LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1919-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

MARCH 15, 1983 — THIS PERMIT EXPIRES

ROBERT BRAUCKMULLER ROUTE 1 BOX 63 WAVERLY NE 68462

ISSUED TO — ADDRESS

T11N, R8E, SECTION 11NE¼, LOT PART 9 IRREGULAR TRACT

LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE

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

82-5272

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. 1919-C

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 01 NE¼
   Block _____ : Lot PART S.T. Addition _____
   ~~Street~~ Address Box 61 Waverly

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe two story House

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

4. Distance to public sewer: _____ ft.

Robert Brauckmuller
Signature of Applicant (Owner or Lessee)
786-2853

Box 61 Waverly Ne
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/15/82. Date Frwd. 9/15/82. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Head

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9-15-82. Date Frwd. 1-31-83. ACTION: Approved ☒ Disapproved ☐ Signature: Gary N. Stevens

3. City or County Engineer: Date Rec'd. 9/15/82. Date Frwd. 9/15/82. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL Subject to 20 acres of ownership and 550' Frontage

Site Visits:
Date: Nov-82 by: RM
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: Jan-31-83 By: Ron Maynard

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

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 11N ; Range 8E ; Section & ¼ Section 11.
Property Dimensions: _____ ft. x _____ ft. Area: 20 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☑ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 7/27/82 to 7/28/82. Weather: Precip. 0 Temp. 84.

OWNER: Robert Brauckmuller
Address: Box 61 Waverly, Ne. 68462

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"	7/27	7:00	7/28	8:00	7/28	8:00	7"	12:00	0	240	7" 1.75	.029
2	36"	7/27	7:00	7/28	8:00	7/28	8:00	8"	1:00	0	300	8" 2.6	.027
3	36"	7/27	7:00	7/28	8:00	7/28	8:00	8½	12:00	0	240	8½ 2.125	.035
4	36"	7/27	7:00	7/28	8:00	7/28	8:00	6"	1:00	0	300	6" 1	.02
5	36"	7/27	7:00	7/28	8:00	7/28	8:00	8"	1:00	0	300	8" 2.6	.027
6	36"	7/27	7:00	7/28	8:00	7/28	8:00	8"	12:00	0	240	8" 2	.033

Sum of Percolation Rates: .171
Average of Rates: .0285
Mean of Rates: _____

Robert Brauckmuller
Signature of Person Conducting Test

Address Box 61 Waverly 68462 Phone 786-2853

(Do not write below this line)

REVIEWING ACTION

Remarks: May be a little fast for Crete
Soil Type (SCS): Crete Silty Clay Loam
Date: August 24, 1982

Approved Percolation Rate (a)
A. 15 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
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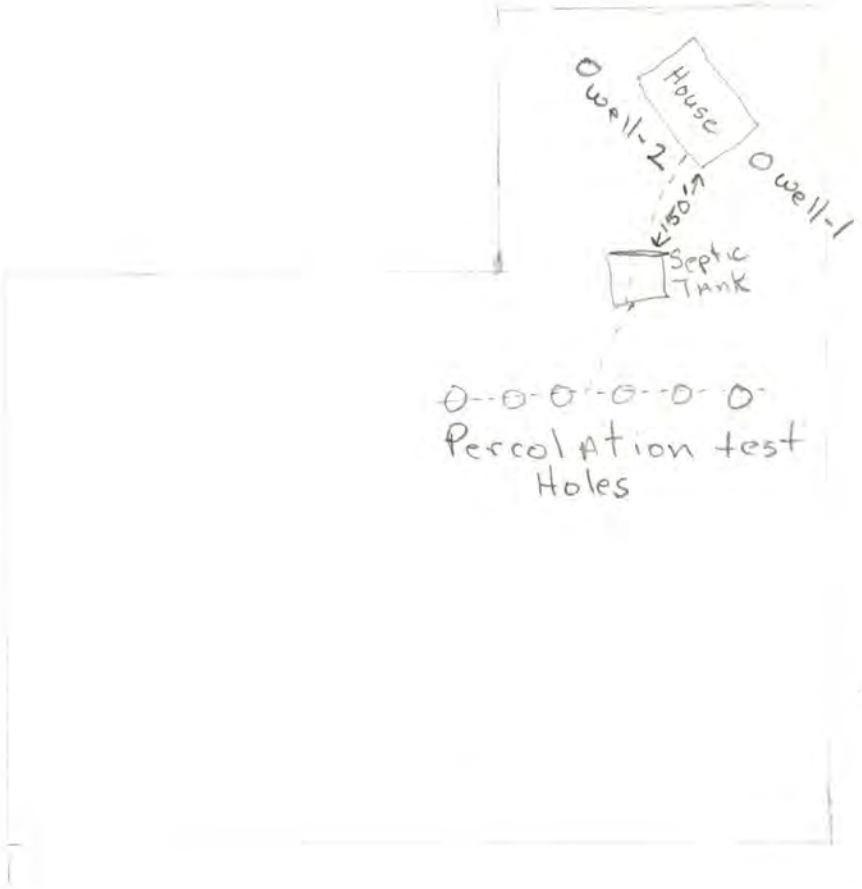
C

