FILE #2656

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

OCTOBER 25, 1988 — THIS LICENSE OR PERMIT EXPIRES

JIMMIE MEHALEK — LICENSEE OR PERMITTEE

1132 VIRGINIA — ADDRESS

LINCOLN, NE 68508

T10N; R6E; Sec 14; Bk 3; Lots 7-8-9-10-11; 1132 Virginia — NAME OF ESTABLISHMENT, IF ANY

1132 Virginia — ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 60.00	018754	$ 60.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. — Date and Amount

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

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

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: $ 60.00

FILE NO. 2656

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. 10N ; Range 6E ; Section 14 ;
   Block 3 : Lot 7-8-9-10-11 Addition _____
   Street Address 1132 Virginia

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

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

4. Distance to public sewer: _____ ft.

Jimmie Mehalek
Signature of Applicant (Owner or Lessee)

1132 Virginia
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/22/88. Date Frwd. 4/25/88. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 4/25/88. Date Frwd. 4/25/88. ACTION: Approved ☒ Disapproved ☐ Signature: Jay Shemon

3. City or County Engineer: Date Rec'd. 4-25-88. Date Frwd. 4-25-88. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL PRE-EXISTING HOUSE
Less than 50% improvement for Flood Plain - not applicable

Site Visits:
Date: 7-7-88 by: mm tank + lat. D.C. only & Sch 40 cover lids
Date: 7-19-88 by: mm need gravel [illegible] need 4" Sch 40 [illegible]
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
Phone: 471-7800

B

FILE NO. 2656

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: 4-21-88 to 4-22-88. Weather: Precip. -0- Temp. 44°.

OWNER: JIMMIE MEHALEK

Address: 1132 VIRGINIA

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	4/21	8:00 AM	4/22	8 AM	4/22	8 PM	6"	12 NOON	5	30	1"	30/1
2	36	4/21	"	4/22	"	4/22	"	6"	"	4	"	2"	30/2
3	36	4/21	"	4/22	"	4/22	"	6"	"	4	"	2"	30/2
4	36	4/21	"	4/22	"	4/22	"	6"	"	4	"	2"	30/2
5	36	4/21	"	4/22	"	4/22	"	6"	"	4½	"	1½"	30/1½
6	36	4/21	"	4/22	"	4/22	"	6"	"	4½	"	1½"	30/1½

Signature of Person Conducting Test

Address 1132 VIRGINIA Phone 477-4516

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

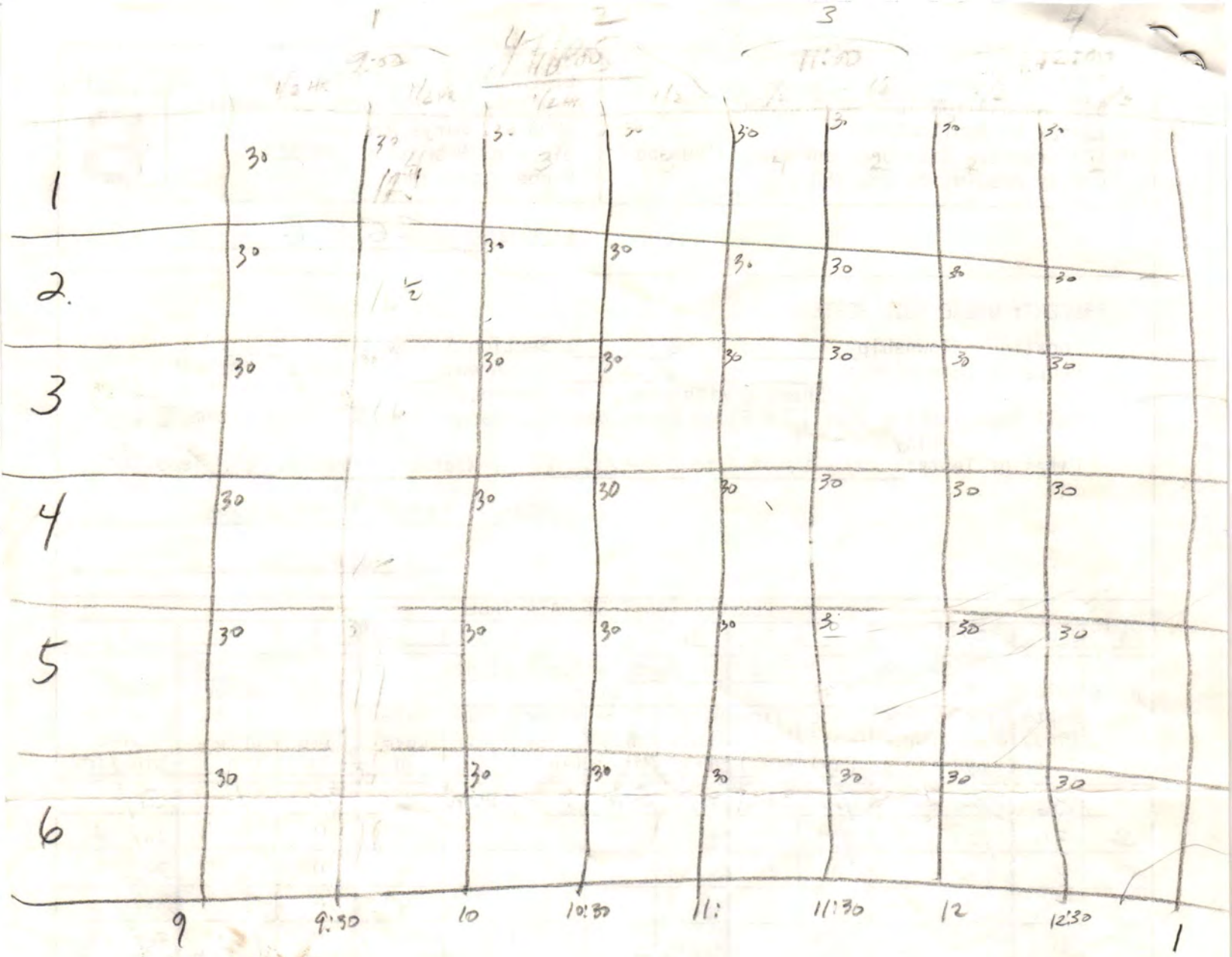
(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): URBAN
Date: APRIL 22, 1988

