FILE #2468

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

SEPTEMBER 27 1987 — THIS LICENSE OR PERMIT EXPIRES

RANDY NEEMAN — LICENSEE OR PERMITTEE

9200 HOLDREGE — ADDRESS

LINCOLN, NE 68505

T10N: R7E: Sec 14: Lot 38 I.T.; 9200 Holdrege — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 60.00	018754	$ 60.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. — Date and Amount

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

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

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: $ 60.00

FILE NO. 2468

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 14;
   Block _____: Lot #38 Lt, Addition _____
   Street Address 9200 Holdrege

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3. Describe Ranch 2000 sq ft

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

4. Distance to public sewer: N/A ft.

WILL PUT IN WHATEVER SOIL PERCOLATION TEST INDICATES.

Signature of Applicant (Owner or Lessee)

9200 Holdrege
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/27/87. Date Frwd. 3/27/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 3/27/87. Date Frwd. 3/27/87. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 3/27/87. Date Frwd. 3/27/87. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9/21/87 by: J. C. H.
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ 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
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: 5 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: 4/29 to 4/30. Weather: Precip. _____ Temp. 20+.

OWNER: Randy Neeman
Address: 9200 Holdrege

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./ Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1											30 min	1.13	30/1⅛
old test 2											30"	.88	30/⅞
3											30"	1.13	30/1⅛
New Hole 4(6)	34"	4/29	10:42	4/29	3:00	4/30	7:00	22½	7:30	22¾	30"	.25	30/¼
5(6)	"	4/29	10:45	4/29	"	4/30	7:00	20½	7:30	21⅛	30"	.63	30/⅝
6(6)	"	4/29	10:46	4/29	"	4/30	7:00	22	7:30	22⅞	30"	.88	30/⅞

Sum of Percolation Rates: _____
Average of Rates: .82 per ¾ Hole
Mean of Rates: _____

Signature of Person Conducting Test

Address ~~600~~ 9200 Holdrege Phone 466-3910

$6\overline{)4.90}$ .82 13/16

(Do not write below this line)

REVIEWING ACTION

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

Approved Percolation Rate (a)
A. 48 min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official

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: 14107

Location: Township 10 ; Range 7 ; Section & ¼ Section 14 .
Property Dimensions: 457.50 ft. x 483.24 ft. Area: 5+ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 4-17 to 4-18 . Weather: Precip. Rain- 13"3/4" Temp. 70's+

OWNER: Randy S. Neeman
Address: 600 NO 54

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
Hold No.	Hole Depth (in.)	Pre-Saturation Period Start Date (Mo./Day)	Pre-Saturation Period Start Time (Hr./Min.)	Pre-Saturation Period End Date (Mo./Day)	Pre-Saturation Period End Time (Hr./Min.)	Percolation Readings Start Date (Mo./Day)	Percolation Readings Start Time (Hr./Min.)	Percolation Readings Start Water Level (in.)	Percolation Readings End Time (Hr./Day)	Percolation Readings End Water Level (in.)	Elapsed Time (Min.)	Results Water Level Drop (in.)	Percolation Rates (Min./in.)
1	32"	4-17	2:30	4/17	6:30	4/18	8:44	17 3/8	9:14	18 1/2	30 min	1 1/8"	
2	32"	4-17	2:30	4/17	6:30	4/18	5:08	16"	5:38	16 1/8"	30 min	1/8"	
3	32"	4-17	2:35	4/17	6:35	4/18	8:43	16 7/8"	9:13	17 3/4	30 min	7/8"	
4	32"	4-17	2:35	4/17	6:35	4/18	5:09	16"	5:39	16 1/8"	30 min	1/8"	
5	32"	4-17	2:40	4/17	6:40	4/18	8:41	17 1/8"	9:11	17 1/4	30 min	1/8"	
6	32"	4-17	2:40	4/17	6:40	4/18	5:10	16"	5:40	16 1/8"	30 min	1/8"	

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

Signature of Person Conducting Test

Address 9200 Holdrege Phone 466-3910

(Do not write below this line)

REVIEWING ACTION

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

Approved Percolation Rate (a)
A. 69 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 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 2468

Indicate on sketch if residence and well are exisiting or proposed.

