LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health

2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 89380027301

Issued 11/15/89

Expires 05/15/90

ESTABLISHMENT

TODD HOLLIDAY
T1CN R5E SEC 34

FEES: Permit 018754 . $150.00

Total $150.00

Issued By COUNTY HEALTH

PERMITTEE

TODD HOLLIDAY
4075 W F ST
LINCOLN NE 68528

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

893800073

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: 471-7800

A

FILING FEE: $_____

FILE NO._____

DATE: 11-7-89

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. SEE ATTACHED 10N; Range 5E; Section 34;
   Block_____: Lot_____: Addition_____
   Street Address_____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2. Describe 2 Bedroom Mobile Home

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

4. Distance to public sewer: _____ft.

Todd Holladay
Signature of Applicant (Owner or Lessee)

4205 West F Street
Address work 471-7463
home 474-5341

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/14/89. Date Frwd. 11/17/89. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 11/17 89. Date Frwd. 11-20-89. ACTION: Approved ☒ Disapproved ☐ Signature: Dale Bouma

3. City or County Engineer: Date Rec'd. 11/17/89. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Judith Seaman

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 11/28/89 by: J.C. Hood
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date:_____ By:_____

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

FORM 23-43

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

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 10 ; Range 5 ; Section & ¼ Section 34 SE¼.
Property Dimensions: _____ ft. x _____ ft. Area: 21 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: _____

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.)

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: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: November 14, 1989

Approved Percolation Rate (a)
A. 27 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hoos
Signature of Reviewing Official

158 #

Readings

1

1 1/4

3/4

5

1

1 1/2

drop last 1/2 hrs of test

471-8000

How much

3' wide

4' wide

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

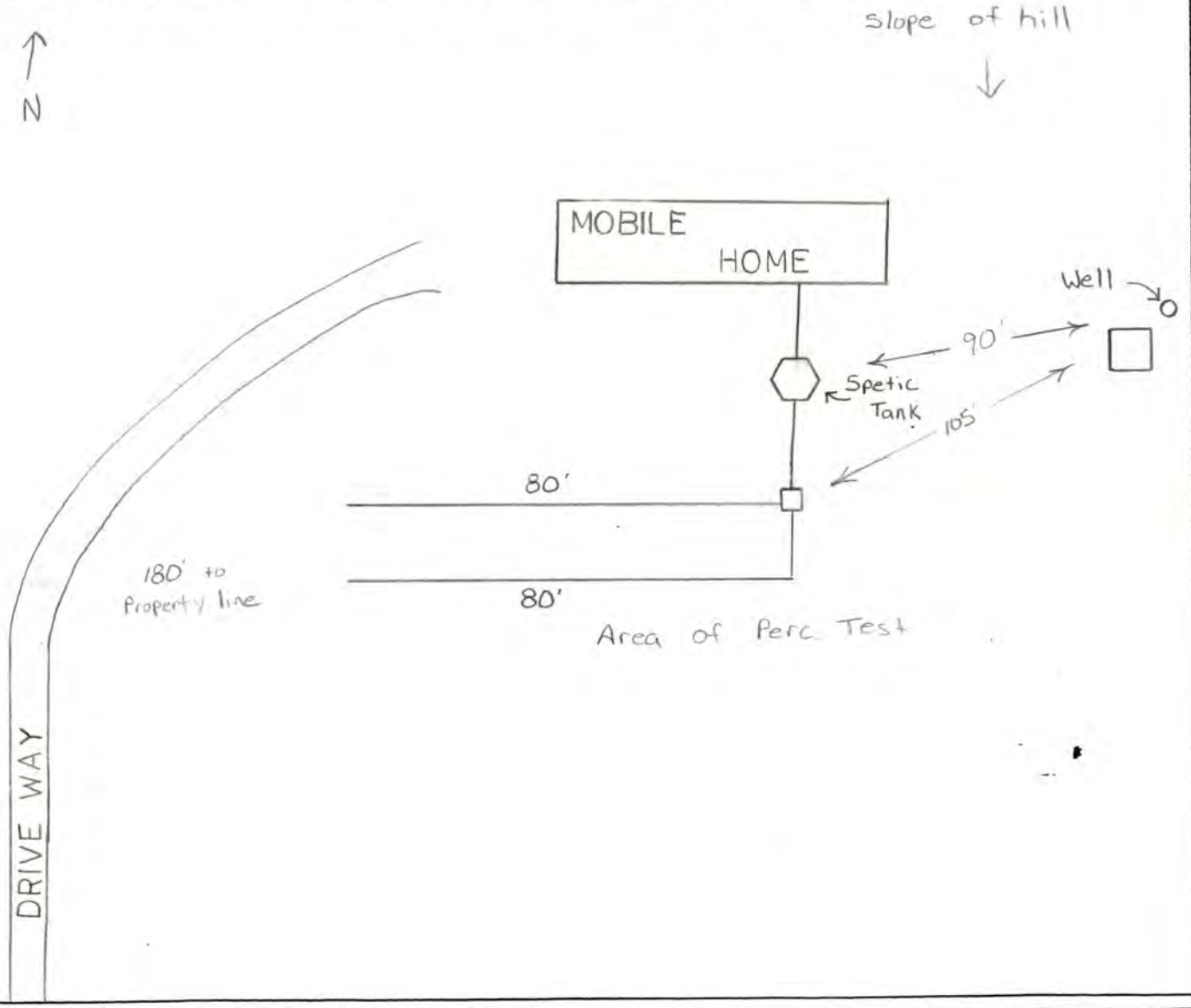
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C

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: November 14, 1989

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 475 sq.ft.

