LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1535-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

NOVEMBER 16, 1979 — THIS PERMIT EXPIRES

RONALD HUTCHISON — ISSUED TO

Route 2, Box 86, Lincoln, NE 68505 — ADDRESS

T10N, R5E, Section 34 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE (Lagoon)

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

L P

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. 1535-C

DATE: 5/14/79

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: SEE ATTACHED

1. Legal description of property: Twp. 10N ; Range 5E ; Section 34 ;
   Block _____ : Lot _____ : Addition _____
   Street Address ~~Tract B~~

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

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

4. Distance to public sewer: miles _____ ft.

Ronald R Hutchison
Signature of Applicant (Owner or Lessee)

Route 2, Lincoln, Ne
Address #489-4316

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/15/79. Date Frwd. 5/19/79. ACTION: Approved ☒ Disapproved ☐ Signature: Harold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. _____ Date Frwd. 5-17-79 ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

3. City or County Engineer: Date Rec'd. 5-17-79. Date Frwd. 5-17-79. ACTION: Approved ☑ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11-2-79 by: [initials]
Date: 1-28-81 by: sm *
Date: 9-9-82 by: sm

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-9-82 By: Ron Wagner

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy * need fence + seed bluegrass

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. 1535-C

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: 5-5-79 to 5-6-79. Weather: Precip. 0 Temp. 60s.

OWNER: Ron Hutchison

Address:_____

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	32"	5/5	2 PM	5/6	10 30 AM	5/6	10 30 AM	14"	10 30 AM				
2													
3													
4													
5													
6													

Water still in all holes from pre-soak about 14"

Robert D Johnson
Signature of Person Conducting Test

Address 2618 no 3rd Phone 432-3595

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

(Do not write below this line)

REVIEWING ACTION

Remarks:_____

Soil Type (SCS): Downer Clay Loam

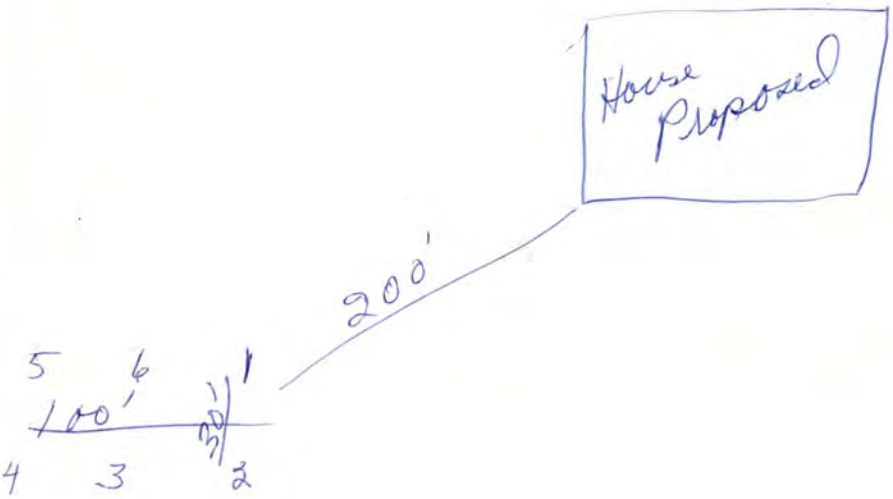
Date: May 15, 1979

Approved Percolation Rate (a)
A._____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: 474-1541 **C**
Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.	FILE NO. 1535-C

