LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 95380127501

Issued 02/09/95
Expires 08/09/95
Revenue Code 18754

Establishment
MARVIN CHAMBERS
T9N R8E SEC 33

FEES: $150.00

TOTAL $150.00

Permittee
MARVIN CHAMBERS
14401 ROKEBY RD
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

A

FILING FEE: $_____

FILE NO._____

DATE: 2/8/95

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 N½ NE¼ 33 ;
   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: None ft.

Marvin D. Chambers
Signature of Applicant (Owner or Lessee)

14401 Rokeby Rd. Bennet Ne 68317
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 2/8/95. Date Frwd. 2/9/95. ACTION: Approved ☑ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 2-9-95. Date Frwd. 2-9-95. ACTION: Approved ☑ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd 2-9-95. Date Frwd. 2-9-95. ACTION: Approved ☑ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 6/12/95 by: L.C.H. Started but not completed. Need drawing.
Date: 7/13/98 by: L.C.H.
Date: 8/5/98 by: L.C.H.

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/5/98 By: Jerrold C. Hood

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 22-43

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

Test Location 1/2 mile west of Bennet Corner stop So. side of Rd.

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: 1-21-95 to 1-22-95. Weather: Precip. 0 Temp. 25°.

Hole's 1-2-3 Had water in From Pre-Test

OWNER: Marvin D. Chambers
Address: Rt. 1, Box 103 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"	1-21	9:30 Am	1-22	8:00 Am	1-22	8:00 Am	6"	10:00 Am	5 3/4	30m	1/4"	
2	36"	1-21	9:30 Am	1-22	8:00 Am	1-22	8:00 Am	6"	10:00 Am	5 7/8	30m	1/8"	
3	36"	1-21	9:30 Am	1-22	8:00 Am	1-22	8:00 Am	6"	10:00 Am	5 7/8"	30m	1/8"	
4	36"	1-21	9:30 Am	1-22	8:00 Am	1-22	8:00 Am	6"	10:00 Am	5 1/2"	30m	1/2"	
5	36"	1-21	9:30 Am	1-22	8:00 Am	1-22	8:00 Am	6"	10:00 Am	5 5/8	30m	3/8"	
6	36"	1-21	9:30 Am	1-22	8:00 Am	1-22	8:00 Am	6"	10:00 Am	5 3/4	30m	1/4"	

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

Mike Hoogland
Signature of Person Conducting Test

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

(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

_____
Signature of Reviewing Official

Terry & Connie Chambers
14501 Rokeby Rd.
Bennet, NB. 68317

