LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1551-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

December 15, 1979 — THIS PERMIT EXPIRES

Eldon Kratochvil — ISSUED TO

7101 Kearney Ave., Lincoln, NE 68507 — ADDRESS

T12N, R5E, Section 9 — 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

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

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. 1551-C

DATE: 6-15-79

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. 12 ; Range 5 ; Section 9 ;
   Block _____ : Lot _____ : Addition E. 800 ft. of N. 544.5 ft. of the NW¼
   Street Address RR#1 68065 of NE¼ of Sec. 9.

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

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

4. Distance to public sewer: None ft.

Edward Kralapunt
Signature of Applicant (Owner or Lessee)

7101 Kearney Av, Lincoln Nebr 68507
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6-15-79 . Date Frwd. 6-15-79 . ACTION: Approved ☒ Disapproved ☐ Signature: Ronald Mayent

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. _____ . Date Frwd. 6-15-79 . ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bouma

3. City or County Engineer: Date Rec'd. 6-15-79 . Date Frwd. 6-15-79 . ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: _____ by: _____
Date: 11/27/79 by: L.C.H
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/28/79 By: Jerrold C. Hood

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

HD73

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. 1551-C

PROPERTY WHERE SOIL TESTED:

Location: Township 12 ; Range 5 ; Section & ¼ Section 9 .
Property Dimensions: 544.5 ft. x 800 ft. Area: 10 ± 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: Eldon D Kratochuil

Address: 7101 Kearney Av Lincoln Nebr 68507

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.)

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: Lagoon must be sealed with plastic (poly) or bentonite clay.
Soil Type (SCS): Sharpsburg
Date: 6-15-79

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

Ron Mayeux
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
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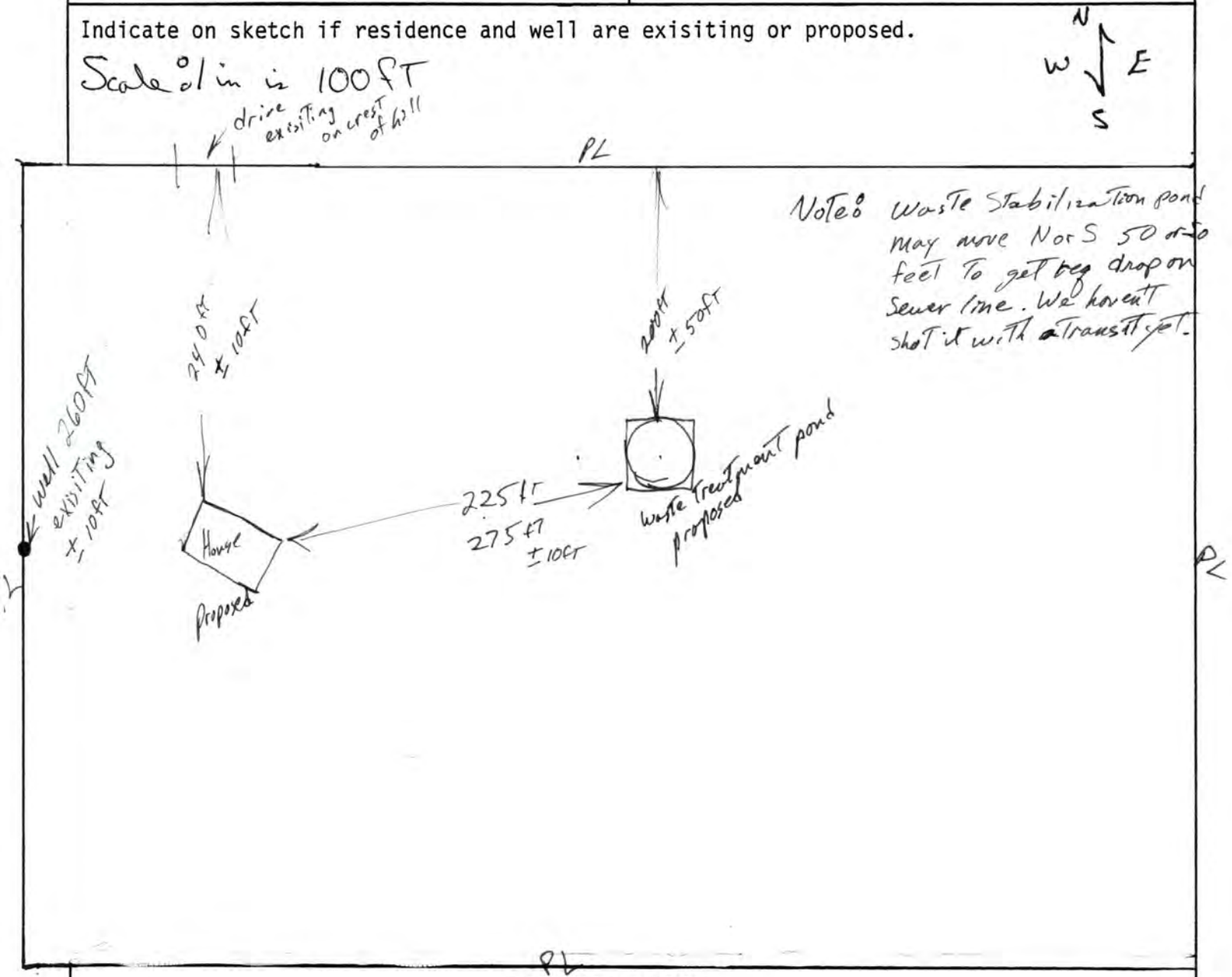
C

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.

Scale 0 1 in is 100 FT



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

S

W E

N

NOV 29 1979

RT 1 Box 25
9801 Little Salt Valley Rd
Valparaiso Nebr
Eldon D Krotochil