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



REVIEWING ACTION

Remarks: _____

_____

Date: _____

Minimum Design Requirement

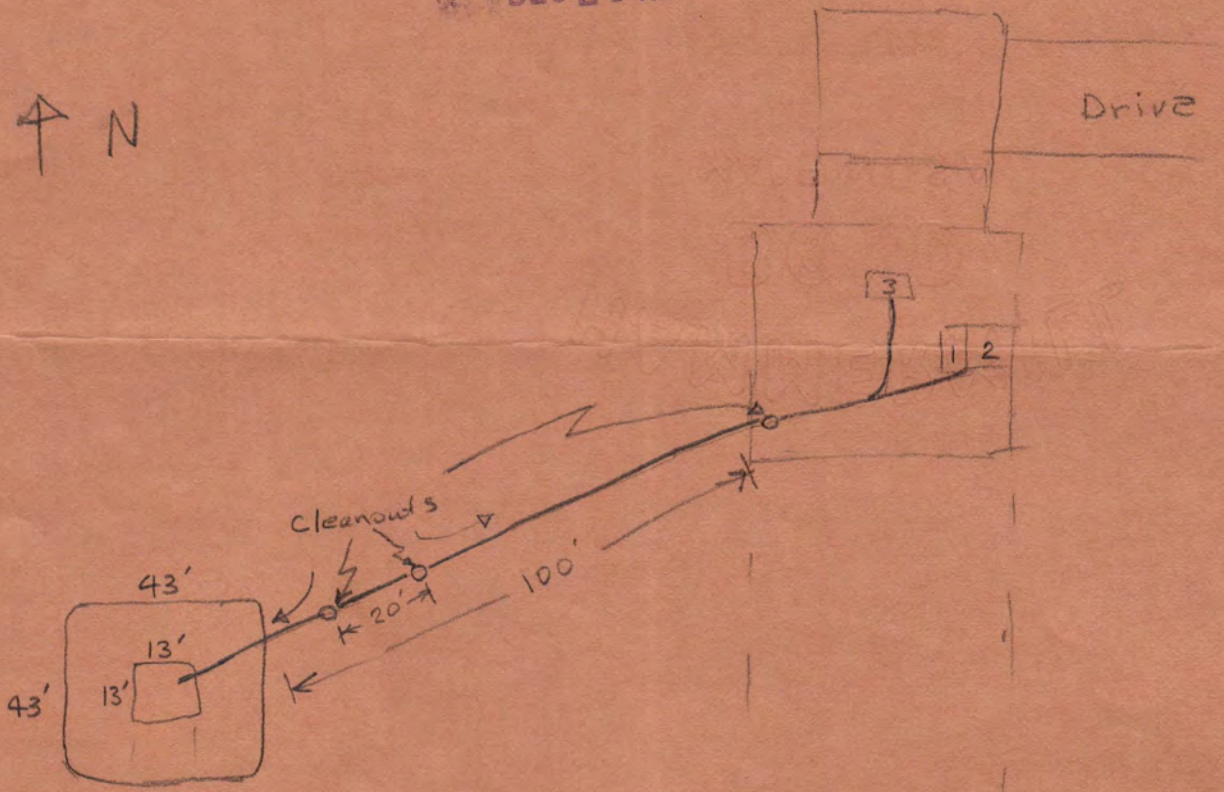
1. Capacity of Septic Tank _____ gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed _____ sq.ft.

