4"	11 1/2
5	28	10/2	10:00	10/3	9:00	10/3	9:14	14"	9:49	16 3/4	35	2 3/4"	11 1/2

Sum of Percolation Rates: 166/10 1/2
Average of Rates: 33/2 1/10
Mean of Rates: _____

Wayne Williams - Todd Valley Plg + Htg.
Signature of Person Conducting Test
Address 1334 Silver St. Ashland Phone 944-7016

(Do not write below this line)

REVIEWING ACTION

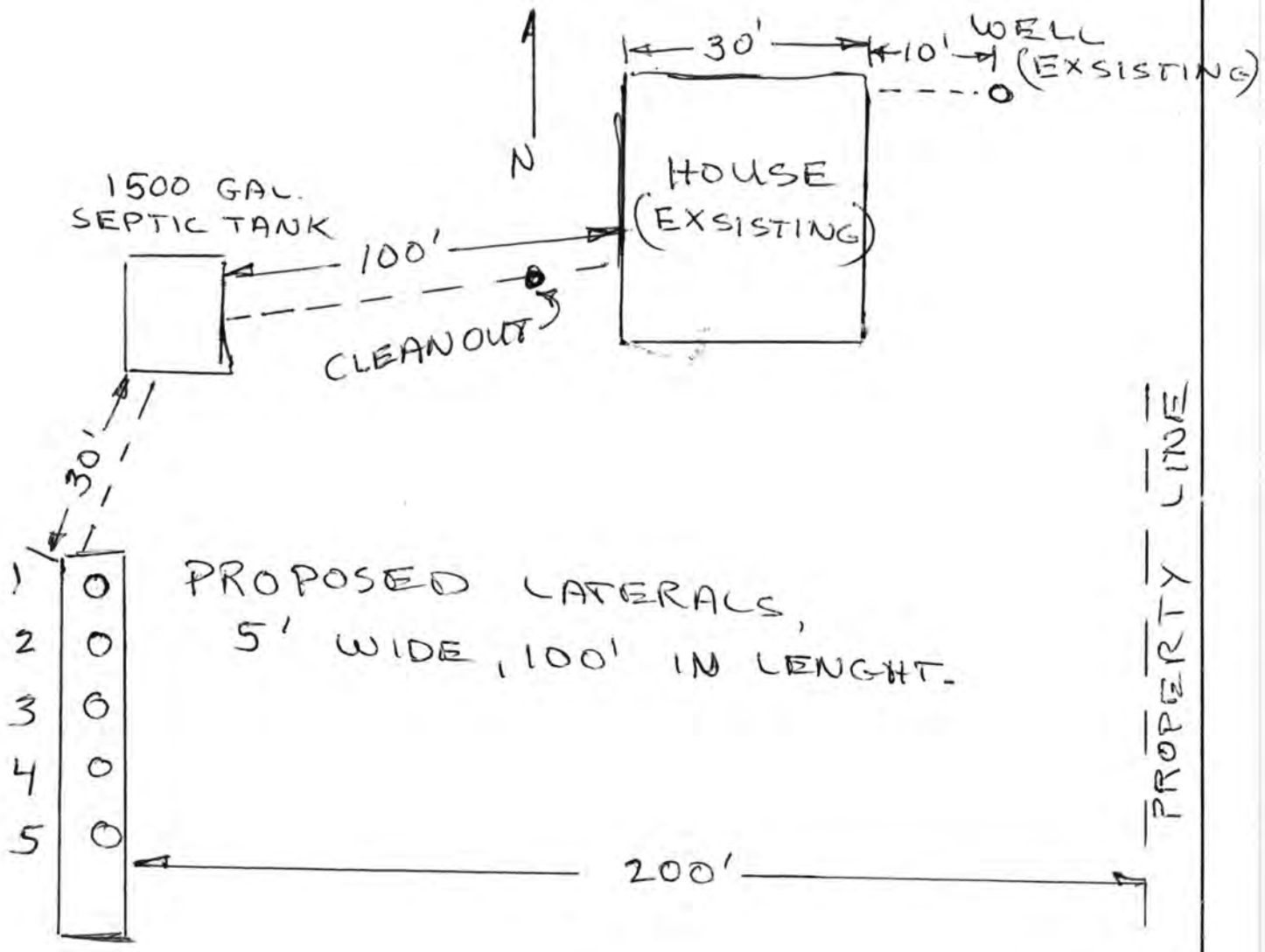
Remarks: _____
Soil Type (SCS): Dickenson ~~silty~~ Sandy Loam
Date: October 4, 1989

