# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2121-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

FEBRUARY 8, 1985 — THIS PERMIT EXPIRES

CHARLES F. SCHMIDT — ISSUED TO

5101 W. VISTA LINCOLN, NE 68522 — ADDRESS

T12N; R6E; Sec SE¼ 35 — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE 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 |
|---|---|---|
| -M | 8-8-84 | 60.00 |

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: 471-7800

A

FILING FEE: $ 60.00

FILE NO. _____

DATE: Aug 8, 1984

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 6E ; Section SE¼ 35 ;
   Block _____ : Lot _____ : Addition _____
   Street Address _____

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: _____ ft.

Frank J. Schmidt
Signature of Applicant (Owner or Lessee)

5101 W Vista
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/8/84. Date Frwd. 8/8/84. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hook

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 8/8/84. Date Frwd. 8/8/84. ACTION: Approved ☑ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 8/8/84. Date Frwd. 8/8/84. ACTION: Approved ☒ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10-19-84 by: [illegible]
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-19-84 By: Ron Maynard

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**

FILE NO. _____

PROPERTY WHERE SOIL TESTED: See MAP ON PAGE C.

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: 10.3 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐; Silt Loam ☐; Clay Loam ■.
Dates of Tests: 6-30-84 to 7-1-84. Weather: Precip. 0 Temp. 85°.

OWNER: Chuck Schmidt
Address: 14± Raymond Rd. 475-8650

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" | 6-30 | 3:00 pm | 7-1 | 3:00 pm | 7-1 | 3:00 pm | 6" | 7:00 pm | 5 3/4" | 30m | 1/4" | |
| 2 | 36" | " | " | " | " | " | " | 6" | " | 5" | 30m | 1" | |
| 3 | 36" | " | " | " | " | " | " | 6" | " | 5 3/4" | 30m | 1/4" | |
| 4 | 36" | " | " | " | " | " | " | 6" | " | 5 3/4" | 30m | 1/4" | |
| 5 | 36" | " | " | " | " | " | " | 6" | " | 5 1/2" | 30m | 1/2" | |
| 6 | 36" | " | " | " | " | " | " | 6" | " | 5" | 30m | 1" | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

William M. Hoagland
Signature of Person Conducting Test
Address 2701 N 27th Phone _____

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 AND MORRILL CLAY LOAM ON SITE
Date: AUGUST 8, 1984

Approved Percolation Rate (a)
A. 53 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 ☐

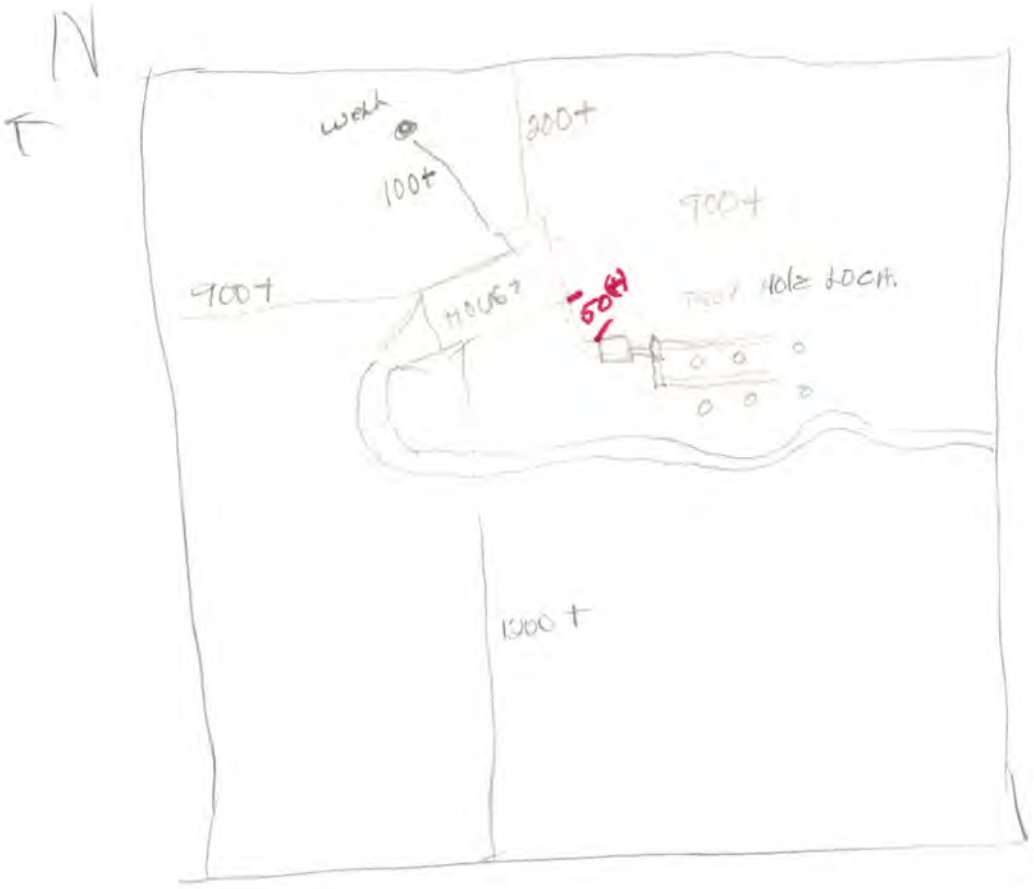
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

