LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2723-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

6 MONTHS — THIS PERMIT EXPIRES

RICHARD J. MATTSON — ISSUED TO

P.O. BOX 43 WAVERLY, NE 68462 — ADDRESS

T12N; R7; Sec SE¼ ~~34~~ 35; Lot 5 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

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

RECEIPTED BY — DATE — AMOUNT

ME 9-1 38

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH — ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO.———

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: $_____

FILE NO. 2723-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. 12 North; Range 7; Section SE¼ of 35 ~~21~~;
   Block _____: Lot 5 : Addition _____
   Street Address _____

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.

wk 786-2665

Richard G Mattson
Signature of Applicant (Owner or Lessee)

Box 43 Waverly Nc 68462
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9-1-88. Date Frwd. 9-1-88. ACTION: Approved ☒ Disapproved ☐ Signature: Ron Maynard
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9-1-88. Date Frwd. 9-1-88. ACTION: Approved ☒ Disapproved ☐ Signature: R. Harris
3. City or County Engineer: Date Rec'd. 9-1-88. Date Frwd. 9-1-88. ACTION: Approved ☒ Disapproved ☐ Signature: Doyle Pollard

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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: Lot 5 of irregular Tracts located in the SE quarter of sec 31

Location: Township 12 North; Range 7; Section & ¼ Section _____.
Property Dimensions: 300 ft. x _____ 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: 8-27-88 to 8-28-88. Weather: Precip. None Temp. 80°.

OWNER: Richard J Matteson

Address: Box 43 Waverly, Ne 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	36"	8/27	1:10 PM	8/28	4:35 PM	8/28	2:05	12"	2:15	12 3/4	10	3/4 in	1.75
2	36"	8/27	1:10 PM	8/28	4:35 PM	8/28	2:05	12"	2:15	13	10	1 in	1.00
3	36"	8/27	1:10 PM	8/28	4:35 PM	8/28	2:05	12"	2:15	13 1/8	10	1 1/8 in	1.125
4	36"	8/27	1:10 PM	8/28	4:35 PM	8/28	2:05	12"	2:15	13 1/4	10	1 1/4 in	1.25
5	36"	8/27	1:10 PM	8/28	4:35 PM	8/28	2:05	12"	2:15	12 3/4	10	3/4 in	.75
6	36"	8/27	1:10 PM	8/28	4:35 PM	8/28	2:05	12"	2:15	13	10	1 in	1.00
													6.875
													.979

Richard J Matteson
Signature of Person Conducting Test

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

Address: Box 43 Waverly Ne 68462 Phone 464-3928

(Do not write below this line)

REVIEWING ACTION

Remarks: (Seems somewhat fast for this soil)
Soil Type (SCS): 5hC Shompsburg silty clay loam
Date: 8-30-88

Approved Percolation Rate (a)
A. 10 min./inch
B. _____ min./inch
C. _____ min./inch

