LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2477-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

OCTOBER 16, 1987 — THIS PERMIT EXPIRES

CAL J. WARD — ISSUED TO

2565 STOCKWELL, LINCOLN, NE 68502 — ADDRESS

T11N; R6E; Sec 15; 380A; Farm; SW Cor SE¼; W. Bluffs Rd (Approx ½ mi W of W St. — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
MG	7-1-87	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH — ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

APR 16 1987

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. 2477-C

DATE: April 13, 1987

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. 11 N. ; Range 6E ; Section 15 ; ~~Block~~ 380A. : ~~Lot~~ FARM : ~~Addition~~ SW Corner of SE 1/4 (House Location)
   Street Address W. Bluffs Rd (approx. 1/2 mi. West of 1st St.

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 miles ft.

Carl J Ward
Signature of Applicant (Owner or Lessee)

2565 Stockwell
Address
Lincoln NE 68502

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/1/87. Date Frwd. 7/1/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7-1-87. Date Frwd. . ACTION: Approved ☐ Disapproved ☐ Signature:
3. City or County Engineer : Date Rec'd. 7/1/87. Date Frwd. . ACTION: Approved ☒ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL

Site Visits:
Date: 7/27/87 by: J.C.H. ~~Need Drawing~~
Date: by:
Date: by:

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/16/97 By: Jerrold C. Hood

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

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. 7477-C

PROPERTY WHERE SOIL TESTED:

Location: Township 11N ; Range 6E ; Section & ¼ Section SW¼, SE¼ SEC 15
Property Dimensions: _____ ft. x _____ ft. Area: 380 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: CAL J WARD
Address: 2565 Stockwell

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	22	4/10	1:15	4/10	5:15	4/11	4:50	15	5:20	15 1/8	30	1/8	240
2	23	4/10	1:20	4/10	5:15	4/11	4:52	16	5:22	16 1/8	30	1/8	240
3	23	4/10	1:25	4/10	5:15	4/11	4:54	15	5:24	15 1/4	30	1/4	120
4	22	4/10	1:30	4/10	5:15	4/11	4:56	16	5:26	16 1/4	30	1/4	120
5	21	4/10	1:35	4/10	5:15	4/11	4:58	14 1/4	5:28	14 3/8	30	1/8	240
6	24	4/10	1:40	4/10	5:15	4/11	5:00	16	5:30	16 1/4	30	1/4	120

All holes drilled 4-10 from 11:30 to 12:45, Filled with water to 6 inches of top from 1:15 to 1:40 and refilled at 5:00 before any were empty. All holes were empty at 1:15 on 4-11 when they were filled to 6" from bottom and measured at 30 min intervals

Sum of Percolation Rates: 1080
Average of Rates: 180
Mean of Rates: 180

Cal J Ward
Signature of Person Conducting Test
Address 2565 Stockwell Phone 421-3807

(Do not write below this line)

REVIEWING ACTION

Remarks: Too slow for conventional system.
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. _____ 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:

Location: Township 11 N ; Range 6 E ; Section & ¼ Section SW⁴ SE⁴ Sec 15
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: 6-29-87 to _____. Weather: Precip. _____ Temp. _____.

OWNER: CAL/DORIS WARD
Address: 2565 Stockwell St.

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	23.5	7-28	5:00	OVERNIGHT		7-29	3:54	19 1/8	4:20	19 5/8	30	5/8	48
2	23.0	7-28	5:03			7-29	3:52	17 7/8	4:22	18 7/8	30	1.0	30
3	24.0	7-28	5:06			7-29	3:54	19	4:24	19 5/8	30	5/8	48
4	24.5	7-28	5:11			7-29	3:56	17	4:26	17 7/8	30	7/8	34
5	26.0	7-28	5:14			7-29	3:58	16 7/8	4:28	17 4/8	30	7/8	34
6	25.0	7-28	5:17			7-29	4:00	17 5/8	4:30	17 7/8	30	2/8	120 OMIT
7	23.0	7-28	5:22			7-29	4:02	13 2/8	4:32	13 7/8	30	5/8	48

Carl J Ward
Signature of Person Conducting Test

Address 2565 Stockwell Phone 421-3807

Sum of Percolation Rates: 242
Average of Rates: 40 min/in
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

