LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2695-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

JANUARY 8, 1989 — THIS PERMIT EXPIRES

BURDETTE PIENING — ISSUED TO

ROUTE #6 LINCOLN, NE 68502 — ADDRESS

T10N; R5E; Sec 21; 220 N.W. 112 — 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. 2695-C

DATE: 7/8/88

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: SW ¼ of SW 21

1. Legal description of property: Twp. 10N ; Range 5E ; Section 21 ;
   Block — : Lot — : Addition
   Street Address 220 N.W. 112th

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

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

4. Distance to public sewer: N.A. ft.

Burdette Fleming
Signature of Applicant (~~Owner~~ or Lessee)

Rt 6 Lincoln, Ne 68502
Address
475-0632

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/8/88. Date Frwd. 7/11/88. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold E. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 7/11/88. Date Frwd. 7/11/88. ACTION: Approved ☒ Disapproved ☐ Signature:

3. City or County Engineer: Date Rec'd. 7/11/88. Date Frwd. . ACTION: Approved ☒ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL

Site Visits:
Date: 7/11/88 by: L.C.H.
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

Test Taken ¼ mi. of NW 112 + O East Side

FILE NO. 7695-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 ☒ .
Dates of Tests: 4-29-88 to 4-30-88. Weather: Precip. 0 Temp. 70°.

Test Taken 2 - Blk. N of NW 112 + O East Side

Holes - 1-2-5-6 Had water in From Pre-test

OWNER: Burette Piening

Address: Route 6 Lincoln, NE 68502
475-0632

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"	4-29	6:00 pm	4-30	11:45 Am	4-30	11:45 Am	6"	12:15 pm	5¾"	30m	¼"	
2	36"	4-29	6:00 pm	4-30	11:45 Am	4-30	11:45 Am	6"	12:15 pm	6"	"	0"	
3	36"	4-29	6:00 pm	4-30	11:45 Am	4-30	11:45 Am	6"	12:45 pm	5⅝"	"	⅜"	
4	36"	4-29	6:00 pm	4-30	11:45 Am	4-30	11:45 Am	6"	12:45 pm	5⅜"	"	⅝"	
5	36"	4-29	6:00 pm	4-30	11:45 Am	4-30	11:45 Am	6"	12:15 pm	5⅞"	"	⅛"	
6	36"	4-29	6:00 pm	4-30	11:45 Am	4-30	11:45 Am	6"	12:15 pm	5¾"	"	¼"	

Mike Hoogland
Signature of Person Conducting Test

Address 2700 Dan Ave Phone 464-0638
Pre-Cast Step Co.

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: May 3, 1988

Approved Percolation Rate (a)
A. 120 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official