LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

No. 96380146401

Permit

SEWAGE INSTALLATION

Issued 08/09/96
Expires 02/09/97
Revenue Code 18754

Establishment

BARRY SHULL
T12N R6E SEC 29
LOT 14
3001 W DAVEY ROAD

FEES: $150.00

TOTAL $150.00

Permittee

BARRY SHULL
10542 FORREST DR
OMAHA NE 68124

Issued By M. Jane Ford
Health Director

2462

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

A

FILING FEE: $ 150.-

FILE NO. _____

DATE: 8-1-96

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. T-12-N ; Range R-6-E ; Section 29 ;
   Block _____ : Lot 14 I.T. : Addition _____
   Street Address 3001 W. Davey Rd, Raymond NE

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe 2 Story ranch

3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒

4. Distance to public sewer: _____ ft.

LEGAL DESCRIPTION
LOT 14, N 33' RD
RT OF WAY 29-12N-6E

B. Dill
Signature of Applicant (Owner or Lessee)

10542 Forest Dr.
Address
Omaha NE 68124

(Do not write below this double line) work (Linda) 472-4519

1. Health Department: Date Rec'd. 8/8/96. Date Frwd. 8/9/96. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8/9/96. Date Frwd. 8/9/96. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 8/9/96. Date Frwd. 8/9/96. ACTION: Approved ☒ Disapproved ☐ Signature: Doug Pillen

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-15-96 by: Lagoon only, must be sealed
Date: 8-26-96 by: mm need fence, sealed
Date: 8-30-96 by: mm pipe exposed out of lake
10-17-96 mm corrected + fence up

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-15-96 By: Lon Mayo

FORM 23-43

Fax # 472-5908

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 441-8022

B

FILE NO. _____

N.W. 40th & Davey Rd.

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: 20.2 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: 4-11-96 to 4-12-96. Weather: Precip. 0 Temp. _____.

OWNER: Barry Shull

Address: _____

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"	4-11	6:30 PM	4-12	7:30 PM	4-12	7:30 PM	6"	8:00 PM	6"	30 min	0	
2	36"	4-11	6:30 PM	4-12	7:30 PM	4-12	7:30 PM	6"	8:00 PM	5 3/4"	30 min	1/4	
3	36"	4-11	6:30 PM	4-12	7:30 PM	4-12	7:30 PM	6"	8:00 PM	5 5/8"	30 min	3/8	
4	36"	4-11	6:30 PM	4-12	7:30 PM	4-12	7:30 PM	6"	8:00 PM	5 3/4"	30 min	1/4	
5	36"	4-11	6:30 PM	4-12	7:30 PM	4-12	7:30 PM	6"	8:00 PM	5 3/4"	30 min	1/4	
6	36"	4-11	6:30 PM	4-12	7:30 PM	4-12	7:30 PM	6"	8:00 PM	6"	30 min	0	

