LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2314-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

OCTOBER 23, 1986 — THIS PERMIT EXPIRES

VICKY BORDEAUX — ISSUED TO

3700 CORNHUSKER, 33-B LINCOLN, NE 68504 — ADDRESS

T12N; R6E; Sec 25 — 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

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. 2314-C

DATE: 4-22-86

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 25 ;
   Block _____ : Lot _____ : Addition THE WEST 690' OF THE EAST 1,380' OF THE S½ OF THE S½
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2 . Describe _____

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

4. Distance to public sewer: miles ft.

Vicky Bordeaux
Signature of Applicant (Owner or Lessee)

3700 Cornhusker 33B Lincoln NE 68504
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/23/86. Date Frwd. 4/24/86. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 4/24/86. Date Frwd. 4/24/86. ACTION: Approved ☐ Disapproved ☐ Signature: Gary N. Sherwood

3. City or County Engineer: Date Rec'd. 4/24/86. Date Frwd. 4/24/86. ACTION: Approved ☒ Disapproved ☐ Signature: Hugh R. Harmon

REMARKS OR REASONS FOR DISAPPROVAL Contains 20.38 AC Less Road.

Site Visits:
Date: 4/23/86 by: L. C. H.
Date: _____ by: _____
Date: _____ by: _____

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

oops need drawing

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4/25/86 By: Jerrold C. Hood

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. 2314-C

PROPERTY WHERE SOIL TESTED:

Location: Township 12 North; Range 6 east of 6. P.M.; 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: 4-1-86 to 4-2-86. Weather: Precip. 1" Temp. 68.

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	36	4-1-86	5:30	4-1-86	9:30	4-2-86	8 Am	6	7 pm	4	30	2	15 - 1
2	36	4-1-86	5:30	4-1-86	9:30	4-2-86	8 Am	6	7 pm	4 1/4	30	1 3/4	17.5 - 1
3	36	4-1-86	5:30	4-1-86	9:30	4-2-86	8 Am	6	7 pm	4 1/2	30	1 1/2	20. 1
4	36	4-1-86	5:30	4-1-86	9:30	4-2-86	3 pm	6	7 pm	3 1/2	30	2 1/2	12 - 1
5	36	4-1-86	5:31	4-1-86	9:31	4-2-86	3 pm	6	7 pm	3 3/4	30	2 1/4	13.3 1
6	36	4-1-86	5:31	4-1-86	9:31	4-2-86	3 pm	6	7 pm	3 3/8	30	2 1/4	13.3 1
						Refilled To 6" after 3½ Hrs							

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

Dennis Dulin
Signature of Person Conducting Test

Address Box 91A Raymond, NE Phone 783-3623

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): Morrill Clay Loam

Date: April 23, 1986

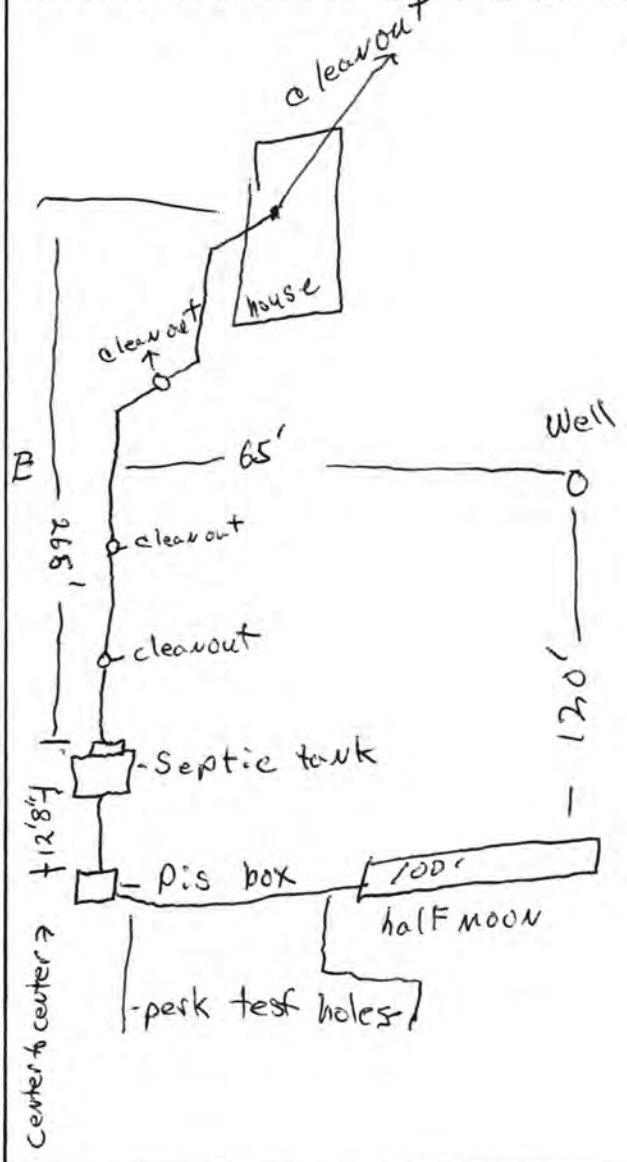
Approved Percolation Rate (a)
A. 15 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

REC'D APR 25 1986

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._____

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