LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1511-C

INDIVIDUAL SEWAGE SYSTEMCONSTRUCTION — TYPE OF PERMIT

October 17, 1979 — THIS PERMIT EXPIRES

Michael Stewart — ISSUED TO

2620 South 33rd Street, Lincoln, NE — ADDRESS

T10N, R5E, Section 28, Lot 23 I.T. — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

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 R. J. NUERNBERGER, Lancaster County Treasurer — 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. 1511-C

DATE: 4-13-79

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. 10N ; Range 5E ; Section 28 ;
   Block _____ : Lot 23 I.T. : Addition _____
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe 4 BED House

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

4. Distance to public sewer: 10 miles ft.

Michael J Stewart
Signature of Applicant (Owner or Lessee)

10800 West A. R.R. 6
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/17/79. Date Frwd. 4/17/79. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4-17-79. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Don Saasch

3. City or County Engineer: Date Rec'd. 4-17-79. Date Frwd. 4-17-79. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5/29/79 by: J.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 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

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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: April 7 to April 8. Weather: Precip. 0 Temp. 50.

OWNER: Mike Stewart

LOT 23, I.T., E½ SW¼ Section 28, T 10 N, R 5 E of the 6th P.M.

Address: 10800 West A

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"	4-7	12:00	4-8	12:30	4-8	12:30	12	5:00	10½	30	1½	
2	36"	4-7	"	"	"	"	"	"	"	10¼	"	1¾	
3	"	"	"	"	"	"	"	"	"	10	"	2	
4	"	"	"	"	"	"	"	"	"	9½	"	2½	
5	"	"	"	"	"	"	"	"	"	10⅜	"	1⅝	
6	"	"	"	"	"	"	"	"	"	10	"	2	

Michael J Stewart
Signature of Person Conducting Test

Address 10800 West A Phone 475-6664

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Shelby Clay Loam
Date: April 17, 1979
Conformed 5/29/79 with muck sand

Approved Percolation Rate (a)
A. 16 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 ☐

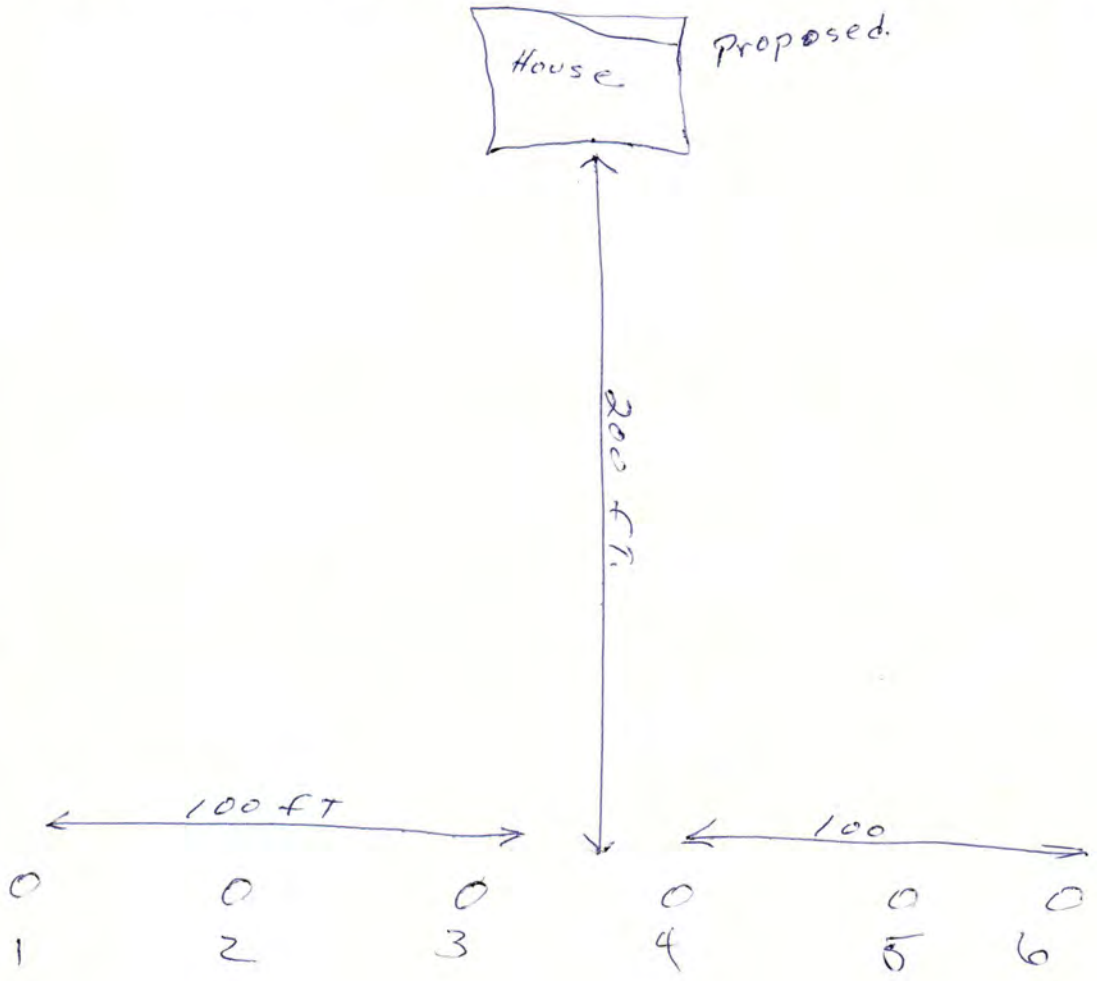
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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C

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

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



REVIEWING ACTION

Remarks: _____

Date: April 17, 1979

Minimum Design Requirement
1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals 359 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 777 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official