Approved Percolation Rate (a)
A. 15 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Dook
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 Phone: 471-7800 **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: _____

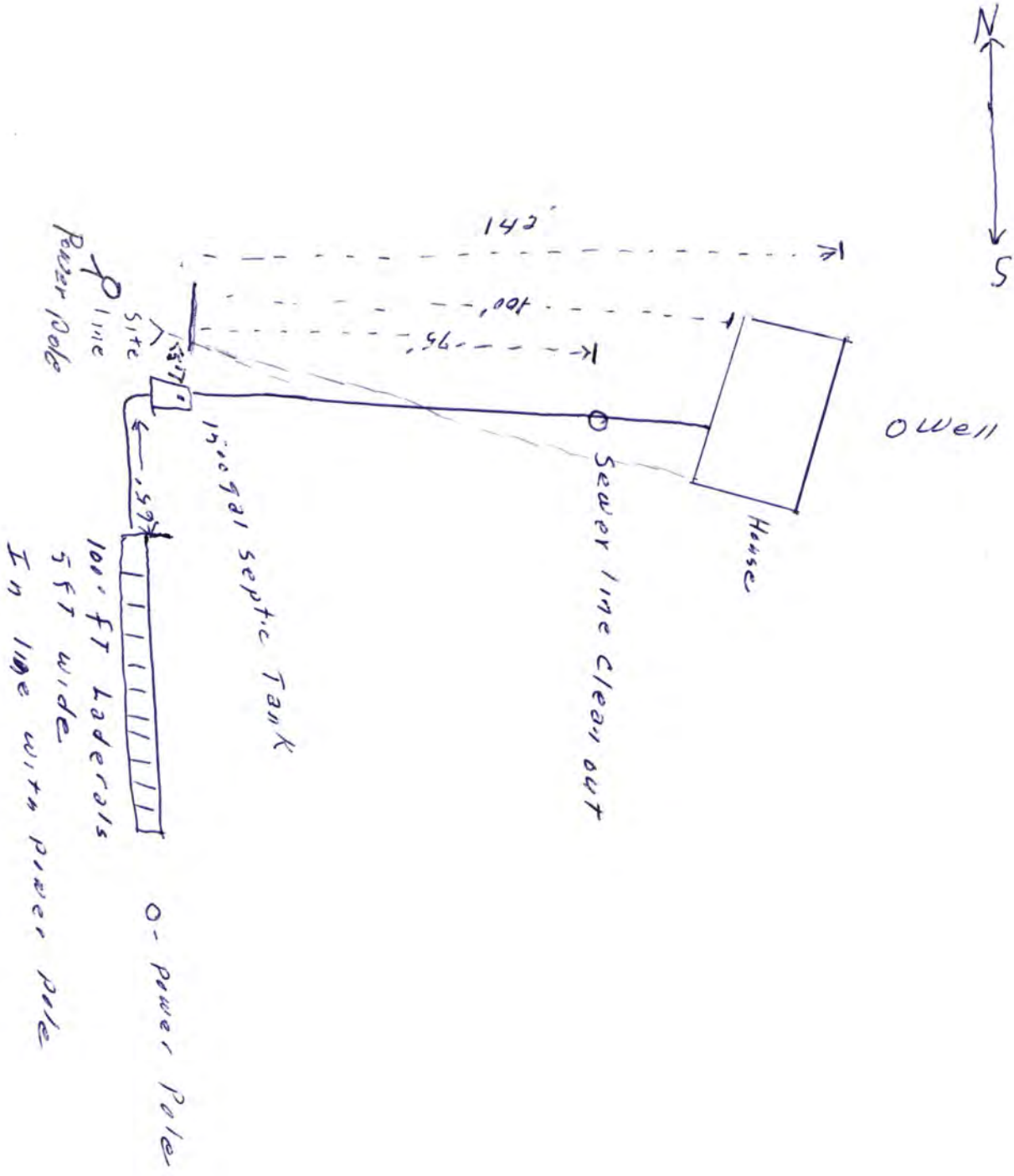
Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed ____ sq.ft.

