LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2175-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

AUGUST 21, 1985 — THIS PERMIT EXPIRES

DAVID L. WACKER — ISSUED TO

RT #4 — ADDRESS

LINCOLN, NE 68528

T10N; R5E; Sec 17 NW¼ — 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
CO	8/16/85	

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. 2175-C

DATE: February 21, 1985

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. T10N ; Range R5E ; Section 17 NW¼
   Block _____ : Lot _____ : Addition _____
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

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

4. Distance to public sewer: _____ ft.

David L. Wacker
Signature of Applicant (Owner or Lessee)

Rt #4 Lincoln, Ne. 68528
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 2/21/85. Date Frwd. 2/22/85. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 2-22-85. Date Frwd. 2-22-85. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bauer

3. City or County Engineer: Date Rec'd. 2/22/85. Date Frwd. 2/26/85. ACTION: Approved ☒ Disapproved ☐ Signature: Larry W. Worrell

REMARKS OR REASONS FOR DISAPPROVAL LAGOON WILL BE SEALED.

Site Visits:
Date: 10/2/85 by: J.C.H. need fence
Date: 10/25/85 by: J.C.H. bracing, lagoon a little large & too close to stock well.
Date: 1/2/86 by: J.C.H. fence ok, lagoon smaller & out from stock well
1/7/86 by J.C.H. still need signs & drawing

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1/7/86 By: Jerrold C. Hood

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. 2175-C

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 ☒ plus.
Dates of Tests: 6-4-85 to 6-5-85. Weather: Precip. 0 Temp. 70°.

Hole's 3-4-6 still had water in from pre-test

OWNER: Dave Wacker
Address: NW 126th & Stand 1¾ North, East Side

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"	6-4	6:00 pm	6-5	4:00 pm	6-5	4:00 pm	6"	5:30 pm	5 3/4"	30m	1/4"	
2	36"	6-4	6:00 pm	6-5	4:00 pm	6-5	4:00 pm	6"	5:30 pm	5 3/4"	30m	1/4"	
3	36"	6-4	6:00 pm	6-5	4:00 pm	6-5	4:00 pm	6"	5:30 pm	5 7/8"	30m	1/8"	
4	36"	6-4	6:00 pm	6-5	4:00 pm	6-5	4:00 pm	6"	5:30 pm	5 7/8"	30m	1/8"	
5	36"	6-4	6:00 pm	6-5	4:00 pm	6-5	4:00 pm	6"	5:30 pm	5 7/8"	30m	1/8"	
6	36"	6-4	6:00 pm	6-5	4:00 pm	6-5	4:00 pm	6"	5:30 pm	5 7/8"	30m	1/8"	

William M. Hoogland
Signature of Person Conducting Test
Address 2701 N 27th Phone 464-0638

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

(Do not write below this line)

REVIEWING ACTION

Remarks:_____
Soil Type (SCS):_____
Date:_____

Approved Percolation Rate (a)
A._____min./inch
B._____min./inch
C._____min./inch

_____
Signature of Reviewing Official

DAVE WACKER RT 4 LINCOLN NE.

