LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1942-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

MAY 8, 1983
THIS PERMIT EXPIRES

DELORES GIEBENRATH BOX 3985 DAVEY NE 68336
ISSUED TO — ADDRESS

T11N, R7E, SECTION 7, W½ of NE¼
LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE NEW SYSTEM PERMIT

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY | DATE | AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

2832

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. _____

20109-0977

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: 474-1541

A

FILING FEE: $ 60.00

FILE NO. 1942-C

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. 11N ; Range 7E ; Section 7 ; W1/2 NE1/4 Lanc. Co.
   Block _____ : Lot _____ : Addition _____
   Street Address Mill Rd. between 27th & 40th on So. Side

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

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

4. Distance to public sewer: _____ ft.

Delores Giebenrath
Signature of Applicant (Owner or Lessee)
Box 3985
Davey Nebr. 68336
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/8/82. Date Frwd. 11/8/82. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 11-8-82. Date Frwd. 11-8-82. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bauma
3. City or County Engineer: Date Rec'd. 11-8-82. Date Frwd. 11-8-82. ACTION: Approved ☒ Disapproved ☐ Signature: Harold E. Sothen

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12/7/82 by: JMN
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/8/82 By: John Nelson

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

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
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Lincoln, Nebraska 68502
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B

FILE NO. _____

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: 11-6-82 to 11-7-82. Weather: Precip. 0 Temp. 50°.

OWNER: Delores Liebenrath
Address: Davey Neb. 68336 785-3285

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"	11-6	7:00 AM	11-7	7:00 AM	11-7	7:00 AM	12"	10:30 AM	2½"	30 M	1"	
2	"	"	"	"	"	"	"	"	"	8"	"	1"	
3	"	"	"	"	"	"	"	"	"	8"	"	2"	
4	"	"	"	"	"	"	"	"	"	8¼"	"	1"	
5	"	"	"	"	"	"	"	"	"	4"	"	1"	
6	"	"	"	"	"	"	"	"	"	9½	"	½"	
						Refilled	Holes	2-4	At	9:00 AM			
						And	Hole	3	At	9:30 AM			

Test Taken By Customers Location
William M. Hoagland
Signature of Person Conducting Test

Address 2701 N 27th Lot 22 Phone 474-0207

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

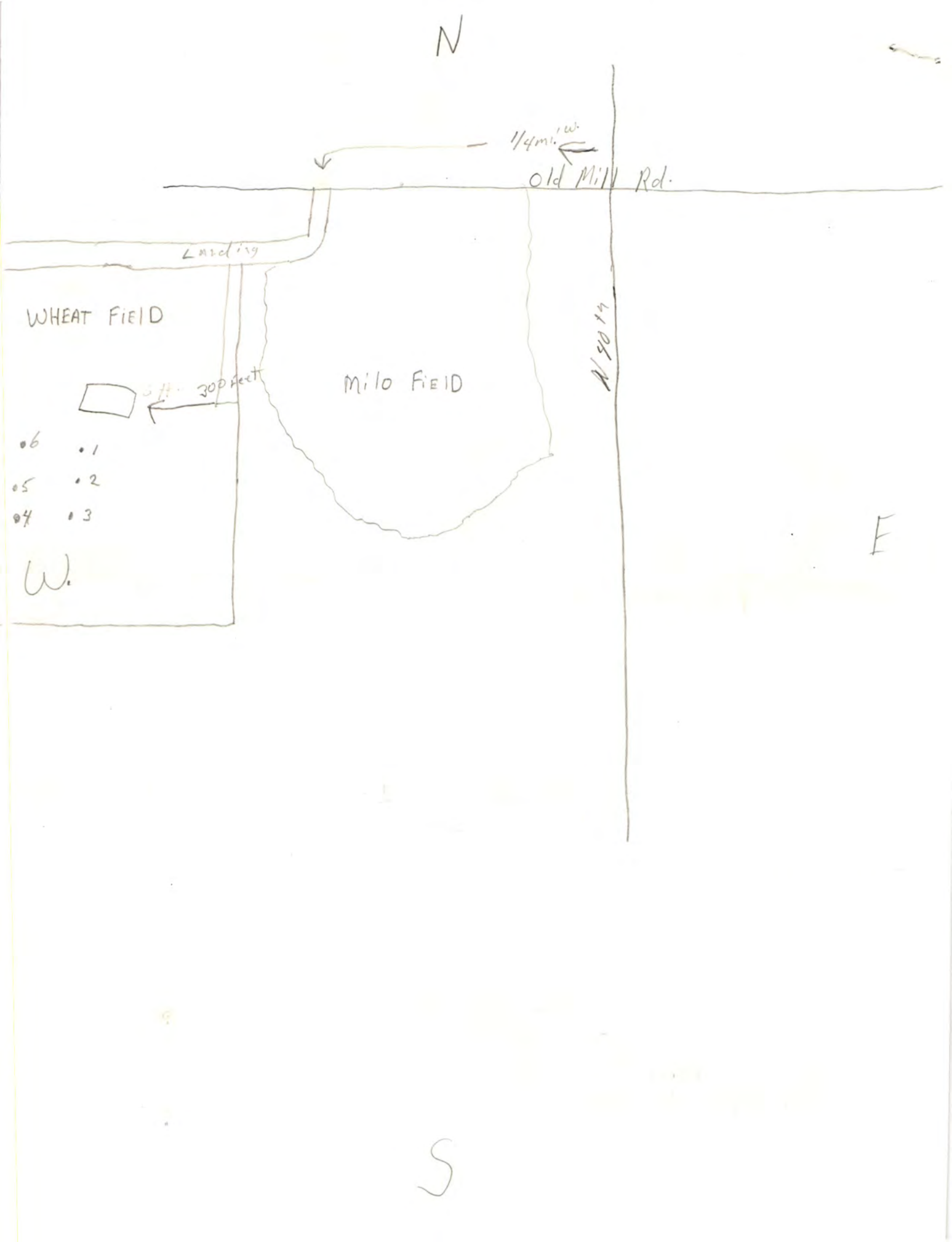
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REVIEWING ACTION

