LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2388-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

MARCH 8, 1987 — THIS PERMIT EXPIRES

JAMES L. FERGUSON — ISSUED TO

5015 W. VALE — ADDRESS

LINCOLN, NE 68524

T10N; R5E; Sec 5; Bk 3; Lot 4; Pawnee Estates — 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
CB	9/8/86	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

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. 2388-C

DATE: September 2, 1986

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. 10 North ; Range 5 east of 6th Section ~~14~~ 15;
   Block 3 : Lot 4 : Addition PAWNEE ESTATES
   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: Rural ft.

James L. Ferguson
Signature of Applicant (Owner or Lessee)

5015 W. Vale
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/8/86. Date Frwd. 9/8/86. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9-8-86. Date Frwd. 9-8-86. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Baumo
3. City or County Engineer: Date Rec'd. 9/8/86. Date Frwd. 9/8/86. ACTION: Approved ☒ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10-8-86 by: JMM (need drawing)
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: NOV-4-86 By: Ron Maynard

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

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. 2388-C

PROPERTY WHERE SOIL TESTED:

Location: Township 10 North ; Range 5 east of 6th pm ; Section & ¼ Section NW¼ of Sect 5
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: 8/30 to 8/31 . Weather: Precip. 0 Temp. 80° .

OWNER: James L or Rebecca A. Ferguson

Address: 5015 W. Vale

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	8/30	11:00	8/31	1:00	8/31	4:30	25	5:00	25⅛	30	⅛	
2	36	8/30	11:00	8/31	1:00	8/31	4:30	25	5:00	25½	30	½	
3	36	8/30	11:00	8/31	1:00	8/31	4:30	22	5:00	23⅛	30	1⅛	
4	36	8/30	11:00	8/31	1:00	8/31	4:30	19½	5:00	19½	30	0	
5	36	8/30	11:00	8/31	1:00	8/31	4:30	25	5:00	25½	30	½	
6	36	8/30	11:00	8/31	1:00	8/31	4:30	17	5:00	17	30	0	

