LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION
3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000
NON TRANSFERABLE

PERMIT

Permit No. 98390059201

SEWAGE SYSTEM REPAIR
INSTALL DISTRIBUTION BOX & LATERALS

Issued 08/20/98
Expires 02/20/99
Revenue Code 3157

Establishment
MIKE JORGENSEN
T10N R6E SEC 30
4201 W F ST

FEES: $50.00

PAID

TOTAL $50.00

Permittee
MIKE JORGENSEN
4201 W F ST
LINCOLN NE 68522

Issued By Health Director
Lincoln-Lancaster County Health Department

007990

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

Individual Sewage Disposal System
Application to Alter, Extend or Repair

❒Municipal Code 24.38 ❒County Resolution Number 2832

Date: 8-20-98	File No.:

The undersigned hereby applies for a permit to: ❒ **ALTER** ❒ **EXTEND** ❒ **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:**
   Township T10N Range 6E Section 30 1/4 Section _____
   Block _____ Lot _____ Addition _____

   Street Address 4201 W. F St

2. **Property use:** ☒ residential ❒ commercial ❒ other use
   Number of bedrooms 2 Describe _____

3. **Type of Present Individual Disposal System:** ☒ septic tank ❒ lagoon ❒ other

4. **Description of proposed alteration, extension or repair:** install distribution box & 2-50' ½ round Laterals

5. **Work to be done by:** ❒ owner ☒ contractor's name Brad Southwick
   Southwick Sewer & Drain

6. **Estimated project:** a. Repair, replace or minor extension with a cost of less than $400.00 (no fee required).
   b. Total cost is greater than $400.00 (Return fee with this application).
   c. A "construction permit" is required if the use, operation, location, or type of the system is being changed.

Print Name Mike Jorgensen Address 4201 W. F St Phone _____
Applicant Signature (owner or lessee) _____

Please include the permit fee ($50.00) with this application

(Please do not write below this line)

Date rec'd 8/20/98 REVIEW: ☒ approved ❒ disapproved By: Jerrold C. Hood

Site visits:
Date 8/20/98 By J.C. Hood
Date _____ By _____
Date _____ By _____

Installation final written approval
Date 8/26/98 By Jerrold C. Hood

Return to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE. 68510
441-8022

Rec'd 8/20/98 ls
CK#3129 $50

White - EH Pink - Business Office Revised 1/98

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: 4201 W. F St

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: 5-27 to 5-28-96. Weather: Precip. T Temp. 70's.

OWNER: Mike Jorgensen

Address: 4201 W. F st. Lincoln, Ne 68522

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	5/27	2:00	5/28	9:30	5/28	2:30	3 7/8	3:00		30	1	30
2			PM		AM		P	2½	P			1	30
3								2¼				1½	20
4								1½				2	15
5								5				1½	20
6								6				1½	30

Sum of Percolation Rates: 185
Average of Rates: 23
Mean of Rates: _____

Brad Bratland
Signature of Person Conducting Test

Address 17201 S. 72 Hickman Phone 430-7606

(Do not write below this line)

REVIEWING ACTION

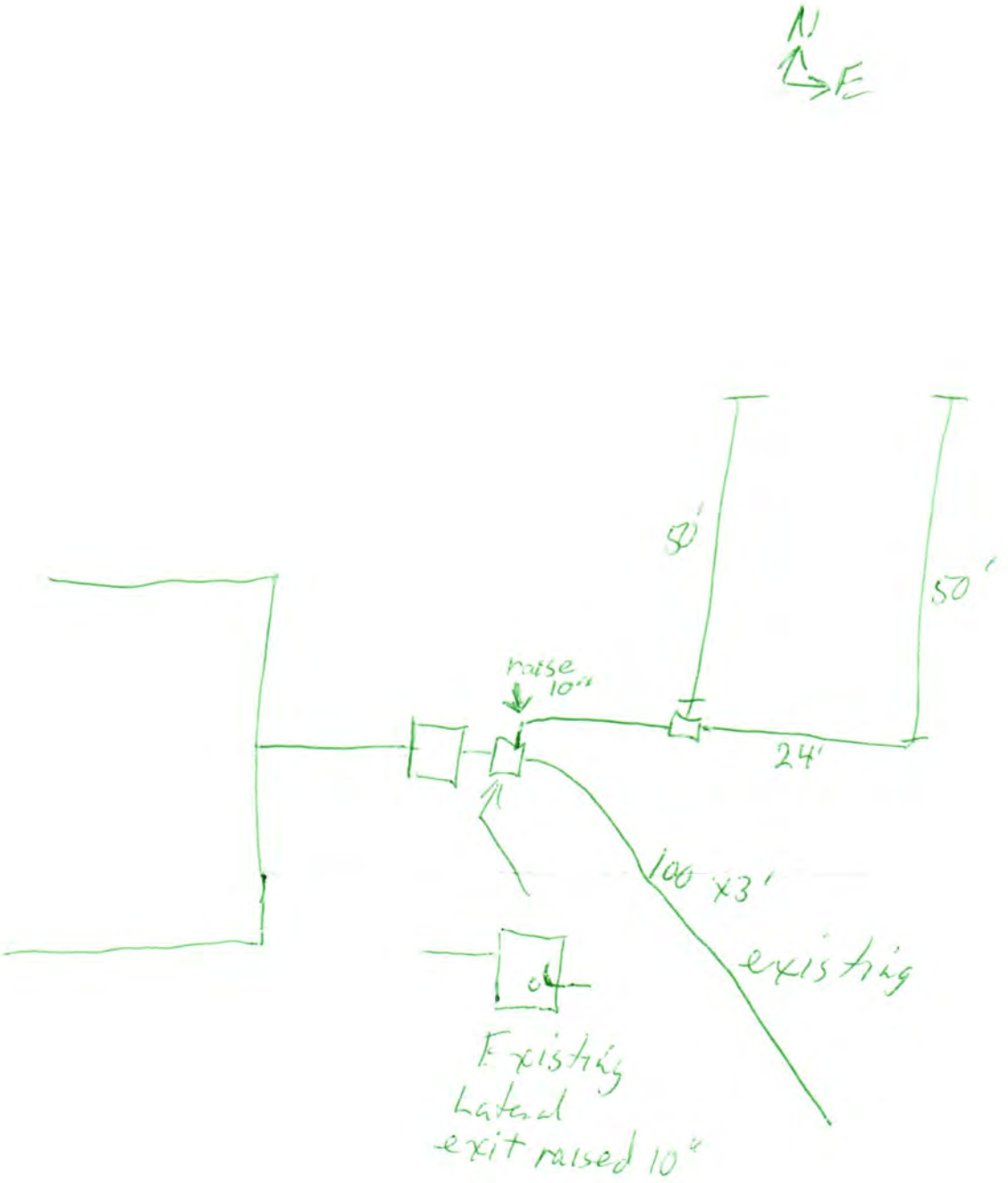
Approved Percolation Rate (a)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____

Soil Type (SCS): _____

Date: _____

_____
Signature of Reviewing Official


N
E
50'
50'
raise 10"
24'
100' x 3'
existing
Existing Lateral exit raised 10"