LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 95380134901

Issued 09/20/95
Expires 03/20/96
Revenue Code 18754

Establishment
ASPEN BUILDERS
T10N R5E SEC 27
LOT 33
210 SW 98 STREET

FEES: $150.00

TOTAL $150.00

Permittee
ASPEN BUILDERS
4630 ANTELOPE CREEK RD
APT 110
LINCOLN NE 68506

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

HEALTH DEPARTMENT

3140 "N" STREET LINCOLN, NE 68510-1514

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: 9/12/95

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 5E ; Section 27 ; Block _____ ; Lot 33 ; Addition IRREGULAR TRACTS NW 1/4
   Street Address 210 SW 98
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe ONE STORY RANCH
3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐
4. Distance to public sewer: UNKNOWN ft.

[signature]
Signature of Applicant (Owner or Lessee)

4630 ANTELOPE CREEK RD SUITE 110
Address

(Do not write below this double line) LINCOLN, NE 68506

1. Health Department:	Date Rec'd. 9/18/95. Date Frwd. 9/19/95.	ACTION: Approved ☒ Disapproved ☐ Signature:	Jerold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk	Date Rec'd. 9-19-95. Date Frwd. 9-19-95.	ACTION: Approved ☒ Disapproved ☐ Signature:	[signature]
3. City or County Engineer :	Date Rec'd. 9-19-95. Date Frwd. 9-19-95.	ACTION: Approved ☐ Disapproved ☐ Signature:	[signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11/7/95 by: L.C.H
Date: 11/9/95 by: J.C.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/9/95 By: John Chen

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

need drawings

FORM 23-3

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

210 SW 98 FILE NO. _____

PROPERTY WHERE SOIL TESTED: LOT 33 . NW 1/4

Location: Township 10 N ; Range 5E ; Section & ¼ Section 27.
Property Dimensions: 345 ft. x 640 ft. Area: 5 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 9-7 to 9-8 . Weather: Precip. 0 Temp. 90°

OWNER: ASPEN BUILDERS

Address: 4630 Antelope Ct. Rd.

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.	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	9-7	9 AM	9-7	8 PM	9-8	9:30	20"	10:30	21 3/4"	60	1.75	34.29
2	38	9-7	9 AM	9-7	8 PM	9-8	9:30	23"	10:30	24 3/4	60	1.40	42.86
3	36	9-7	9 AM	9-7	8 PM	9-8	9:30	18"	10:30	19 1/4	60	1.25	48.
4	40	9-7	9 AM	9-7	8 PM	9-8	9:30	26"	10:30	27 1/4	60	1.25	48
5	36	9-7	9 AM	9-7	8 PM	9-8	9:30	25 1/2	10:30	27	60	1.50	40
6	36	9-7	9 AM	9-7	8 PM	9-8	9:30	21 1/4	10:30	22 3/4	60	1.50	40

Bob Bevis
Signature of Person Conducting Test

Address _____ Phone 430-9303

Sum of Percolation Rates: ~~253~~ 253.15
Average of Rates: 42.19
Mean of Rates: 42.86

(Do not write below this line)

REVIEWING ACTION

Remarks: Doesn't appear to be ✓
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: September 18, 1995

Approved Percolation Rate (a)
A. 42 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 ☐

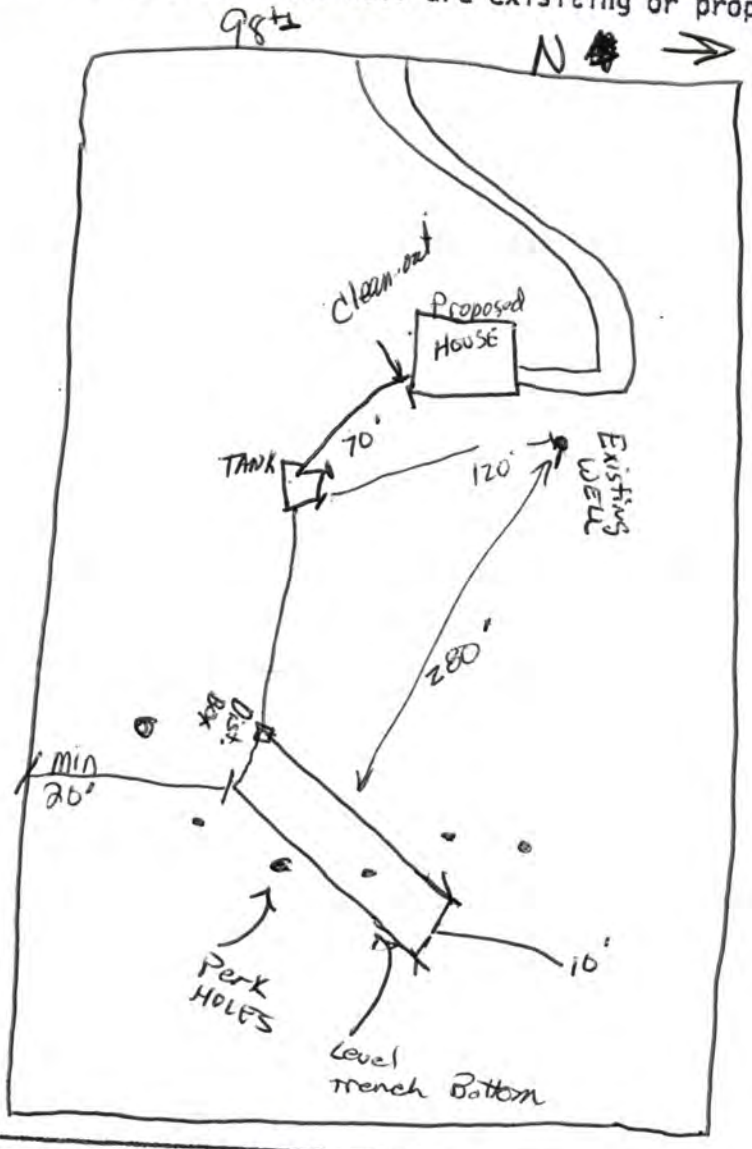
LINCOLN-LANCASTER COUNTY HEALTH DEPARTM
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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.



3 Bedroom House

REVIEWING ACTION

Remarks: _____

Date: September 19, 1995

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 879 sq.ft.

Jerrold C. Hook
Signature of Reviewing Official