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

James L. Ferguson
Signature of Person Conducting Test

Address 5015 W. Vale Phone 470-2893

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

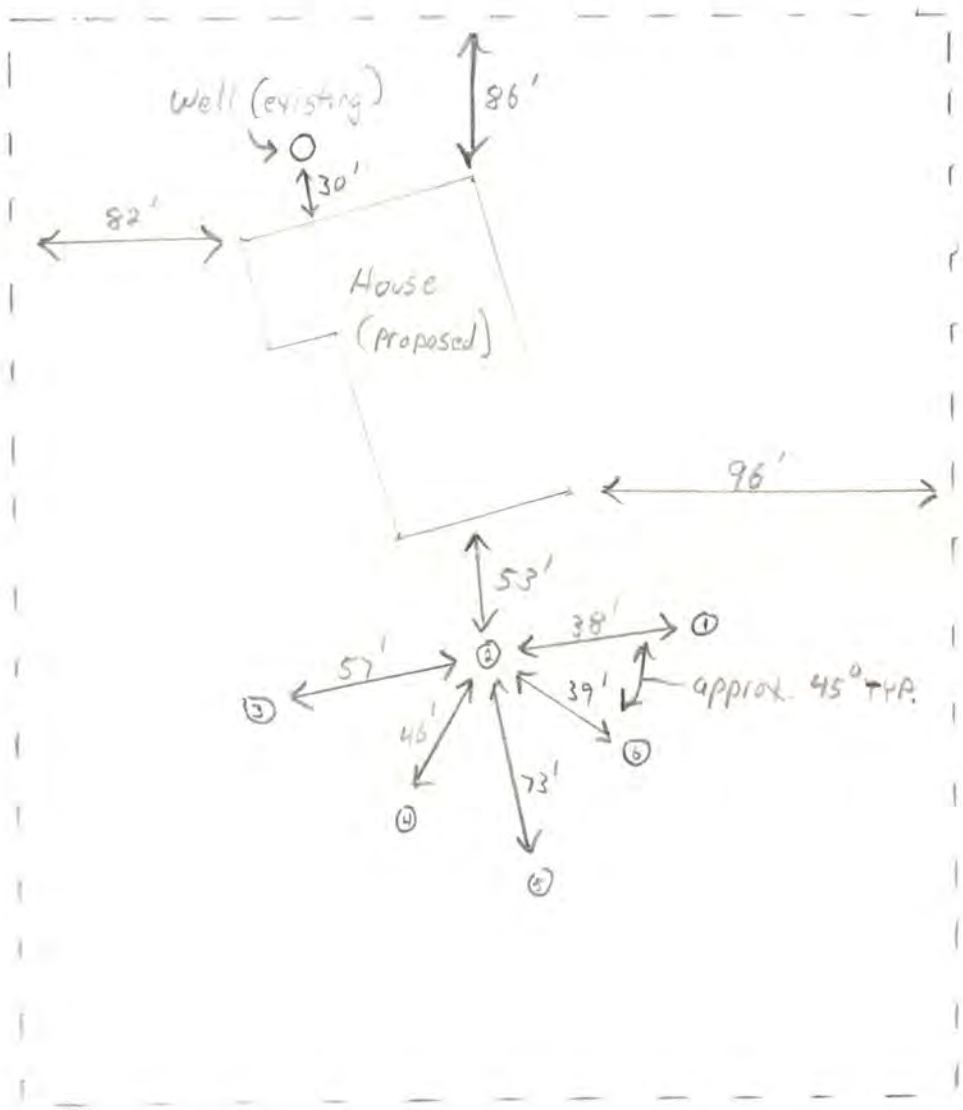
Date: _____

Approved Percolation Rate (a)
A. 69 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 2200 St. Marys Avenue Lincoln, Nebraska 68502 Phone: 471-7800 **C**
Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.	FILE NO. 2388-C

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

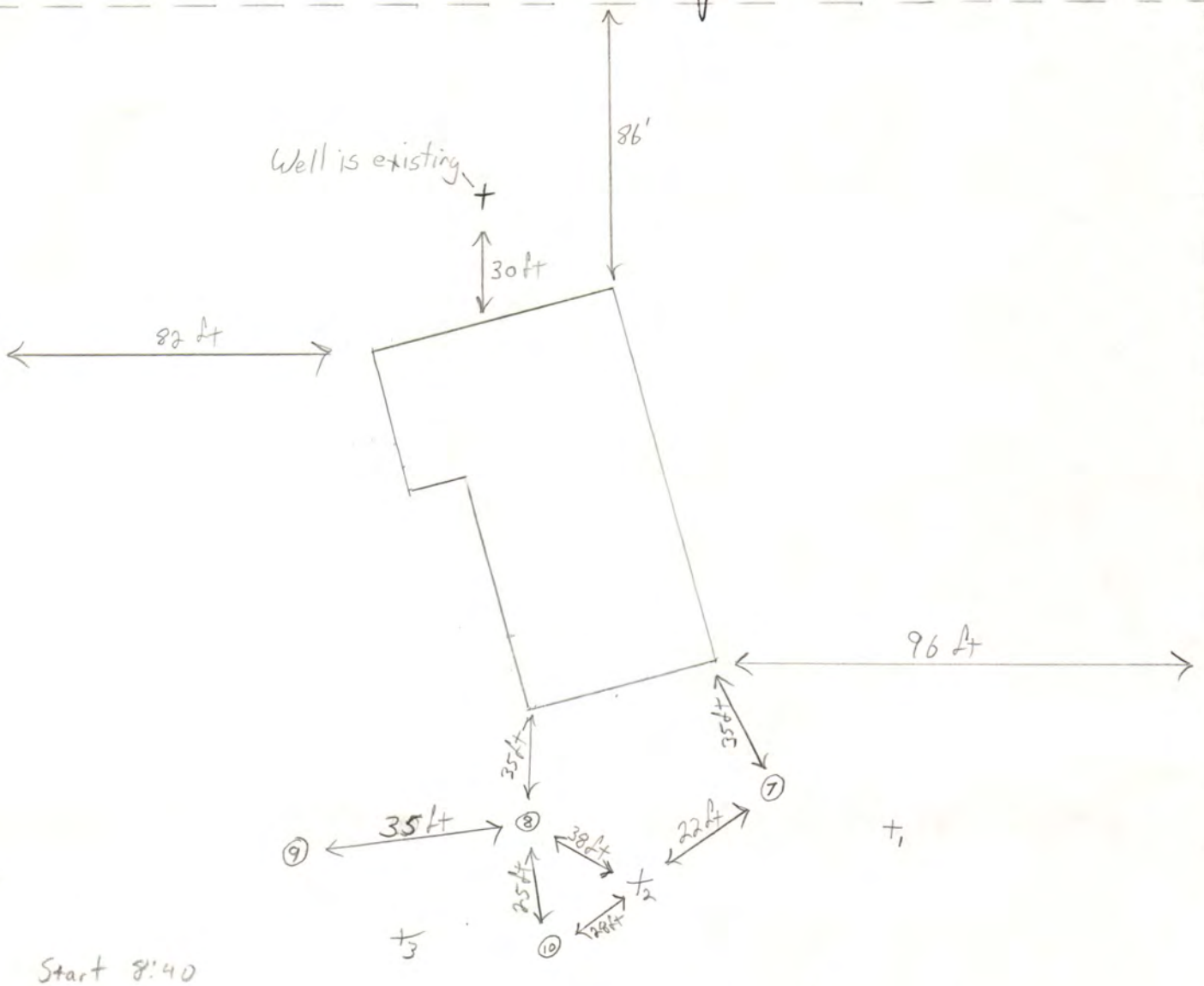
_____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 223 ft.
3. With a Trench Width of 18 in.
4. Total Area of Lateral needed 893 sq.ft.

