LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1650-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

October 30, 1980 — THIS PERMIT EXPIRES

Harvey Deinert — ISSUED TO

Route 6, Lincoln, Nebraska 68502 — ADDRESS

T10N, R5E, Section 21 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

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: 474-1541

FILING FEE: $ 60.00

FILE NO. 1650-C

DATE: April 22

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 N ; Range 5 E ; Section 21 SE¼
   Block _____ : Lot _____ : Addition _____
   Street Address _____

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

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

4. Distance to public sewer: none ft.

Harvey Deinert
Signature of Applicant (Owner or Lessee)

Route #6 Lincoln
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/29/80. Date Frwd. 4/30/80. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: Rodger Harris

3. City or County Engineer: Date Rec'd. 4-30-80. Date Frwd. 4-30-80. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

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

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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: 474-1541

B

FILE NO. 1650-C

PROPERTY WHERE SOIL TESTED:

Location: Township 10 ; Range 5 ; Section & ¼ Section 21.
Property Dimensions: _____ ft. x _____ ft. Area: 101 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: Harvey Deinert
Address: Route #6 Lincoln

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	Apr. 23	6-45	Apr. 24	6-45	Apr. 24	8 AM	6	8-30	6	30	none	
2	31	"	"	"	"								
3	"	"	"	"	"		no water level						
4	"	"	"	"	"		drop in 30						
5	"	"	"	"	"					mins			
6	"	"	"	"	"					on any hole			

Harvey Deinert
Signature of Person Conducting Test

Address Route #6 Lincoln Phone 4752296

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Shelby Clay Loam or Sharpsburg Silty Clay Loam
Date: April 29, 1986

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

Jerrold C. Hood
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: 474-1541

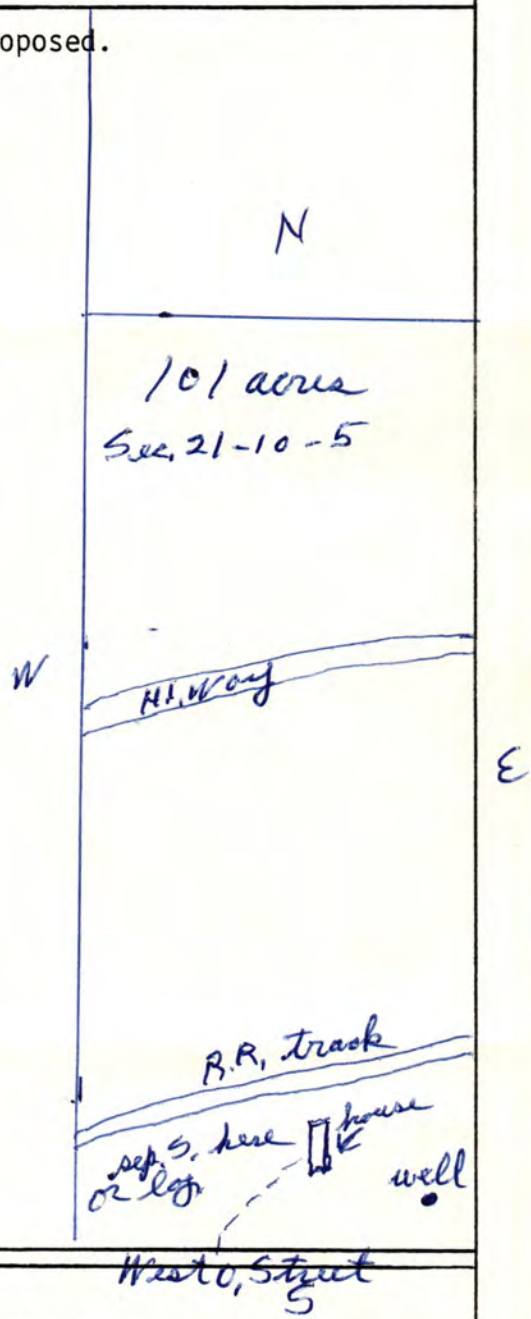
C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

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

residence & well are here on place
one new well to be added



REVIEWING ACTION

Remarks: _____

Date: April 29, 1980

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.

Jerrold C. Hood
Signature of Reviewing Official