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.

wells dug 6/22/82



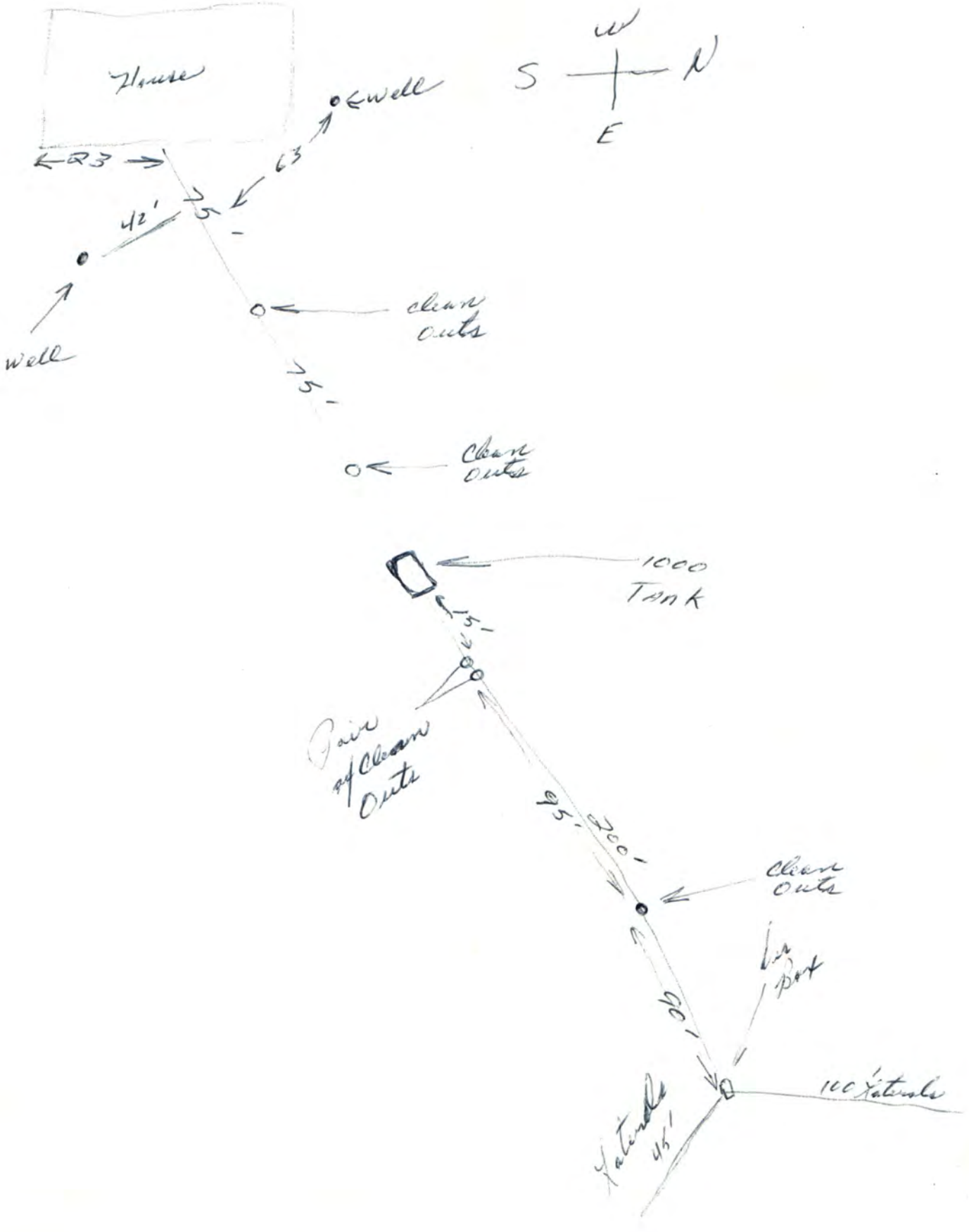
REVIEWING ACTION

Remarks: _____

Date: AUGUST 25, 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 570 sq.ft.

Gerrold C. Hood
Signature of Reviewing Official


House
well
R3
63'
42'
well
clean outs
75'
Clean Outs
W
S
N
E
1000 Tank
15'
Pair of Clean Outs
95'
200'
Clean Outs
60'
Lateral
45'
100' Laterals