#1838

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

APRIL 20, 1982 — THIS LICENSE OR PERMIT EXPIRES

JESUS S. SANCHEZ 7503 WEST O STREET LINCOLN NE 68528 — LICENSEE OR PERMITTEE / ADDRESS

T10N, R5E, SECTION 26, LOT 47IT, ADDITION NE¼ of 26 — NAME OF ESTABLISHMENT, IF ANY / ADDRESS

REMARKS: NONTRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
018754	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
59058	4218	30.00 -

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

HEALTH APPLICATION

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

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1838

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 10-19-81

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☐, or REPAIR ☒ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 10N; Range 5E; Section 26;
Block ____; Lot 47 I.T.; Addition NE ¼ - 26
Street Address R# 6

2. Property Use: Residential ____ ☐; Commercial ____ ☒
No. Bedrooms ____ Describe ____
Other Use ☐
Describe None

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

4. Description of proposed alteration, extension or repair: Add drain. field. 100' SIX FOOT WIDE, PLUS DISTRIBUTION BOX, PLUS SEWER. PIPE.

5. Work to be done by: Owner ☒; or Contractor ☐, ____
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL (over)	$4,000.00

Signature of Applicant (owner or lessee)

7503 West "O" or RR #6
Address Lincoln Nebr.

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: ____
Filing Fee: $ 30.00

2. Site Visits:
Date: 10/23/81 by: J. C. H.
Date: 10-26-81 by: mm
Date: ____ by: ____

3. Date: Approved ☒; Disapproved ☐
by: Jerold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: ____ by: ____

125 – 150 Peoples At 12 Gals per.
Per Week.

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. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 10 ; Range 5 ; Section & ¼ Section Lot 47 of THE NE¼ = 26.
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: 10/15/81 to _____. Weather: Precip. clear dry Temp. 65°.
OWNER: Jesus Sanchez
Address: 9513 Pitt. Lincoln Nebr

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings							
		Start		End		Start			End			Results	
Hold No. 6	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	3'	10/15/81	8AM	10/16/81	8AM								
2	3'	10/15/81	8AM	10/16/81	8AM								
3	3'	10/15/81	8AM	10/16/81	8AM								
4	3'	10/15/81	8AM	10/16/81	8AM								
5	3'	10/15/81	8AM	10/16/81	8AM								
6	3'	10/15/81	8AM	10/16/81	8AM								
7	3'	10/15/81	8AM	10/16/81	8AM								
8	3'	10/15/81	8AM	10/16/81	8AM								

