FILE # 2719

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION	6 MONTHS
TYPE OF LICENSE OR PERMIT	THIS LICENSE OR PERMIT EXPIRES
HAROLD E. ROPER 5731 GLADE ST.	LINCOLN, NE 68506
LICENSEE OR PERMITTEE	ADDRESS
T11N; R7E; Sec NW¼ of NE¼ 31	
NAME OF ESTABLISHMENT, IF ANY	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. 2719

DATE: August 22, 1988

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 7E ; Section 31 ;
   Block _____ : Lot _____ : Addition _____ NW¼NE¼
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe Story and one-half A Frame

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

4. Distance to public sewer: Unknown ft. (Approximately 1 Mile plus)

Harold E. Rogers
Signature of Applicant (Owner or Lessee)
5731 Glade Street
Lincoln, Nebraska 68506 489-1024
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/22/88. Date Frwd. 8/23/88. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8/23/88. Date Frwd. 8/23/88. ACTION: Approved ☒ Disapproved ☐ Signature:
3. City or County Engineer: Date Rec'd. 8-23-88. Date Frwd. 8-23-88. ACTION: Approved ☒ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 3/10/89 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 3/10/89 By: Jerrold Hood

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. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 11 N ; Range 7E ; Section & ¼ Section NW1/4 NE1/4
Property Dimensions: 1320 ft. x 2640 ft. Area: 80 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: 8-19-88 to 8-20-88. Weather: Precip. — Temp. 88.

OWNER: Harold E. Roper
5731 Glade Street
Address: Lincoln, NE 68506

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	8-19	6:36p	8-20	3:55p	8-20	7:30p	2 3/4	8:03p	2 1/4	33	1/2	
2	36	8-19	6:40p	8-20	3:55p	8-20	7:30p	5	8:03p	3 1/2	33	1 1/2	
3	36	8-19	6:42p	8-20	3:55p	8-20	7:30p	3	8:03p	2 1/2	33	1/2	
4	36	8-19	6:45p	8-20	3:55p	8-20	7:30p	5	8:03p	3 1/4	33	1 3/4	
5	36	8-19	6:52p	8-20	3:55p	8-20	7:30p	5	8:03p	4 1/4	33	3/4	
6	36	8-19	6:58p	8-20	3:55p	8-20	7:30p	2 1/4	8:03p	2	33	1/4	

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

Harold E. Roper
Signature of Person Conducting Test

Address 5731 Glade Street Phone 489-1024

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Crete Silty Clay Loam
Date: AUGUST 22, 1988

Approved Percolation Rate (a)
A. 34 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

Soil Absorption Test Data Report
August 20, 1988

No.	Start Time Hr/Min	Start Water Level	End Time Hr/Day	End Water Level	Elapsed Time	Water Level Drop	Reading Inches
1	3:55p	6	4:25p	5 1/2	30	1/2	18 1/2
2		6		4 1/2		1 1/2	19 1/2
3		6		5 1/4		3/4	18 3/4
4		6		4 3/4		1 1/4	19 1/4
5		6		5		1	19
6		6		5 1/4		3/4	18 3/4
1	4:25p	5 1/2	4:55p	4	30	1 1/2	20
2		4 1/2		3		1 1/2	21
3		5 1/4		4 1/2		3/4	19 1/2
4		4 3/4		3		1 3/4	21
5		5		3 3/4		1 1/4	20 1/4
6		5 1/4		4 1/2		3/4	19 1/2
1	4:55p	4	5:25p	4	30	0	20
2		3		2		1	22
3		4 1/2		4		1/2	20
4		3		2 1/2		1/2	21 1/2
5		3 3/4		3		3/4	21
6		4 1/2		4		1/2	20
1	5:25p	4	6:00p	3 1/2	35	1/2	20
2		2		1		1	23
3		4		3 3/4		1/4	20 1/4
4		2 1/2		1 1/2		1	22 1/2
5		3		2		1	22
6		4		3 1/2		1/2	20 1/2
1	6:00p	3 1/2	6:30p	3 1/4	30	1/4	20 1/4
2		1		1/2		1/2	23 1/2
3		3 3/4		3 1/2		1/4	20 1/2
4		1 1/2		1		1	23
5		2		0		2	24
6		3 1/2		3		1/2	21

Soil Absorption Test Data Report
August 20, 1988

No	Start Time Hr/Min	Start Water Level	End Time Hr/Day	End Water Level	Lapsed Time	Water Level Drop	Reading Inches
1	6:30p	3 1/4	7:00p	3	30	1/4	20 1/2
2		1/2 + 5 1/2		5 1/2		1/2	18 1/2
3		3 1/2		3 1/4		1/4	20 3/4
4		1 + 5		5 3/4		1/4	18 3/4
5		0 + 6		5 3/4		1/4	18 3/4
6		3		2 1/2		1/2	21 1/2
1	7:00p	3	7:30p	2 3/4	30	1/4	20 3/4
2		5 1/2		5		1/2	19
3		3 1/4		3		1/4	21
4		5 3/4		5		3/4	19 1/2
5		5 3/4		5		3/4	19 1/2
6		2 1/2		2 1/4		1/4	21 3/4
1	7:30p	2 3/4	8:03	2 1/4	33	1/2	21 1/4
2		5		3 1/2		1 1/2	20 1/2
3		3		2 1/2		1 1/2	21 1/2
4		5		3 1/4		1 3/4	20 3/4
5		5		4 1/4		3/4	20 1/4
6		2 1/4		2		1/4	22