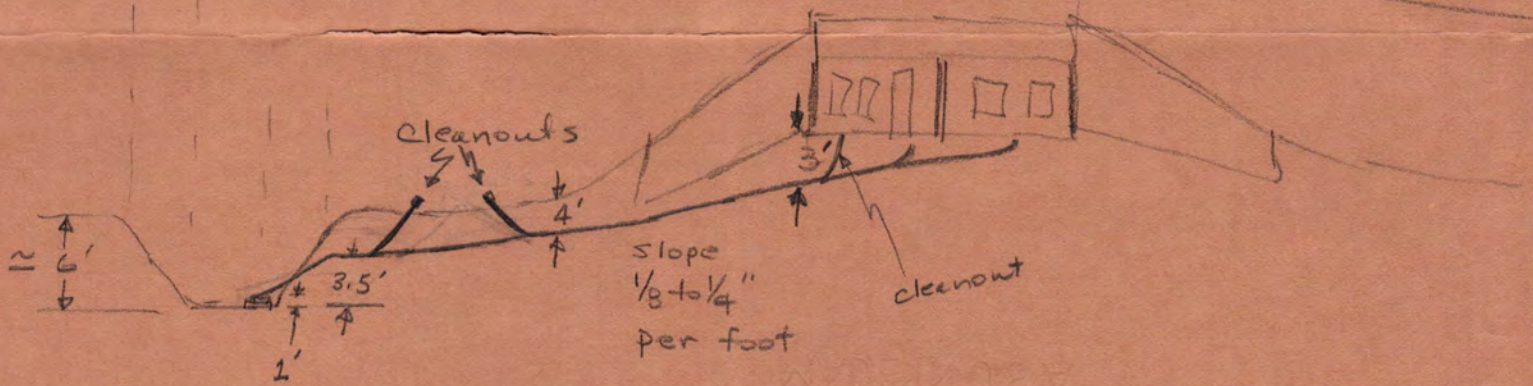
_____

Signature of Reviewing Official

DEC 21 1979

8 well





2201 SW 84th 12-17-79

Ron Hutchison Earth House

Official Survey Record

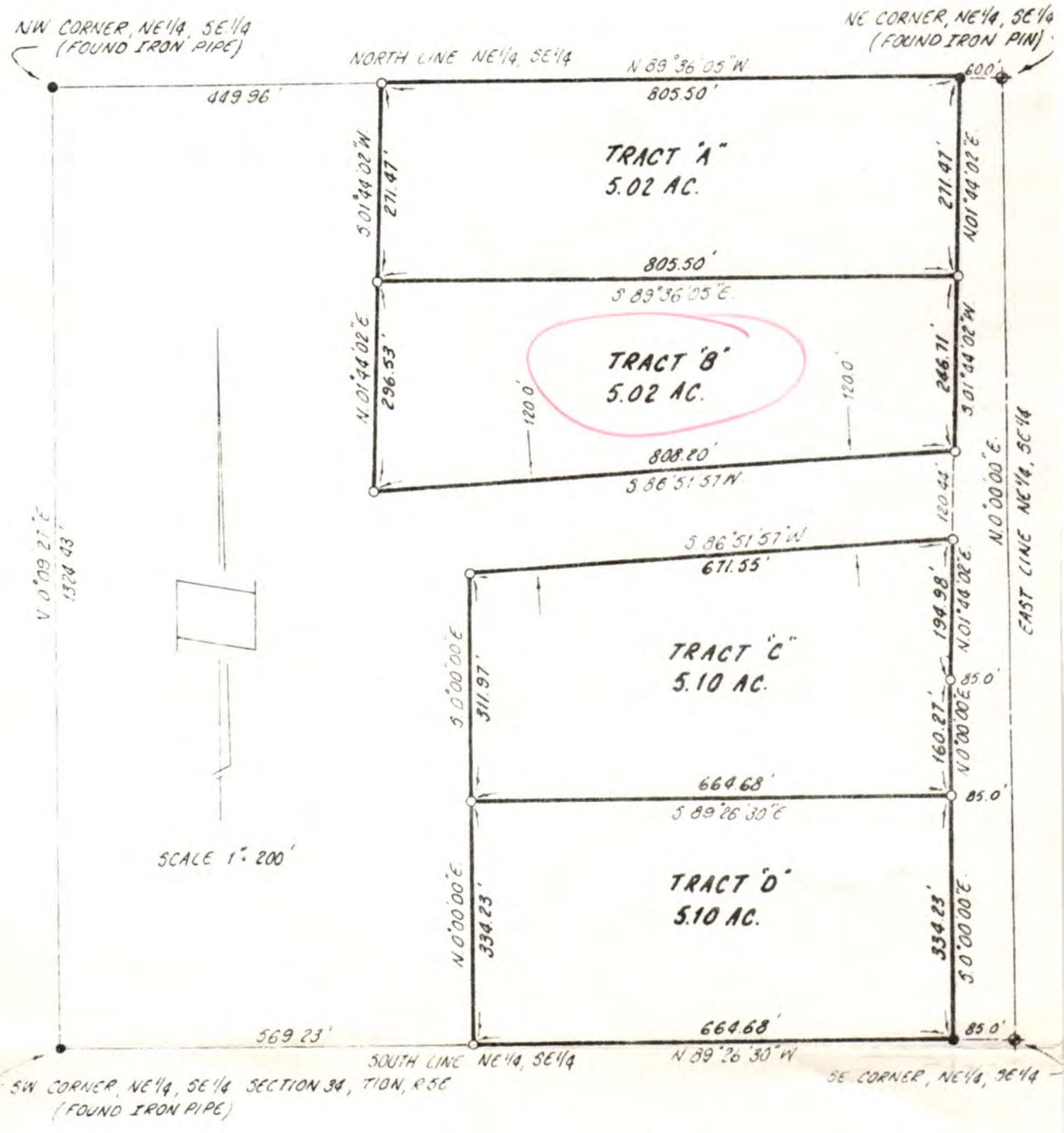
LANCASTER County, Nebraska

ALLIED SURVEYING AND MAPPING
LAND SURVEYORS
7116 Starr Street Lincoln, Nebraska 68505

Telephone 466-553

Survey of a Tracts "A", "B", "C", & "D" located in the Northeast Quarter of the Southeast Quarter of Section 34 T 10 N, R 5 E of the 6th P.M

Job No. 0361 Date December, 1977



● = Monuments Found

SURVEYORS CERTIFICATE

I hereby certify that I have accurately surveyed the property in the above plat. Iron Bars were set at points marked O. All dimensions are in feet and decimals of a foot.

Signed this 19th day of NEBRASKA, 1977

NAME [signature]
KERRY W. SIMONDS
Surveyor's License
Nebraska L.S. 333

REGISTERED LAND SURVEYOR
KERRY W. SIMONDS
LS-333
(SEAL)