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. 90380063401

Issued 08/31/90
Expires 03/01/91

ESTABLISHMENT
W. B. COLLINGSWORTH
T12N R7E SEC 35
LOT 8

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE
W. B COLLINGSWORTH
5830 ROBIN CT
LINCOLN NE 68516

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
8/31/90	PAID

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

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: $150.00

FILE NO. _____

DATE: August 29, 1990

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. 12N ; Range 7E ; Section 35 ; Block _____ : Lot 87 I.T. : Addition _____
   Street Address 9250 Raymond Rd.
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.

W.B. Collingsworth Builder
Signature of Applicant (Owner or Lessee)

5830 Robin Ct 68516
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/29/90. Date Frwd. 8/30/90. ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Head
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Janet Wilson for Paul Bouma
3. City or County Engineer: Date Rec'd. 8/30/90. Date Frwd. 8/30/90. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11-13-90 by: jrm read drawing
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-13-90 By: Ron Bryant

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

FORM 23-43

Wally Collingsworth

Nebraska State Health Department
Division of Housing & Environmental Health

SAN 1701

SOIL ABSORPTION TEST DATA REPORT

PROPERTY WHERE SOIL TESTED:
Location: Township _____
Section & ¼ Sect. _____
Property Dimensions: 173 ft. x 1290 ft.
Area: 5.64 acres. (Attach sketch of property showing hole location).

Owner: MILLARD + LORI HUGHS
Address: 9250 RAYMOND RD

Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐
Silty Loam ☐ ; Clay Loam ☐ ; Sandy Clay ☐

Dates of Tests: 8-25 to 8-26. Weather: Precip. Trace Temp. 90 F

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				
Hole 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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch
1	30in	8-25	1430	8-26	0900	8-26	1000	25	1130		30min	1 3/4	
2	30in	8-25	1430	8-26	0900	8-26	1000	25	1130		"	2	
3	30in	8-25	1431	8-26	0900	8-26	1000	25	1130		"	4	
4	30in	8-25	1431	8-26	0900	8-26	1000	25	1100		"	1	
5	30in	8-25	1432	8-26	0900	8-26	1000	25	1200		"	3	
6	30in	8-25	1432	8-26	0900	8-26	1000	25	1230		"	2	

Sum of Percolation Rates _____
Average of Rates: _____
Inches per minute: _____

Andrew Farmer
Signature of Person Conducting Test

Address 3925 Touzalin
Phone 464-3947

(Do not write below this line)

REVIEWING ACTION

REMARKS: SHARPSBURG SILTY CLAY LOAM

Approved Percolation Rate(s)
A. 13 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: AUGUST 29, 1990

Gerrold 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
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

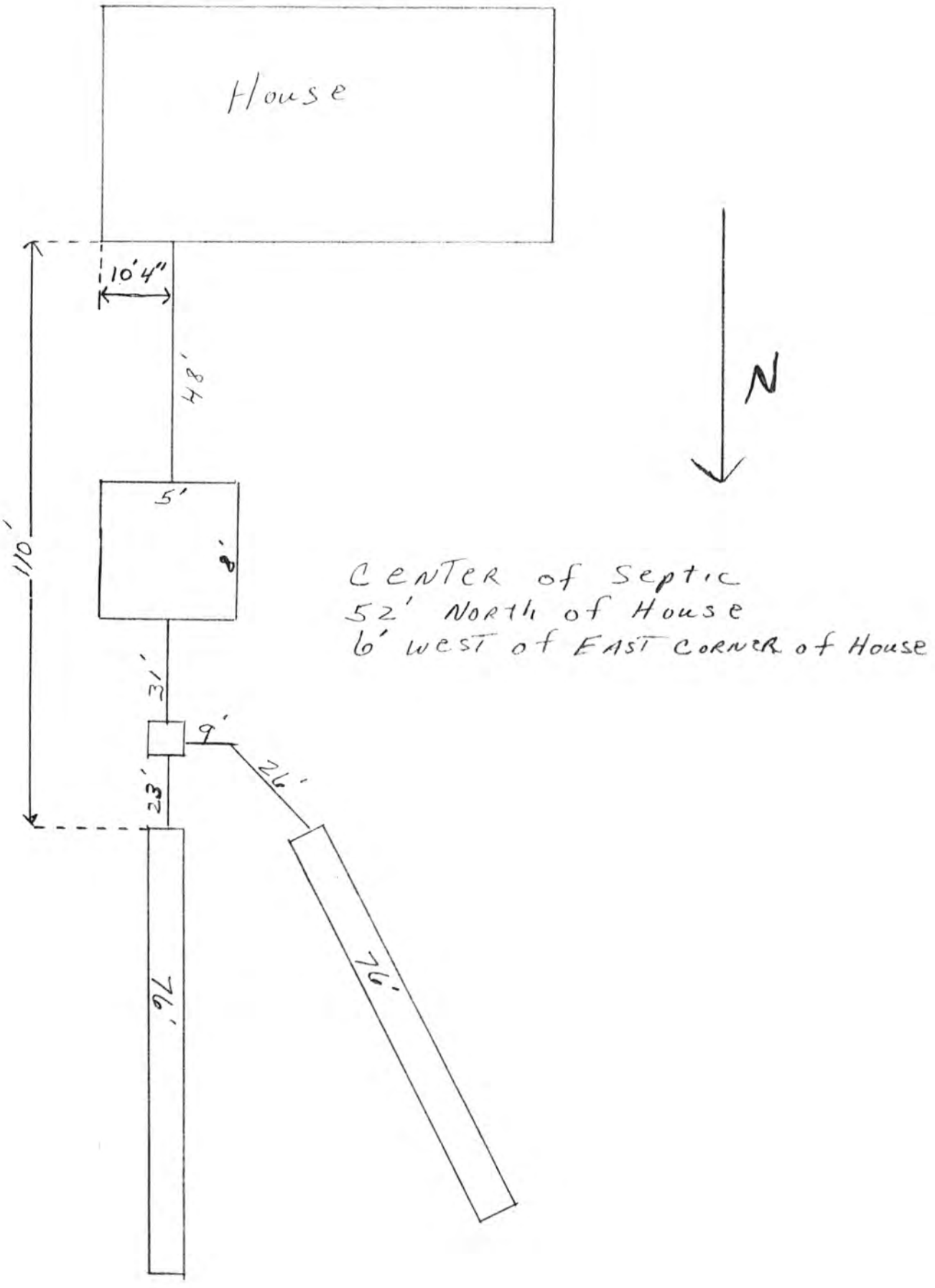
Remarks:_____

Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 136 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 543 sq.ft.

Jerrold C. Hook
Signature of Reviewing Official

9250 RAYMOND ROAD



CENTER of Septic
52' NORTH of House
6' WEST of EAST CORNER of House