LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1566-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

JANUARY 12, 1980 — THIS PERMIT EXPIRES

Duane Burd — ISSUED TO

Route 6, Lincoln, NE 68502 — ADDRESS

T10N, R5E, Section 31 — 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 — 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

FILING FEE: $ 60.00

FILE NO. 1566-C

795-2695

DATE: 7-5-79

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. 10 North; Range 5 EAST; Section 31;
   Block _____: Lot _____: Addition NORTH 800' OF WEST 303.0' OF W½ OF NW¼
   Street Address Rt # 6 Lincoln
2. Property Use: Residential ■ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2. Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☑ ; Other ☐
4. Distance to public sewer: _____ ft.

Duane Burd
Signature of Applicant (Owner or Lessee)

Rt # 6 Lincoln Neb. 68502
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/11/79. Date Frwd. 7/11/79. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. _____. Date Frwd. 7-23-79. ACTION: Approved ☐ Disapproved ☐ Signature: _____
3. City or County Engineer: Date Rec'd. 7-24-79. Date Frwd. 7-24-79. ACTION: Approved ☑ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10-15-79 by: jw
Date: _____ by: _____
Date: _____ by: _____

Installed in a sandy soil should work good

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-15-79 By: James Wevertka

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

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PROPERTY WHERE SOIL TESTED:

Location: Township 10 North; Range 5 EAST; Section & ¼ Section ____. Dim 413.0 ft - 3 west 303.0 ft of W½ NW¼ section 31
Property Dimensions: 413 ft. x 303 ft. Area: 2.87 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☒ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 6-16-79 to 6-17-79. Weather: Precip. Trace Temp. 85.

OWNER: Bulak Bund

Address: R.R. 6 Lincoln NE 68502

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	6/16	4:45PM	6/17	9:52	6/17	3:34PM	6	8:04	5 1/8	30	7/8	
2	32						3:35	6	8:04	5 3/8	30	5/8	
3	37						3:33	6	8:03	5	30	1	
4	31						3:32	6	8:03	5 1/2	30	1/2	
5	34						3:38	6	8:06	4 3/4	30	1 1/4	
6	29						3:37	6	8:05	4 7/8	30	1 1/8	

Sum of Percolation Rates: ____
Average of Rates: ____
Mean of Rates: ____

Duane Bund
Signature of Person Conducting Test

Address ____ Phone ____

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 34 min./inch
B. ____ min./inch
C. ____ min./inch

Remarks:
Soil Type (SCS): Judson Silt Loam
Date: July 9, 1979

Jerrold C. Hood
Signature of Reviewing Official

Starting time 3:32...

time	hole #1 drop	hole #3	hole #5
4:03	1¾	2	2¼
4:32	1	1¼	2
5:07	1	1⅛	2
5:34	1½	1⅜	1¼
6:15	1½	1⅛	2⅛
7:30	¾	1⅜	⅝
8:04	⅞	1	1¼

hole #2		hole #4		hole #6	
4:03	1½	4:02	1¾	4:04	1½
4:32	¾	4:33	1	4:35	1¼
5:07	⅞	5:06	1	5:08	1¼
5:34	⅝	5:32	1¼	5:35	1¼
6:15	½	6:14	1	6:16	1½
7:30	⅞	7:29	1	7:31	1
8:04	⅝	8:03	½	8:05	1⅛

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

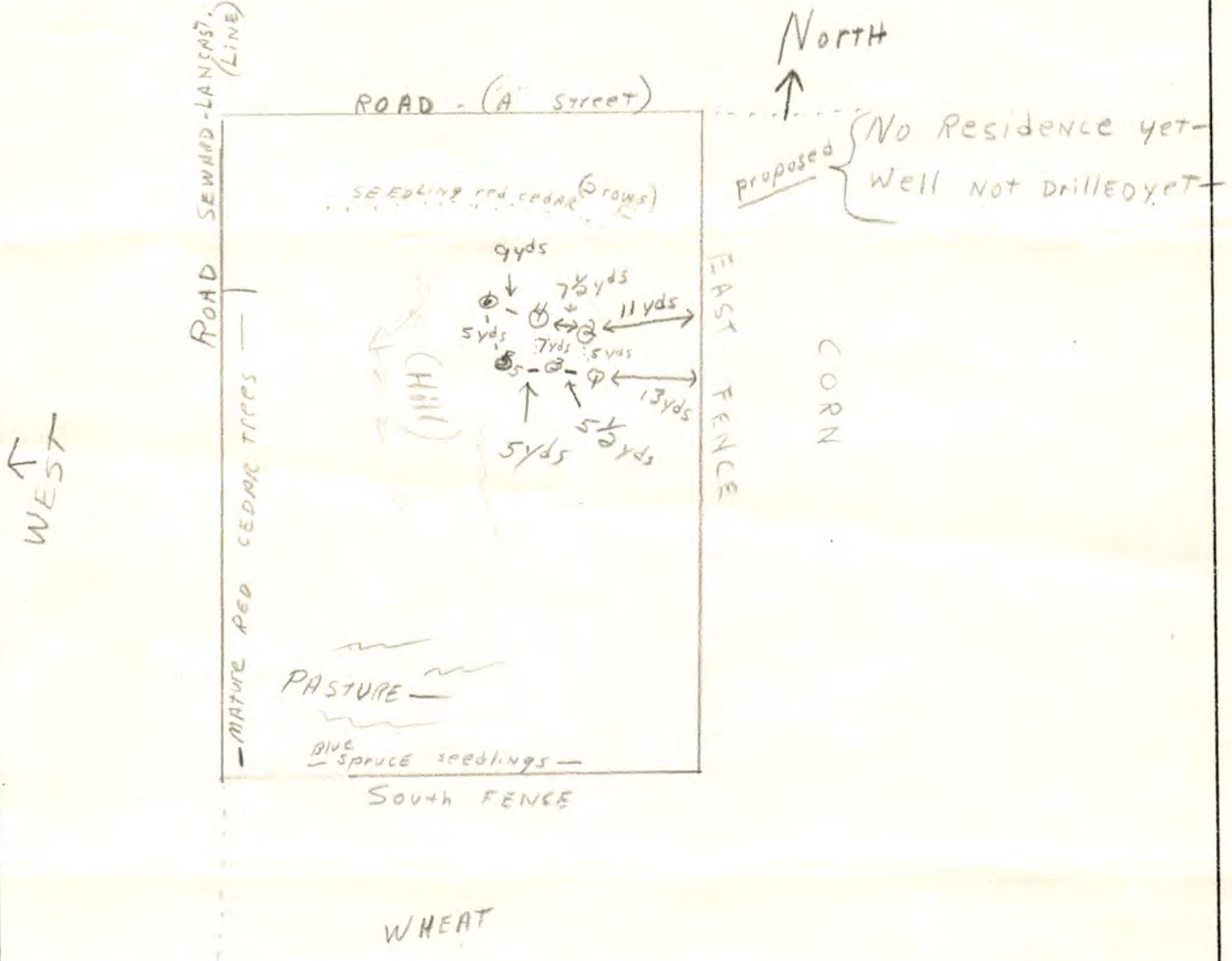
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
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C

