LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1877-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

NOVEMBER 13, 1982
THIS PERMIT EXPIRES

RONALD R OR KARRIE K BUTCHER 5620 ELKCREST DR LINCOLN NE 68516
ISSUED TO ADDRESS

T12N, R5E, SECTION 22, LOT 17I.T.
LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE NEW SEPTIC SYSTEM

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

2832

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. _____

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

A

FILING FEE: $ 60.00

FILE NO. 1877-C

DATE: 4/25/82

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. 12 North ; Range 5 East ; Section 22 ;
   Block _____ : Lot 17 I.T. : Addition _____
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe Finished Basement, also, Master Bed Room w/ Full bath.

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

4. Distance to public sewer: _____ ft.

Ronald R. Butcher
Signature of Applicant (Owner or Lessee)

5320 S. 37th, Lincoln, Ne. 68516
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/13/82. Date Frwd. 5/14/82. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hoob

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 5-14-82. Date Frwd. 5-14-82. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bowne

3. City or County Engineer: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☑ Disapproved ☐ Signature: Don Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6/8/82 by: L.C.H.
Date: 11-5-92 by: rm
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-5-92 By: Ron Maynard

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

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
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 12 North; Range 5 East; Section & ¼ Section 22.
Property Dimensions: _____ ft. x _____ ft. Area: 5.75 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: 4/23/82 to 4/25/82. Weather: Precip. None Temp. 40°-70°.

OWNER: Karnie & Ron Butcher

Address: 5320 S. 37th St. Lincoln, Ne.

4" Holes were used.

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	33"	4/23	9:00 PM	4/25	8:00	4/25	8:00 AM	12"	11:30 AM	10 1/4"	210	1 3/4"	
2	36"	4/23	9:00 PM	4/25	8:00	4/25	8:00 AM	14"	11:30 AM	12 1/4	210	1 3/4"	
3	32	4/23	9:00 PM	4/25	8:00	4/25	8:00 AM	13"	11:30 AM	11 3/4"	210	1 1/4"	
4	34	4/23	9:00 PM	4/25	8:00	4/25	8:00 AM	16	11:30 AM	15 1/4	210	3/4"	
5	35	4/23	9:00 PM	4/25	8:00	4/25	8:00 AM	10"	11:30 AM	6.5"	210	3 1/2"	
6	35	4/23	9:00 PM	4/25	8:00	4/25	8:00 AM	11"	11:30 AM	7 7/8"	210	3 1/8"	
7	35	4/23	9:00 PM	4/25	8:00	4/25	8:00 AM	11"	11:30 AM	10 1/4"	210	3/4"	
8	34	4/23	9:00 PM	4/25	8:00	4/25	8:00 AM	11"	11:30 AM	9 1/8"	210	1 7/8"	
9	35	4/23	9:00 PM	4/25	8:00	4/25	8:00 AM	12"	11:30 AM	7 3/4"	210	4 1/4"	
10	35	4/23	9:00 PM	4/25	8:00	4/25	8:00 AM	13"	11:30 AM	11 3/4"	210	1 1/4"	

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

Ronald R. Butcher
Signature of Person Conducting Test

Address 5320 S. 37th, Lincoln, Ne. Phone 421-1098

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

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

_____
Signature of Reviewing Official

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 _____; 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: _____ to _____. Weather: Precip. _____ Temp. _____.

OWNER: _____

Address: _____

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"	5/12	8:00AM	5/13	9:30AM	5/13	1:00PM	22 1/4	1:30PM	22 3/4	30	1/2	Use
2	"	5/11	"	"	"	"	"	17 1/2	"	17 7/8	"	3/8	Use
3	"	"	"	"	"	"	"	11 1/4	"	11 1/4	"	0	
4	"	"	"	"	"	"	"	12 1/4	"	12 7/8	"	5/8	
5	"	"	"	"	"	"	"	20	"	20 5/8	"	5/8	Use
6	"	"	"	"	"	"	"	17	"	17 3/4	"	3/4	Use
7	"	"	"	"	"	"	"	19 1/2	"	20 3/8	"	7/8	Use
8	"	"	"	"	"	"	"	14 1/2	"	15	"	1/2	
9	"	"	"	"	"	"	"	13 1/4	"	13 3/4	"	1/2	
10	"	"	"	"	"	"	"	15 3/4	"	16 1/4	"	1/2	Use
11	"	"	"	"	"	"	"	9	"	9	"	0	
12	"	"	"	"	"	"	"	16	"	17	"	1/2	