_____
Signature of Reviewing Official

New perc. test 2388-C



Start 8:40
Finish 12:40
Temp 65° rain for first 2 hours

last 30 min reading

(7)	19 to 19 1/2	1/2" change
(8)	13 3/4 to 14 1/8	3/8" change
(9)	15 3/8 to 15 7/8	1/2" change
(10)	16 1/2 to 17 5/8	1 1/8" change

+ already tested holes

O new holes

44 min/in.

REC'D NOV 4 1986

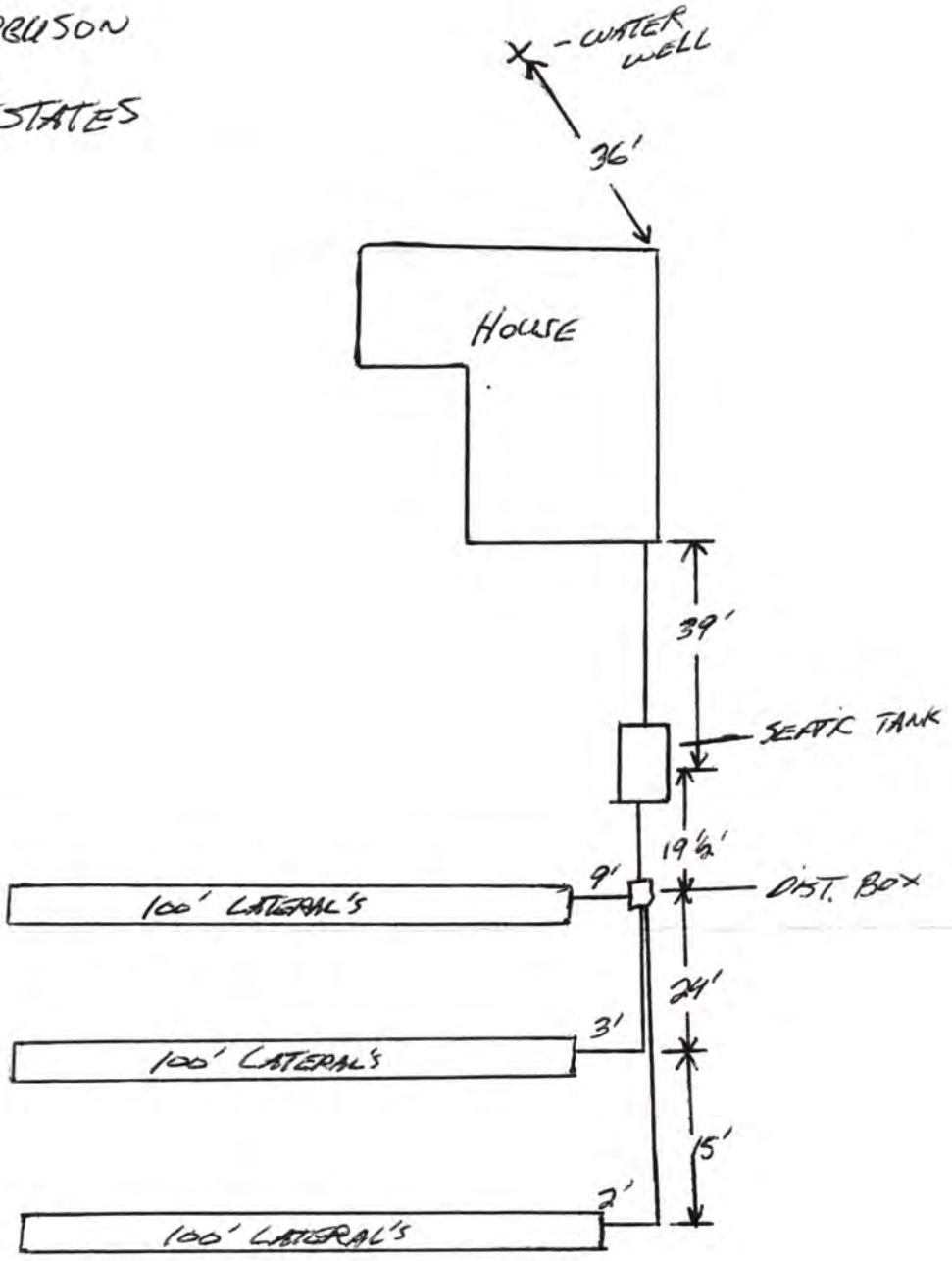
10N, R5E, 5

Earnest Pump Co.

WELL DRILLING & REPAIR
P. O. BOX H 400 2ND ST.
MILFORD, NE 68405
(402) 761-2281

JIM FERGUSON

PAWNEE ESTATES



CONCRETE TANK & LATERAL'S

36" TRENCH

1,000 GAL. SEPTIC TANK