LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

Permit No. 96390052601

SEWAGE SYSTEM REPAIR
SEPTIC TANK

Issued 10/07/96
Expires 04/07/97
Revenue Code 18754

Establishment

GALYN ANDERSON
T11N R8E SEC 13
10501 N 190 STREET

FEES: $50.00

TOTAL $50.00

Permittee

GALYN ANDERSON
10501 N 190 ST
WAVERLY NE 68462

Issued By M. Jane Ford
Health Director

2683

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐

County Resolution No. 2832 ☒

Lincoln-Lancaster County HEALTH DEPARTMENT

3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO. _____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 10-3-96

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☐, or REPAIR ☒ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 11 N; Range 8 E; Section 13;
Block _____; Lot _____; Addition _____
Street Address 10501 North 190th

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

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

4. Description of proposed alteration, extension or repair: Replace laterals

5. Work to be done by: Owner ☐; or Contractor ☒, Ken Krose
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	2,300 00

Galyn Anderson
Signature of Applicant (owner or lessee)

10501 North 190th Waverly, NE. 68462
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ _____

2. Site Visits:
Date: 10-3-96 by: JOM + P.D.
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☑; Disapproved ☐
by: _____

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-3-96 by: _____

10/3/96 cw
$50.00 ck 6112

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: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 11 N ; Range 8 E ; Section & ¼ Section 13 .
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: 9-11-96 to 9-12-96 . Weather: Precip. 0 Temp. 80° .

OWNER: Galyn Anderson

Address: 10501 North 190th, Waverly, NE.

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"	9/11	1500	9/11	1500	9/12	2235	18½"	2305	21¼"	30	1¾"	17
2	31"	9/11	1500	9/11	1500	9/12	2235	22¾"	2305	24½"	30	2½"	12
3	32"	9/11	1500	9/11	1500	9/12	2236	23½"	2306	25¼"	30	1¾"	17
4	31"	9/11	1500	9/11	1500	9/12	2236	19½"	2306	21⅞"	30	2⅜"	12.6
5	31"	9/11	1500	9/11	1500	9/12	2237	23½"	2307	25"	30	1½"	20
6	31"	9/11	1500	9/11	1500	9/12	2237	21"	2307	23¼"	30	2¼"	13

Sum of Percolation Rates: 91.6
Average of Rates: 15
Mean of Rates: _____

Galyn Anderson
Signature of Person Conducting Test

Address 10501 No 190th Waverly, NE. Phone 402-786-3797

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

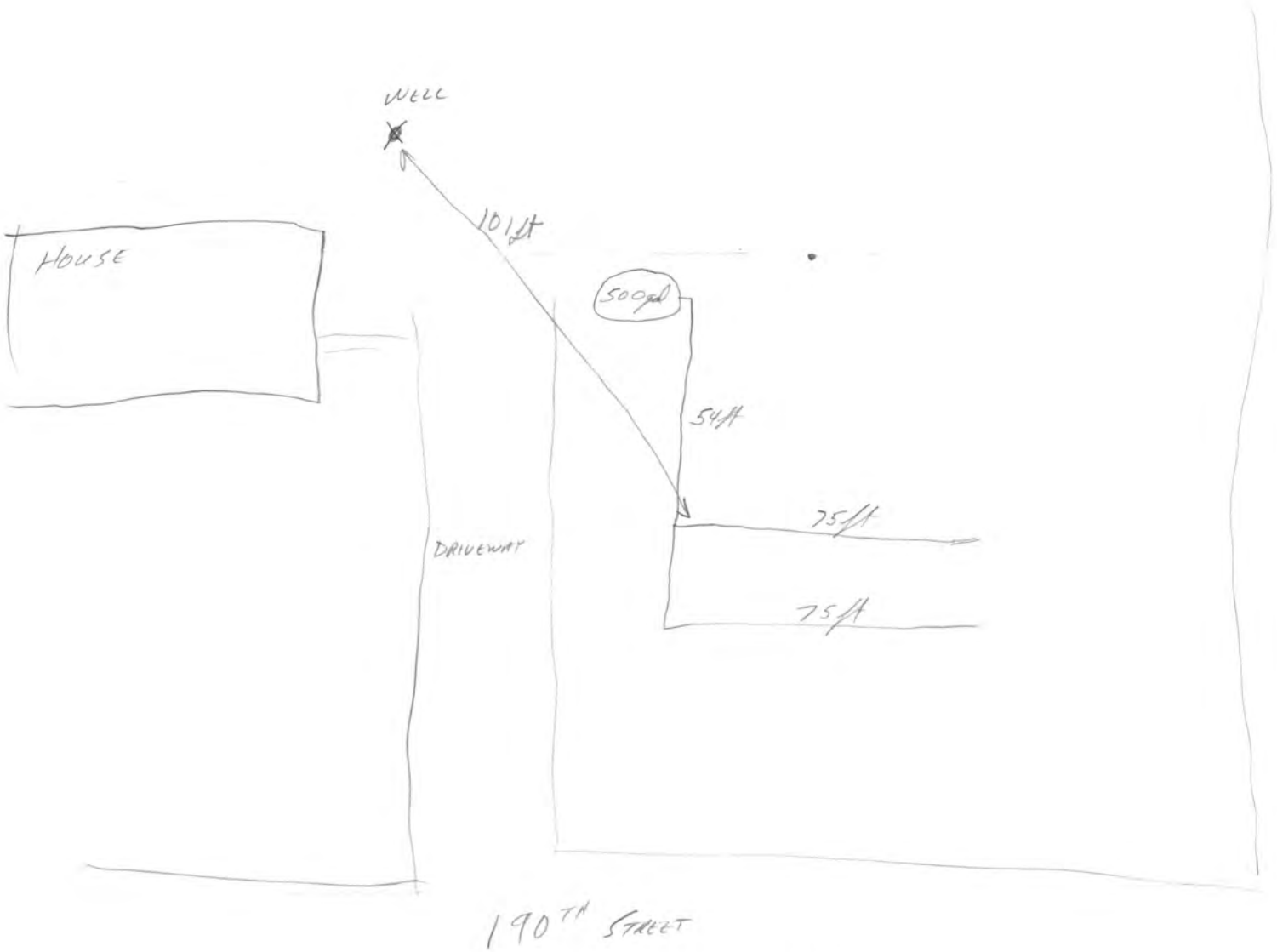
Soil Type (SCS): _____

Date: 10-3-96

Approved Percolation Rate (a)
A. 15 min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official

DRAWING AS BUILT



1/2 MOON LATERALS

Gaby Anderson