FILE # 2772

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

6 MONTHS — THIS LICENSE OR PERMIT EXPIRES

JUDY L. PIERCE 3731 NO. 44TH ST. LINCOLN, NE 68504 — LICENSEE OR PERMITTEE / ADDRESS

TION: R7E: Sec. 14: Lot 7 I.T. — 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. 2772

DATE: November 8, 1988

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. 10 N ; Range R7E ; Section NE 1/4 Sec 14 ;
   Block _____ : Lot 71 I.T. : Addition _____
   Street Address Not Assigned

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: — ft.

Judy A Pierce
Signature of Applicant (Owner or Lessee)

3731 North 44th St
Address Lincoln, Nebraska 68504

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/9/88. Date Frwd. 11/10/88. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 11/10/88. Date Frwd. 11/10/88. ACTION: Approved ☐ Disapproved ☐ Signature: _____
3. City or County Engineer: Date Rec'd. 11-10-88. Date Frwd. 11-10-88. ACTION: Approved ☒ Disapproved ☐ Signature: Donna Brunckhorst

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5/12/89 by: J. C. H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/12/89 By: Jerrold C. Hood

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

FORM 23-43

3

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: _____ to _____. Weather: Precip. _____ Temp. _____.

OWNER: Paul [illegible] - 98th & Adams.
Address: 3731 N. 44th
464-6647

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"	10/28	2:00	10/29	1:00	10/29	1:00	6"	4:30	3 3/8	30 min	2 5/8	
2	36"	10/28	2:00	10/29	1:00	10/29	1:00	6"	4:30	4 1/2	30	1 1/2	
3	36"	10/28	2:00	10/29	1:00	10/29	1:00	6"	4:30	4 1/8	30	1 7/8	
4	36"	10/28	2:00	10/29	1:00	10/29	1:00	6"	4:30	4 1/4	30	1 3/4	
5	36"	10/28	2:00	10/29	1:00	10/29	1:00	6"	4:30	4 1/8	30	1 7/8	
6	36"	10/28	2:00	10/29	1:00	10/29	1:00	6"	4:30	4 1/2	30	1 1/2	

Rick Gerdentine
Signature of Person Conducting Test

Address 4401 NW 27th Phone 467-1627

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): JUDSON SILT LOAM

Date: NOVEMBER 9, 1988

Approved Percolation Rate (a)
A. 16 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 ☐

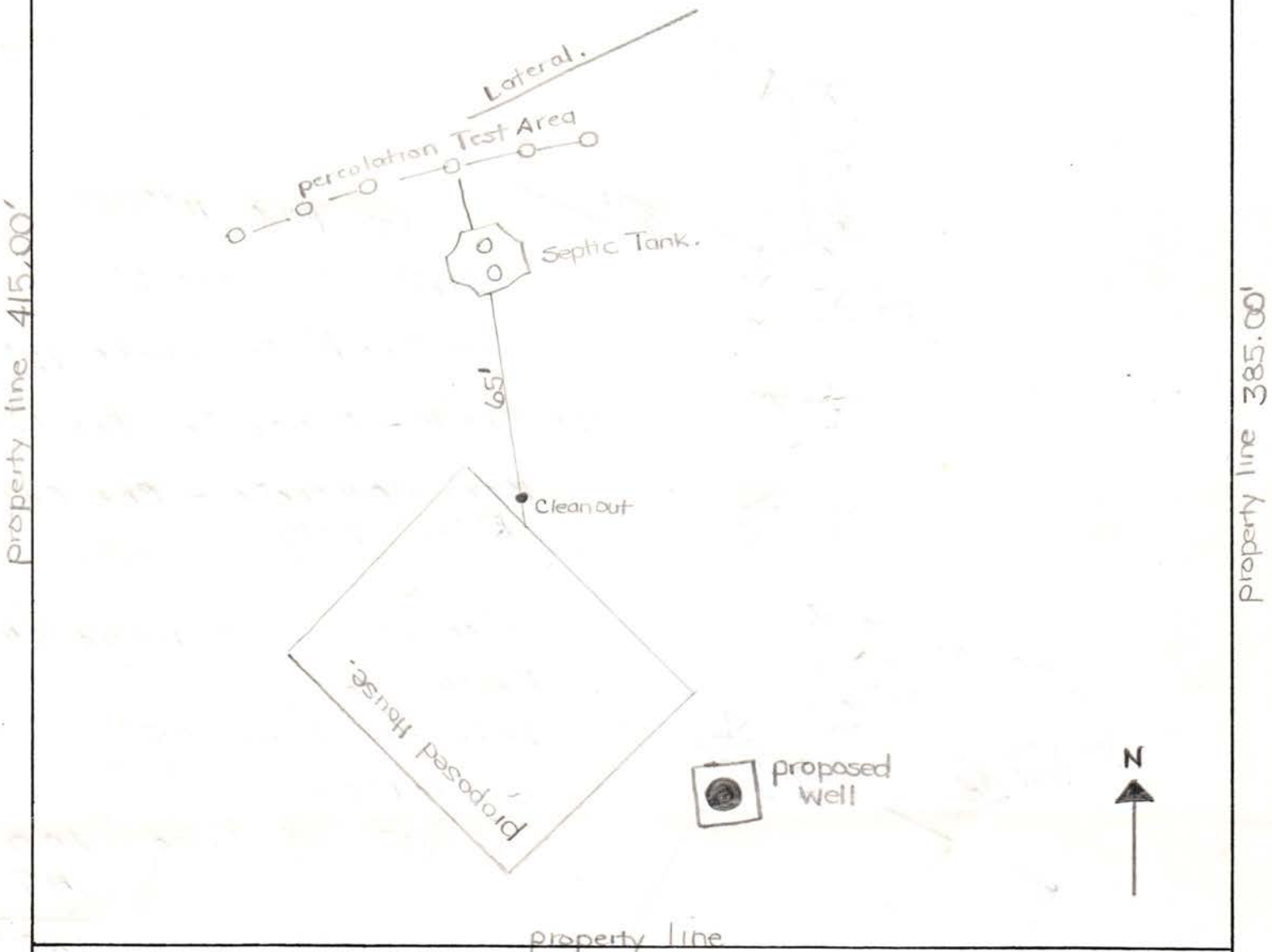
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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.



