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. 89380006801

Issued 10/07/89
Expires 05/07/90

ESTABLISHMENT

JEFFERY PESTER
T11N R7E SEC 7
BLK 1

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

JEFFERY PESTER
10105 N 70 ST
LINCOLN NE 68507

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

8938000068

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~~ 8000

A

FILING FEE: $_____

FILE NO._____

DATE: 11/6/89

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. 11 N ; Range 7 E ; Section 18 ;
   Block Parcel 1 Lot _____ : Addition _____
   Street Address 3401 Mill Rd.

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

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

4. Distance to public sewer: NA. _____ ft.

Jeffery L. Pastor
Signature of Applicant (Owner or Lessee)

1015 No. 70th
Address 464-5966

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/7/89. Date Frwd. 11/8/89. ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Head

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bouma-g.w.

3. City or County Engineer: Date Rec'd. 11/8/89. Date Frwd. 11/9/89. ACTION: Approved ☒ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 1-17-90 by: rmm need fence, but not final.
Date: 3-12-93 by: rmm Posted,
Date: 1-11-94 by: rmm Close up

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1-11-94 By: Ron Maynard

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 _____; 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: 10-21-89 to 10-22-89. Weather: Precip. 0 Temp. 65°.

OWNER: Jeffery L. Pester

Address: 10105 No. 70th Lincoln NE. 68517
464-5966

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"	10-21	1:00 pm	10-22	8:00 Am	10-22	8:00 Am	6"	12:00 pm	5 1/2"	30 m	1/2"	
2	36"	10-21	1:00 pm	10-22	8:00 Am	10-22	8:00 Am	6"	12:00 pm	5 1/4"	30 m	3/4"	
3	36"	10-21	1:00 pm	10-22	8:00 Am	10-22	8:00 Am	6"	12:00 pm	5 1/2"	30 m	1/2"	
4	36"	10-21	1:00 pm	10-22	8:00 Am	10-22	8:00 Am	6"	12:00 pm	5 5/8"	30 m	3/8"	
5	36"	10-21	1:00 pm	10-22	8:00 Am	10-22	8:00 Am	6"	12:00 pm	5 1/2"	30 m	1/2"	
6	36"	10-21	1:00 pm	10-22	8:00 Am	10-22	8:00 Am	6"	12:00 pm	5 1/2"	30 m	1/2"	

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

Mike Hoagland
Signature of Person Conducting Test

Address 2700 Dan Ave Lincoln Phone 464-0638 Pre-Cast Step Co.

