LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 90390009601

Issued 03/13/90
Expires 09/13/90

ESTABLISHMENT

FOWLER CUSTOM HOMES
T9N R5E SEC 32
LOT 18

FEES: Permit 016754 $150.00

Total $150.00

PERMITTEE

FOWLER C HOMES
1902 NORMANDY LN
LINCOLN NE 68512

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

9038000096

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: $_____

FILE NO._____

DATE:_____

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 32 ;
   Block _____ : Lot 18 I.T. ; Addition _____
   Street Address 12201 Highway 2

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.

Fowler Custom Homes Inc
Kevin Fowler Pres
Signature of Applicant (Owner or Lessee)

1904 Normandy Lane
Lincoln, Ne 68512
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/9/90 . Date Frwd. 3/14/90 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 3-14-90 . Date Frwd. 3-15-90 . ACTION: Approved ☒ Disapproved ☐ Signature: Dave Bauma

3. City or County Engineer: Date Rec'd. 03/14/90 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Ingrid Kenna

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6-19-90 by: mm need drawing
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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
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2200 St. Marys Avenue
Lincoln, Nebraska 68502
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B

FILE NO. _____

Test Taken At 127 + H42 - So. side of Rd.

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: 2-17-90 to 2-18-90. Weather: Precip. 0 Temp. 30°.

Hole's-1-6-had water in From Pre-Test

OWNER: Kerwin + Mavis Fowler

Address: 1902 Normandy Ln. 68512 423-3195

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./Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36"	2-17	1:00 Pm	2-18	10:00 Am	2-18	10:00 Am	6"	2:00 pm	5 3/4"	30m	1/4"	
2	36"	2-17	1:00 Pm	2-18	10:00 Am	2-18	10:00 Am	6"	2:00 pm	5 3/8"	30m	5/8"	
3	36"	2-17	1:00 Pm	2-18	10:00 Am	2-18	10:00 Am	6"	2:00 pm	5"	30m	1"	
4	36"	2-17	1:00 Pm	2-18	10:00 Am	2-18	10:00 Am	6"	2:00 pm	5"	30m	1"	
5	36"	2-17	1:00 Pm	2-18	10:00 Am	2-18	10:00 Am	6"	2:00 Pm	5"	30m	1"	
6	36"	2-17	1:00 Pm	2-18	10:00 Am	2-18	10:00 Am	6"	2:00 pm	5 3/4"	30m	1/4"	

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

Mike Hoagland
Signature of Person Conducting Test

Address 2700 Dan Ave Phone 464-0638 Pre-Cast Step Co.

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): Wymore Silty Clay Loam

Date: MARCH 9, 1990

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

Jerrold C. Hood
Signature of Reviewing Official