LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 471-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 92380088401

Issued 07/17/92
Expires 01/17/93
Revenue Code 18754

Establishment
SHIRLEY HUNT
T9N R8E SEC 26 QTR NW
8600 S 162 STREET

FEES: $150.00

TOTAL $150.00

Permittee
SHIRLEY HUNT
7720 AYLESWORTH AV
LINCOLN NE 68505

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"

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: $_____

FILE NO._____

DATE: 6-18-92

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: (LOT 12, SE1/4, SECTION 22 T 12N, R5E OF 6TH PM)
   Twp. 12N ; Range 5E ; Section 22 ;
   Block _____ : Lot 12 Irr. : Addition _____
   Street Address _____

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

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

4. Distance to public sewer: _____ ft.

464-7931

Shirley Hunt
Signature of Applicant (Owner or Lessee)

7720 AYLESWORTH
~~256 HARTLEY~~ LINCOLN 68521
Address 68505

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/24/92. Date Frwd. 6/24/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 6/24/92. Date Frwd. 6/24/92. ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. _____. Date Frwd. 06/24/92. ACTION: Approved ☒ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10/14/92 by: L.C.H. need fence, gate, etc.
Date: 10-19-92 by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-19-92 By: _____

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

FORM 23-43

FORM HD- 43(73) 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 475-6221)

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Owner: _____

Location: Township _____; Range _____
Section & ¼ Sect. _____

Address _____

Property Dimensions: ____ ft. x ____ ft.
Area: _____ acres. (Attach sketch of property showing hole location).

Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☑; Sandy Clay ☐

Dates of Tests: 6-20-92 to 6-21-92. Weather: Precip. Sunny Temp. 60° F.

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				
Hole 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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
	30"	6/20	8:00	6/21	8:00	6/20	8:00		12:00		30 min		
1	"	"	"	"	"	"	"		"		"	3/4	
2	"	"	"	"	"	"	"		"		"	1/2	
3	"	"	"	"	"	"	"		"		"	1/2	
4	"	"	"	"	"	"	"		"		"	1/2	
5	"	"	"	"	"	"	"		"		"	3/4	
6	"	"	"	"	"	"	"		"		"	3/4	

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

Bryan Manley
Signature of Person Conducting Test

Address 612 Wall Dr Eagle 68847
Phone: 781-2818 Home 464-0638 work

(Do not write below this line)

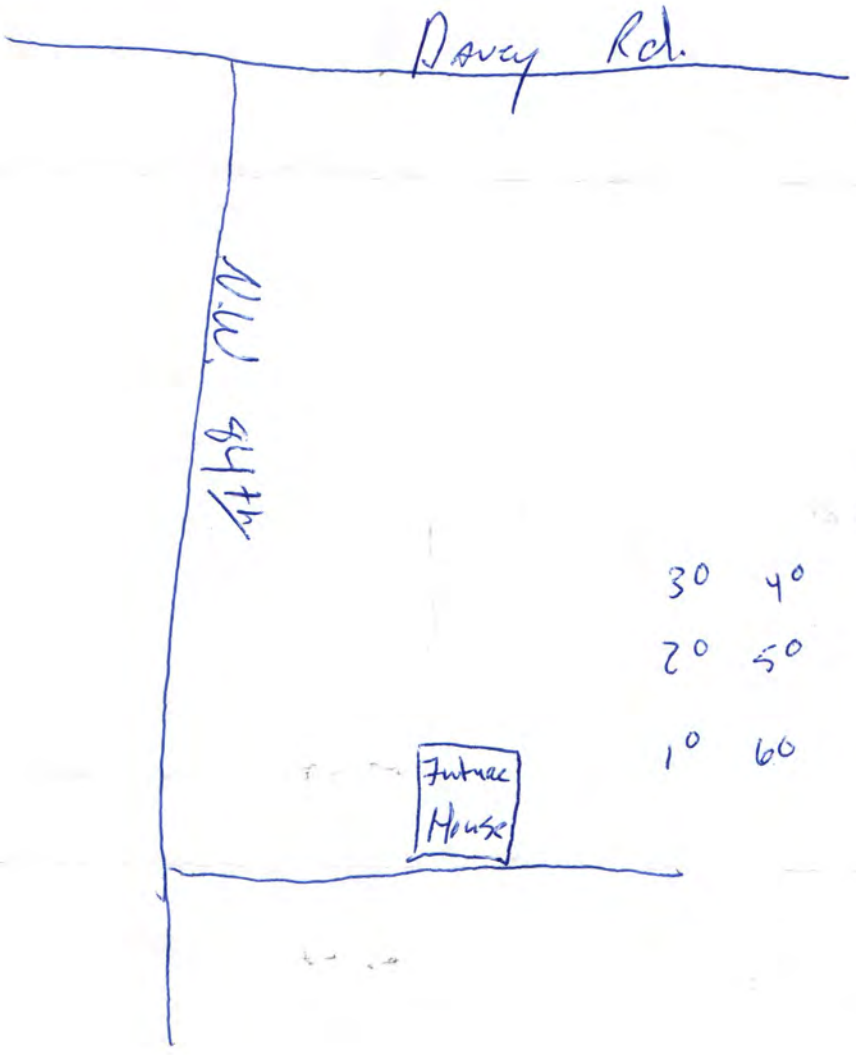
REVIEWING ACTION

REMARKS: Sharpsburg Silty Clay Loam with Mayberry Clay Loam close

Approved Percolation Rate(s)
A. 48 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: JUNE 24, 1992

Jerrold C. Hood
Signature of Reviewing Official


Davey Rd.
NW 84th
Future House
30 4°
20 5°
1° 60

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: 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.