Ron Mangelsen
Signature of Reviewing Official

4 hours of saturation on saturday 8/00 12" from tooth pick to top of water

filled 1:30 and all were

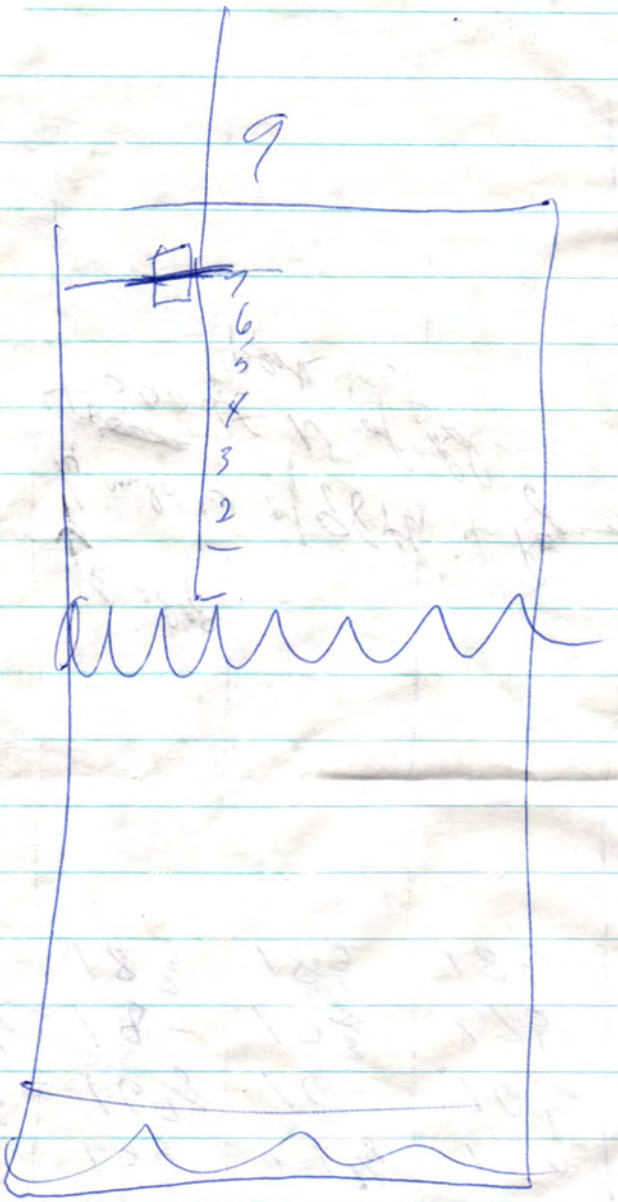
12" 1	12" 2	12" 3	12" 4	12" 5	dry 12" 6
12 3/4	13	13 1/8	13 1/4	12 3/4	13.0
13 3/8	14 1/2	14	13 7/8	14 1/2	13 1/2
14 3/4	15 5/8	15 7/8	14 7/8	15.0	14 3/8
15 5/8	16 7/8	16 7/8	16 -	16 1/8	15 7/8
16 3/8	17 3/8	18 -	17 3/8	17 1/2	16 1/2
17 -	18 5/8	18 7/8	18 1/2	18 1/8	17 7/8

E. edge

1/4 mile W of 98th + Regnus Rd.

~~1500~~ 300 ft N of Rd.

