LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2864-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

6 MONTHS — THIS PERMIT EXPIRES

OWEN L. HENDERSON — ISSUED TO

800 W. DAWES AVE. LINCOLN, NE 68521 — ADDRESS

T9N; R8E; Sec. 29; Lot 1; Magee Acres Addition — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE 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
N. Nelson	7-1987	60

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. ———

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. 2864-C

DATE: 12 July 1989

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 29 ;
   Block _____ : Lot 1 : Addition Magee Acres
   Street Address 9100 So 120th

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: Several Miles ~~ft.~~

Owen L. Henderson DVM
Signature of Applicant (Owner or Lessee)

800 W. Dawes Ave. Lincoln 68521
Address

(Do not write below this double line) 476-7644

1. Health Department:	Date Rec'd. 7/13/89. Date Frwd. 7/14/89.	ACTION: Approved ☒ Disapproved ☐	Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk	Date Rec'd. 7-17-89. Date Frwd. 7-18-89.	ACTION: Approved ☒ Disapproved ☐	Signature: Paul Bouma
3. City or County Engineer :	Date Rec'd. 7/14/89. Date Frwd. _____.	ACTION: Approved ☒ Disapproved ☐	Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7/19/89 by: J. C. Hood need sign + drawing
Date: 10/3/89 by: J. C. Hood
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/3/89 By: Jerrold Hood

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
Phone: 471-7800

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: 7-7-89 to 7-8-89. Weather: Precip. 0 Temp. 95°.

All hole's Full From Pre-test

OWNER: Doeden Const. CO.
Address: 3rd. + Midland Syracuse, NE. 269-3446

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"	7-7	6:00 pm	7-8	12:00 pm	7-8	12:00 pm	6"	12:30 pm	5 7/8"	30m	1/8"	
2	36"	7-7	6:00 pm	7-8	12:00 pm	7-8	12:00 pm	6"	12:30 pm	5 7/8"	"	1/8"	
3	36"	7-7	6:00 pm	7-8	12:00 pm	7-8	12:00 pm	6"	12:30 pm	5 7/8"	"	1/8"	
4	36"	7-7	6:00 pm	7-8	12:00 pm	7-8	12:00 pm	6"	12:30 pm	5 3/4"	"	1/4"	
5	36"	7-7	6:00 pm	7-8	12:00 pm	7-8	12:00 pm	6"	12:30 pm	6"	"	0"	
6	36"	7-7	6:00 pm	7-8	12:00 pm	7-8	12:00 pm	6"	12:30 pm	5 7/8"	"	1/8"	

Mike Hoogland
Signature of Person Conducting Test

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

Address 2700 DAN Ave Lincoln NE Phone 464-0638

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

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

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

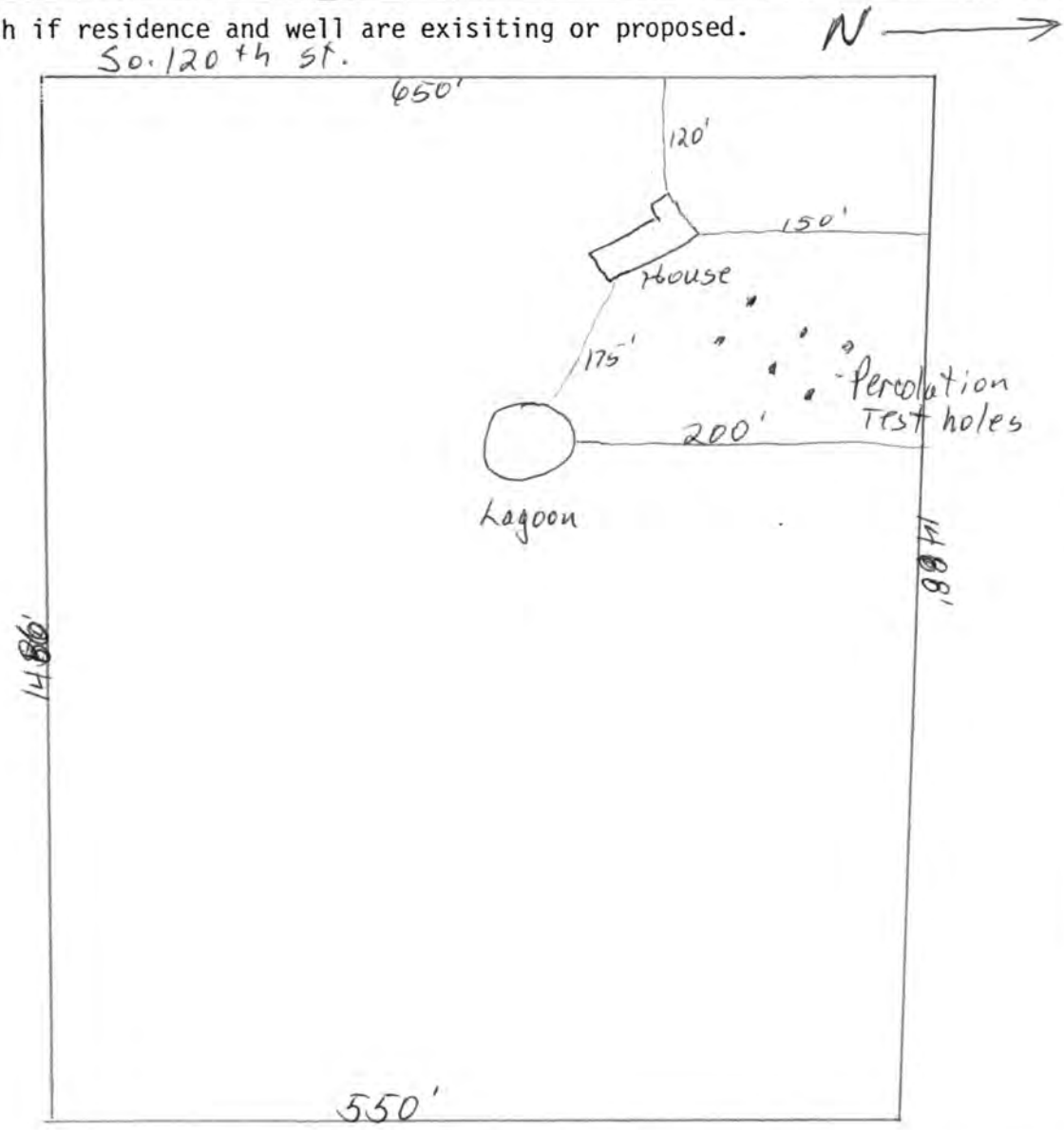
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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C

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:_____

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.

_____
Signature of Reviewing Official

So. 120th St

SEWER CONSTRUCTION DRAWING

Owen L. Henderson
9100 So. 120th
Lincoln, NE 68526

