LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1159-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

March 6, 1978 — THIS PERMIT EXPIRES

Wayne Blue — ISSUED TO

4602 Prescott, Lincoln, NE 68506 — ADDRESS

T9N, R8E, Section NE¼ of 20, Lot 8 I.T.

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH

ISSUING OFFICER

2832

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO.

FORM HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 1159-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: Sept 1

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 9 north; Range 8 east of 6th; Section NE ¼ 20
   Block _____; Lot 8 I.T.; Addition ~~irregular tract~~
   Street Address 134 Pine Lake Rd

2. Property Use: Residential Home ☐; Commercial _____ ☐
   No. of Bedrooms 3. Describe: _____
   Other Use _____ ☐
   Describe: _____

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

4. Distance to public sewer: _____ ft.

Wayne Blue
Signature of Applicant (Owner or Lessee)

4602 Prescott Lincoln
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 9/2/77. Date Frwd. 9/6/77. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd. _____. Date Frwd. 9-7-77. ACTION: Approved ☒ Disapproved ☐ Signature: Tom Baasch
3. City or County Engineer: Date Rec'd. 9/6/77. Date Frwd. 9/7/77. ACTION: Approved ☒ Disapproved ☐ Signature: Thomas L. Hanson

REMARKS OR REASONS FOR DISAPPROVAL _____

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 [ ]
County Resolution No. 2832 [X]

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1159-C

DATE: Sept 1

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 9 North ; Range 8 East ; Section 20 Northeast 1/4 ; Block ; Lot 8 I.T. ; Addition .
Street Address 134 Pine Lake Rd .

2. Property Use: Residential Home [ ] Commercial [ ]
No. of Bedrooms 3 Describe:
Other Use
Describe:

3. Type of Individual Sewage Disposal System: Septic Tank [ ]; Other [X].

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.) Lagoon

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto). to hard to dig holes

Wayne Blue
Signature of Applicant (owner or lessee)

4602 Prescott Lincoln
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd;
Filing Fee: $ 30.00

2. Site Visits:
Date: 10-10-77 by: mm
Date: by:
Date: by:

3. Date: Approved [X]; Disapproved [ ] 9/6/77
by: Jerrold C. Hoof

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-10-77 by: Ron Maynard

FORM HD-43 (73) 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 474-1541)

FILE NO. 1159-C

PROPERTY WHERE SOIL TESTED:
Location: Township 9 north : Range 8 east of 6 PM
Section & ¼ Sect. NE ¼ sect 20
Property Dimensions: ____ ft. x ____ ft.
Area: 5 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ; Silty Clay Loam ; Sandy Loam
Silty Loam ; Clay Loam ; Sandy Clay

Owner: Wayne Blue
Address: 4602 Prescott

Dates of Tests: _____ to _____. Weather: Precip. ____ Temp. ____
tried to drill holes but ground to hard

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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)

