LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 95380130601

Issued 06/19/95
Expires 12/19/95
Revenue Code 18754

Establishment
DONALD RANDALL
T9N R8E SEC 28

FEES: $150.00

TOTAL $150.00

Permittee
DONALD RANDALL
RR0001
BOX 00100
BENNET NE 68317

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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

FILING FEE: $_____

FILE NO._____

DATE: 6/14/95

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. 9N ; Range 8E ; Section 28 ; E½ OF SW¼
   Block_____ : Lot_____ : Addition_____
   Street Address ½ mile east of 134st. North side of Hwy. 2
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.

Donald Randall
Signature of Applicant (Owner or Lessee)

R.R. 1 BOX 100 BENNET, NE. 68317
Address
782-6115

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/14/95. Date Frwd. 6/14/95. ACTION: Approved ☒ Disapproved ☐ Signature: Gerald E. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6/14/95. Date Frwd. 6/14/95. ACTION: Approved ☒ Disapproved ☐ Signature:
3. City or County Engineer: Date Rec'd. 6-14-95. Date Frwd. 6-14-95. ACTION: Approved ☐ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL_____

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

OOPS NEED DRAWING

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/16/95 By: John Jhess

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
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9 ; Range 8 ; Section & ¼ Section 28-E½ of SW¼
Property Dimensions: _____ ft. x _____ ft. Area: 80 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ■ .
Dates of Tests: 5-30-95 to 5-31-95 . Weather: Precip. 0 Temp. 59°.

Holes - 3-6 had water in From Pre-Test.

OWNER: Donald J. Randall
Address: R.R. 1, Box 100 Bennet NE. 68317

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"	5-30	6:30 pm	5-31	4:30 pm	5-31	4:30 pm	6"	8:30 pm	4 3/4"	30m	1 1/4"	
2	36"	5-30	6:30 pm	5-31	4:30 pm	5-31	4:30 pm	6"	8:30 pm	4 3/4"	30m	1 1/4"	
3	36"	5-30	6:30 pm	5-31	4:30 pm	5-31	4:30 pm	6"	8:30 pm	5 3/4"	30m	1/4"	
4	36"	5-30	6:30 pm	5-31	4:30 pm	5-31	4:30 pm	6"	8:30 pm	5"	30m	1"	
5	36"	5-30	6:30 pm	5-31	4:30 pm	5-31	4:30 pm	6"	8:30 pm	5 3/4"	30m	1/4"	
6	36"	5-30	6:30 pm	5-31	4:30 pm	5-31	4:30 pm	6"	8:30 pm	5 7/8"	30m	1/8"	

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

Mike Haagland
Signature of Person Conducting Test

Address 2700 DAW Ave Lincoln NE. Phone 464-0638
Precast Products INC.

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 44 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: JUNE 14, 1995

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 ☐

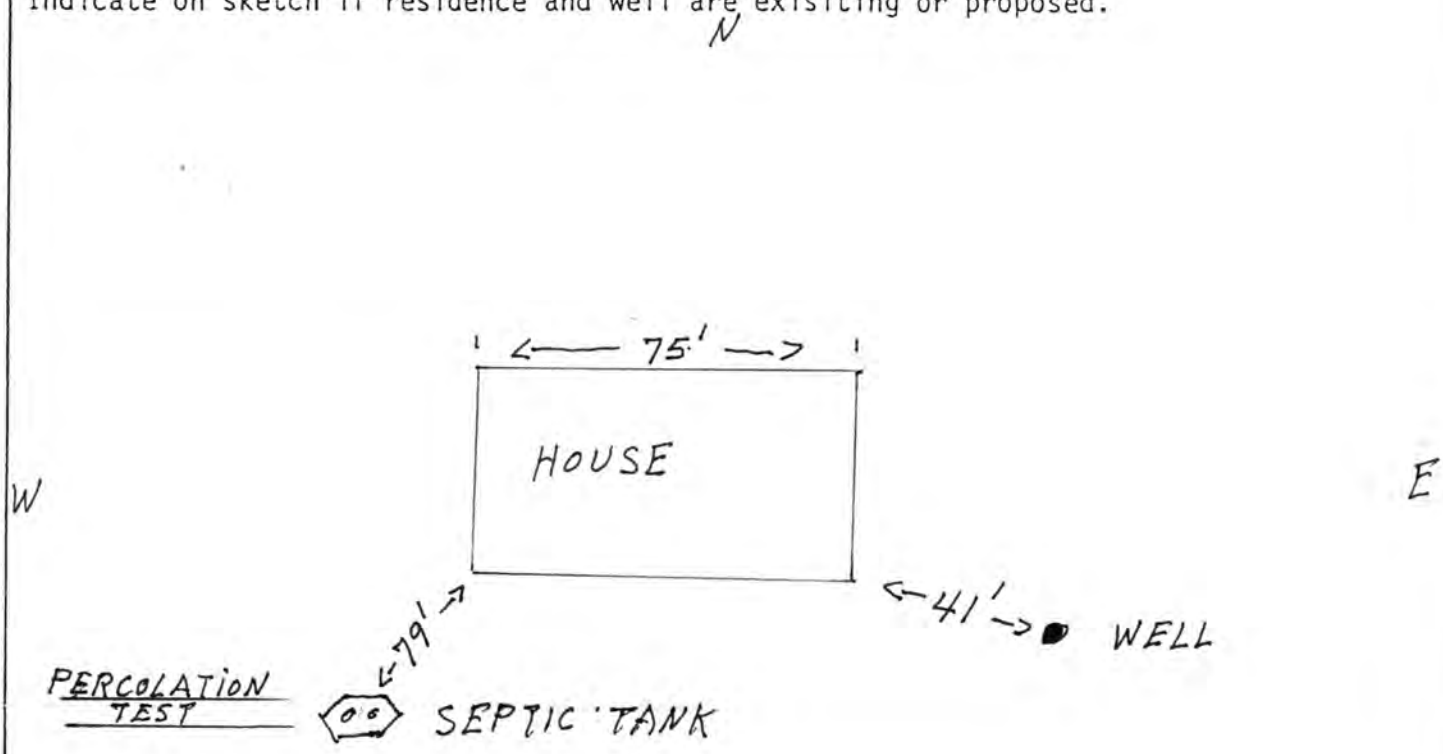
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C

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: June 14, 1995

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 149 ft.
3. With a Trench Width of 4 in.
4. Total Area of Lateral needed 596 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official