LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2814-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

6 MONTHS — THIS PERMIT EXPIRES

STEVE ENO 7725 MESA ROAD — ISSUED TO

LINCOLN, NE 68505 — ADDRESS

T11N; R6E; Sec. 9 SW¼; Bk 2; Lot 2 and 3; Valley Home Farms — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 50.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
MC	4-7-89	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

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

20109-0977

RECEIVED APR 0 6 1989

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. 2814-C

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. 11 N ; Range 6E ; Section 9 SW ¼
   Block 2 : Lot 243 : Addition Valley Home Farms
   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: miles _____ ft.

Steve Eno
Signature of Applicant (Owner or Lessee)

7725 Mesa Drive
Address 489 7436 68505

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/5/89. Date Frwd. 4/5/89. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nead

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 4-5-89. Date Frwd. 4-5-89. ACTION: Approved ☑ Disapproved ☐ Signature: Paul Bouma

3. City or County Engineer: Date Rec'd. 4/5/89. Date Frwd. 4/5/89. ACTION: Approved ☑ Disapproved ☐ Signature: Don Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5/7/90 by: J. Gil
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1-6-92 By: Ron Mayfield

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. _____

PROPERTY WHERE SOIL TESTED: Lots 2+3 Block 2 Valley Home Farms

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: 3-27-89 to 3-28-89. Weather: Precip. 0 Temp. upper 70's.

OWNER: Steve Enno

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	3-27	10:30	3-28	1:00	3-28	4:30	19½	5:00	20	30	½	
2	30	3-27	10:30	3-28	1:00	3-28	4:30	17⅝	5:00	18	30	3/8	
3	30	3-27	10:30	3-28	1:00	3-28	4:30	20	5:00	21	30	1	
4	30	3-27	10:30	3-28	1:00	3-28	4:30	22	5:00	23½	30	1½	
5	30	3-27	10:30	3-28	1:00	3-28	4:30	19⅜	5:00	20⅜	30	1	
6	30	3-27	10:30	3-28	1:00	3-28	4:30	19¾	5:00	20⅜	30	5/8	

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

Rosemary Overman
Signature of Person Conducting Test

Address 4337 Madison Lincoln Phone 464-1745

(Do not write below this line)

REVIEWING ACTION

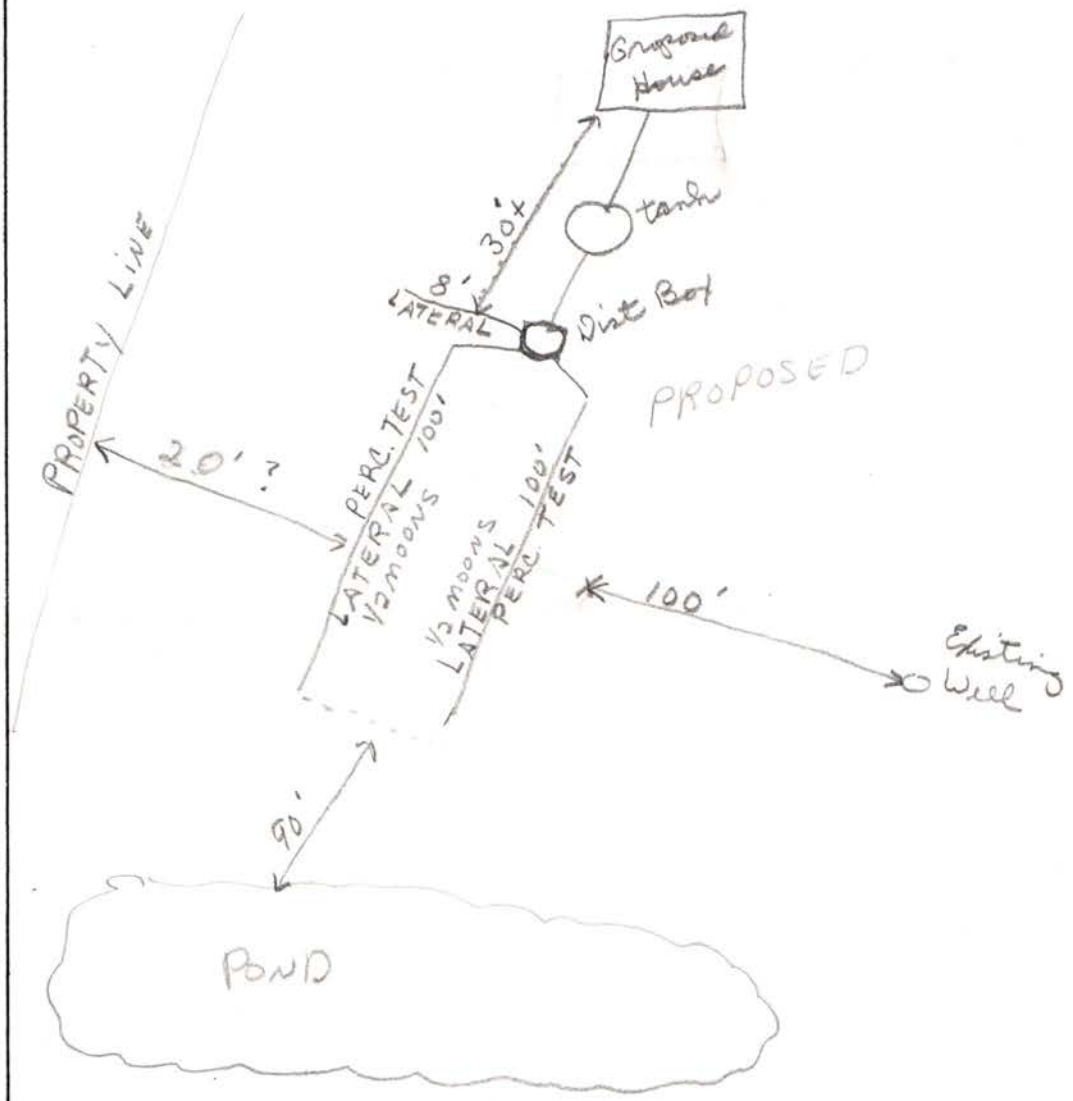
Remarks: _____
Soil Type (SCS): Marrill Clay Loam
Date: April 5, 1989

