LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health

2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

ERMIT

SEWAGE INSTALLATION

No. 90380035701

Issued 05/30/90

Expires 11/30/90

ESTABLISHMENT

HOMER HOXIE
T9N R7E SEC 33 QTR SW
LOT 27

FEES: Permit 018754 $150.00

Total $150.00

Issued By COUNTY HEALTH

PERMITTEE

HOMER HOXIE
3589 C ST
LINCOLN NE 68510

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE AMOUNT

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: 5-14-90

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 32 ;
   Block 1 : Lot 3 : Addition Willard Estates 2nd add
   Street Address Hotary Lane

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.

Tommy Hook
Signature of Applicant (Owner or Lessee)

3509 "C"
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/30/90. Date Frwd. 5/30/90. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hoos

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____. Date Frwd. 5-25-90. ACTION: Approved ☒ Disapproved ☐ Signature: Don L Joyce

3. City or County Engineer: Date Rec'd. 5/30/90. Date Frwd. 5/30/90. ACTION: Approved ☒ Disapproved ☐ Signature: Don R. Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7-25-90 by: [illegible] sealed also Need fence
Date: 12-17-97 by: sun fence up
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-17-97 By: Ron Mayhew

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
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 10/28/89 to 10/29/89. Weather: Precip. 0.10" Temp. 56°.

OWNER: Randall L. Nelsen

Address: 4501 Gladstone Lincoln, NE 68504

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	10/28	4:59p	10/29	12:37p	10/29	12:37p	20 3/4	2:07p	20 5/8	30	1/8	240
2	36	10/28	4:23p	10/29	~~4:15p~~ 4:45	10/29	4:46p	20 1/4	4:46p	~~21~~ 20 5/8	30	1 3/8	22
3	36	10/28	5:01p	10/29	4:17p	10/29	4:18p	19 3/8	4:48p	20 1/8	30	3/4	40
4	36	10/28	4:26p	10/29	4:19p	10/29	4:20p	19	4:50p	19 7/8	30	7/8	34
5	36	10/28	5:23p	10/29	12:37p	10/29	12:38p	20 1/4	2:08p	20 1/2	30	1/4	120
6	36	10/28	4:28p	10/29	4:21p	10/29	4:22p	19 5/8	4:52	19 3/4	30	1/8	240

Sum of Percolation Rates: 660
Average of Rates: 110
Mean of Rates: _____

Randall L. Nelsen
Signature of Person Conducting Test

Address 4501 Gladstone, Lincoln, NE Phone 467-2708 (home) 467-8711 (work)

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Morrill Clay Loam
Date: November 28, 1989

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.