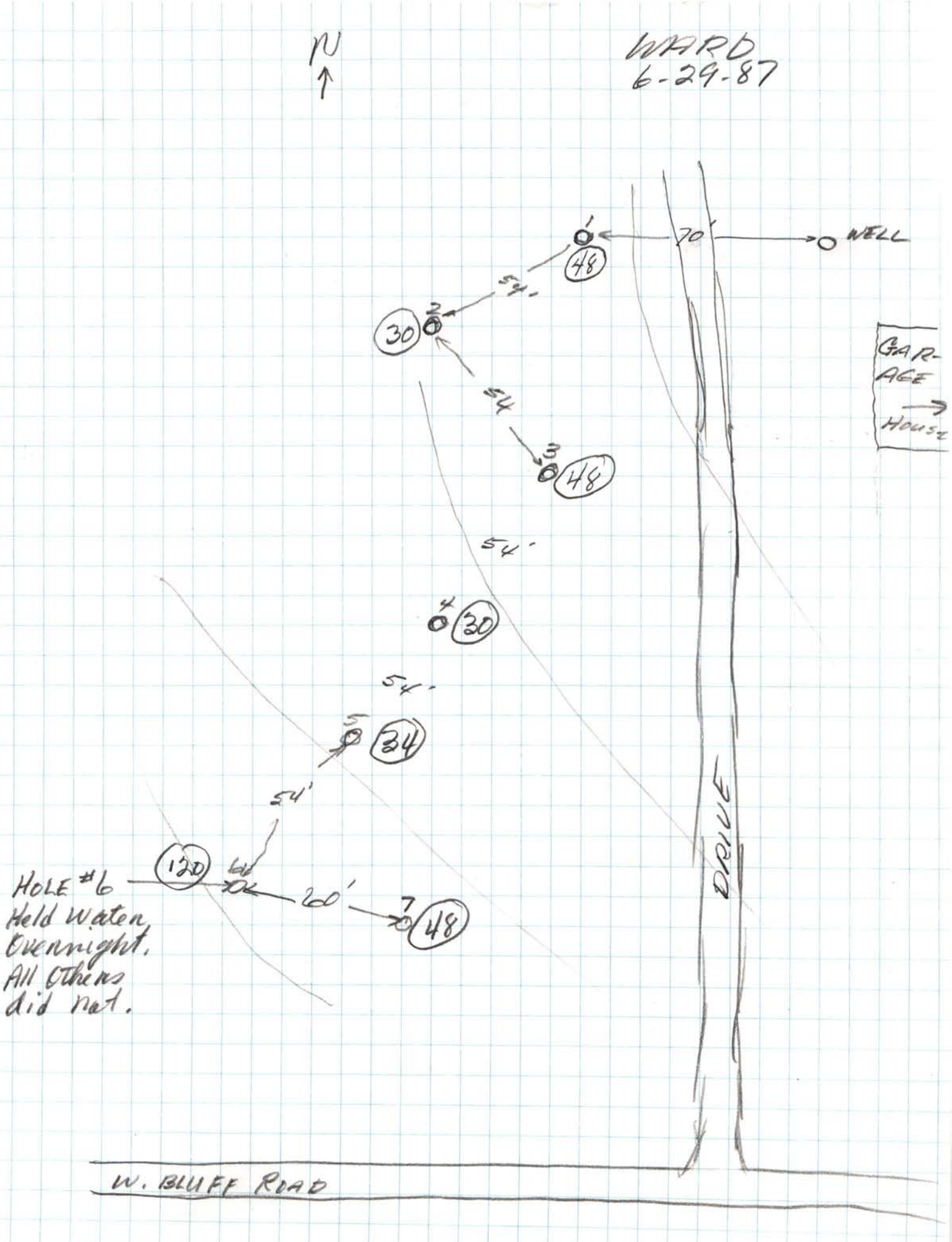
Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam and Wymore Silty Clay Loam close together.
Date: JULY 1, 1987

Approved Percolation Rate (a)
A. 40 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

