Paul Drotzman 441-8038

NOV 2 1998

Individual Sewage Disposal System
Application to Alter, Extend or Repair

☐ Municipal Code 24.38 ☒ County Resolution Number 2832

Date: 10-26-98	File No.:

The undersigned hereby applies for a permit to: ☐ **ALTER** ☐ **EXTEND** ☐ **REPAIR** an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. **Legal description of property:**
   Township 9N Range 8E Section 25 1/4 Section in Southeast Quarter Lot 6 & 9 of I.T.
   Block _____ Lot _____ Addition _____

   Street Address _____

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 2 Describe _____

3. **Type of Present Individual Disposal System:** ☐ septic tank ☒ lagoon ☐ other

4. **Description of proposed alteration, extension or repair:** moving House North of Lagoon.

5. **Work to be done by:** ☒ owner ☐ contractor's name _____

6. **Estimated project:** a. Repair, replace or minor extension with a cost of less than $400.00 (no fee required).
   b. Total cost is greater than $400.00 (Return fee with this application).
   c. A "construction permit" is required if the use, operation, location, or type of the system is being changed.

Print Name Kent Backer Address 1011 Box 150-A Phone 782-8768
Applicant Signature (owner or lessee) Kent Backer

Please include the permit fee ($50.00) with this application

(Please do not write below this line)

Date rec'd _____ REVIEW: ☐ approved ☐ disapproved By: _____

Site visits:
Date _____ By _____
Date _____ By _____
Date _____ By _____

Installation final written approval

Date _____ By _____

Return to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE. 68510
441-8022

White - EH Pink - Business Office Revised 1/98

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1980-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

NOVEMBER 3, 1983 — THIS PERMIT EXPIRES

ALAN OR JANET MAIER — ISSUED TO

701 ALLISON COURT LINCOLN, NE 68521 — ADDRESS

T9N, R8E, SECTION 25, LOT 9, IRREGULAR TRACT — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE NEW

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

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: 474-1541

A

FILING FEE: $ 60.00

FILE NO. 1980-C

DATE: 2 MAY 1983

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. 9 N ; Range 8 E ; Section 25 ; Block _____ : Lot 9 I.T. : Addition SE¼, S½
   Street Address _____

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

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

4. Distance to public sewer: _____ ft.

Alan D. Marx
Signature of Applicant (Owner or Lessee)

701 ALLISON CT, ~~NEXA~~ LINCOLN, NE 68521
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/2/83 . Date Frwd. 5/3/83 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 5/3/83 . Date Frwd. _____ . ACTION: Approved ☐ Disapproved ☐ Signature: Jay Hexum

3. City or County Engineer: Date Rec'd. 5/3/83 . Date Frwd. " . ACTION: Approved ☒ Disapproved ☐ Signature: Don Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7/22/83 by: JMN
Date: 8/3/88 by: _____
Date: 9/12/88 by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: Jerrold Hood

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 9 ; Range 8 ; Section & ¼ Section Sec 25, SE¼, S½
Property Dimensions: 328.3 ft. x 821.3 ft. Area: 6.2 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: 30 APR 83 to 1 MAY 83 . Weather: Precip. 2.5 Temp. 60 .

OWNER: ALAN G. MAIER

Address: 701 ALLISON CT, LINCOLN, NE 68521

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	37	Apr 30	12:31	MAY 1	16:00	MAY 1	16:31	5½	17:01	5½	30	0	30/0
2	36	Apr 30	12:34	MAY 1	16:05	MAY 1	16:32	6	17:03	6	31	0	30/0
3	36	Apr 30	12:35	MAY 1	16:09	MAY 1	16:39	6½	17:09	6½	30	0	30/0
4	36	Apr 30	12:36	MAY 1	16:14	MAY 1	16:45	6½	17:15	6½	30	0	30/0
5	37	Apr 30	12:43	MAY 1	16:17	MAY 1	16:47	6¼	17:17	6¼	30	0	30/0
6	38	Apr 30	12:44	MAY 1	16:21	MAY 1	16:50	6½	17:20	6½	30	0	30/0

Alan G. Maier
Signature of Person Conducting Test

Address 701 ALLISON CT, LINCOLN, NE Phone 475-2351

Sum of Percolation Rates: _____
Average of Rates: 30/0
Mean of Rates: 30/0

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: May 2, 1983

Approved Percolation Rate (a)
A. 0 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 ☐

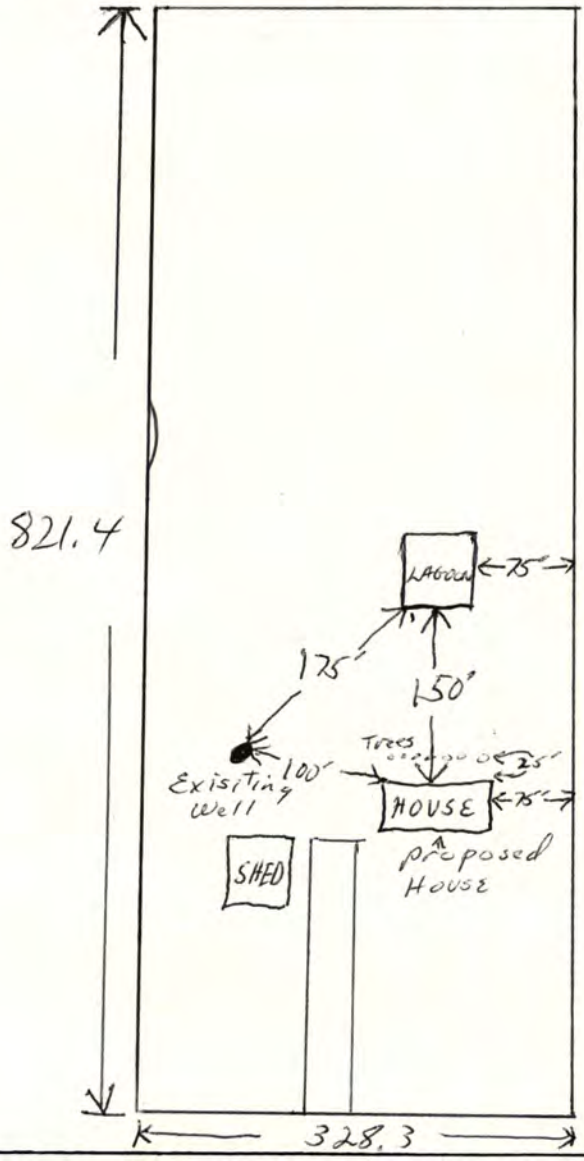
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. _____

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



REVIEWING ACTION

Remarks: _____

Date: May 2, 1983

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

Jerrold C. Hood
Signature of Reviewing Official

Alan Maier 761-2530 or 473-1281