Remarks: Mayberry Clay Loam Close by
Soil Type (SCS): Shelbyville Silty Clay Loam
Date: November 8, 1982

Approved Percolation Rate (a)
A. 28 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Wood
Signature of Reviewing Official


N
1/4mi. W.
Old Mill Rd.
Gravel
WHEAT FIELD
Milo FIELD
N 40 yd
300 feet
6
1
5
2
4
3
W.
E
S

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

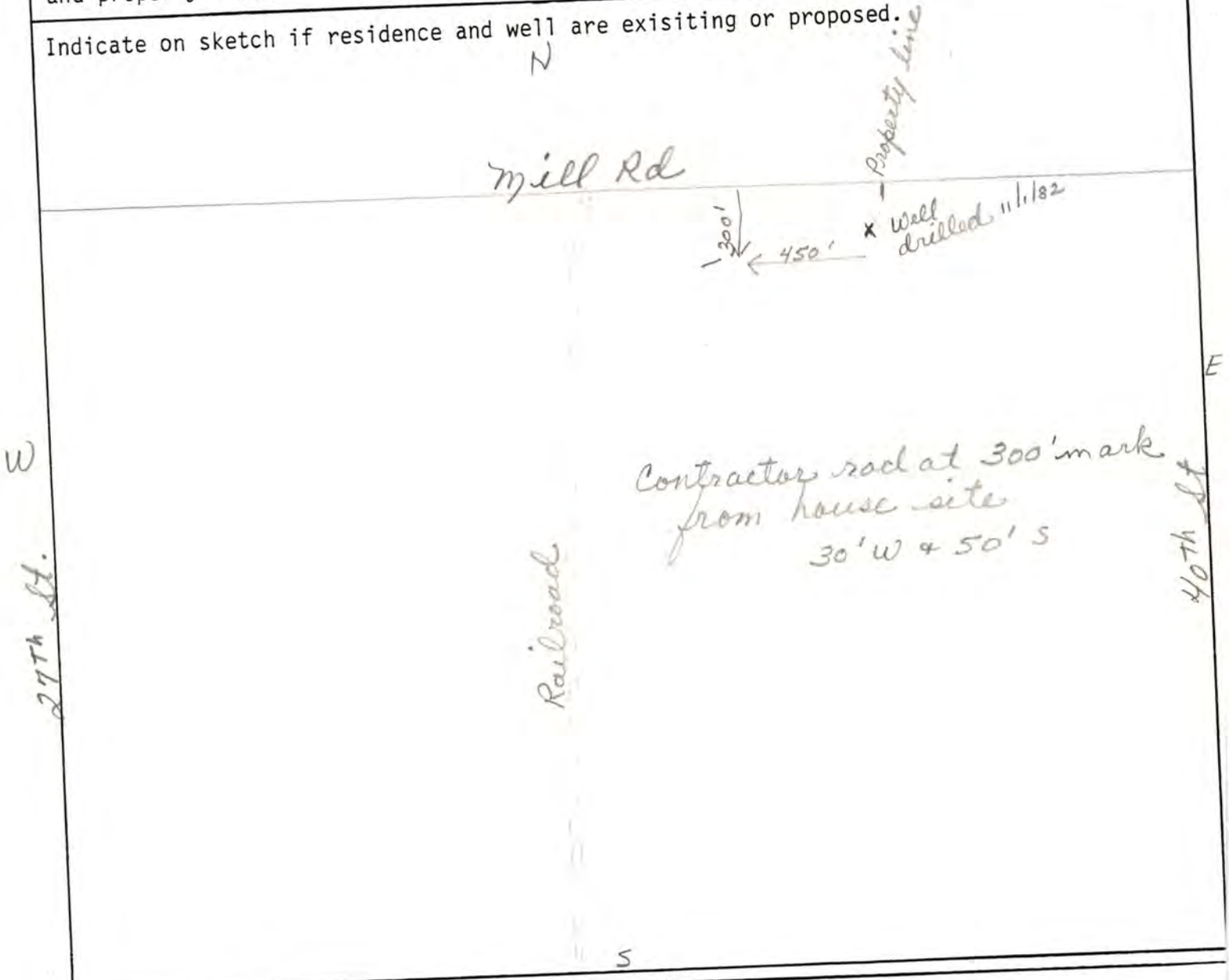
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C

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.