Jerold C. Hood
Signature of Reviewing Official

47-0-2633

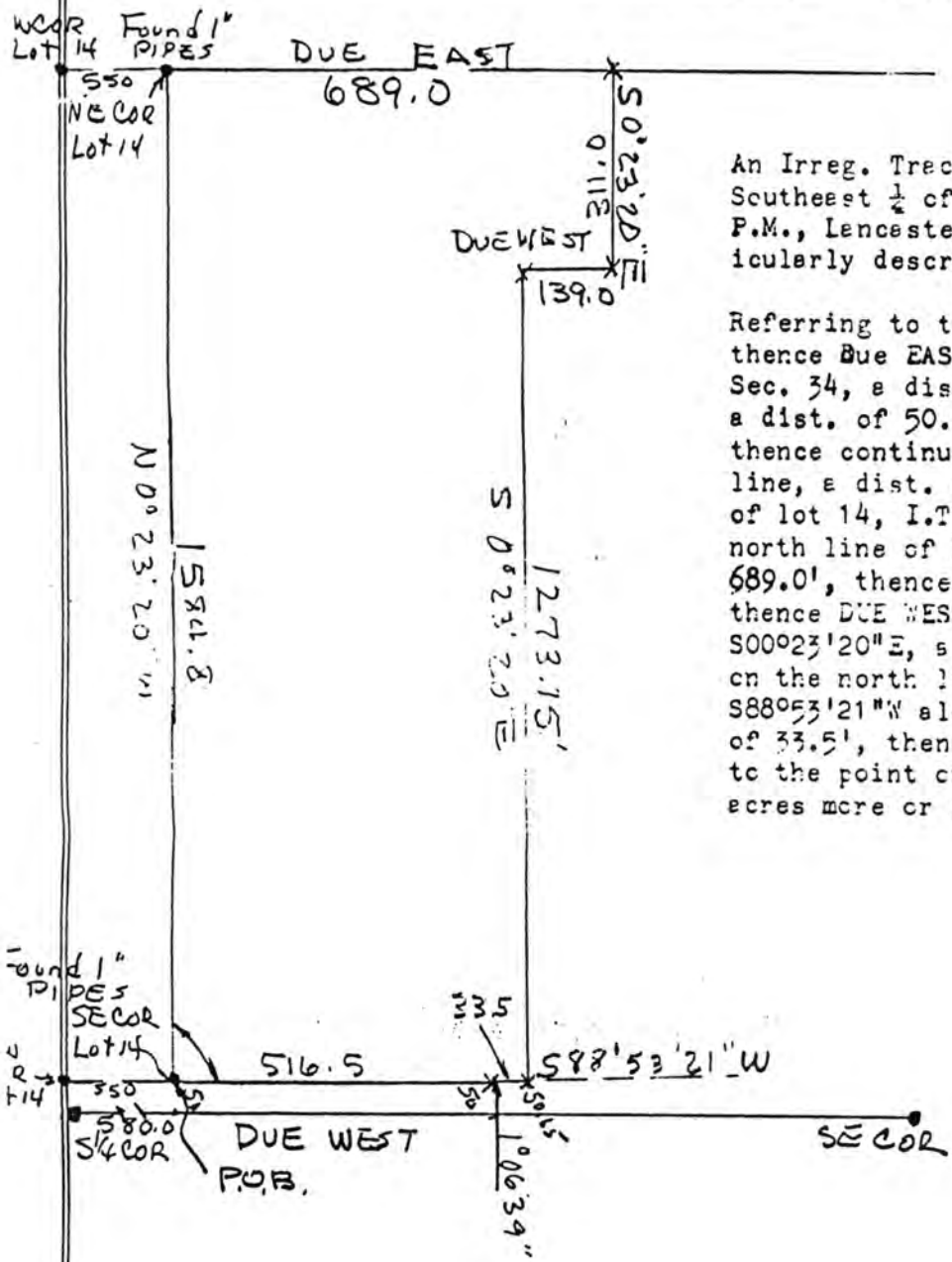
Survey Record

89-057
JOB NO.

LANCASTER COUNTY, NEBRASKA

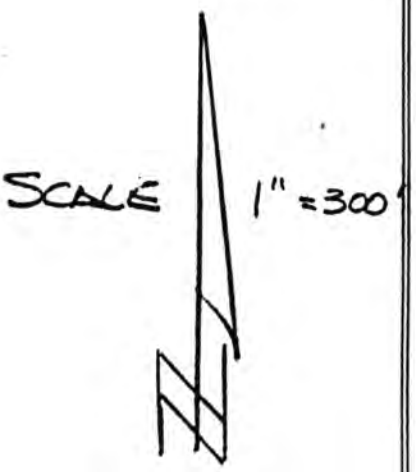
BATES AND ASSOCIATES
911 ADAMS – LINCOLN, NEBRASKA
PHONE 432-3724

Survey of: IREG. TRACT OF LAND SITUATED IN SE 1/4 Section 34 T. 10 N, R. 5 E of 6th P.M.