REVIEWING ACTION

Remarks: _____

_____

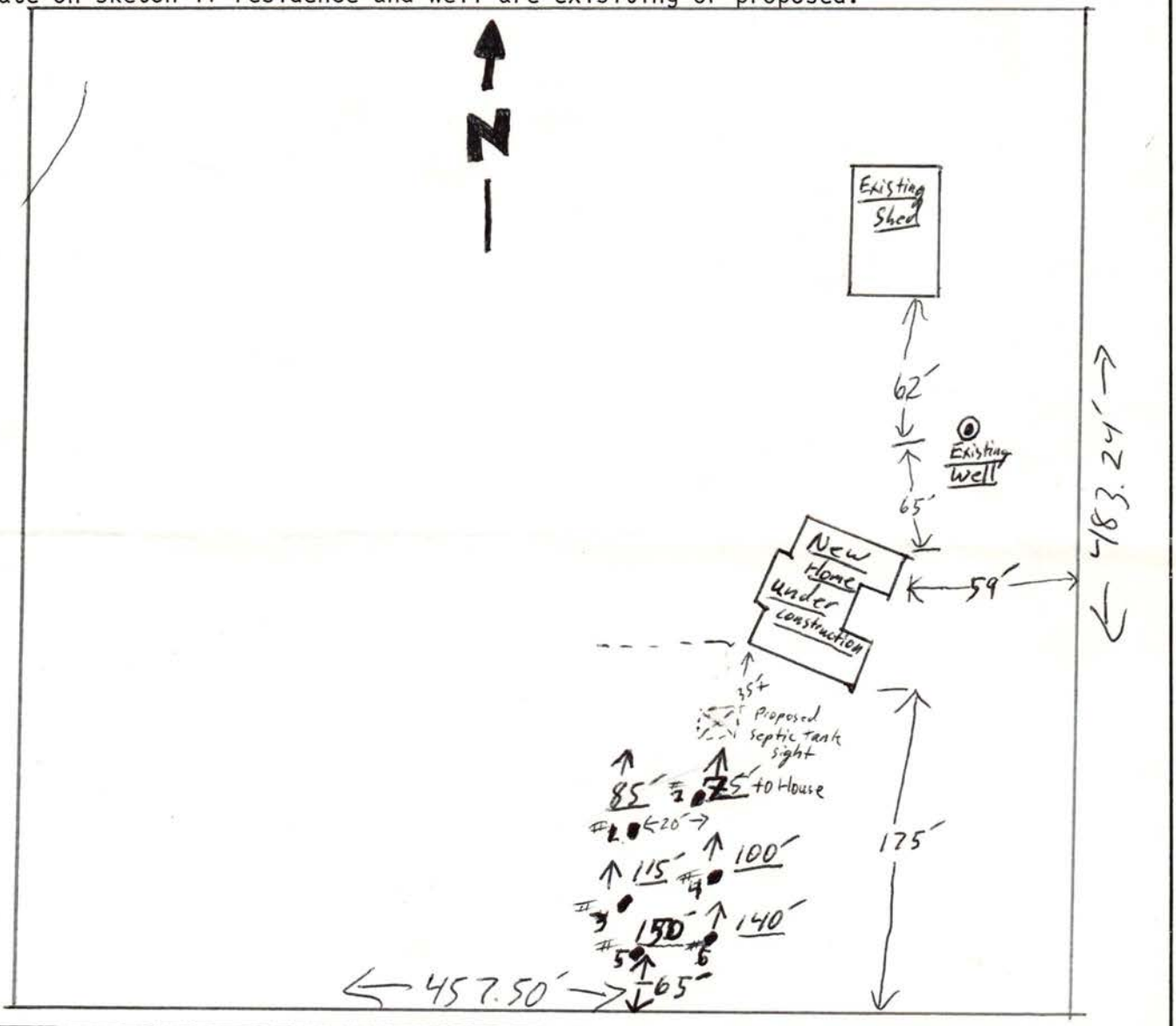
Date: _____

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 916 sq.ft.

_____
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 ☐	LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT Division of Environmental Health 2200 St. Marys Avenue Lincoln, Nebraska 68502 Phone: 471-7800 **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 _____ gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed _____ sq.ft.

_____

Signature of Reviewing Official

Randy Neeman

2468

