FILE NO. 1907

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

02/03/83 — THIS LICENSE OR PERMIT EXPIRES

JAMES LONGAN — LICENSEE OR PERMITTEE

4520 NW 54TH STREET LINCOLN NE 68524 — ADDRESS

T11N, R6E, SECTION 23 — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NONTRANSFERABLE NEW

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 60.00	$	$	$	$ 60.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
018754	100.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
61988	[illegible]	60.00

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

HEALTH
APPLICATION

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: 474-1541

A

FILING FEE: $ 60.00

FILE NO. 1907

DATE: 8-3-82

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. SEE ATTACHED ; Range 6E ; Section 23 NE¼
   Block _____ : Lot _____ : Addition _____
   Street Address _____

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: 3 Mile ft.

James S. Jorgen
Signature of Applicant (Owner or Lessee)

4520 N.W. 54TH ST., LINCOLN NEBR.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/3/82. Date Frwd. 8/4/82. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Rood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8-4-82. Date Frwd. 8-11-82. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bauer

3. City ~~or County~~ : Engineer Date Rec'd. 8-4-82. Date Frwd. 8-4-82. ACTION: Approved ☒ Disapproved ☐ Signature: M Long

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 3/16/84 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 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: 474-1541

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: S½ NE¼ NE¼

Location: Township 11 N ; Range 6 E ; Section & ¼ Section 23 .
Property Dimensions: 330 ft. x 698 ft. Area: 5.29 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☒ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: July 31 to Aug 1 . Weather: Precip. 0 Temp. 90 windy .

OWNER: James Logan
Address: 4520 NW 54th Lincoln, NE 68524

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	3'	7/31	2 PM	8-1	2:15	8-1	2:30	6"	3 PM	6"	30	0	30/0
2	3'	"	2 PM	8-1	"	8-1	6:30	6"	7	5 7/8	30	1/8	30/1/8
3	3'	"	2 PM	8-1	"	8-1	6:30	6"	7		30	—	30/—

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

James Logan
Signature of Person Conducting Test

Address 4520 NW 54th Phone 470-3623 office 471-5568

(Do not write below this line)

REVIEWING ACTION

Remarks: Probably should be sealed because Sharpsburg Silty Clay Loam
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: August 3, 1982

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

Jerrold C. Hood
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 ☐

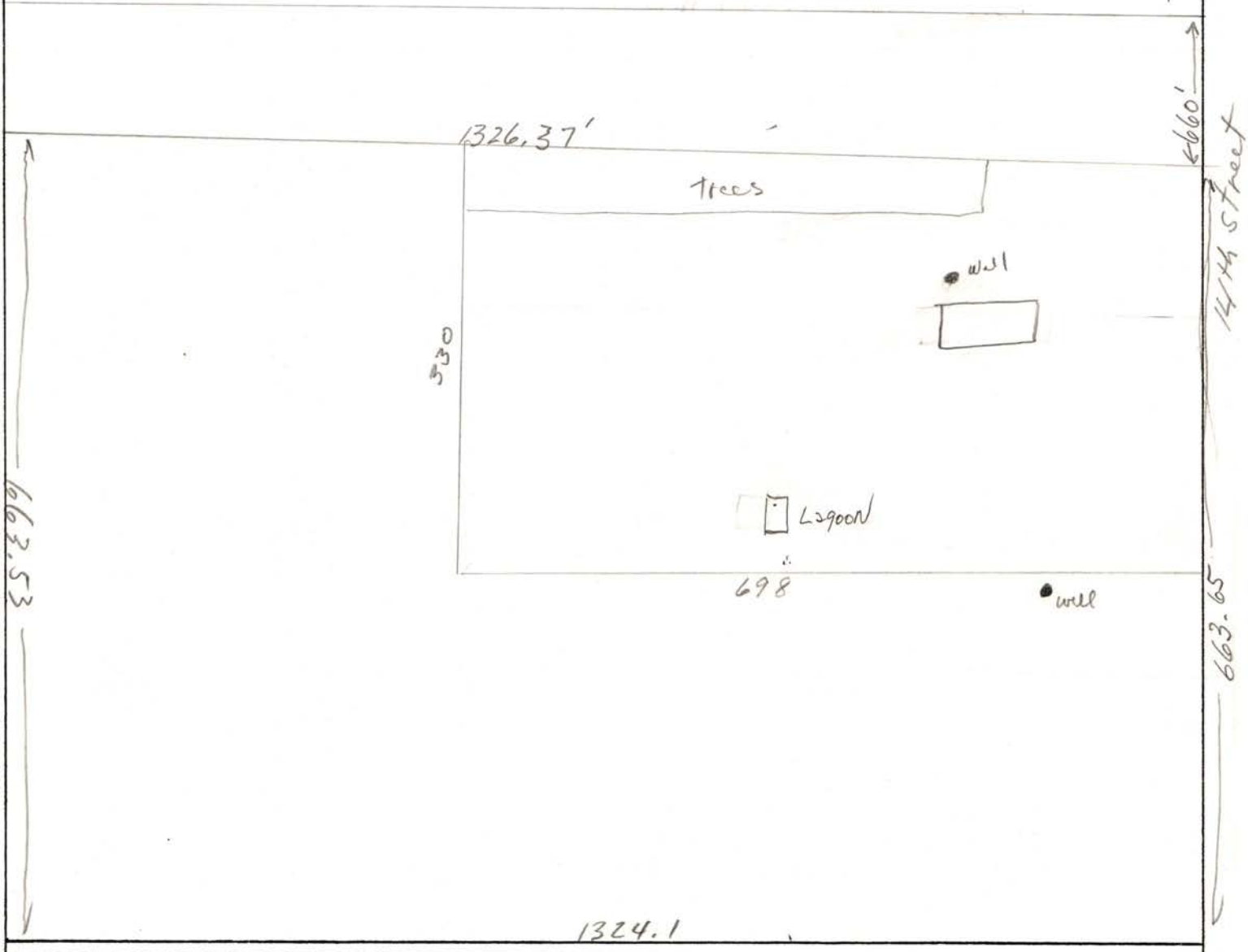
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO._____