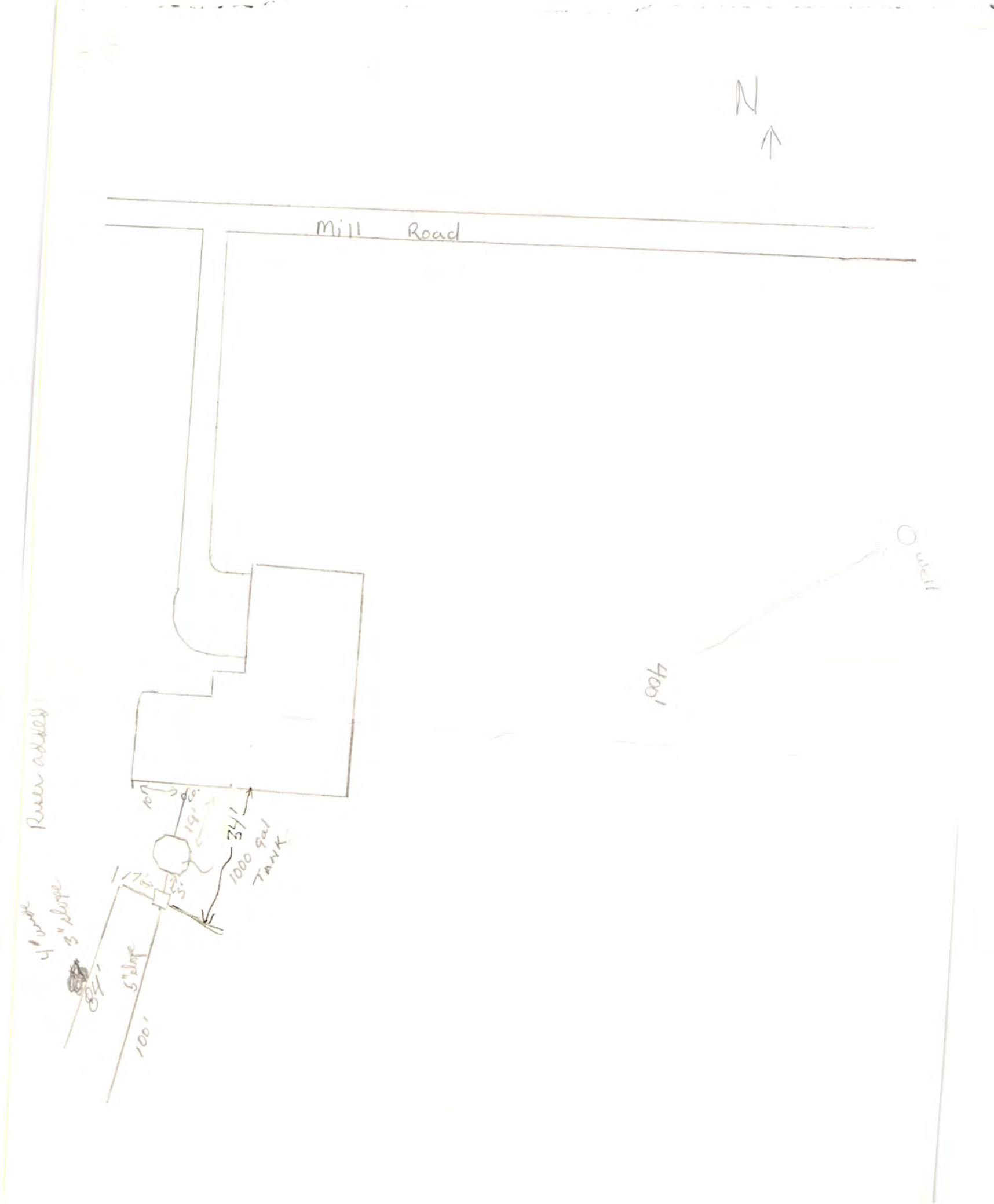
REVIEWING ACTION

Remarks: _____

Date: _____

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 725 sq.ft.

_____
Signature of Reviewing Official


N
Mill Road
well
400'
River access
4" under
3" slope
84'
5" slope
100'
10'
20'
14'
34'
1000 gal
TANK
17'
12'