LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 93380097201

Issued 03/31/93
Expires 10/01/93
Revenue Code 18754

Establishment
MARK STANLEY
T12N R6E SEC 29

FEES: $150.00

TOTAL $150.00

Permittee
MARK STANLEY
20210 N SHORE DR
EAGLE NE 68347

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"

BC 930042

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

FILE NO. _____

DATE: 3-30-93

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 29 ; W½SE¼SE¼
   Block _____ : Lot _____ : Addition 2900 W. Brandt Oak Rd
   Street Address NW 27th & Brandt Oak Rd

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.

X Mark D Stark
Signature of Applicant (Owner or Lessee)

70210 N Shore Dr Eagle, Ne 68347
Address 781-2663

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/30/93. Date Frwd. 3/31/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hook
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 4/1/93. Date Frwd. 4/1/93. ACTION: Approved ☐ Disapproved ☐ Signature: Harry Spain
3. City or County Engineer: Date Rec'd. 3/31/93. Date Frwd. 3/31/93. ACTION: Approved ☐ Disapproved ☐ Signature: Don Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 3-25-94 by: rmn must relocate lateral, maybe shift 2e. to call
Date: 3-29-94 by: rmn corrected. need drawing
Date: 1-29-97 by: rmn O.C. to call.

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-18-96 By: John E Miller

~~* PROVISIONAL APPROVAL~~ Drawing received 2-3-97
(LACKS REQUIRED FORMS)

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: 3-23- to 3-24-93. Weather: Precip. _____ Temp. _____.

X OWNER: _____

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	30	3-23	3:30	3-24	8:00	3-24	10:30	18	11:00	20	30	2	
2	1							12½		13½		1	
3	1							9½		10⅝		1⅛	
4	1							13¾		15¾		2	
5	1							13¼		13¼		⅛	
6	1							16⅛		16¼		⅛	

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

Larry Schwarek Trenching
Signature of Person Conducting Test

Address 8200 old Cheney Rd. Phone 489-7294

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Malcolm Silt Loam
Date: MARCH 30, 1993

Approved Percolation Rate (a)
A. 28 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 ☒

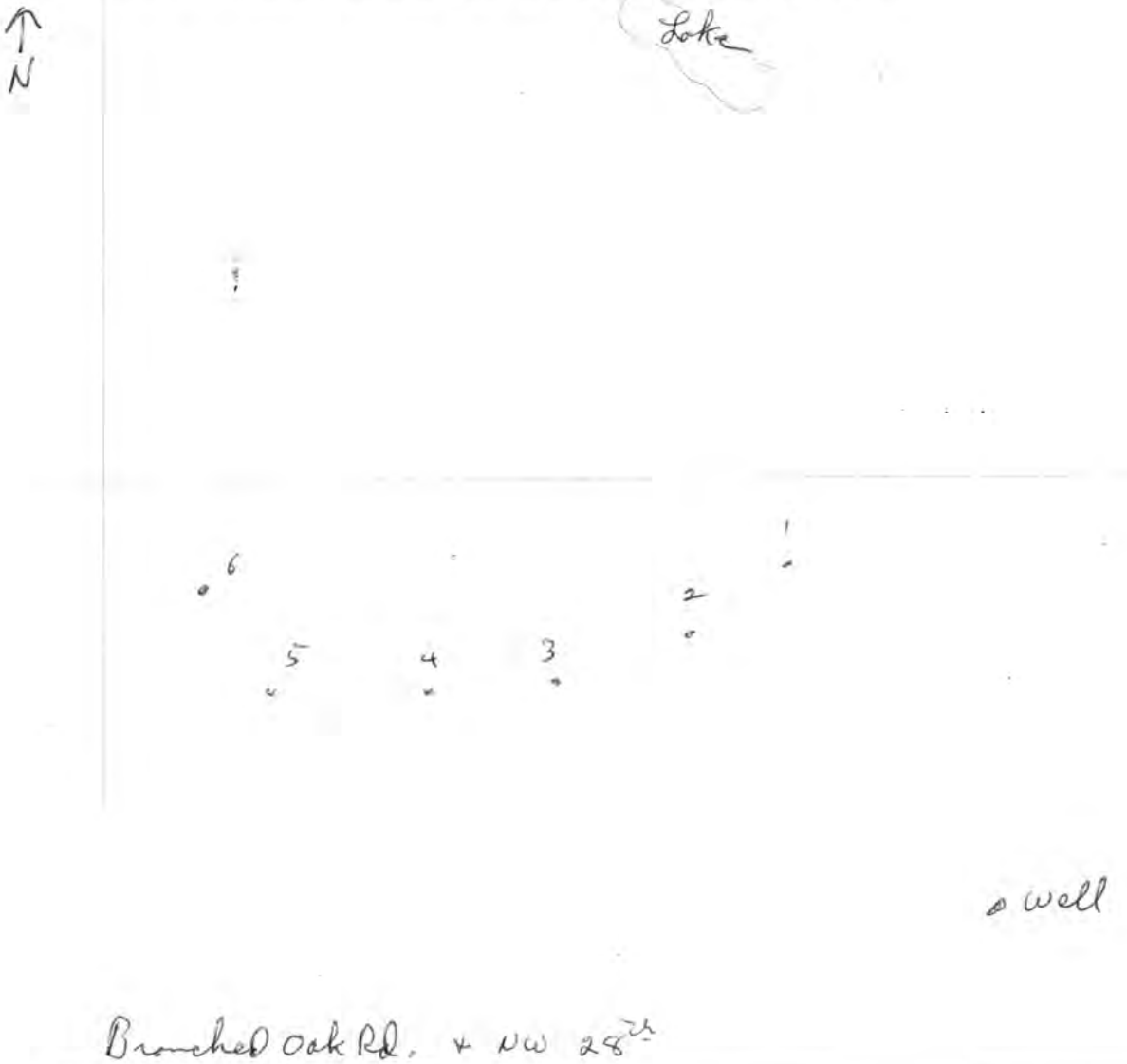
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C

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: _____

4' - 181
3 - 247

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 725 sq.ft.

_____ _____
Signature of Reviewing Official

2900 w Branched oak rd
Raymond, NE 68428

FEB 3 1997