Approved Percolation Rate (a)
A. 18 min./inch
B. _____ min./inch
C. _____ min./inch

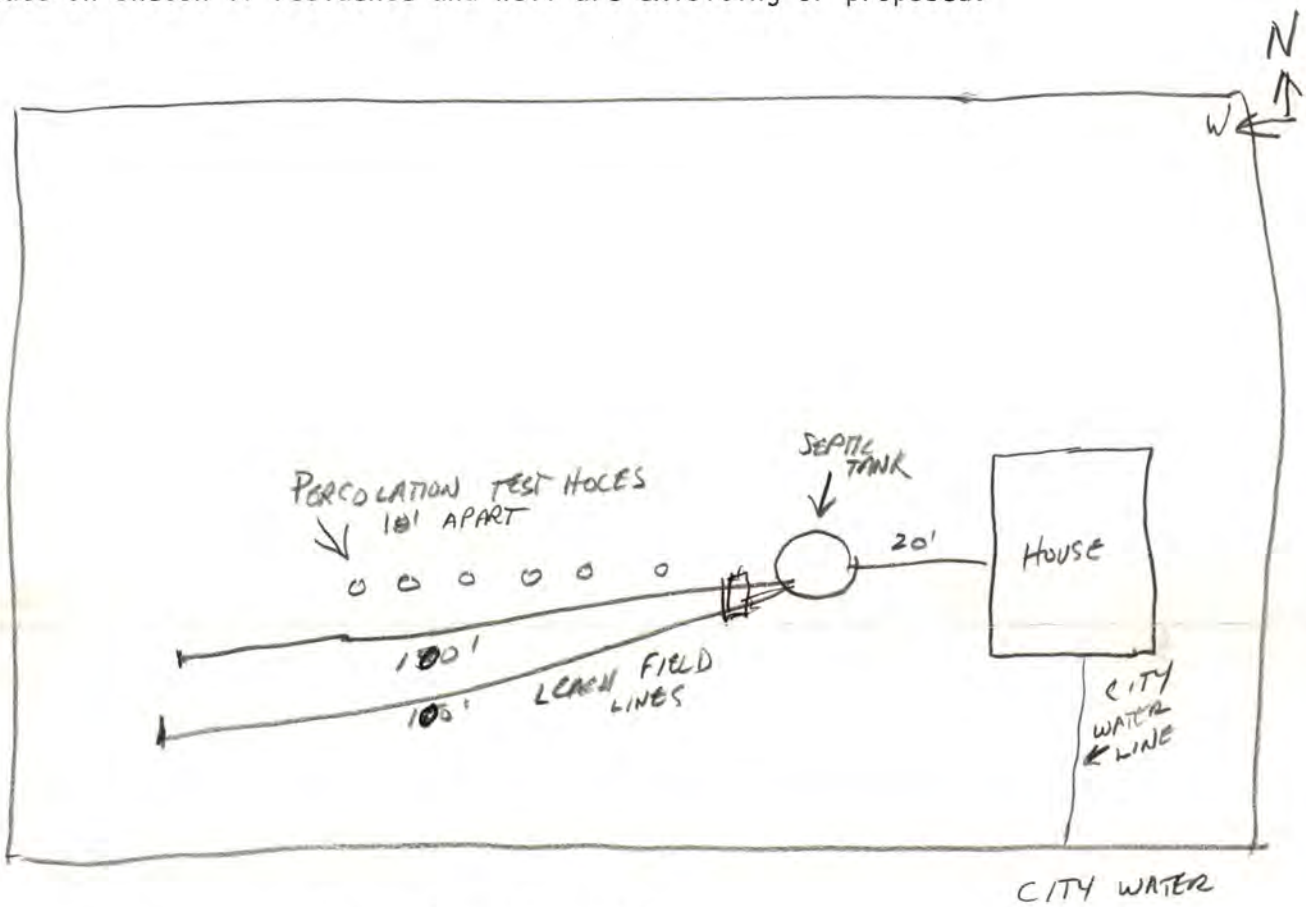
Jerrold C. Hood
Signature of Reviewing Official



1	17 - 2	18 - 20 - 2	1
2	22½ - 1½	22 - 25 - 3	2
3	20½ - 1½	21 - 23 - 2	2
4	20½ = 1½	20 - 23 - 3	2
5	21½ = 1½	18½ - 21 - 2½	½
6	22½ = 1½	19/20½ — 1½	

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. 7656

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



LOTS 7-8-9-10-11

1132 VIRGINIA ST.

REVIEWING ACTION

Remarks: _____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 100 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 400 sq.ft.

Jerrold C. Hoos
Signature of Reviewing Official