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. 90380008801

Issued 02/08/90

Expires 08/08/90

ESTABLISHMENT

CAROL LEAVER
T11N R8E SEC 36
LOT 5

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

CAROL LEAVER
6905 190 ST
LINCOLN NE 68527

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

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

9038000088

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: $ 150.00

FILE NO. _____

DATE: _____

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. 11N ; Range 8E ; Section 36 ;
   Block _____ : Lot 5 II ; Addition _____
   Street Address 6905 North 190th

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

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

4. Distance to public sewer: _____ ft.

Carol R. Leaver
Signature of Applicant (Owner or Lessee)

6905 North 190th
R.R. 13 Box 55A Lincoln, Ne. 68527
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 1/29/90 . Date Frwd. 2/9/90 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 2-9-90 . Date Frwd. 2-9-90 . ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bowers

3. City or County Engineer : Date Rec'd. 02/09/90 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Joyce R. Williamson

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 2-12-90 by: mm need drawing
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

Test Taken At 190th + Fletcher
1/2 mi. N. west Side of Rd.

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 11N ; Range 8E ; Section & ¼ Section 36.
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: 1-27-90 to 1-28-9 . Weather: Precip. 0 Temp. 34° .

OWNER: Carol Leaver

Address: R.t. 13. Lincoln, NE. 786-5887

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"	1-27	1:30 pm	1-28	8:30 Am	1-28	8:30 Am	6"	12:30 pm	4 3/8"	30m	1 5/8"	
2	36"	1-27	1:30 pm	1-28	8:30 Am	1-28	8:30 Am	6"	12:30 pm	4 1/8"	30m	1 7/8"	
3	36"	1-27	1:30 pm	1-28	8:30 Am	1-28	8:30 Am	6"	12:30 pm	4"	30m	2"	
4	36"	1-27	1:30 pm	1-28	8:30 Am	1-28	8:30 Am	6"	12:30 pm	4"	30m	2"	
5	36"	1-27	1:30 pm	1-28	8:30 Am	1-28	8:30 Am	6"	12:30 pm	5"	30m	1"	
6	36"	1-27	1:30 pm	1-28	8:30 Am	1-28	8:30 Am	6"	12:30 pm	4 1/4"	30m	1 3/4"	

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

Mike Haagland
Signature of Person Conducting Test

Address 2700 Dan Ave Phone 464-0638 Pre-Cast Step Co.

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): HEDVILLE SANDY LOAM

Date: JANUARY 29, 1990

Approved Percolation Rate (a)
A. 18 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: 471-7800 **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: January 29, 1990

2-12-90

15L
4 606
22

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 153 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 606 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official