An Irreg. Tract of land situated in the Southeast ¼ of sec. 34, T10N R5E of the 6th. P.M., Lancaster County, Nebr., more particularly described as follows;

Referring to the So. ¼ corner of sec. 34, thence Due EAST along the south line of Sec. 34, a dist. of 580.0', thence N00°23'20"W a dist. of 50.0' to the point of beginning, thence continuing along the last described line, a dist. of 1584.8' to the northeast cor. of lot 14, I.T., thence DUE EAST along the north line of Lot 14, extended, a dist. of 689.0', thence S00°23'20"E, a dist. of 311.0', thence DUE WEST, a dist. of 139.0', thence S00°23'20"E, a dist. of 1273.15' to a point on the north line of Van Dorn St., thence S88°53'21"W along said right of way, a dist. of 33.5', thence DUE WEST, a dist. of 516.5' to the point of beginning, containing 21.00 acres more or less.



47D-2635

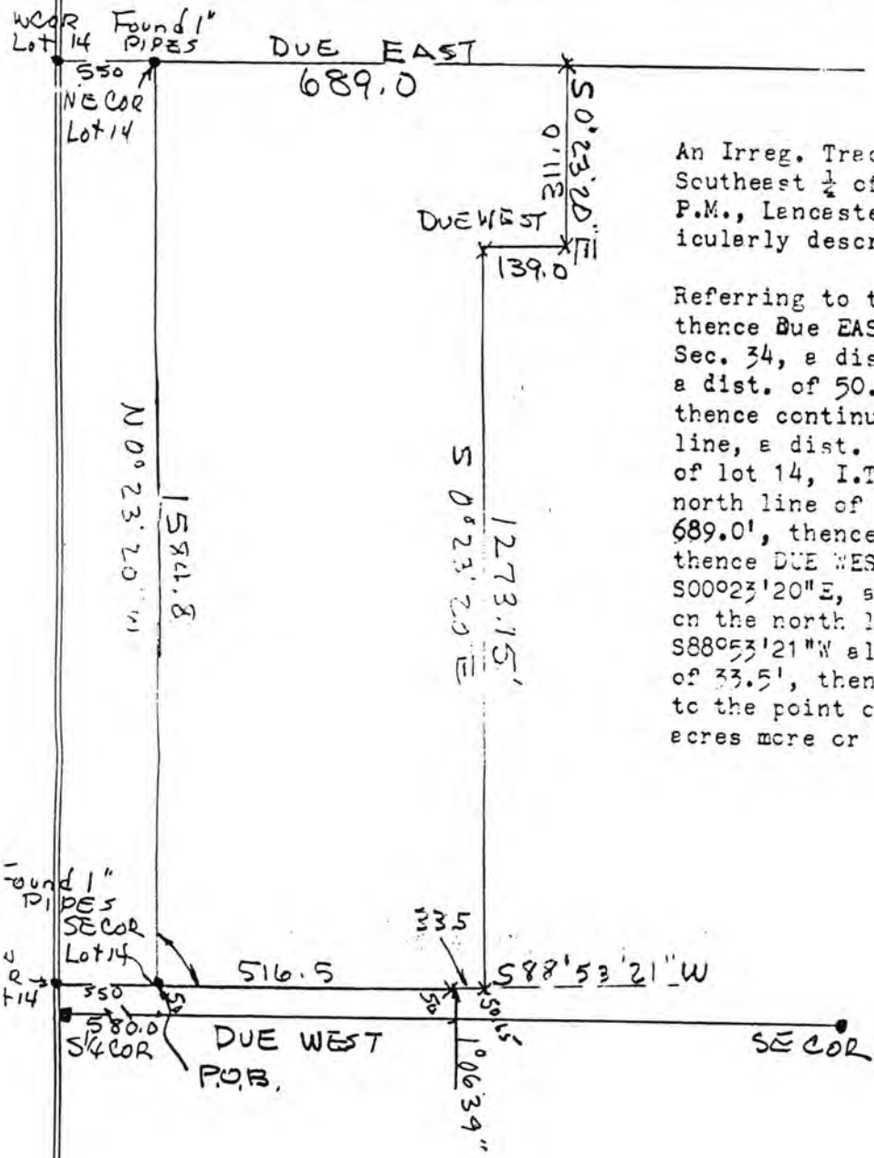
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I hereby certify that I have accurately surveyed each lot as shown hereon and each lot corner has been well and accurately staked and marked with metal stakes.

ROBERT B. BATES JR. GENERAL NOTARY SEAL COMMISSION EXPIRES AUGUST 16 1992 STATE OF NEBRASKA

Signed this 24th day of Oct 1989

Name: Robert B Bates

Surveyor's license No. L.S. 252

Land Surveyor's Seal