LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 471-8000

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 92380088701

Issued 07/24/92
Expires 01/24/93
Revenue Code 18754

Establishment
THOMAS KEHN
T11N R6E SEC 9
VALLEYHOME FARMS BLK 4 LOT 3
2201 W JAMES DRIVE

FEES: $150.00

TOTAL $150.00

Permittee
THOMAS KEHN
6107 NW 2 CI
APT 29
LINCOLN NE 68521

Issued By M. Jane Ford
Health Director

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: $ 150

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:

X 1. Legal description of property: Twp. 11N ; Range 6E ; Section 9 ;
Block 4 : Lot 3 : Addition Valley Home Farms
Street Address 2201 West James Drive

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.

x Thomas J Kelly
Signature of Applicant (Owner or Lessee)

~~2201 West James Dr.~~
Address 6107 NW 2nd Circle #29
Lincoln Nebraska 68521
(435-6215)

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/22/92. Date Frwd. 7/23/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7/23/92 Date Frwd. 7/23/92 ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 07/23/92 Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9-24-92 by: [illegible] need drawing
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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)

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Division of Environmental Health
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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: 12-8 to 12-9-91. Weather: Precip. — Temp. 50°

OWNER: _____

Address: _____

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	30"	12-8	12:00	8:45	12-9	12-9	11:15	12	11:45	13	30	1	
2								12 1/8		12 3/4		5/8	
3								10		10 3/4		3/4	
4								14 1/2		15 1/8		5/8	
5								7 1/2		7 1/2		—	
6								12 1/2		13		1/2	
7								15 1/4		16		3/4	
8								3 1/2		3 1/2		—	
9								14 1/4		15 1/2		3/4	
10								12 1/2		13		1/2	

Larry Schwarck trenching
Signature of Person Conducting Test

Address 8200 old cheney Phone 489-7294

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

(Do not write below this line)

REVIEWING ACTION

Remarks: Only holes 1 thru 4 considered
Soil Type (SCS): Shelby Clay Loam
Date: December 13, 1991

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

Jerrold C. Koos
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 ☒

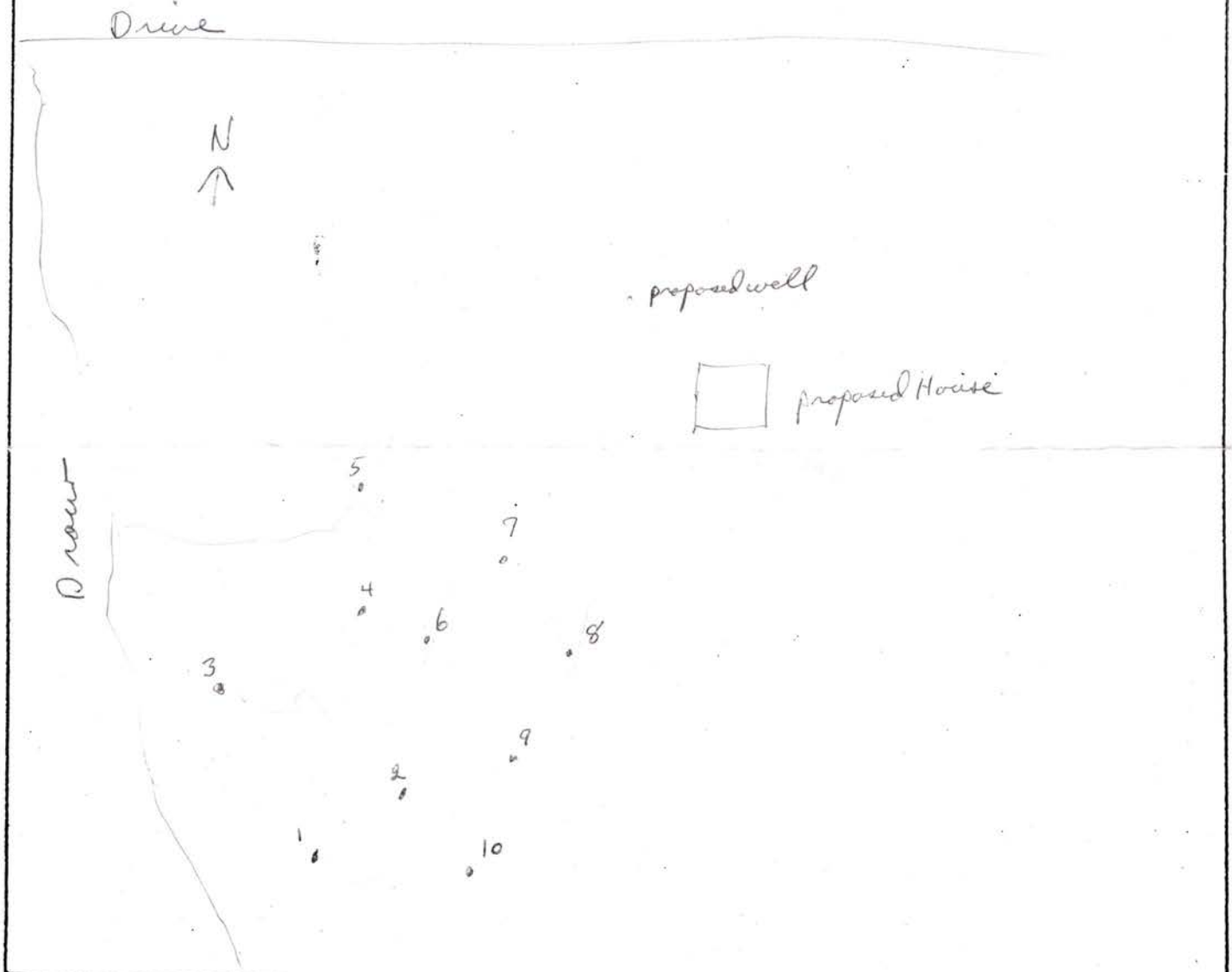
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C

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: December 13, 1991

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 287 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 862 sq.ft.

Jerrold C. Wood
Signature of Reviewing Official