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

OFFICIAL SURVEY RECORD

LANCASTER COUNTY, NEBRASKA

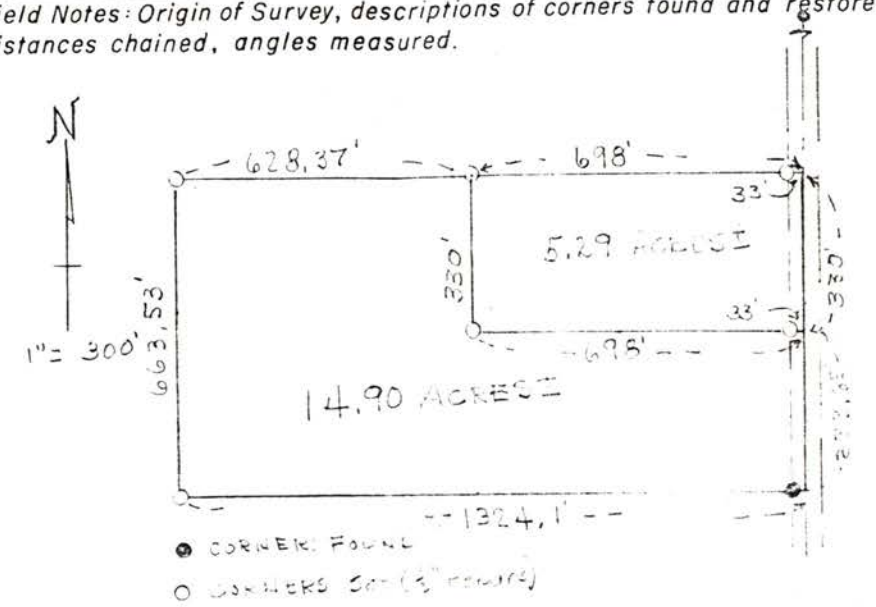
Survey of S½ NE¼ NE¼ and a 5.29 Acre Tract in Section 23, T. 11 N, R. 6 E, of 6th P. M.

County Survey No _____

Surveyor's Proj. No _____

Date Jun 17 1979 Weather Warm

Field Notes: Origin of Survey, descriptions of corners found and restored, distances chained, angles measured.



Legal Descriptions
14.90 Acre Tract

All of the S½NE¼NE¼ of Section 23, T11N, R6E of the 6th P.M., except the North 330 feet of the East 698 feet, containing 14.90 acres more or less.

5.29 Acre Tract

The North 330 feet of the East 698 feet of the S½NE¼NE¼ of Section 23, T11N, R6E of the 6th P.M., containing 5.29 acres more or less.

Signed this 17 Day of July 1979

Name _____

Surveyors license No L.S. 101

LAND SURVEYORS SEAL