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

Wayne Blue
Signature of Person Conducting Test

Address 4602 Prescott
Phone 489 9724

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

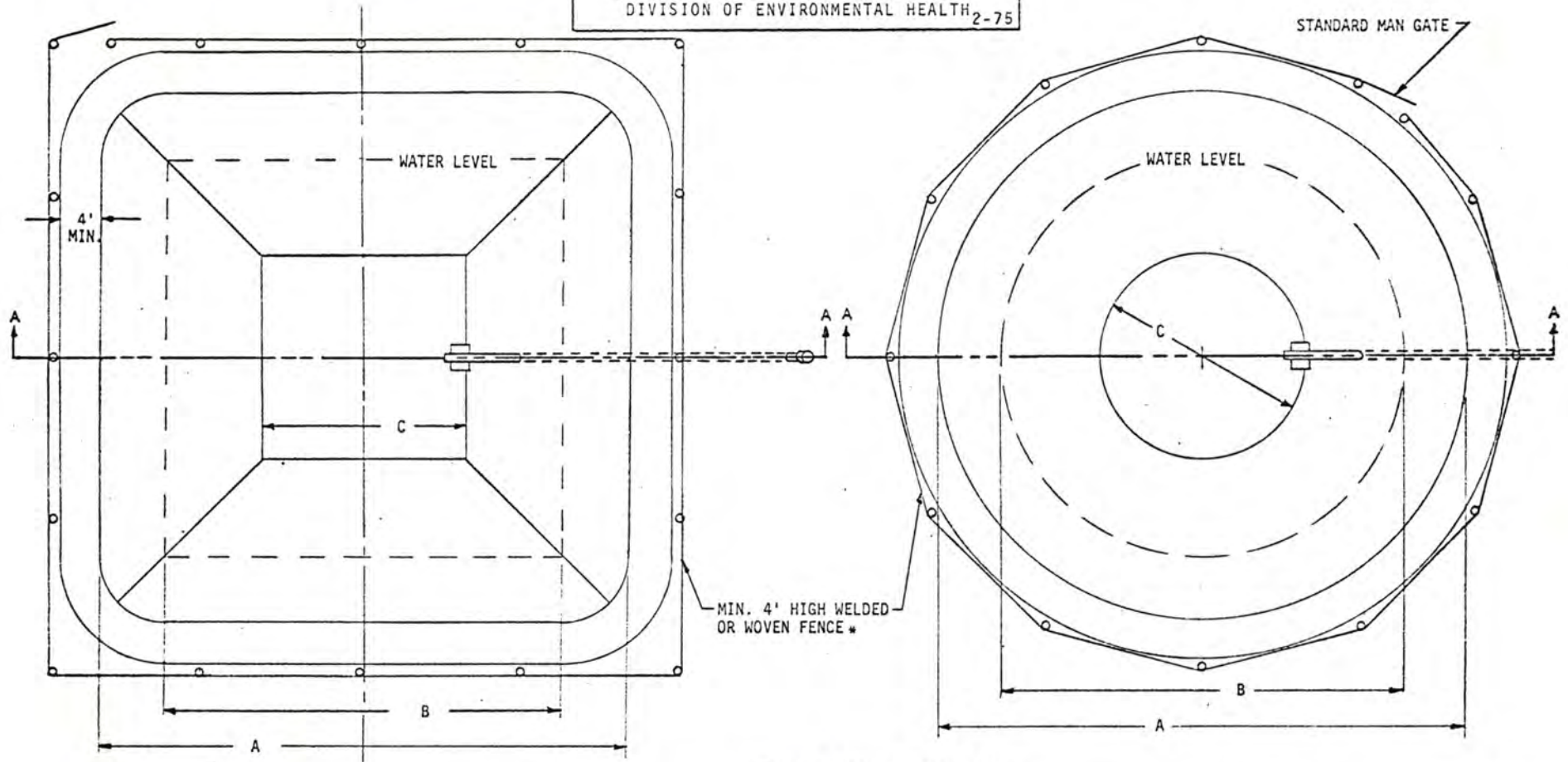
DATE: _____

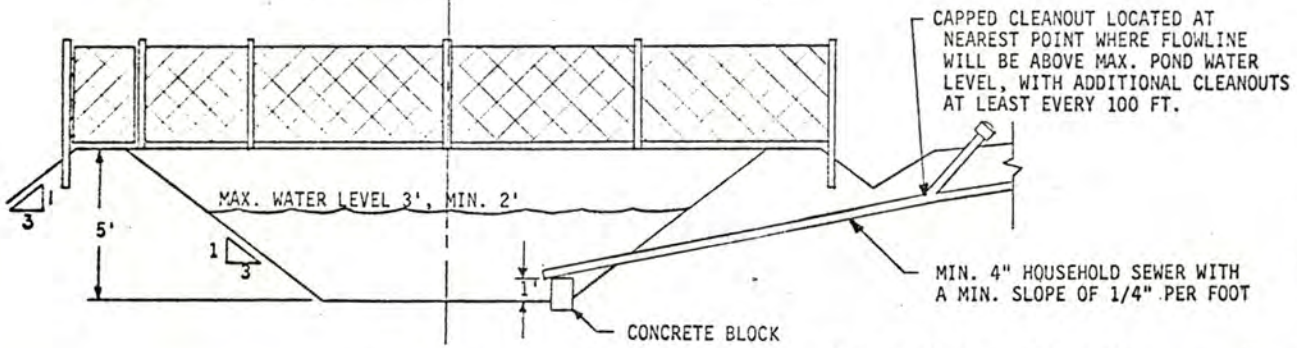
Approved Percolation Rate (a)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official

WASTE STABILIZATION POND

LINCOLN-LANCASTER CO. HEALTH DEPT.
DIVISION OF ENVIRONMENTAL HEALTH 2-75





SECTION VIEW A-A
(APPLICABLE TO BOTH DESIGNS)

NUMBER OF BEDROOMS IN THE HOUSE	MINIMUM LAGOON DIMENSIONS (FEET)					
	SQUARE			ROUND		
	A	B	C	A	B	C
2-3	55	43	25	52	40	22
4	61	49	31	60	48	30

ADDITIONAL INFORMATION ON BACK

*THE FENCE IS TO BE COMPLETED WITHIN 10 DAYS AFTER CONSTRUCTION APPROVAL IS RECEIVED

SIGNATURE OF APPLICANT _____

HD-46(75)