Spark test


9
7
6
5
4
3
2

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

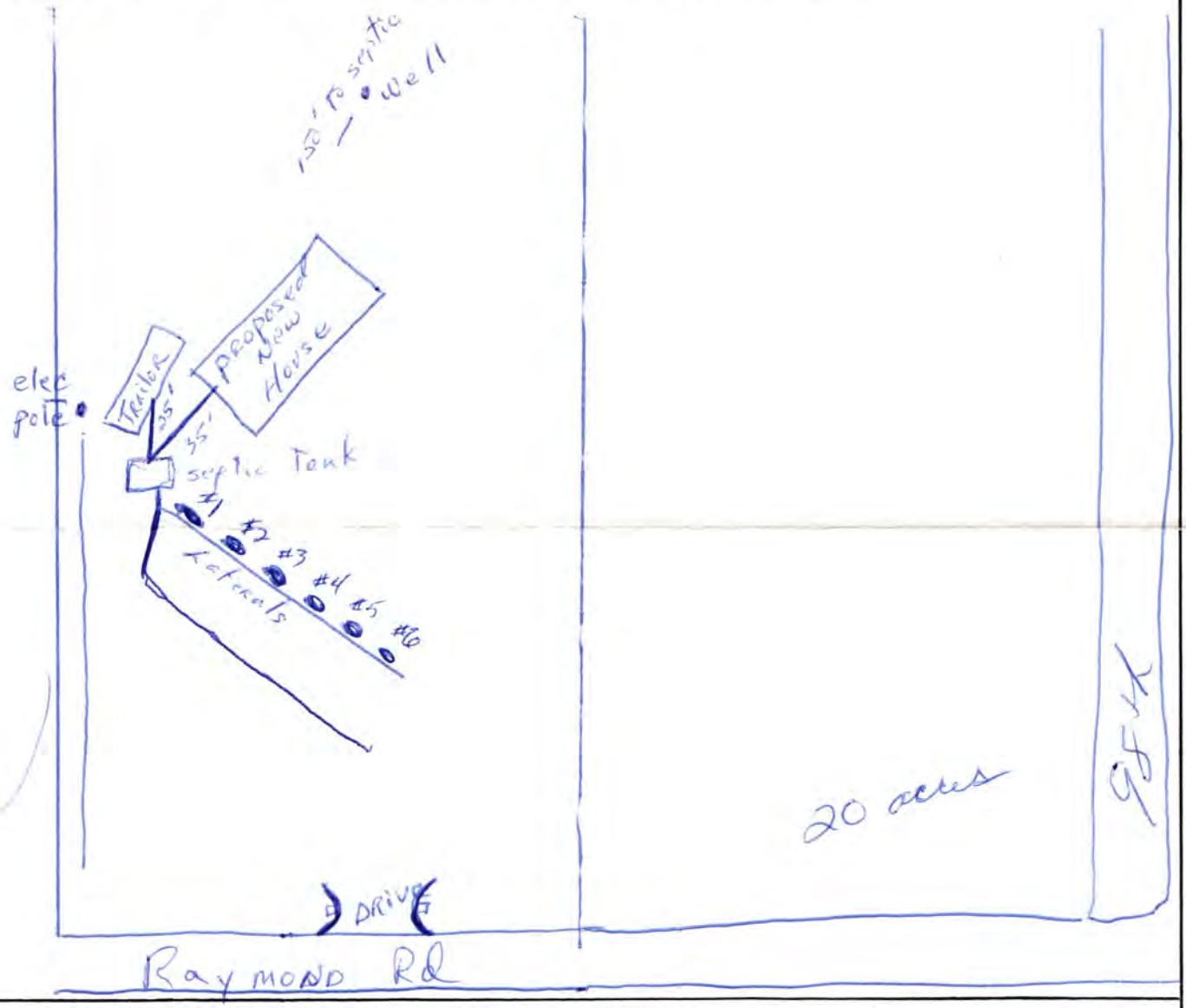
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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2200 St. Marys Avenue
Lincoln, Nebraska 68502
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C

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

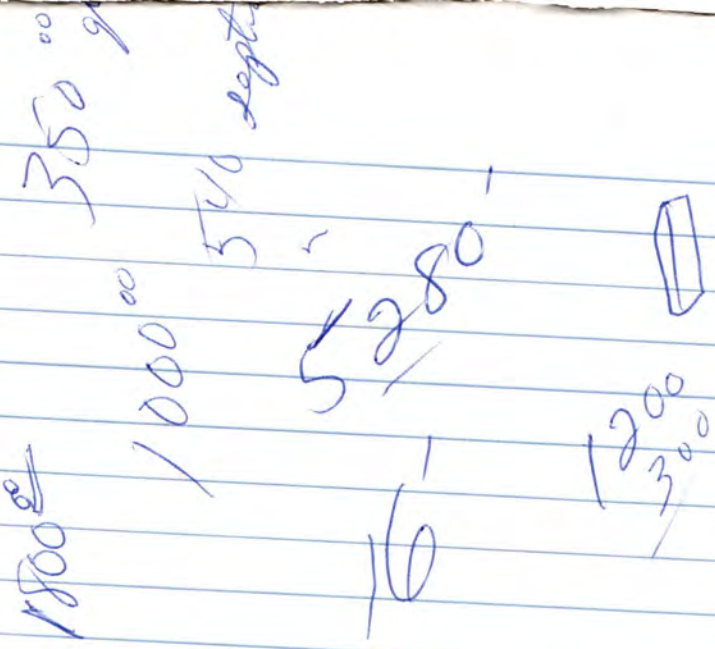
Remarks :_____

_____

Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 165 124 ft.
3. With a Trench Width of 3' 4' in.
4. Total Area of Lateral needed 495 sq.ft.

Ron Magnuson
Signature of Reviewing Official



Lot 5 irregular tracts located in southeast quarter of section 31 township 12 North, Range 7 east of the 6th P.M

Lancaster County Neb.