REVIEWING ACTION

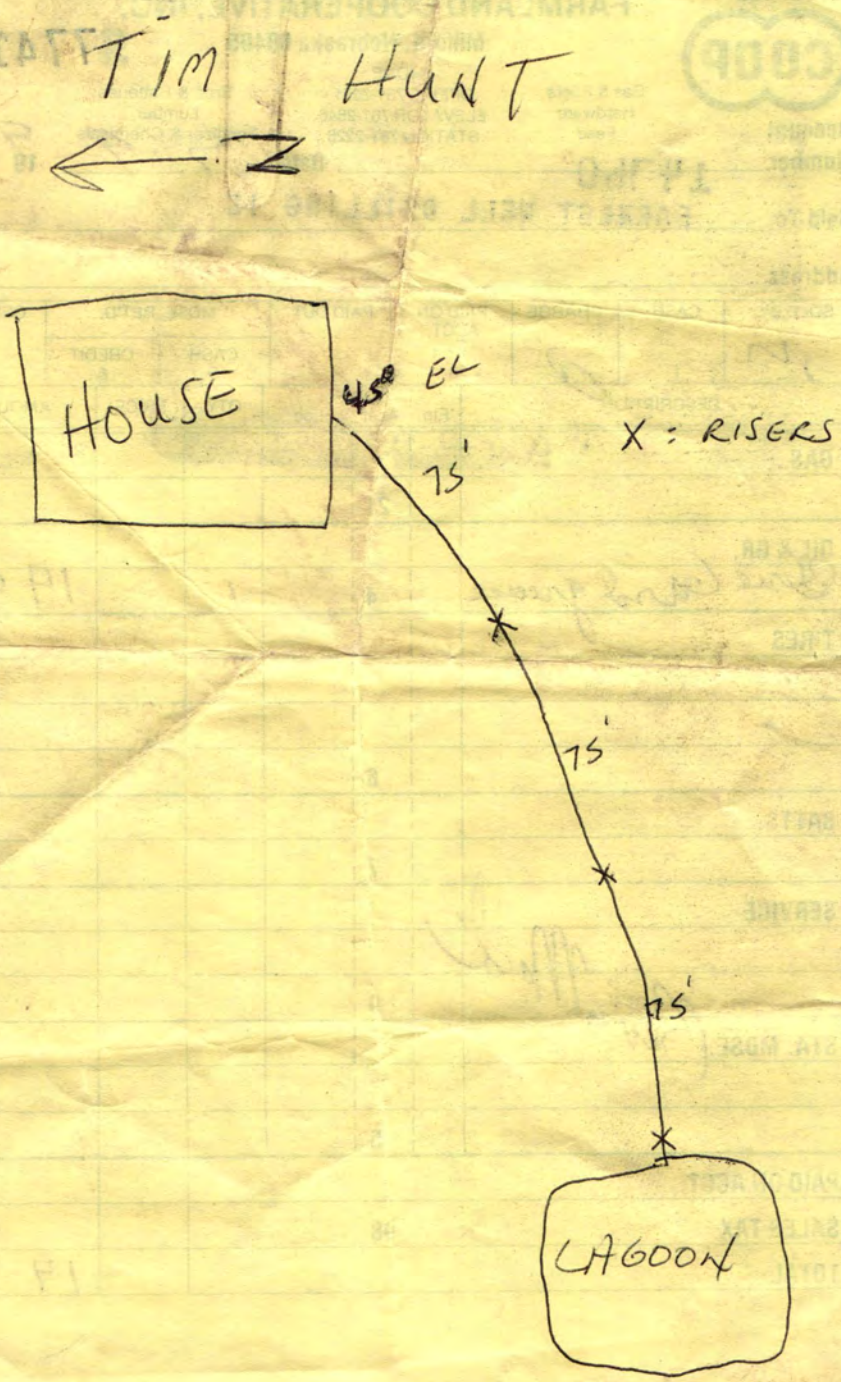
Remarks:_____

Date: JUNE 24, 1992

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 229 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 916 sq.ft.

229
4 | 916
8
4 6

Gerrold C. Hood
Signature of Reviewing Official


TIM HUNT
N
HOUSE
45° EL
X : RISERS
75'
75'
75'
LAGOON

009.

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 471-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☒ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☒ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 18701 NW 84th

Twp 12N Range 5E Section 22 1/4 ___ 1/4 ___ Block ___ Lot 12 Addition ___

Directions to Property 18701 NW 84th

Location of Well E of Home Tap Location: Inside ☒ Outside ☐

Location of Sewage System SW of Home Year Installed 1992

	NAME	ADDRESS	PHONE
Present Owner:	TIM & SHIRLEY HUNT	7720 AYLESWORTH LINCOLN 68505	464-7937 (783-2019)
Tenant/Buyer:			
Return to:	SECURITY FEDERAL FAX 474-4351		

Signature of Applicant Shirley Hunt Address 18701 NW 84TH RAYMOND 68428 Date 10/19/92

HEALTH DEPARTMENT USE ONLY

Date Received 10/19/92 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By rm **DATE:** 10/19/92

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐ corrected
Bacteria	☒ 0 /ml	☒ confluent /ml
Nitrate	☒ 1.4 ppm	☐ ___ ppm

SEWAGE SYSTEM
Approved ☒
Provisional ☐
Disapproved ☐

Additional Site Visits
Date 10/19/92 by rm
Date 10/22/92 by rm
Date 10/27/92 by rm cl F-0 S-0
10-28-92 rm F-0
11-2-92 rm cl F-0 S-0

Comments: See Attached Letter ☐ 11-3-92 rm

FINAL STATUS

WATER SYSTEM: Approved: ☒ **SEWAGE DISPOSAL SYSTEM** Approved: ☒ Provisional Approval: ☐

Approved by Ron Mayhew R.S. Date 11/4/92

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.