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. 90380065301

Issued 10/29/90
Expires 04/29/91

ESTABLISHMENT
MARK L REZAC
T12N R7E SEC 18 QTR NE
20401 N 40 STREET DAVEY

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE
MARK L REZAC
20401 N 40 ST
RFD
DAVEY NE 68336

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
10/30/90	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: _____

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 NE¼ 18;
   Block _____ : Lot _____ : Addition _____
   Street Address 20401 No 40th Davy, Ne
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: N/A ft.

Mark L. Boyce
Signature of Applicant (Owner or Lessee)

RR Davy, Ne
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/29/90. Date Frwd. 10/29/90. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10-29-90. Date Frwd. 10-29-90. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bowman
3. City or County Engineer: Date Rec'd. 10-29-90. Date Frwd. 10-29-90. ACTION: Approved ☐ Disapproved ☐ Signature: Larry Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10-31-90 by: mm Mark Boyce
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/27/90 By: Jerrold C. Hood

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
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 12N ; Range 7E ; Section & ¼ Section NE¼ 18.
Property Dimensions: _____ ft. x _____ ft. Area: 36 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐
Dates of Tests: 10/26 to 10/27. Weather: Precip. None Temp. 58

OWNER: Mark L. Rezac

Address: Davey, Nebraska

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	10/26	13:00	10/26	17:00	10/27	1:30	16¼	5:30	18½	240	7.5	32.00
2	36	↓	↓	↓	↓	↓	↓	19	↓	23½	240	16.5	14.55
3	36	↓	↓	↓	↓	↓	↓	20¼	↓	24½	↓	13.75	17.45
4	36	↓	↓	↓	↓	↓	↓	13	↓	19½	↓	19.25	12.47
5	36	↓	↓	↓	↓	↓	↓	19	↓	18	↓	16.00	15.00
6	36	↓	↓	↓	↓	↓	↓	14	↓	18	↓	15.00	16.00

Sum of Percolation Rates: 107.47
Average of Rates: 17.91
Mean of Rates: _____

Mark L. Rezac
Signature of Person Conducting Test

Address 5542 Adams, Lincoln Ne Phone 464-7698

(Do not write below this line)

REVIEWING ACTION

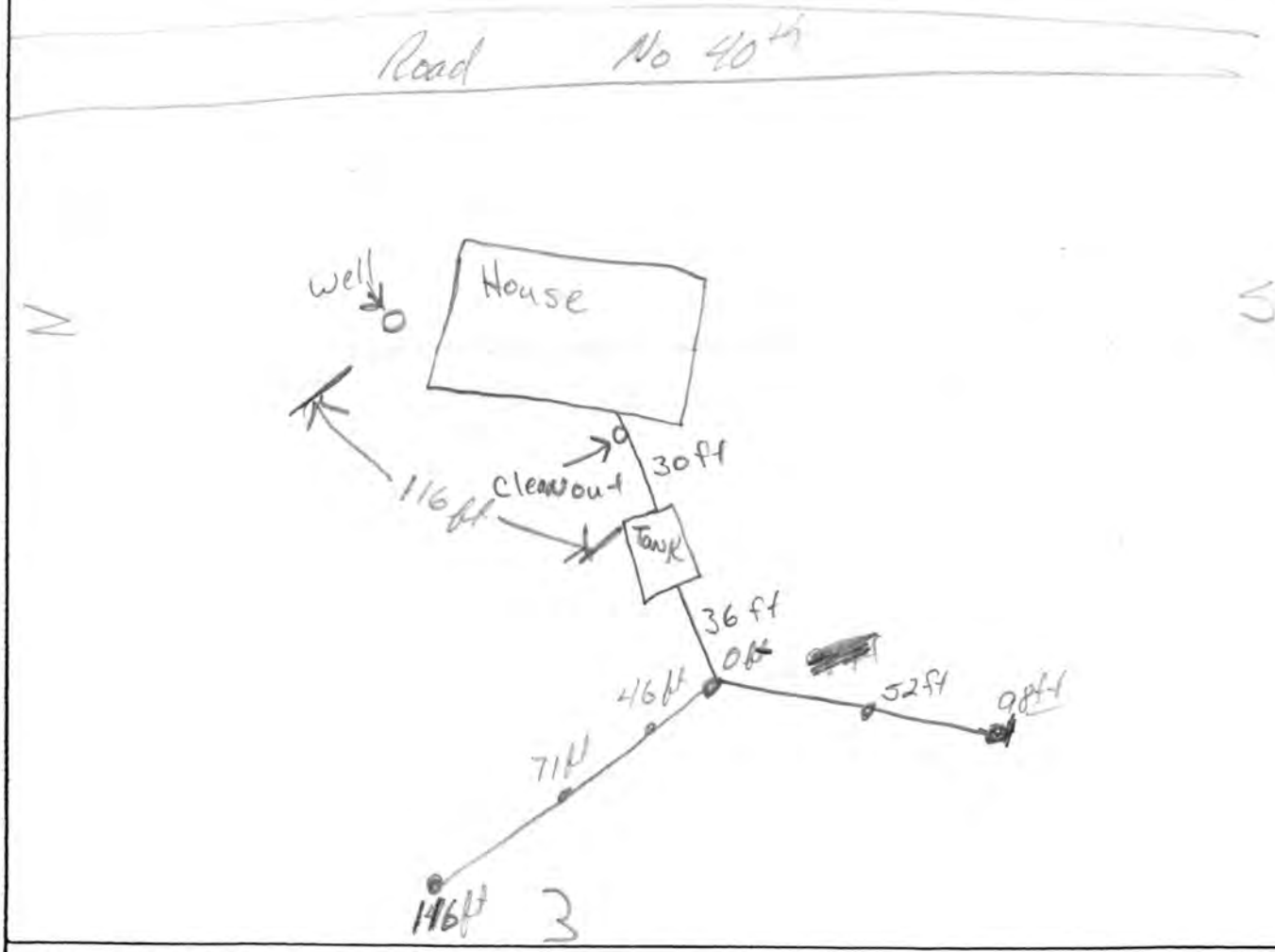
Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: October 29, 1990

