LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 96380146201

Issued 07/30/96
Expires 01/30/97
Revenue Code 18754

Establishment
LEROY KUBICEK
T10N R7E SEC 14
LOT 48
8940 HOLDREGE STREET

FEES: $150.00

TOTAL $150.00

Permittee
LEROY KUBICEK
8940 HOLDREGE ST
LINCOLN NE 68505

Issued By M. Jane Ford
Health Director

2413

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: $_____

FILE NO._____

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. T 10 N ; Range R7E of the 6th ; Section SW¼ 14
   Block_____ : Lot 48 I.T. : Addition_____
   Street Address 8940 Holdrege Lincoln Ne 68505
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: _____ ft.

J Kubicek
Signature of Applicant (Owner or Lessee)

8940 Holdrege Lincoln
Address Ne 68505

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/30/96. Date Frwd. 7/30/96. ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7-30-96. Date Frwd. 7-30-96. ACTION: Approved ☒ Disapproved ☐ Signature:
3. City or County Engineer: Date Rec'd. 7-30-96. Date Frwd. 7-30-96. ACTION: Approved ☒ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL HAS WELL PERMIT EARLIER

Site Visits:
Date: 10-31-97 by: Dan
Date:_____ by:_____
Date:_____ by:_____

INSTALLATION FINAL WRITTEN APPROVAL *
Date: 10-31-97 By: Ron Magnuson

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

* trees within 50 ft are less than 10 ft tall. When trees are more than 10 ft tall, they must be removed.

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 10 N; Range 7 E; Section & ¼ Section 14. LOT 48
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: 9-30-96 to 10-1-96. Weather: Precip. 0 Temp. 65.

OWNER: LEROY KUBICEK

Address: 8940 Holdrege

Holes 2-4 had water from Pre Sat - Period

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"	9-30	6:40P	10-1	840P	10-1	840P	6"	940P	5 5/8	30min	3/8	.3750 = 80
2	36	930	6:40P	10-1	840P	10-1	840P	6"	940P	5 7/8	30 min	1/8	.1250 = 240
3	36	9-30	6:40P	10-1	840P	10-1	840P	6"	940P	5 7/8	30min	1/8	.1250 = 240
4	36	9-30	6:40P	10-1	840P	10-1	840P	6"	940P	5 7/8	30min	1/8	.1250 = 240
5	36	9-30	6:40P	10-1	840P	10-1	840P	6"	940P	5 3/4	30min	1/4	.2500 = 120
6	36	9-30	6:40P	10-1	840P	10-1	840P	6"	940P	5 5/8	30min	3/8	.3750 = 80
7	36	9-30	640P	10-1	840P	10-1	840P	6"	940P	5 7/8	30min	1/8	.1250 = 240

Sum of Percolation Rates: 1240
Average of Rates: 200
Mean of Rates: _____

Signature of Person Conducting Test

Address 2700 Dan Ave. Phone 464-0638

(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

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

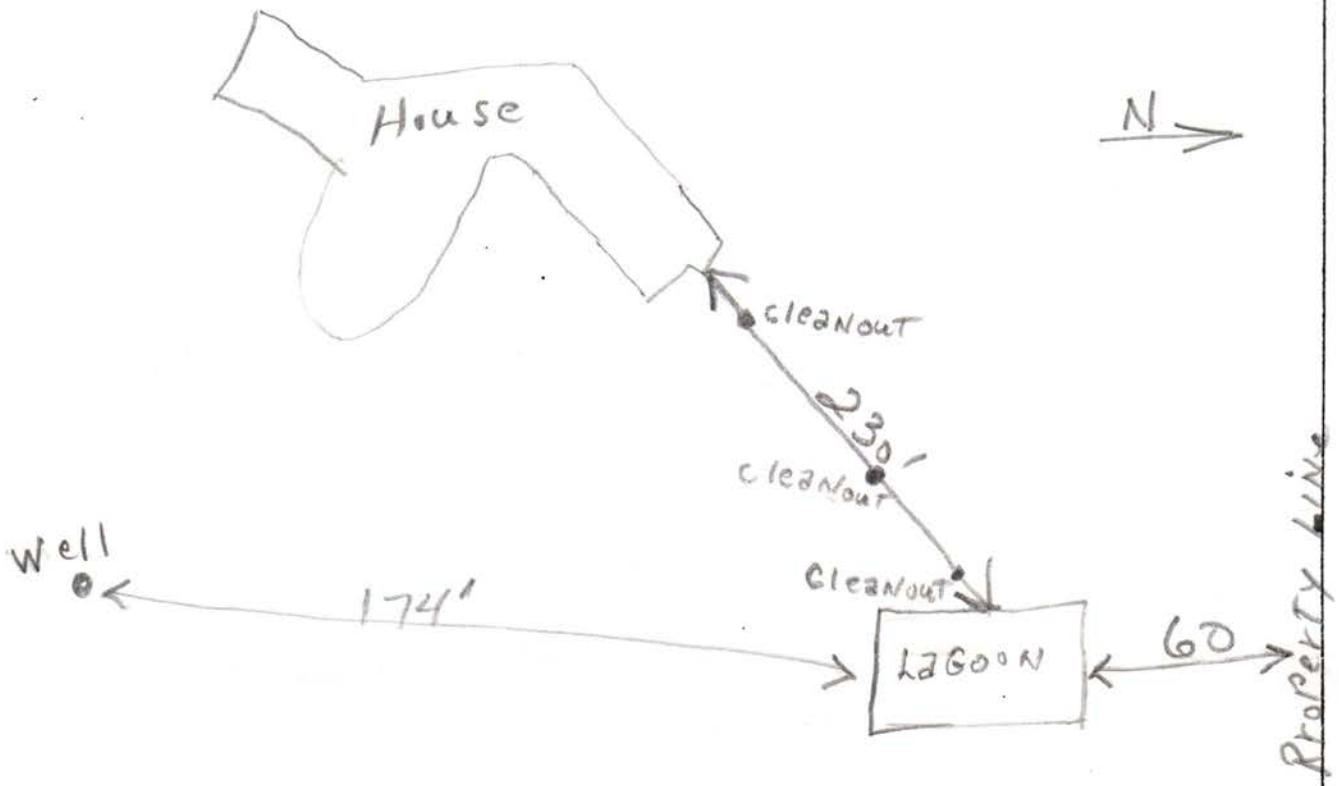
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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