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

_____
Signature of Person Conducting Test

Address _____ Phone _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: May 13, 1982
Confirmed
A

Approved Percolation Rate (a)
A. 53 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 ☐

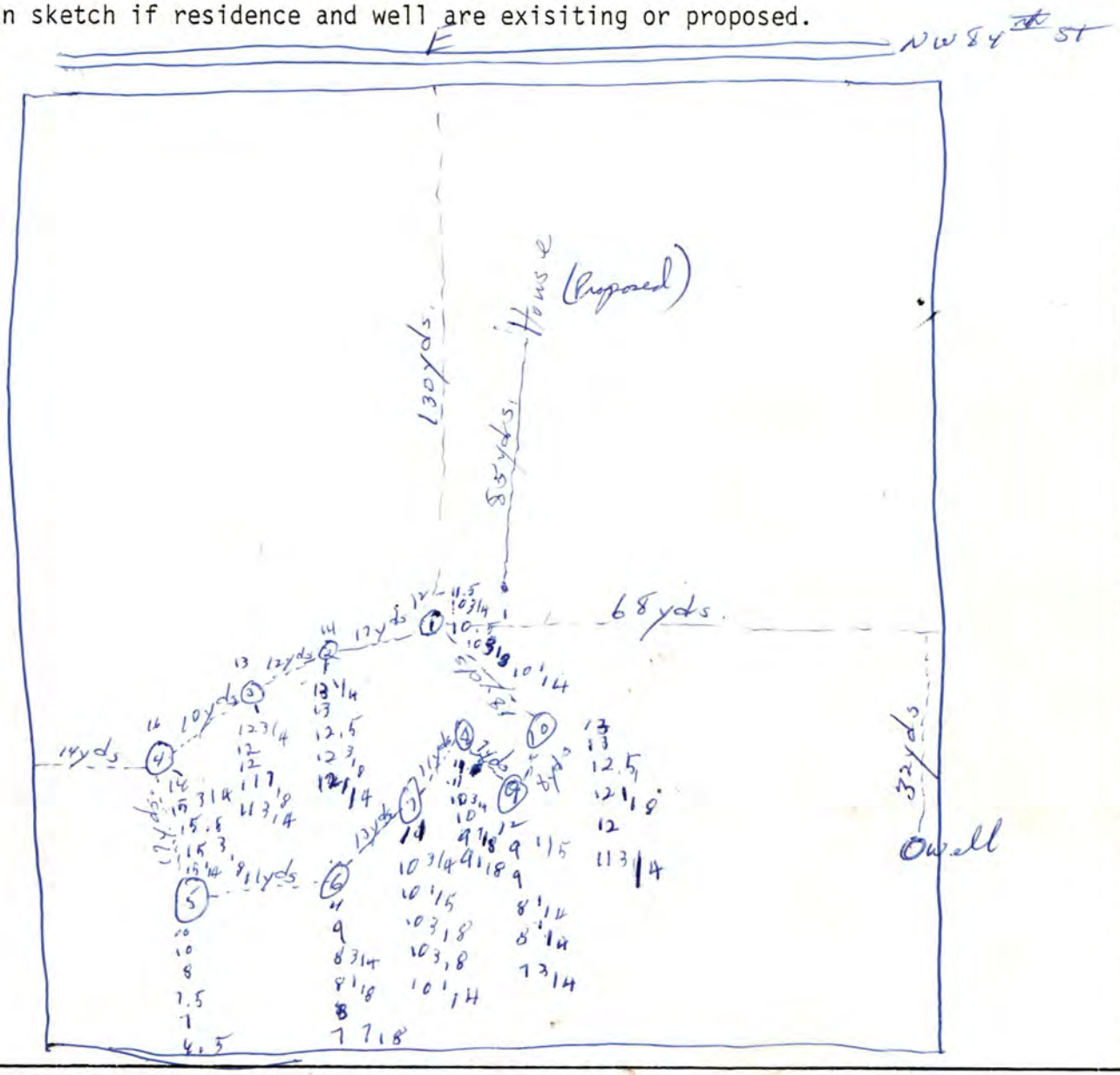
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO._____

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



REVIEWING ACTION

Remarks :_____

_____

Date:_____

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.