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

Signature of Person Conducting Test

Address 2700 Dan Ave. 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

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 ☐

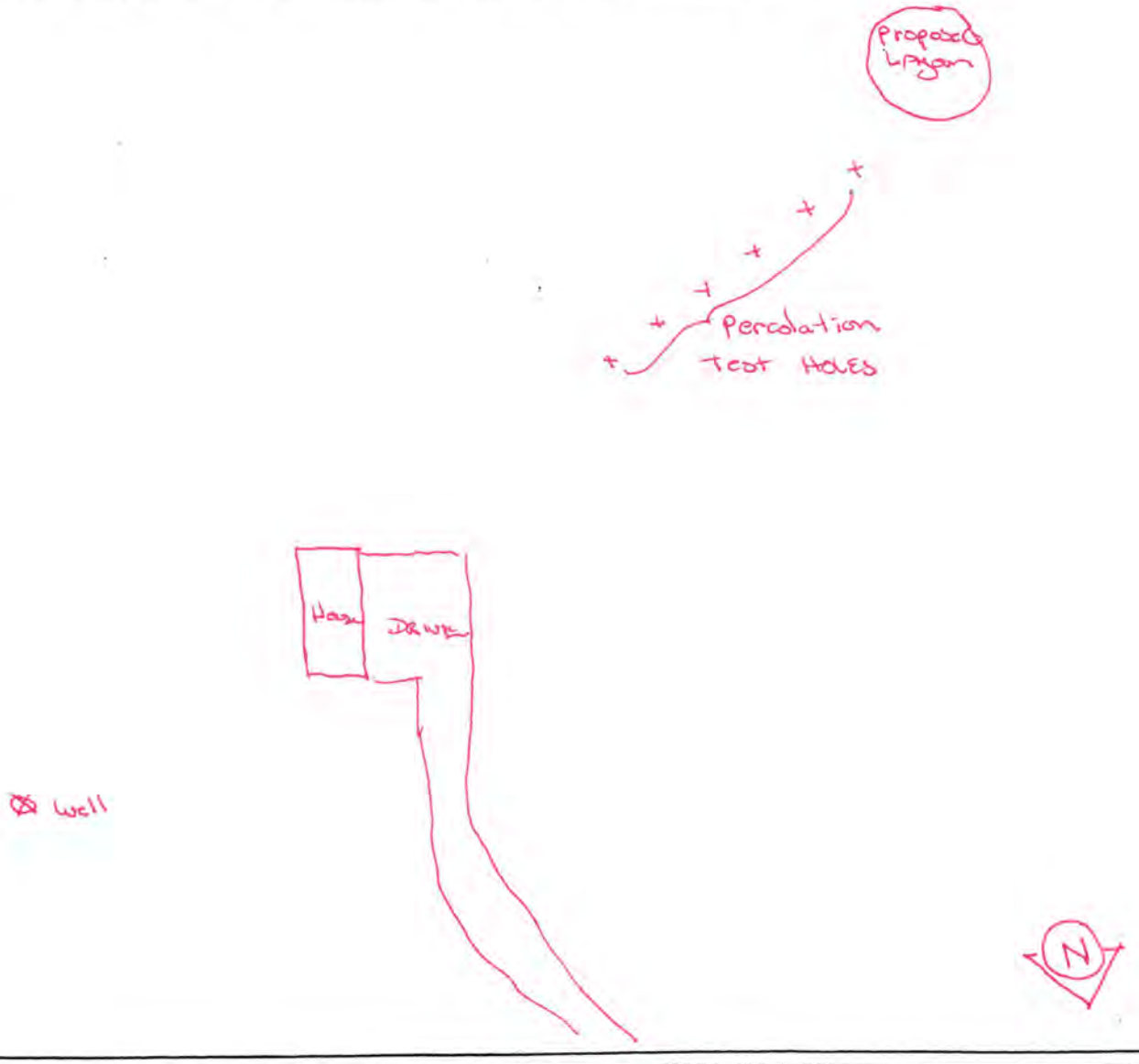
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