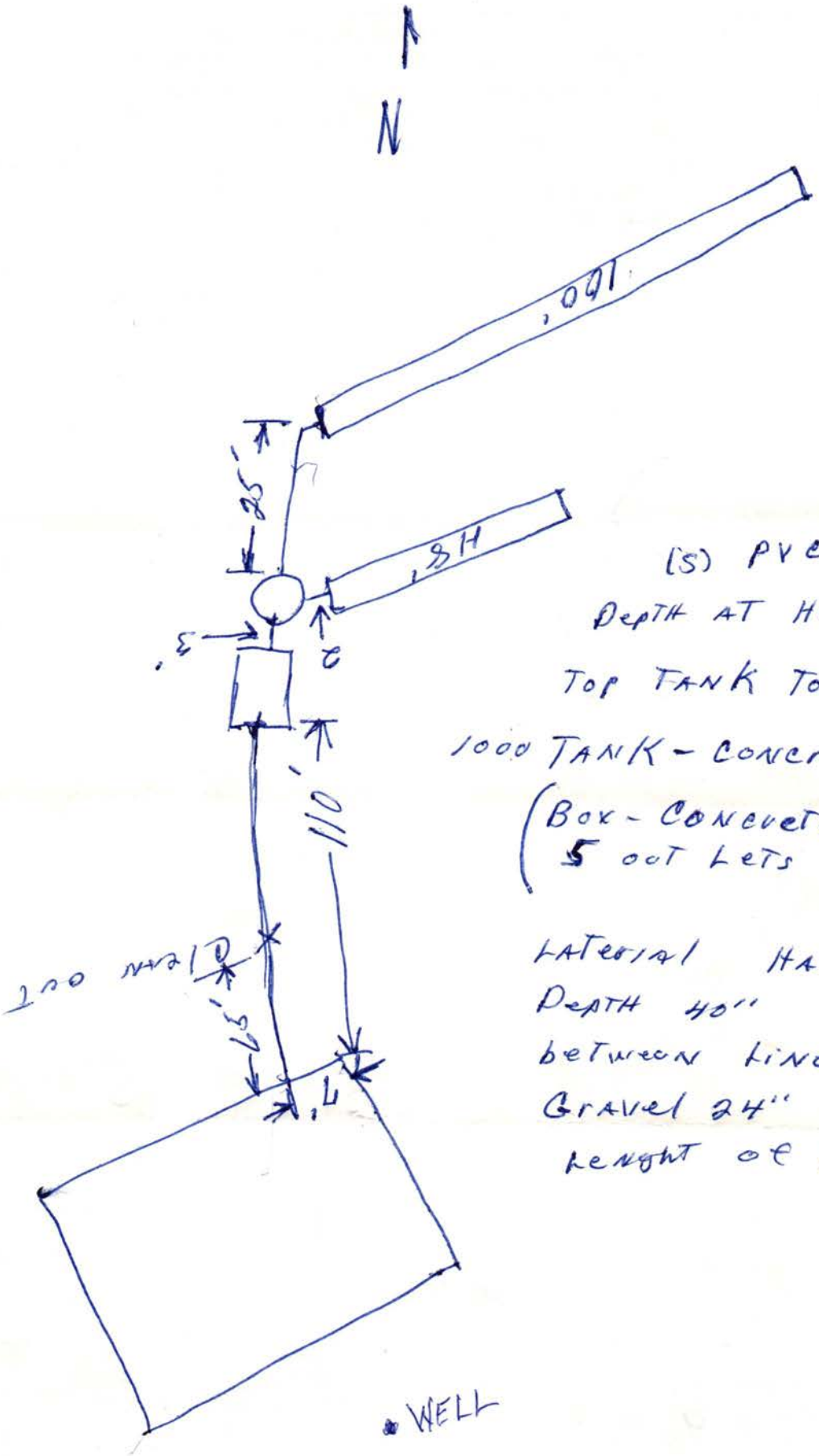
REVIEWING ACTION

Remarks: _____

Date: NOVEMBER 9, 1988

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 585 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official



(5) PVC 4"

Depth at House 2"

Top TANK To Grade 12'

1000 TANK - Concrete - Pre Cast

(Box - Concrete - Pre Cast
5 out Lets)

Lateral Half round 24"

Depth 40"

between line 25'

Gravel 24"

Lenght of line 100'
48'

TOTAL 148'