_____
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☒
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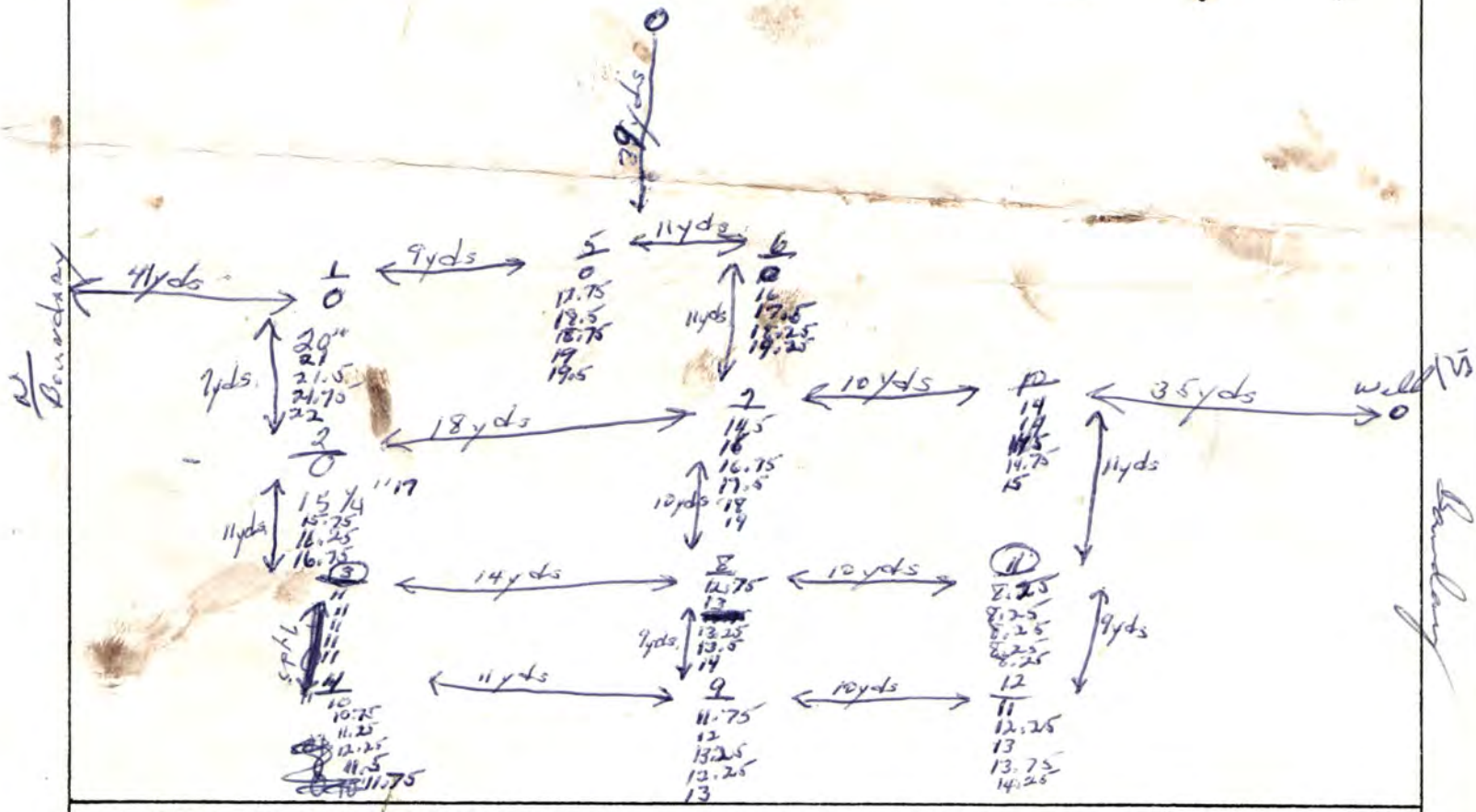
C

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.

36" hole w/ 4" auger
5/13 Start 10:00 A.M.