Approved Percolation Rate (a)
A. 19 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Wood
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

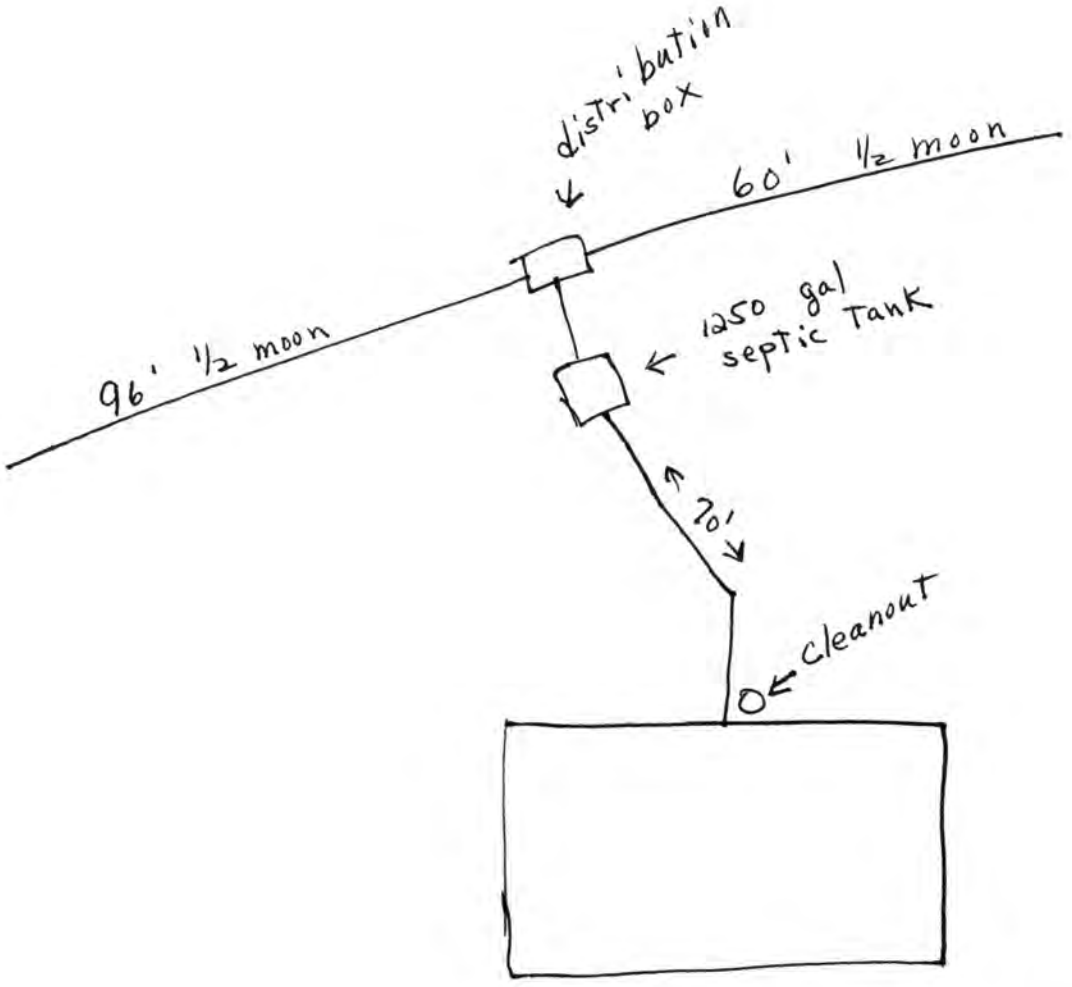
Remarks: _____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 155 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 618 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

Mark Rezac


W
distribution box
60' 1/2 moon
96' 1/2 moon
1250 gal septic Tank
20'
cleanout
S
N
O well
E