# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2748-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

6 MONTHS — THIS PERMIT EXPIRES

HAROLD DEINERT ROUTE 4, — ISSUED TO

LINCOLN, NE 68528 — ADDRESS

T10N; R5E; Sec 16; Route 4, Lincoln, NE 68528 — 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 |
|---|---|---|
| 116 | 10-3-58 | |

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

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

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 MD

FILE NO. 2748-C

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. 10N ; Range 5E ; Section 16 ;
   Block _____ : Lot _____ : Addition SE¼ and N½ of SW.
   Street Address Rt 4 Lincoln

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: _____ ft.

Harold Diemert
Signature of Applicant (Owner or Lessee)

Rt. 4 - Lincoln Nebr.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/30/88. Date Frwd. 10/3/88. ACTION: Approved ☒ Disapproved ☐ Signature: Carroll C. Noee

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10/3/88. Date Frwd. 10/3/88. ACTION: Approved ☒ Disapproved ☐ Signature: Deb Y Best

3. City or County Engineer: Date Rec'd. 10/3/88. Date Frwd. 10/3/88. ACTION: Approved ☒ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10/28/88 by: D.S.
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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 10 ; Range 5 ; Section & ¼ Section 16.
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: _____ to _____. Weather: Precip. _____ Temp. _____.

OWNER: Harold Wiemert

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 9-27 End 9:28 | | | | 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 | | | | | | | | | | | 10 min | 6 in. or more | |
| 2 | | | | | | | | | | | " | " | |
| 3 | | | | | | | | | | | " | " | |
| 4 | | | | | | | | | | | " | " | |
| 5 | | | | | | | | | | | " | " | |
| 6 | | | | | | | | | | | " | " | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

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

_____
Signature of Person Conducting Test

Address _____ Phone _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Morrill Clay Loam
Date: ~~October~~ September 30, 1988

Approved Percolation Rate (a)
A. 5 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold E. 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 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
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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: September 30, 1988

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 250 sq.ft.

Gerrold C. Hood
Signature of Reviewing Official