2477-C

	①	②	③	④	⑤	⑥
HOLE depth	22	~~23~~ 23	23	22	21	24
Rdg 1:20	13 3/4	14 1/2	14 1/8	13 7/8	12 3/8	14
Rdg 1:50	~~14 1/8~~ 4	15 1/4	14 3/8	15 [illegible]	13 1/2	14 7/8
1 drop 1st	3/8	3/4	1/4	1 1/8	1 1/8	7/8
1:50						
2:20	14 1/4	15 3/8	14 5/8	15 1/8	14	15 1/4
2 drop	1/8	1/8	1/4	1/8	1/2	3/8
2:20						
2:50	14 7/8	15 1/2	14 3/8	15 3/8	13 1/2	15 1/8
3 drop	5/8	1/8	0	1/4	-1/2	-1/8
2:50						
3:20	~~14 5/8~~	15 1/2	14 5/8	15 3/4	13 7/8	15 1/4
4 drop	-1/4	0	0	0	3/8	1/8
3:20						
3:50	14 3/4	15 3/4	14 7/8	15 5/8	13 7/8	15 1/2
5 drop	1/8	1/4	1/4	1/4	0	1/4
3:50						
4:20	15	15 7/8	15	15 7/8	14	15 3/4
6 drop	1/4	1/8	1/8	1/4	1/8	1/4
4:20						
4:50	15	16	15	16	14 1/4	16
7 drop	0	1/8	0	1/8	1/4	1/4
4:50						
5:20	15 1/4	16 1/8	15 1/4	16 1/4	14 3/8	16 1/4
8 drop	1/8	1/8	1/4	1/4	1/8	1/4


N
WARD
6-29-87
1
48
70'
WELL
54'
2
30
GAR-
AGE
HOUSE
54'
3
48
54'
4
30
54'
5
34
54'
120
6
20'
7
48
HOLE #6
Held Water
Overnight.
All Others
did Not.
DRIVE
W. BLUFF ROAD

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

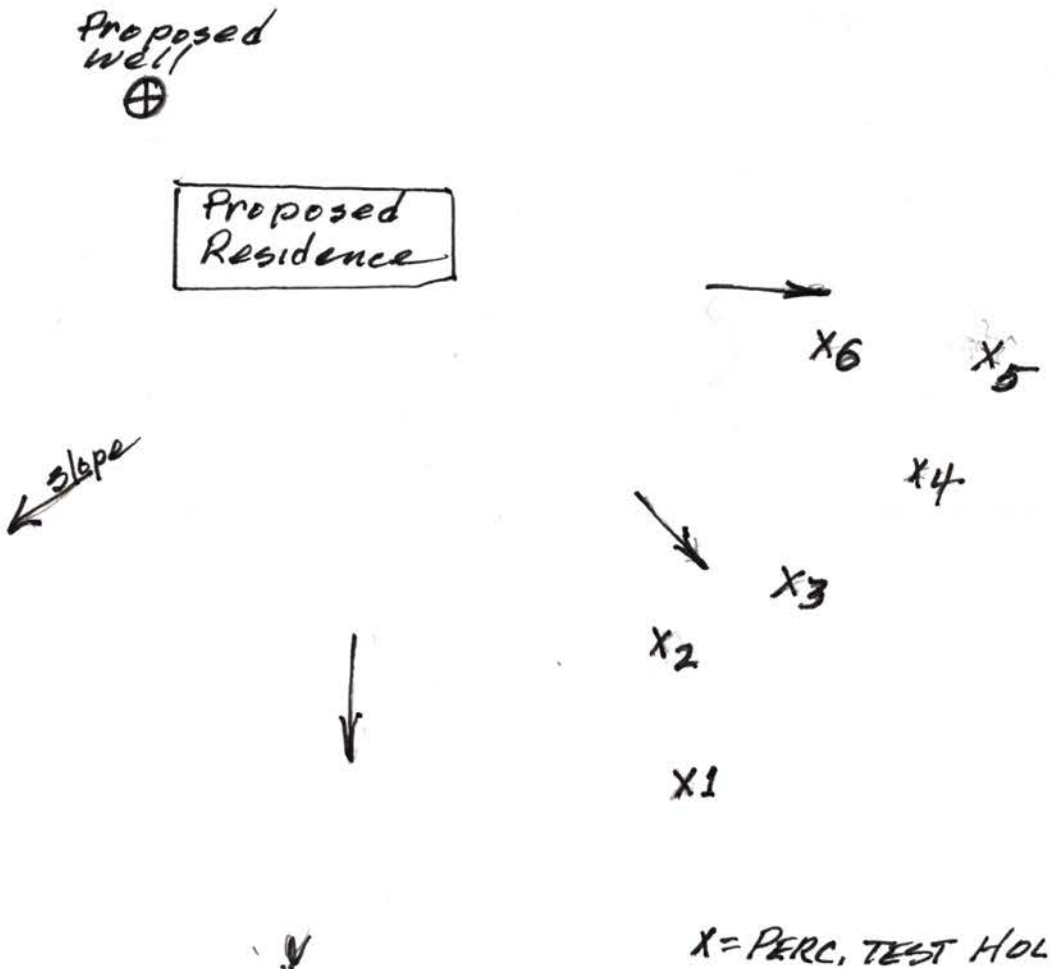
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO. 2477-C

