LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2651-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

OCTOBER 13, 1988 — THIS PERMIT EXPIRES

JIM GREGORY — ISSUED TO

6100 VINE,STREET, BLDG G, APT #38 LINCOLN, NE 68505 — ADDRESS

T9N; R8E; Sec SE 14; Lot 12.2 Acres East 8 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

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
JS	6-8-88	60.00

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. 7651-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 8E ; Section 14 SE ;
   Block _____ : Lot #8 : Addition + 12.2 acres East of Lot 8
   Street Address _____

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2 . Describe 14 x 70 Mobile Home

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

4. Distance to public sewer: — ft. TO BE DETERMINED BY SOIL RETEST

Jim Guyon
Signature of Applicant (Owner or Lessee)

6100 Vine G-28 Lincoln Ne. 68505
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/13/88. Date Frwd. 4/13/88. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 4/13/88. Date Frwd. 4-6-88. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bouma
3. City or County Engineer: Date Rec'd. 4/13/88. Date Frwd. 4/15/88. ACTION: Approved ☑ Disapproved ☐ Signature: Paul Woell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: May-88 by: mm
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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

FORM 23-43

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 8E ; Section & ¼ Section 4 SE .
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: 4-16-88 to 4-17-88 . Weather: Precip. Fair Temp. 60° .

OWNER: _____

Address: _____

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		4/16	1:00	4/16	5:00	4/17	1:00	6"	5:00	6 7/8"	240'	6 7/8	360/6 7/8
2		4/16	1:00	4/16	5:00	4/17	1:00	6"	5:00	4 5/8"	240'	4 5/8	360/4 5/8
3		4/16	1:00	4/16	5:00	4/17	1:00	6"	5:00	5"	240'	5"	360/5
4		4/16	1:00	4/16	5:00	4/17	1:00	6"	5:00	4 1/4"	240'	4 1/4"	360/4 1/4
5		4/16	1:00	4/16	5:00	4/17	1:00	6"	5:00	5 1/2"	240'	5 1/2"	360/5 1/2
6		4/16	1:00	4/16	5:00	4/17	1:00	6"	5:00	5 1/4"	240'	5 1/4	360/5 1/4
						water level drop							
						from reference point							

Sum of Percolation Rates: 31 1/2"
Average of Rates: 5 1/4"
Mean of Rates: _____

Jim Gregory
Signature of Person Conducting Test

Address 6100 Vine Phone 466-7381

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Ludson Silty Loam
Date: April 19, 1988

Approved Percolation Rate (a)
A. 46 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official