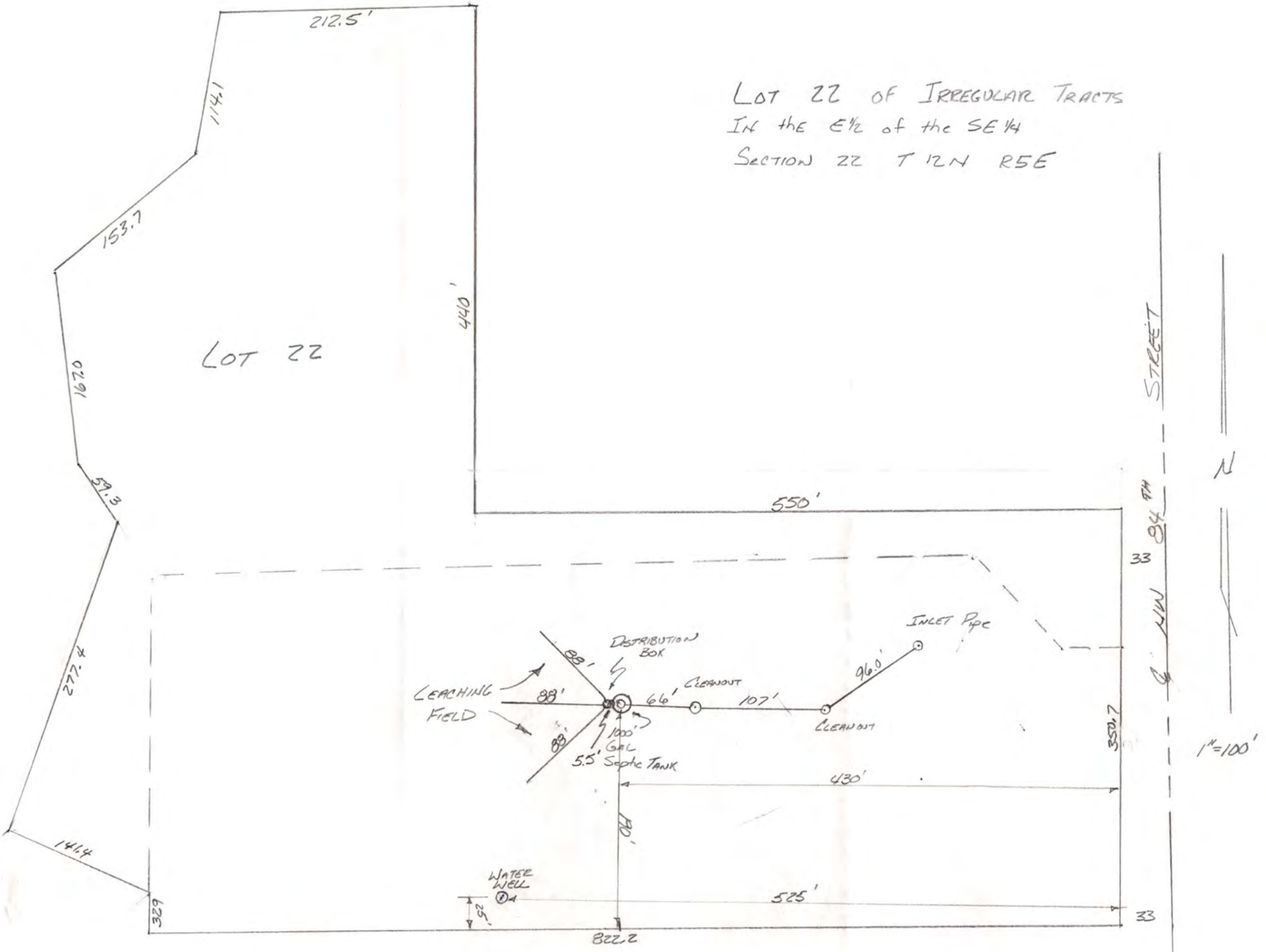
REVIEWING ACTION

Remarks: _____

Date: May 13, 1982

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 234 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 938 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official


LOT 22 OF IRREGULAR TRACTS
IN the E½ of the SE¼
SECTION 22 T 12N R5E
212.5'
114.1
153.7
167.0
59.3
277.4
141.4
LOT 22
440'
550'
STREET
94 FT
33
N
1"=100'
DISTRIBUTION BOX
INLET PIPE
88'
LEACHING FIELD
88'
66'
CLEANOUT
107'
96.0'
CLEAN OUT
88'
1000 GAL
5.5' Septic TANK
430'
350.7
WATER WELL
525'
33
329
822.2