LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 89380003401

Issued 09/19/89
Expires 03/19/90

ESTABLISHMENT

SCOTT FITZGERALD
T11N R7E SEC SW8
LOT 38

FEES: Permit 018754 $60.00

Total $60.00

PERMITTEE

SCOTT FITZGERALD
4401 N 27 ST
LINCOLN NE 68521

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

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

8938000034

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: $_____

FILE NO._____

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 7E; Section SW8;
   Block /: Lot 38 I.T.: Addition_____
   Street Address 4600 Waverly Rd

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2. Describe_____

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

4. Distance to public sewer: _____ft.

Scott Fitzgerald
Signature of Applicant (Owner or Lessee)
General Excavating
4401 N 27th, Lincoln
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/19/89. Date Frwd. 9/20/89. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nook
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9-20-89. Date Frwd. 9-20-89. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bouma
3. City or County Engineer: Date Rec'd. 9/20/89. Date Frwd._____. ACTION: Approved ☒ Disapproved ☐ Signature: Hugh R Laumer

REMARKS OR REASONS FOR DISAPPROVAL WELL ALREADY THERE

Site Visits:
Date: 10/2/89 by: D.S. System installed - Covered except tank, distribution box + ends
Date:_____ by:_____
Date:_____ by:_____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/21/06 By: Doug Bouma

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
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 7 ; Range 11 ; Section & ¼ Section SW 8 Lot 38.
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: _____ to _____. Weather: Precip. _____ Temp. _____.

474-8484 Alice Trax 107' a lateral 4' wide OWNER: TRAX
466-2000 2 Bedroom ½ Ba. Address: 4600 Waverly RD.

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"	8-11	3:00	8-12	2:00	8-12	2:00	4"	5:30	4 7/8	3½ Hr	7/8	
2	36"	8-11	3:00	8-12	2:00	8-12	2:00	3¼	5:30	4½	3½	1¼	
3	36"	8-11	3:00	8-12	2:00	8-12	2:00	4	5:30	4	3½	0	
4	36"	8-11	3:00	8-12	2:00	8-12	2:00	3½	5:30	5	3½	1½	
5	36"	8-11	3:00	8-12	2:00	8-12	2:00	2¾	5:30	5	3½	2¼	
6	36"	8-11	3:00	8-12	2:00	8-12	2:00	2½	5:30	5¼	3½	2¾	

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

BRAD Williams
Signature of Person Conducting Test
Address 4401 NO 27th Phone 467-1627

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. 21 min./inch
B. _____ min./inch
C. _____ min./inch

_____
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 ☒

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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.

REVIEWING ACTION

Remarks: _____

Date: September 19, 1989

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 107 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed ____ sq.ft.

Gerrold C. Hood
Signature of Reviewing Official