Jim F Felton
Signature of Person Conducting Test

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

Address 1745 N 63rd St Phone 466-4004

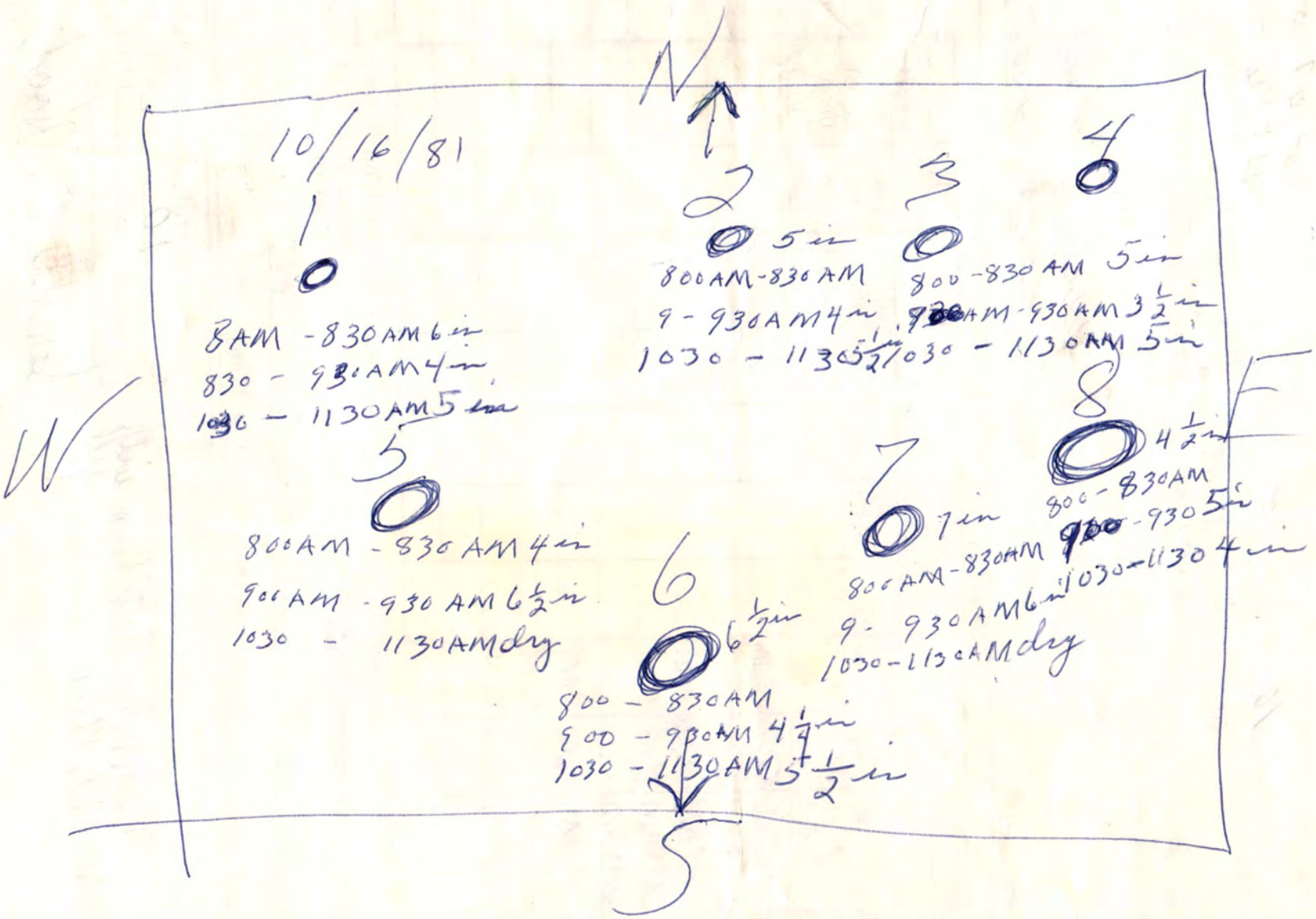
(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Kennebec Silt Loam with fill
Date: October 19, 1981

Approved Percolation Rate (a)
A. 10 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official


10/16/81
N
W
E
S
1
8AM - 830AM 6 in
830 - 930AM 4 in
1030 - 1130AM 5 in
2
5 in
800AM - 830AM
9 - 930AM 4 in
1030 - 1130 5 1/2 in
3
800 - 830AM 5 in
930AM - 930AM 3 1/2 in
1030 - 1130AM 5 in
4
4 1/2 in
800 - 830AM
930 5 in
1030 - 1130 4 in
5
800AM - 830AM 4 in
900AM - 930 AM 6 1/2 in
1030 - 1130AM dry
6
6 1/2 in
800 - 830AM
900 - 930AM 4 1/2 in
1030 - 1130AM 5 1/2 in
7
7 in
800AM - 830AM
9 - 930AM 6 in
1030 - 1130AM dry
8
800 - 830AM
930 - 930 5 in
1030 - 1130 4 in

10/16/81

N

W

Dry

S

1

1PM - 3PM 1½

2 - 3PM 2 in

3 - 4PM 2½

2

1PM - 2PM 2 in

2 - 3PM 1½ in

3 - 4PM 2 in

Dry 3 - 4PM 2¾

3

1 - 2PM 1 in

2 - 3PM 2¼ Dry

3 - 4PM 3 in

4

1 - 2PM 2½ in

2 - 3PM 1½ in

3 - 4PM 3 in

5

1 - 2PM 2½ in

2 - 3PM 3½

3 - 4PM 4½

6

1 - 2PM 2 in

2 - 3PM 3 in

3 - 4PM 2¼

7

1 - 2PM 1½ in

2 - 3PM 2½ in

3 - 4PM 3

8

1 - 2PM Dry

2 - 3PM 2½

3 - 4PM 3½