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

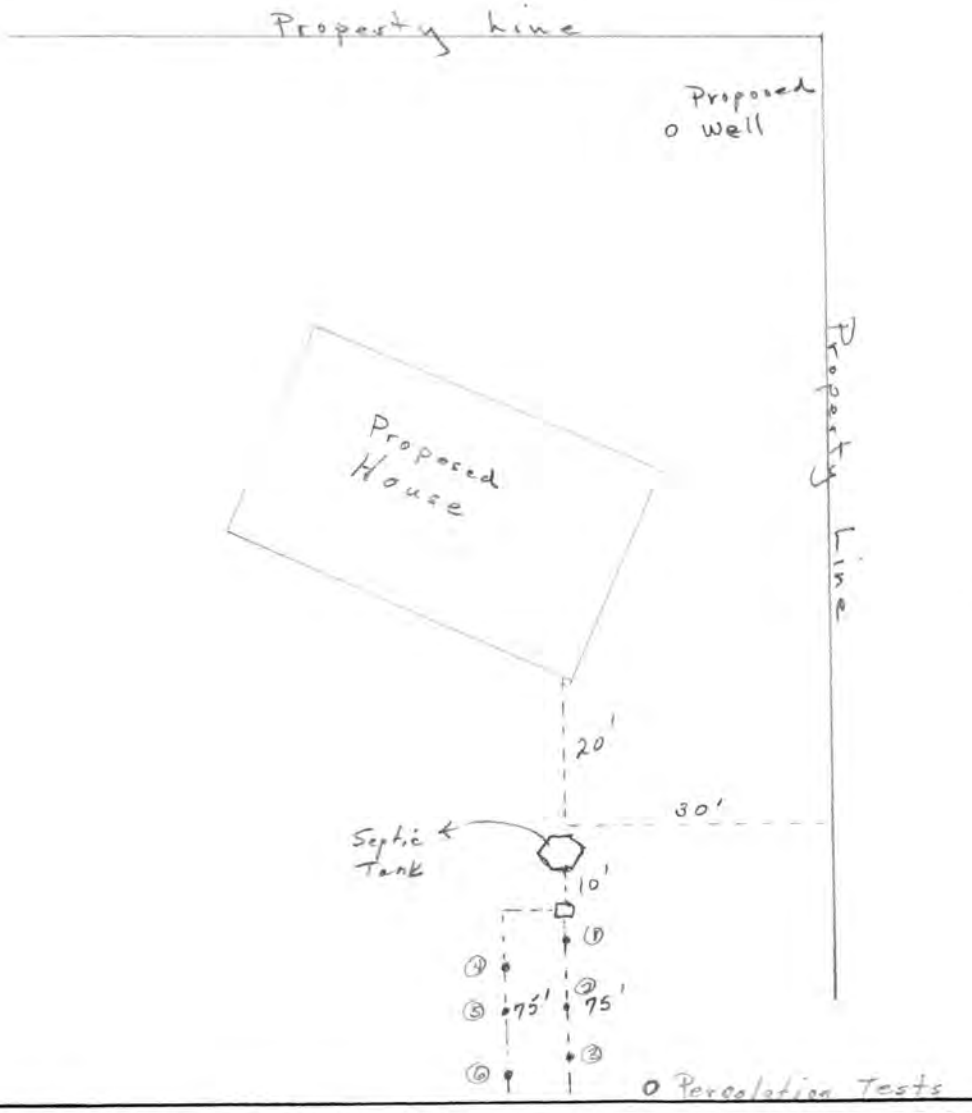
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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:_____

_____

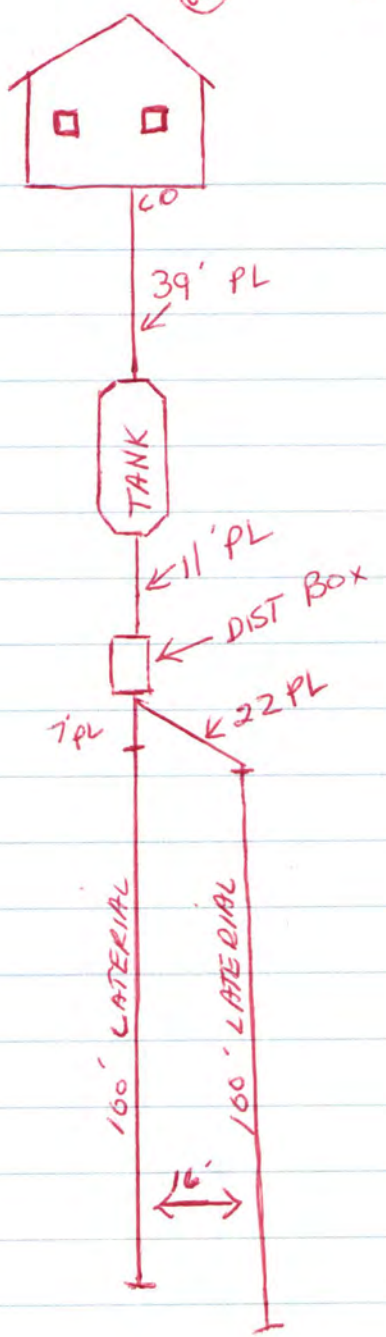
Date:_____

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 798 sq.ft.

_____
Signature of Reviewing Official

Excel

S. - 40 PL



W	Shots by TRANSIT	E
6'2"		5'8"
6'3"		5'9"
6'3"		6'1.5"
6'4"		6'2.5"
6'7"		6'4"