LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2662-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

NOVEMBER 9, 1988 — THIS PERMIT EXPIRES

JAMES L. BLAZEK — ISSUED TO

ROUTE #1, BOX 39 VALPARAISO, NE 68065 — ADDRESS

T12N; R5E; Sec NW¼ 15 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE ALTER, EXTEND OR REPAIR

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
JS	5-9-88	30.00

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

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: 471-7800)

FILE NO. 2662-C

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

DATE: 4MAY88

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. 12N; Range ~~6~~ 5E; Section 15 NW1/4;
Block _____; Lot _____; Addition _____
Street Address _____

2. Property Use: Residential ☒; Commercial ☐
No. Bedrooms 3
Describe _____
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: LAYING HALF MOONS

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

6. Estimated cost of project:

a. Materials	$	over 400 00
b. Labor	$	
c. Other	$	
TOTAL	$	

James L Blazek
Signature of Applicant (owner or lessee)

Valparaiso Ne 68065
Address

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: 5/13/88 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/13/88 by: J. C. Hood

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

FILE NO. 2662-C

PROPERTY WHERE SOIL TESTED:

Location: Township 15 ; Range 12 ; Section & ¼ Section 5 .
Property Dimensions: 530 ft. x 493.13 ft. Area: 6 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 30Apr to 1 MAY . Weather: Precip. DRY Temp. 60-65 .

OWNER: JIM BLAZEK
Address: VALPARAISO Ne 68065

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"	30Apr	1:00	1MAY	1:00	MAY1	100	6"	5:00	5"	~~240~~ 30	1	
2	34"	30Apr	1:00	1MAY	1:00	MAY1	100	6"	5:00	4"	~~240~~ 30	2	
3	36"	30Apr	1:00	1MAY	1:00	MAY1	100	6"	5:00	4"	~~240~~ 30	2	
4	36"	30Apr	1:00	1MAY	1:00	MAY1	1:00	6"	5:00	5"	~~240~~ 30	1	
5	34"	30Apr	1:00	1MAY	1:00	MAY1	100	6"	5:00	5"	~~240~~ 30	1	
6	34"	30Apr	100	1MAY	1:00	MAY1	100	6"	5:00	4"	~~240~~ 30	2	

Jim Blazek
Signature of Person Conducting Test

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

Address Valparaiso Ne Phone 784 2256 Home
473 1574 WORK

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. 20 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 ☒

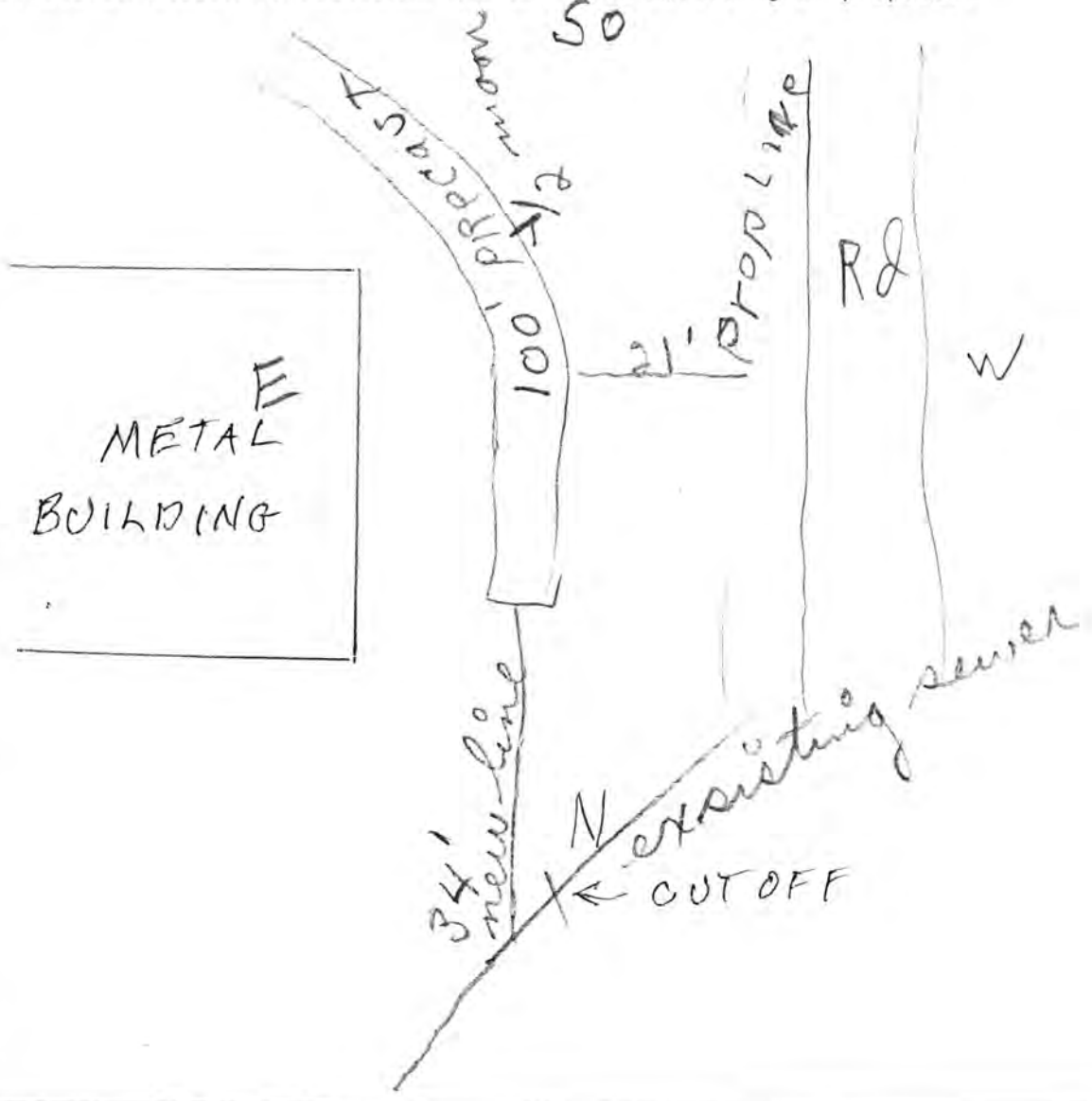
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO. 2667-C

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 420 sq.ft.

_____
Signature of Reviewing Official