REVIEWING ACTION

Remarks:_____

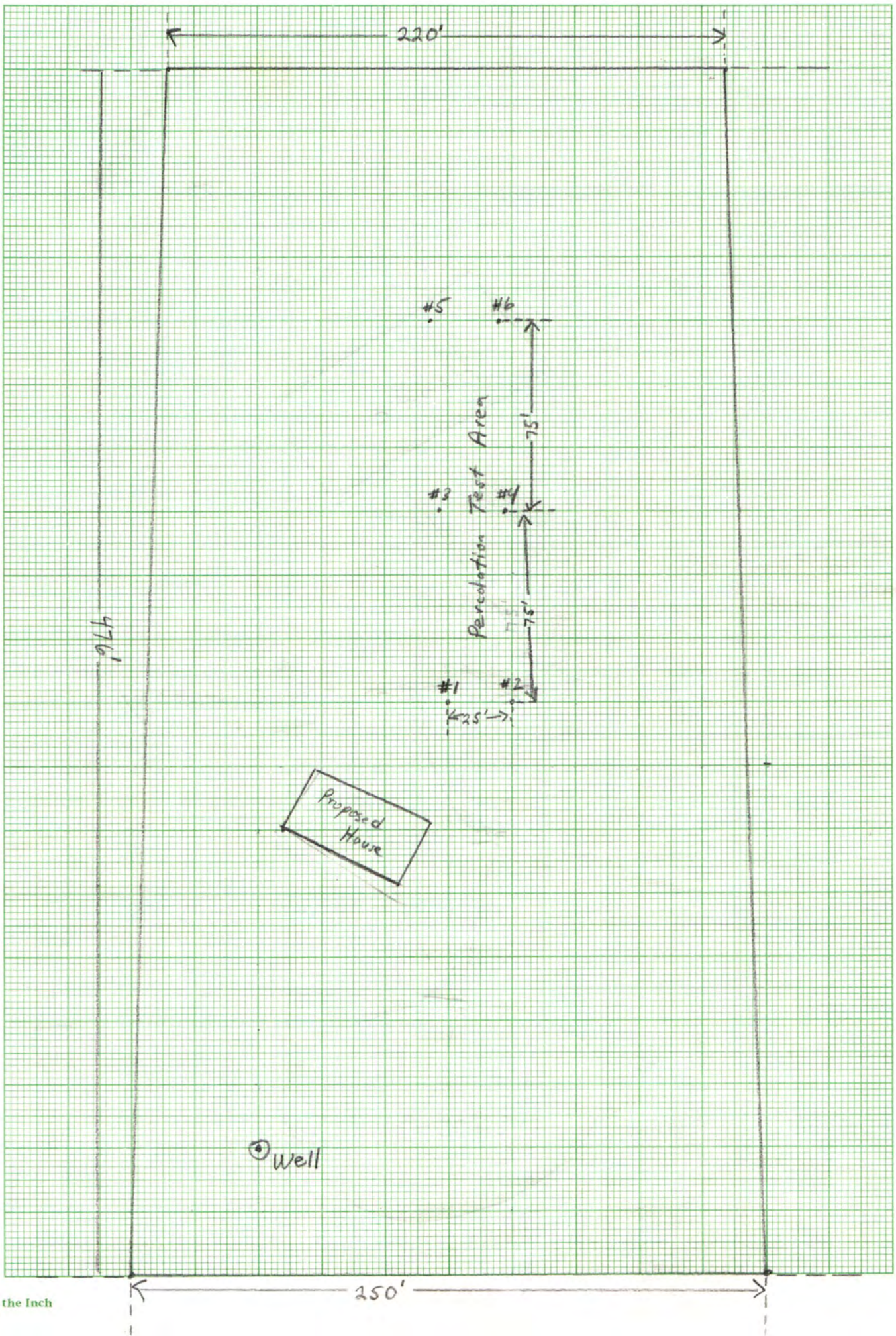
_____

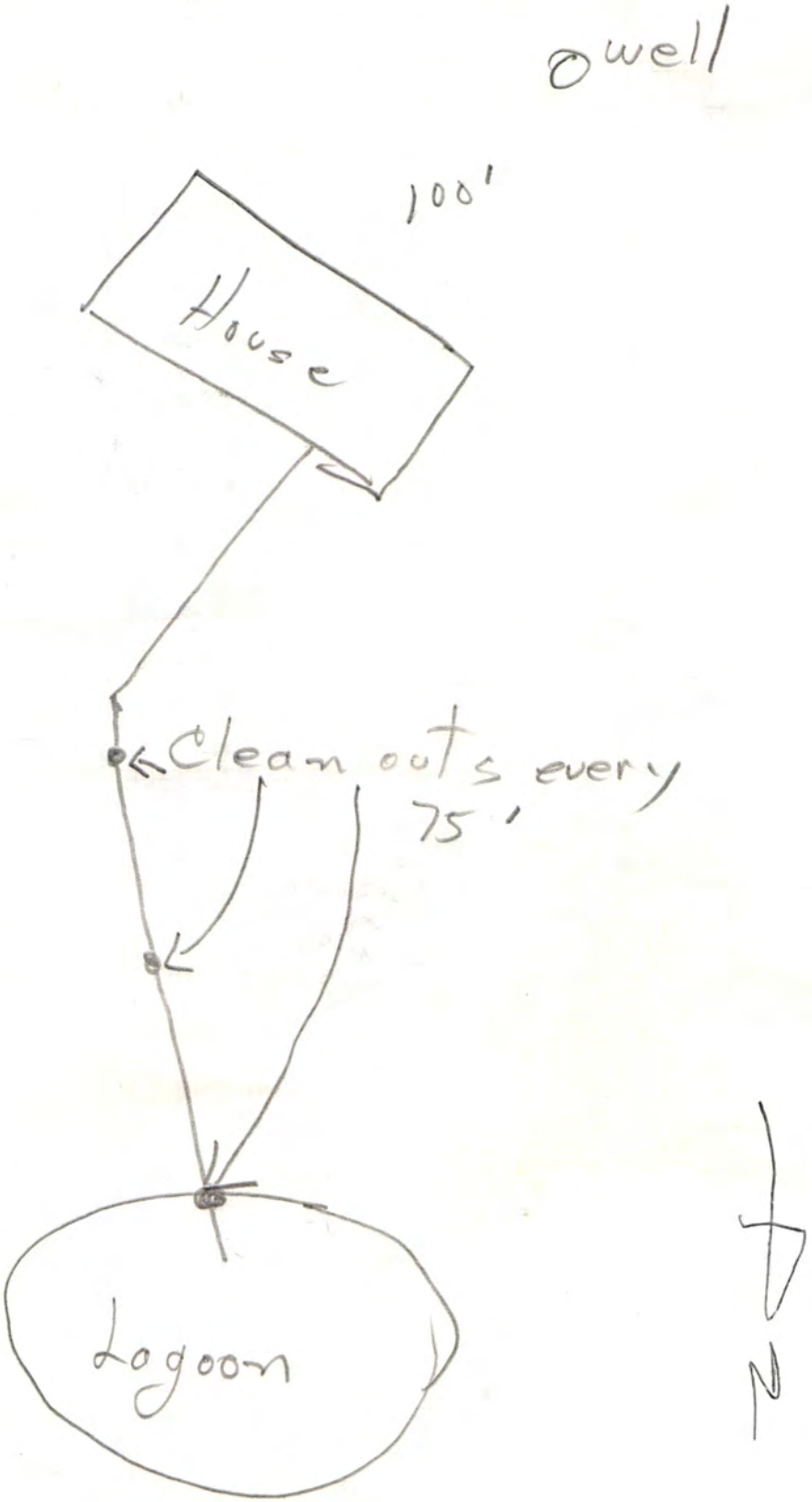
Date:_____

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_____sq.ft.

_____
Signature of Reviewing Official

NATIONAL
12-282
Made in U.S.A.




well
100'
House
Clean outs every 75'
Lagoon
N