LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 93380100001

Issued 06/03/93
Expires 12/03/93
Revenue Code 18754

Establishment
DANIEL PAUL
T11N R7E SEC 7
LOT 11
3801 MILL ROAD

FEES: $150.00

TOTAL $150.00

Permittee
DANIEL PAUL
3415 RANDOLPH ST
LINCOLN NE 68510

Issued By M. Jane Ford
Health Director

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

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: $ 150.00

FILE NO. _____

DATE: 06/02/93

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 ;
   Block _____ : Lot W.I.T. : Addition _____
   Street Address 3801 HILL RD., DAVEY, NE

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____

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

4. Distance to public sewer: _____ ft.

Daniel N. Paul
Signature of Applicant (Owner or Lessee)

3415 RANDOLPH, LINCOLN, NE 68510
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/2/93. Date Frwd. 6/2/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 6/2-93. Date Frwd. 6/2/93. ACTION: Approved ☒ Disapproved ☐ Signature:

3. City or County Engineer: Date Rec'd. 06/02/93. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: summer by: run west fence
Date: 1-11-94 by: rms
Date: _____ by: _____

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

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

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
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B

Test taken 3/10 mile west of 40th & Mill Rd. So. side

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: 5-22-93 to 5-23-93 . Weather: Precip. 0 Temp. 60°.
All Holes had water in From Pre-test

OWNER: Daniel Paul

Address: _____

1.5" rain From Pre-test

475-0195

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"	5-22	1:30 pm	5-23	9:00 Am	5-23	9:00 Am	6"	9:30 Am	5 7/8"	30m	1/8"	
2	36"	5-22	1:30 pm	5-23	9:00 Am	5-23	9:00 Am	6"	9:30 Am	6"	30m	0"	
3	36"	5-22	1:30 pm	5-23	9:00 Am	5-23	9:00 Am	6"	9:30 Am	6"	30m	0"	
4	36"	5-22	1:30 pm	5-23	9:00 Am	5-23	9:00 Am	6"	9:30 Am	6"	30m	0"	
5	36"	5-22	1:30 pm	5-23	9:00 Am	5-23	9:00 Am	6"	9:30 Am	6"	30m	0"	
6	36"	5-22	1:30 pm	5-23	9:00 Am	5-23	9:00 Am	6"	9:30 Am	5 7/8"	30m	1/8"	

Mike Hoagland
Signature of Person Conducting Test

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

Address 2700 Dan Ave Lincoln NE. Phone 464-0638
Pre-Cast Products Inc.

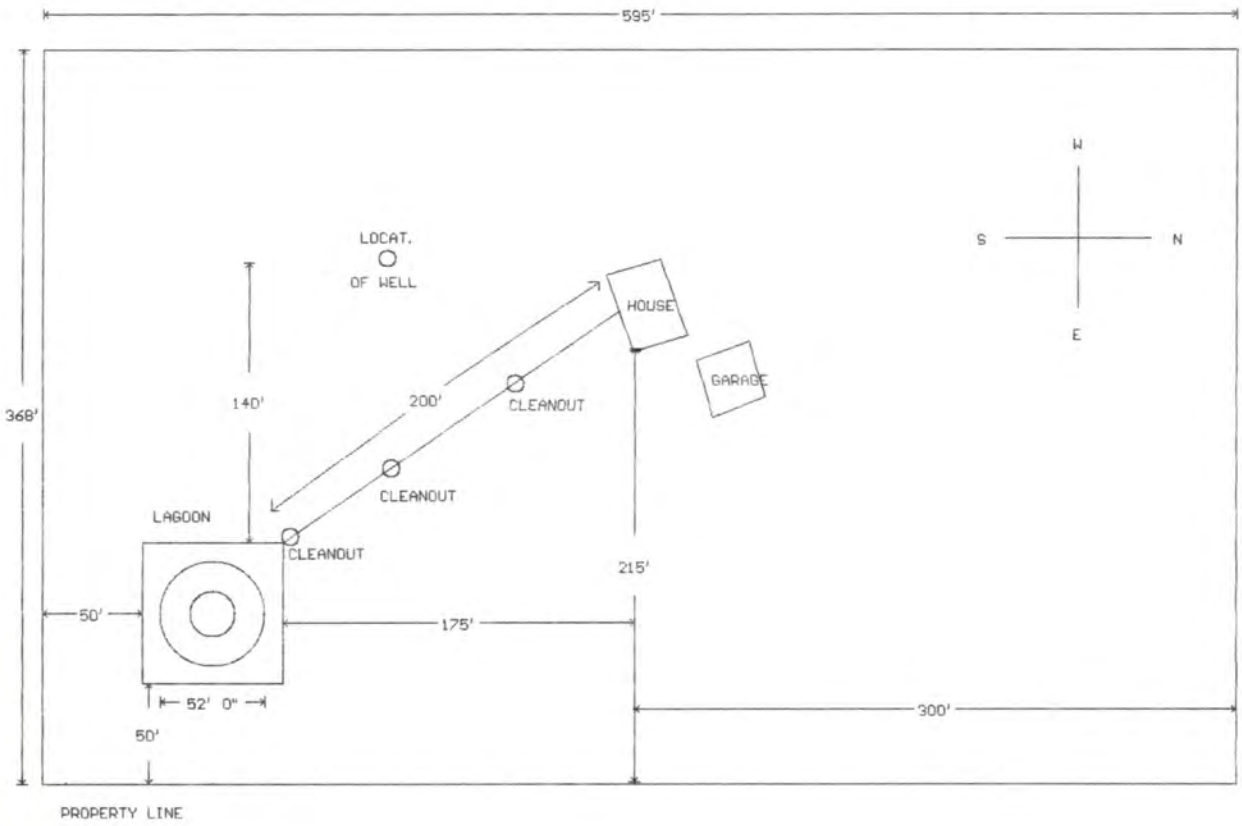
(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Moberry Clay Loam
Date: June 2, 1993

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

Gerrold C. Hood
Signature of Reviewing Official



Plan by: < Unregistered >

Scale = 1 /96" per foot