**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.




OVER

REVIEWING ACTION

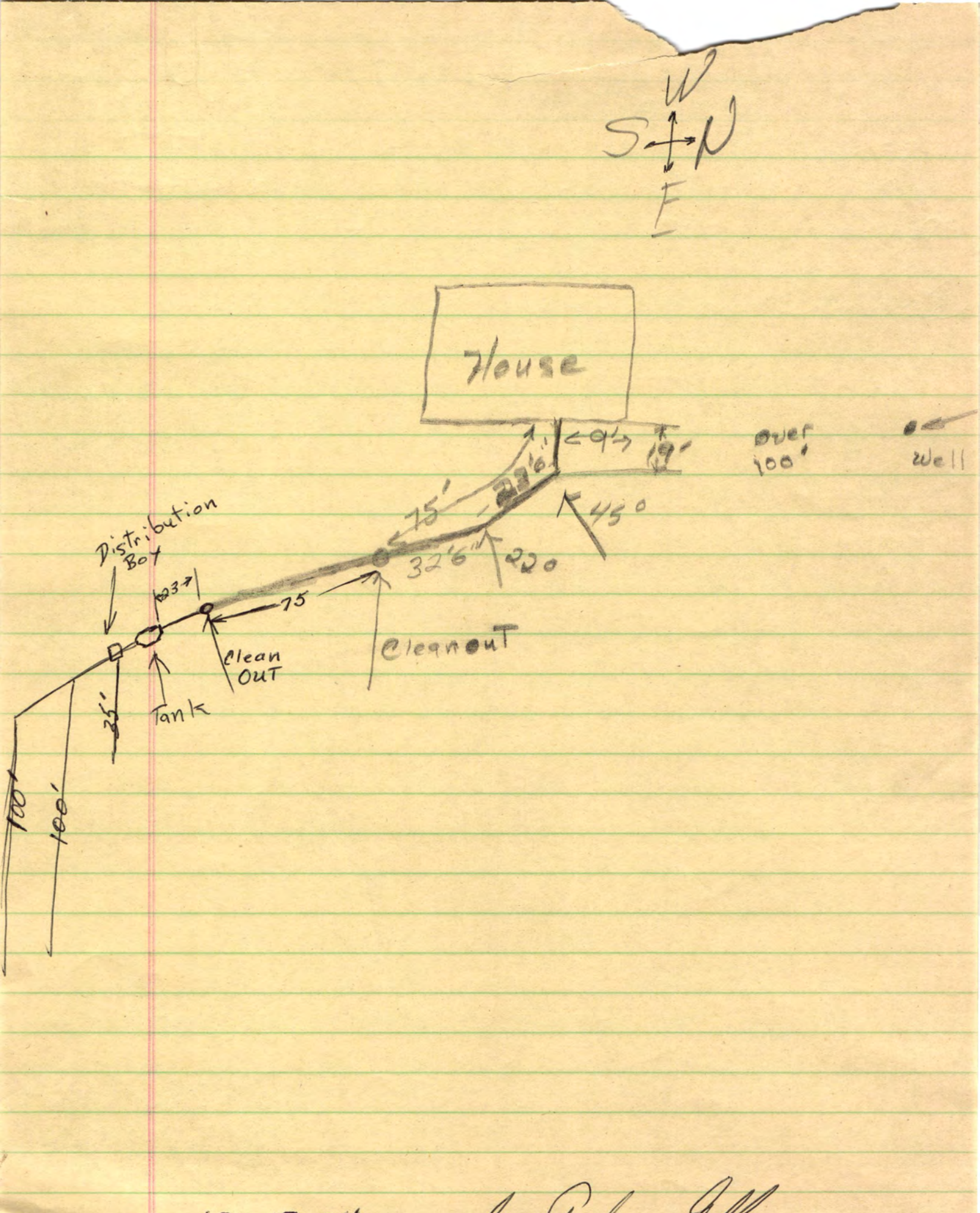
Remarks:_____

Date: AUGUST 8, 1984

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 938 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official


N. 14TH
40 ACRES
103 ACRES
HOUSE
Raymond Rd.




10-19-84 by Paulsen Gilliam