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 :_____

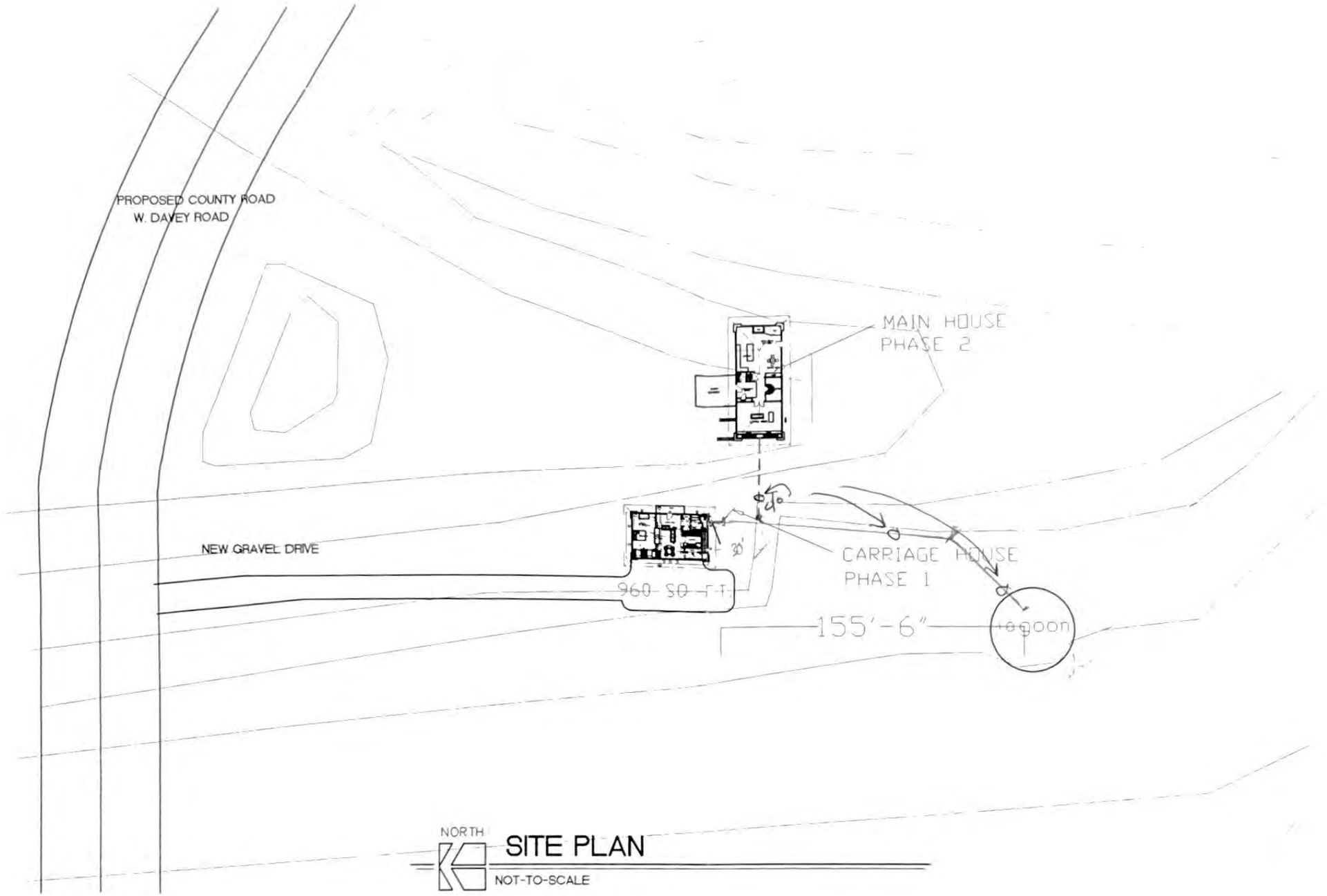
_____

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


NW 40th
New Lafayette
20
29
28
32
33
McD
MrD
MrD2
PaD2
PaC2
ShC
ShD
ShD2
SmD
JuC
BrD
BrE
BpF
McF
SuG
Ke
Ns
Sk
No
Zp
MeC2
DcD
ShE
MrE
Ms
Cr
WtD3
Co
CrB
StF
PbC3
GeD2
DcD2



SITE PLAN

NOT-TO-SCALE

BARRY SHULL / LORRAINE FORTIN
10542 FORREST DR.
OMAHA, NE 68124
(402) 390-9182

3001 W. DAVEY ROAD
RAYMOND, NE 68428

BUILDING: CARRIAGE HOUSE
MANAGER: BARRY SHULL, ARCHITECT
APPROVED

DATE
3/05/96

SHEET #
C2

96 Aug 21 C:\BARRY\HOUSE\GARAGE8