LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1887-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

DECEMBER 14, 1982
THIS PERMIT EXPIRES

CHERYL LEE RFD 6 LINCOLN NE
ISSUED TO

ADDRESS

T10N, R5E, SECTION 32, LOT 15 IRREGULAR TRACT ADDITION: W½ OF NE¼
LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE NEW

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ NO FEE	$	$	$ NO FEE
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: $ No FEE

FILE NO. 1887-C

DATE: June 13, 1982

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 32 ; Block _____ : Lot 15 IT : Addition W½ of NE¼
   Street Address _____

2. Property Use: Residential ☐ ; Commercial ☐ Other Use ☒
   No. of Bedrooms _____. Describe School (Grades K-8)

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

4. Distance to public sewer: N/A ft.

Lancaster County School District #38
Cheryl Lee Secretary
Signature of Applicant (Owner or Lessee)

RFD 6, Lincoln, Nebraska
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/14/82. Date Frwd. 6/14/82. ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 6/14/82. Date Frwd. 6/14/82. ACTION: Approved ☐ Disapproved ☐ Signature: EXEMP FROM CO/ZAN. CONF Rodger Harris
3. City or County Engineer: Date Rec'd. 6/14/82. Date Frwd. 6/14/82. ACTION: Approved ☑ Disapproved ☐ Signature: Don Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL *
Date: _____ By: _____

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

* COVERED WITHOUT INSPECTION

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
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Lincoln, Nebraska 68502
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 10N ; Range 5E ; Section & ¼ Section NE¼ of 32
Property Dimensions: _____ ft. x _____ ft. Area: 4.36 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 6-12-82 to _____. Weather: Precip. -0- Temp. 76F .

OWNER: School District #38

Address: RFD 6, Lincoln, Nebraska

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	6/12	2:10	6/12	6:15	6/12	6:15	16	6:47	14	32	2	16
2	31	6/12	2:10	6/12	6:15	6/12	6:15	15⅓	6:47	13	32	2⅓	12.8
3	36	6/12	2:10	6/12	6:15	6/12	6:15	22	6:47	19¼	32	2¾	11.6
4	35	6/12	2:10	6/12	6:15	6/12	6:15	23⅓	6:47	19	32	4⅓	7.1
5	36	6/12	2:10	6/12	6:15	6/12	6:15	23	6:47	20	32	3	10.7
6	36	6/12	2:10	6/12	6:15	6/12	6:15	18	6:47	16	32	2	16

Sum of Percolation Rates: 71.2
Average of Rates: 12.4
Mean of Rates: 11.6

Mary Lee
Signature of Person Conducting Test

Address RFD 6, Lincoln, Nebraska Phone 475-1672

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Judson Silt Loam
Date: June 14, 1982

Approved Percolation Rate (a)
A. 11 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold 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 ☒

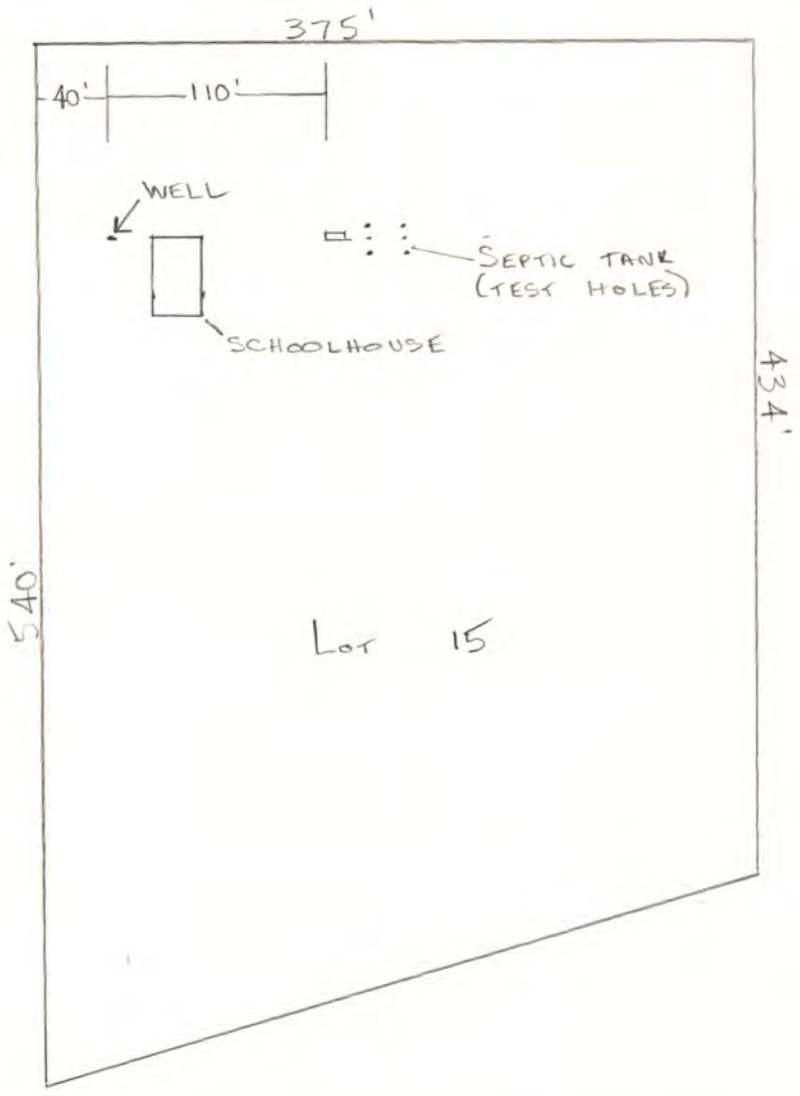
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C

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.)



REVIEWING ACTION

Remarks: _____

Date: June 14, 1982

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 2062.5 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official