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



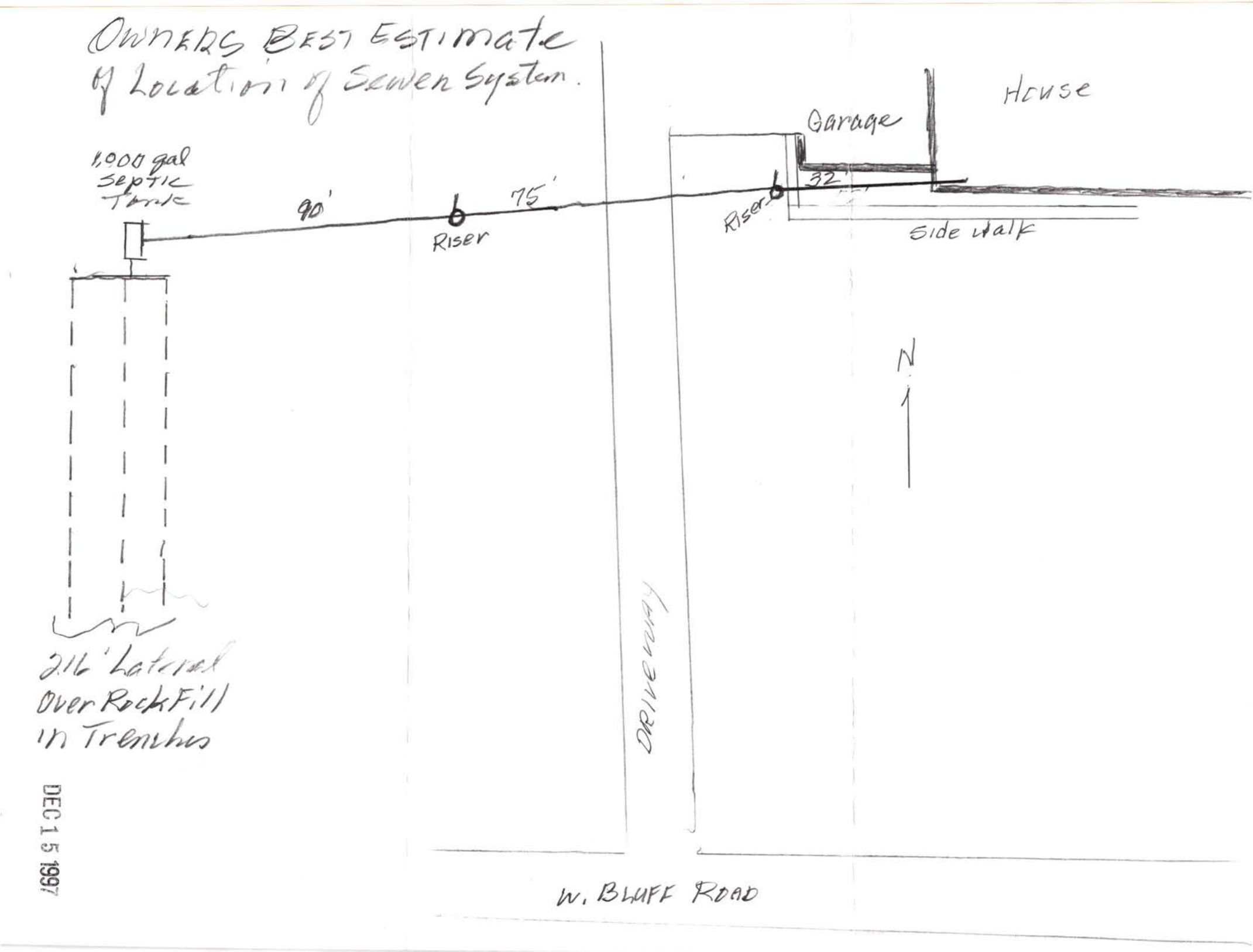
REVIEWING ACTION

Remarks: _____

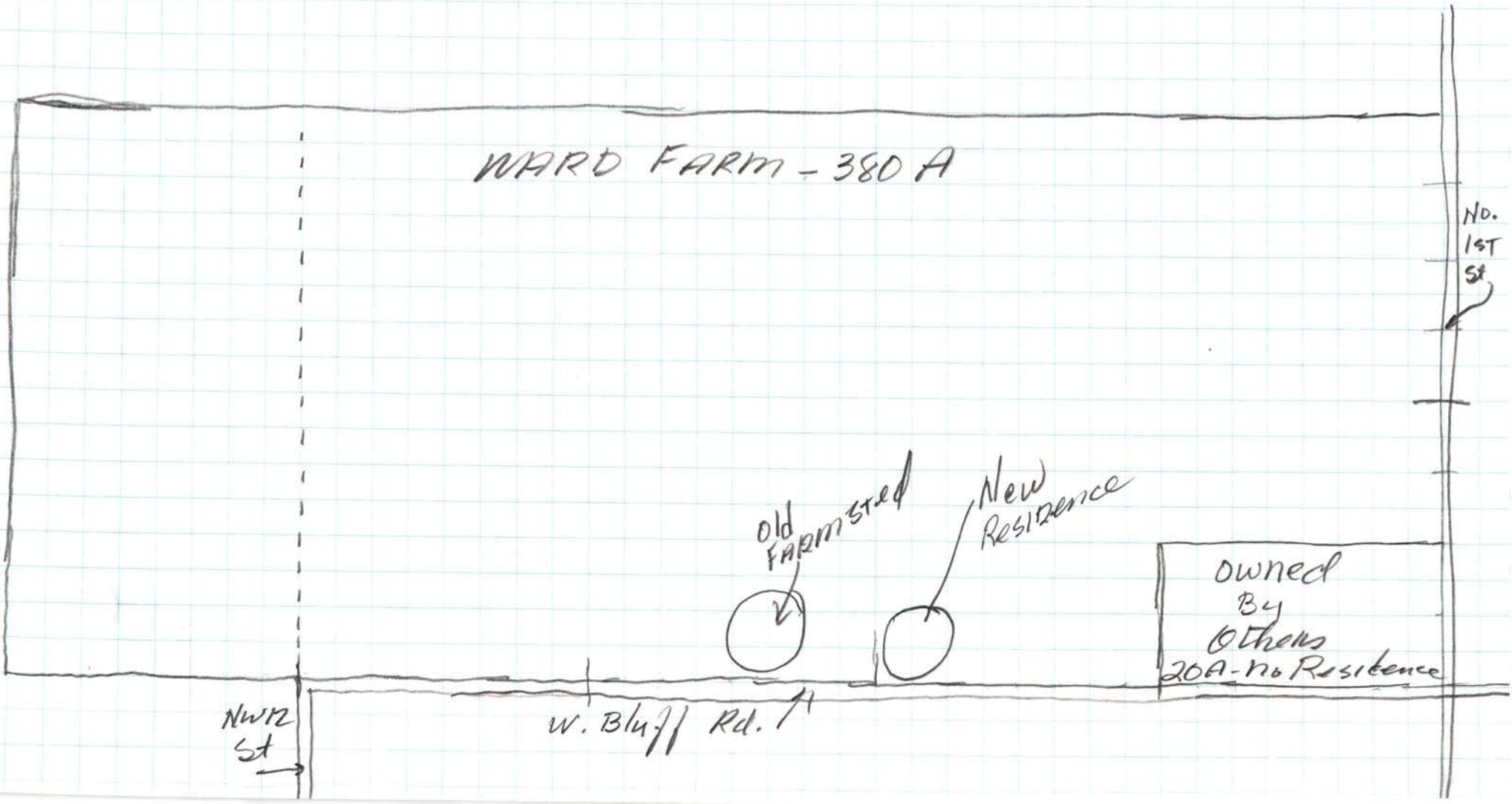
Date: _____

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 862 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official


Owners Best Estimate
of Location of Sewer System.
House
Garage
1,000 gal
Septic
Tank
90'
Riser
75'
Riser
32'
Side Walk
N
DRIVEWAY
216' Lateral
Over Rock Fill
in Trenches
W. BLUFF ROAD

DEC 15 1997


N
WARD FARM - 380 A
No. 1ST St
Old FARMSTEAD
New Residence
owned By Others 20A - No Residence
NW12 St
W. Bluff Rd.