Gerrold C. Wood
Signature of Reviewing Official

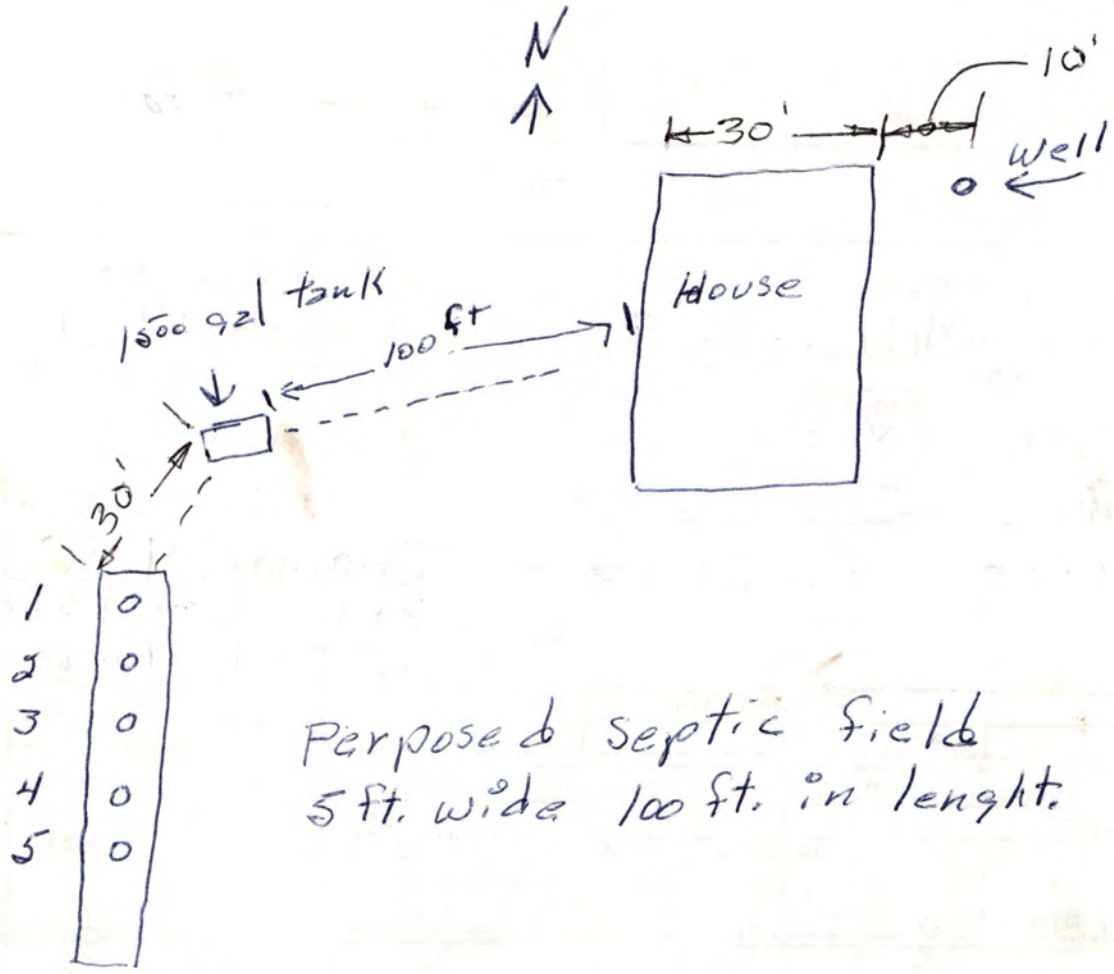
RECEIVED OCT 2 3 1989

Todd Valley Plumbing & Heating, Inc.

WAYNE WILLIAMS, President
1334 Silver St., Ashland, Nebr. 68003
Phone (402) 944-7016



Tom Olson New Home
RR1 Box 135A
Waverly Neb 68462



Perposed septic field
5 ft. wide 100 ft. in lenght.