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

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

_____
Signature of Reviewing Official

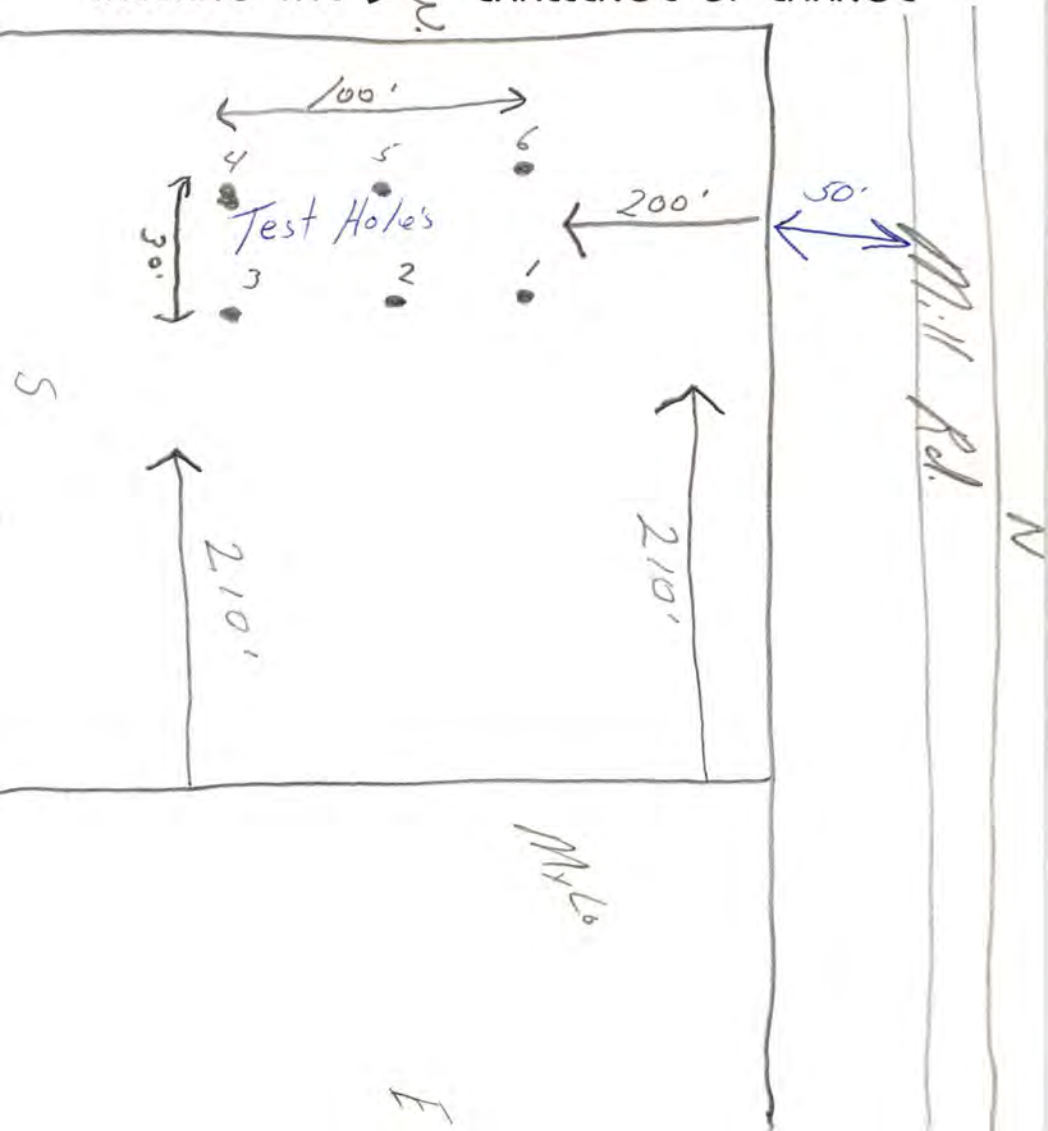
NORFOLK IRON & METAL COMPANY

NIM CO.
300 BRAASCH
P.O. BOX 1129
NORFOLK, NEBRASKA 68701
(402) 371-1810
MEMBER
Steel Service
Center Institute

Nebraska Wats
1-800-672-8309

Out-of-State
1-800-228-8100

MEETING THE CHALLENGE OF CHANGE



AS Built for Sewage Lagoon 1-17-90

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

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

FILE NO._____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE:_____

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☐, or 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: Twp._____; Range_____; Section_____;
Block_____; Lot_____; Addition_____
Street Address_____

2. Property Use: Residential_____ ☐; Commercial_____ ☐
No. Bedrooms_____ Describe_____
_____
Other Use ☐
Describe_____
_____

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

4. Description of proposed alteration, extension or repair:_____
_____
_____

5. Work to be done by: Owner ☐ ; or Contractor ☐ , _____
Contractor's Name

6. Estimated cost of project:

a. Materials	$_____
b. Labor	$_____
c. Other	$_____
TOTAL	$_____

_____
Signature of Applicant (owner or lessee)

_____
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd:_____
Filing Fee: $_____

2. Site Visits:
Date:_____ by:_____
Date:_____ by:_____
Date:_____ by:_____

3. Date: Approved ☐; Disapproved ☐
by:_____

4. INSTALLATION FINAL WRITTEN APPROVAL
Date:_____ by:_____

1-17-90
Brad Southwick
Southwick Sewer & Drain

