LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 92380085401

Issued 06/08/92
Expires 12/08/92

ESTABLISHMENT

DALE SUNDEEN
T12N R6E SEC 25
1600 BRANCHED OAK RD

FEES: Permit 108754 $150.00

Total $150.00

PERMITTEE

DALE SUNDEEN
7000 N 98 ST
LINCOLN NE 68505

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
6/9/92	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

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:_____

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 12N; Range 6E; Section 25; E½ SW¼ SW¼
   Block_____: Lot_____: Addition_____
   Street Address 1600 Branched Oak Rd.
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2. Describe 1640 sq. ft. modular
3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐
4. Distance to public sewer: many, many ft.

Dale Lundeen
Signature of Applicant (Owner or Lessee)

7000 N. 98 Lincoln, Ne. 68505
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/18/92. Date Frwd. 5/20/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hoos
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 5/20/92 Date Frwd. 5/20/92 ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]
3. City or County Engineer: Date Rec'd. 05/20/92. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date:_____ by:_____
Date:_____ by:_____
Date:_____ by:_____

INSTALLATION FINAL WRITTEN APPROVAL
Date:_____ By:_____

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

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
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: E½ SW¼ SW¼

Location: Township T12N ; Range 6E ; Section & ¼ Section 25 .
Property Dimensions: 686 ft. x 1320 ft. Area: 20.89 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☒ ; Silt Loam ☐ ; Clay Loam ☐
Dates of Tests: 5-11 to 5-12 . Weather: Precip. Dry Temp. 80

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	35	5-11	12:00 PM	5-12	6:00 PM	5-12	6:00	6 6"	12:00	4½	240	5½	30 - 5½
2	35	5-11	12:00	5-11	6:00	5-12	6:00	6"	12:00	4	240	5⅛	30 - 5⅝
3	35	5-11	12:00	5-11	6:00	5-12	6:00	6"	12:00	5¼	240	4¾	30 - ½
4	35	5-11	12:00	5-11	6:00	5-12	6:00	6"	12:00	4¼	240	4¾	30 - ½
5	35	5-11	12:00	5-11	6:00	5-12	6:00	6"	12:00	4	240	5	30 - 5/9
6	35	5-11	12:00	5-11	6:00	5-12	6:00	6"	12:00	4½	240	4⅞	30 - 5/8

Rick Sundeen
Signature of Person Conducting Test

Address R+3 Lincoln Phone 467-1374

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

(Do not write below this line)

REVIEWING ACTION

Remarks: Three soils in area Wymore Blakeney
Soil Type (SCS): Morrill Clay Loam
Date: May 18, 1992

Approved Percolation Rate (a)
A. 53 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold C. Hoos
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 ☐

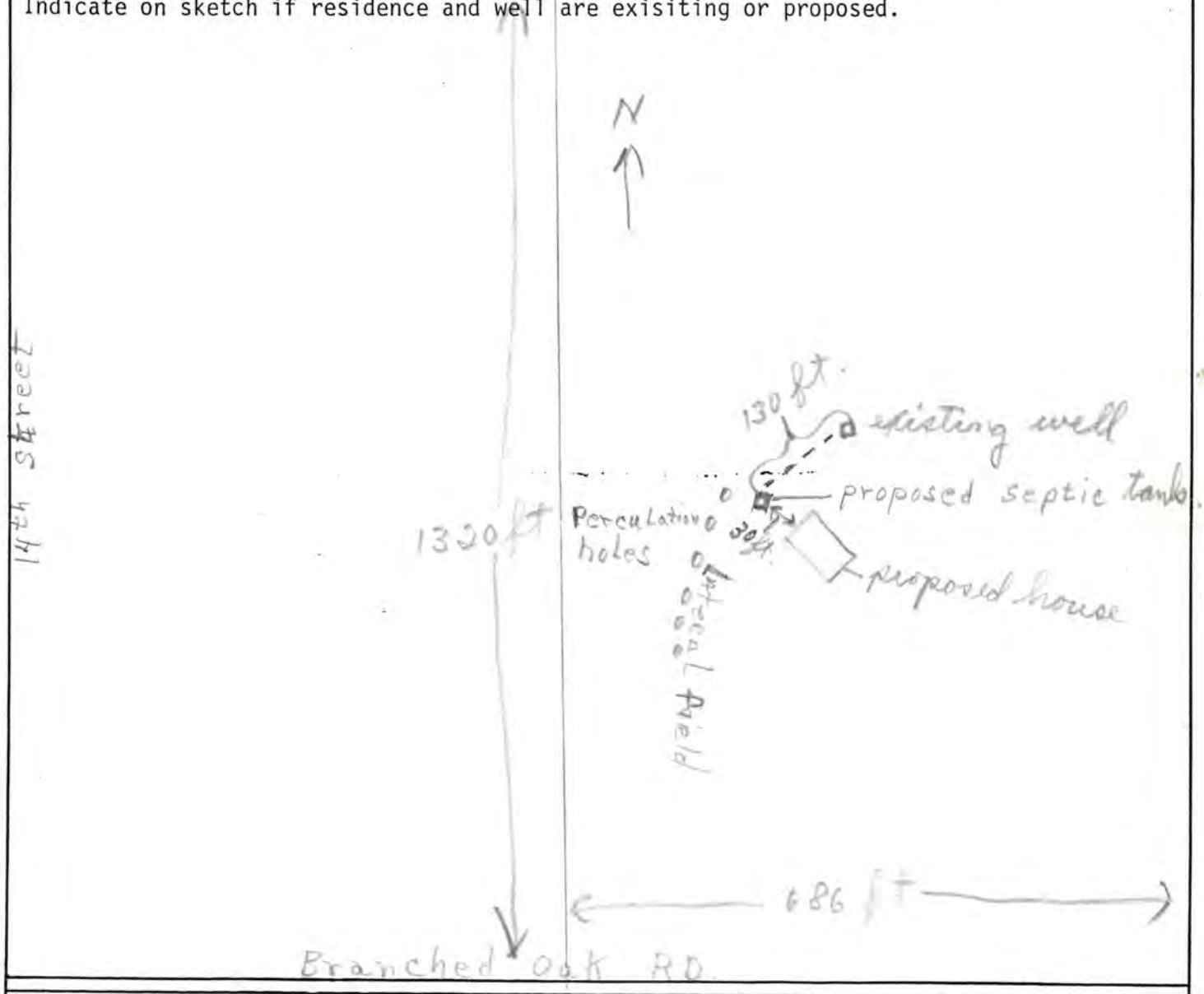
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C

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: May 18, 1992

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 625 sq.ft.

303
2)625
6
25

208
3)625
6
25

Jerrold C. Hood
Signature of Reviewing Official