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: _____

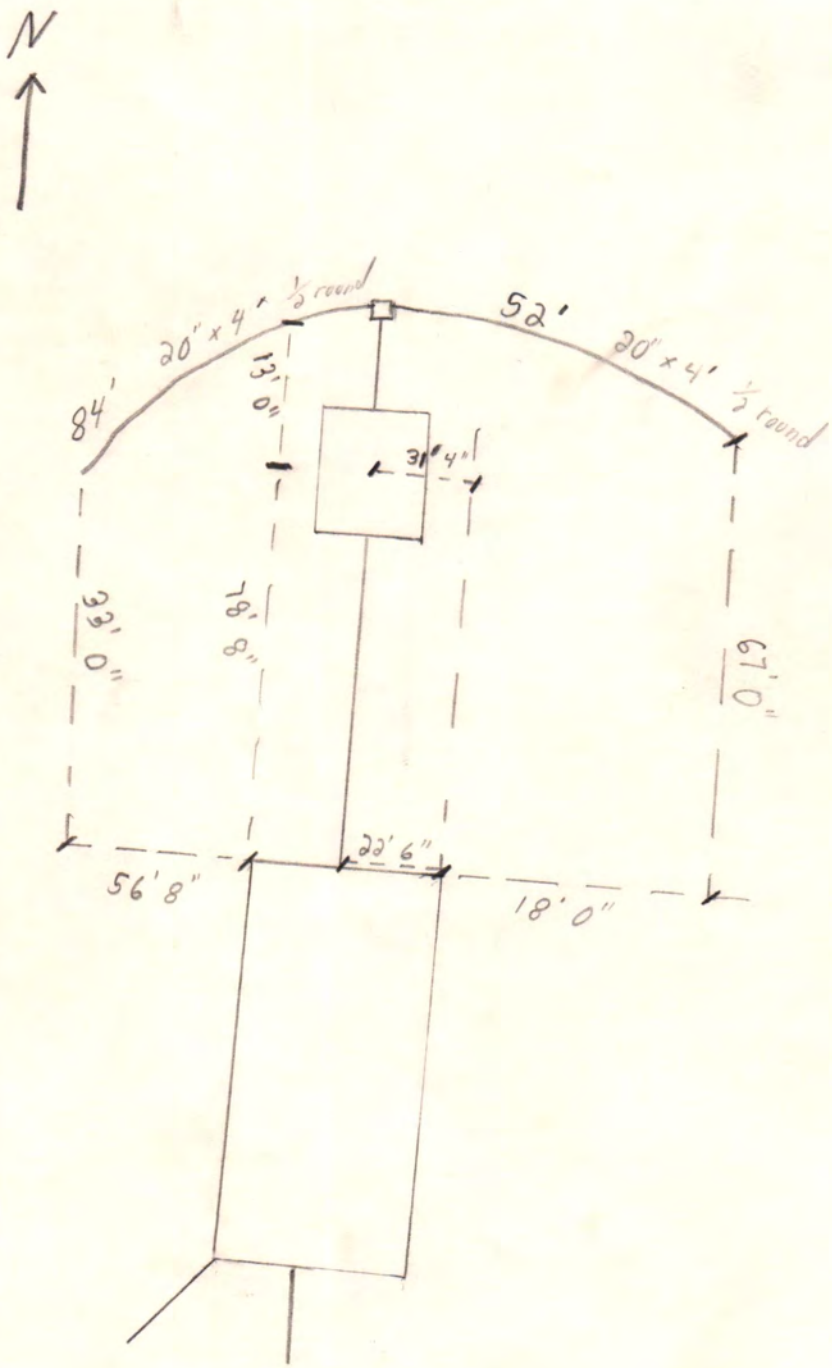
Date: July 9, 1979

$4\overline{)133}$ $\quad$ $\$8\overline{)532}$

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 133 ft.
3. With a Trench Width of 4 in.
4. Total Area of Lateral needed 532 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

A st



140th St