LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2418-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

APRIL 28, 1987 — THIS PERMIT EXPIRES

SANDRA D. KEITHLEY — ISSUED TO

ROUTE #3 — ADDRESS

LINCOLN, NE 68505

T12N; R7E; 6th PM; Sec 29 NE¼; Lot Part 24 I.T.; RFD, Ceresco, NE — 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
PD	4/1/87	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

REC'D OCT 28 1986

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. 2418-C

DATE: Oct 20, 1986

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 East of the 6th PM; (NE ¼ of Section 29);
   Block ____: Lot A part of 24: ~~Addition~~ Irregular Tract
   Street Address RFD Ceresco, Nebraska

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

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

4. Distance to public sewer: ____ ft.

Sandra D. Keithley
Signature of Applicant (Owner or Lessee)

Rt#3 Lincoln, Ne. 68505
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/28/86. Date Frwd. 12/11/86. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 10-24-86. Date Frwd. 10-24-86. ACTION: Approved ☒ Disapproved ☐ Signature: Lorene A. Womacka Village Clerk

3. City or County Engineer: Date Rec'd. 12/11/86. Date Frwd. 12/11/86. ACTION: Approved ☒ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL ____

Site Visits:
Date: 6/18/87 by: J. C. Hood
Date: ____ by: ____
Date: ____ by: ____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/26/87 By: Jerrold Hood

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

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

ont 74-86

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
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: 10-23 to 10-24. Weather: Precip. No Temp. 60.

OWNER: Keithley
Address: R 73

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	24	10 23	10	same	2	10 24	11	6	12	4½	60	1½	
											~~60~~		
2	11							6		4	60	2	
											~~60~~		
3	11							4		4	60	2	
											~~60~~		
4	11							6		4	60	2	
											~~60~~		
5	11							4		4½	60	1½	
6	11							6	Hall	4½	60	1½	

Smith Sun Co.
Signature of Person Conducting Test

Address 6710 NO 7 Phone 475-1486

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: DECEMBER 11, 1986

Approved Percolation Rate (a)
A. 34 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold 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. 2418-C

Indicate on sketch if residence and well are exisiting or proposed.

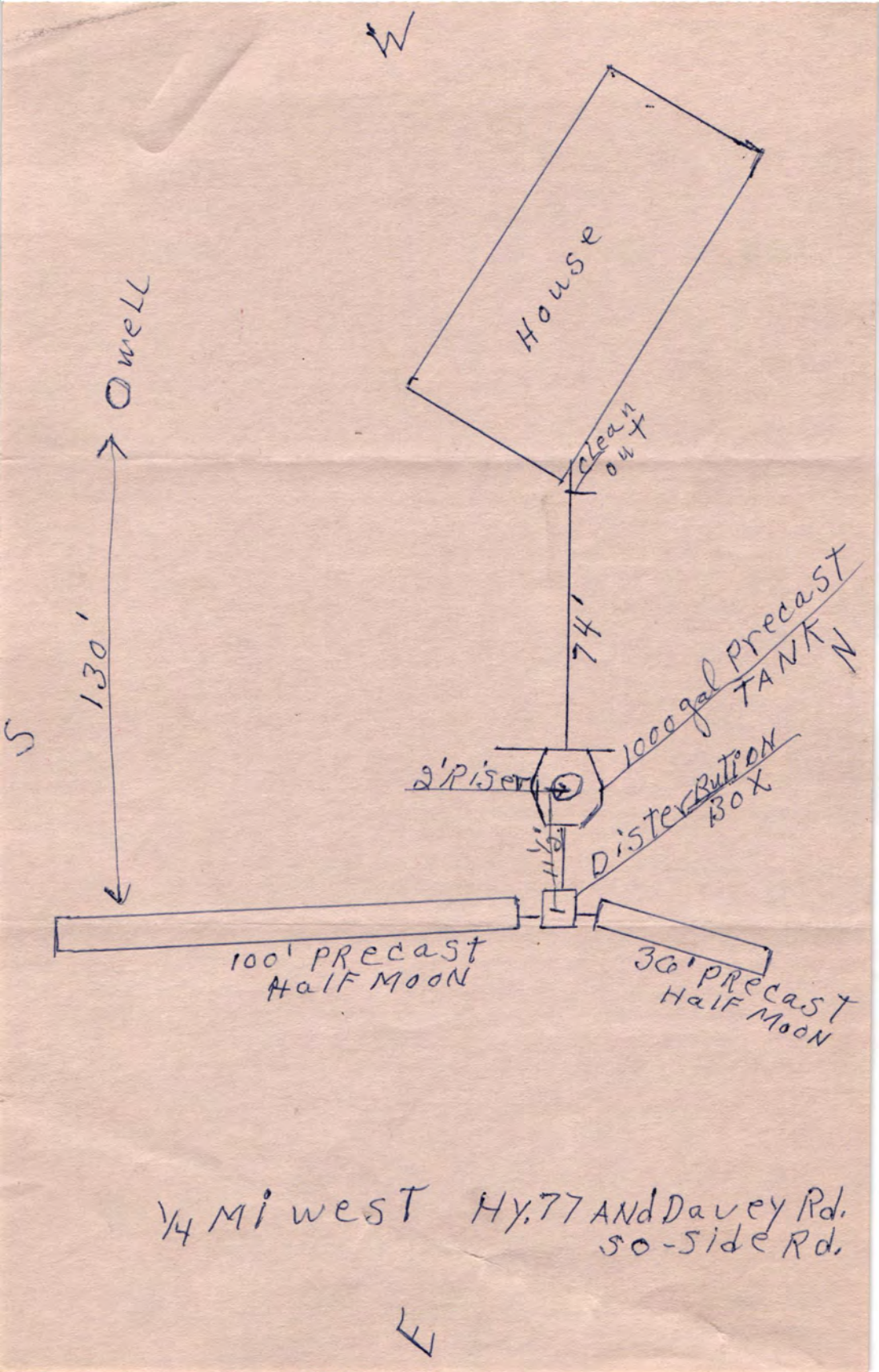
REVIEWING ACTION

Remarks: _____

Date: DECEMBER 11, 1986

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 532 sq.ft.

Jerrold C. Hoad
Signature of Reviewing Official


W
House
clean out
74'
1000 gal Precast TANK
N
2' Riser
Distribution Box
4"
130'
S
Owell
100' PRECAST Half MOON
30' PRECAST Half MOON
1/4 Mi west Hy. 77 AND Davey Rd. so-side Rd.
E

PARTICAL SIZE ANALYSES RESULTS

SAMPLE ID	PERCENT SAND	PERCENT COARSE SILT	PERCENT FINE SILT	PERCENT VERY FINE SILT	PERCENT CLAY	TEXTURAL CLASS NAME
00001	91.10	04.50	01.50	01.00	01.90	SAND