Approved Percolation Rate (a)
A. 37 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold C. Hoge
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: _____

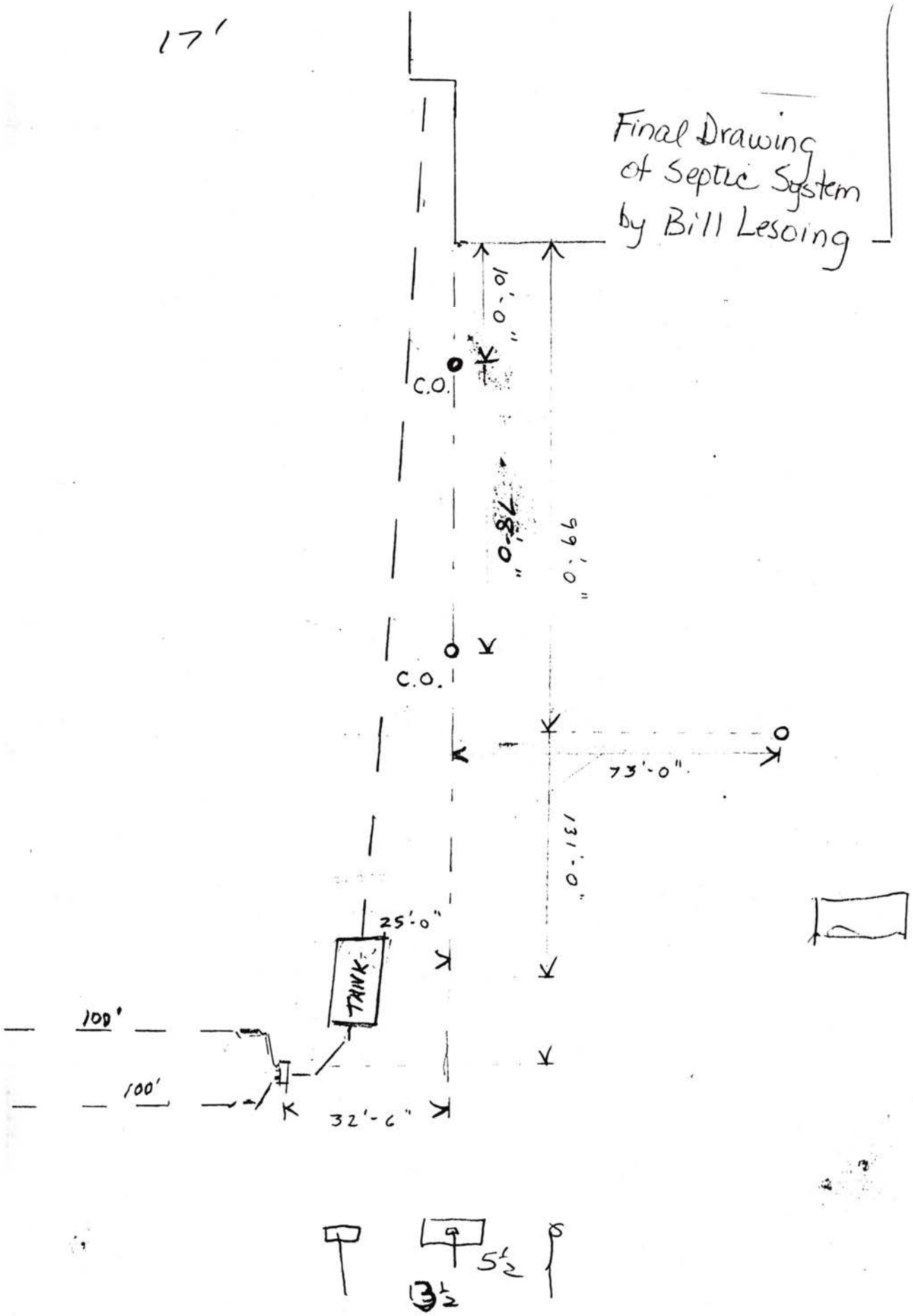
_____

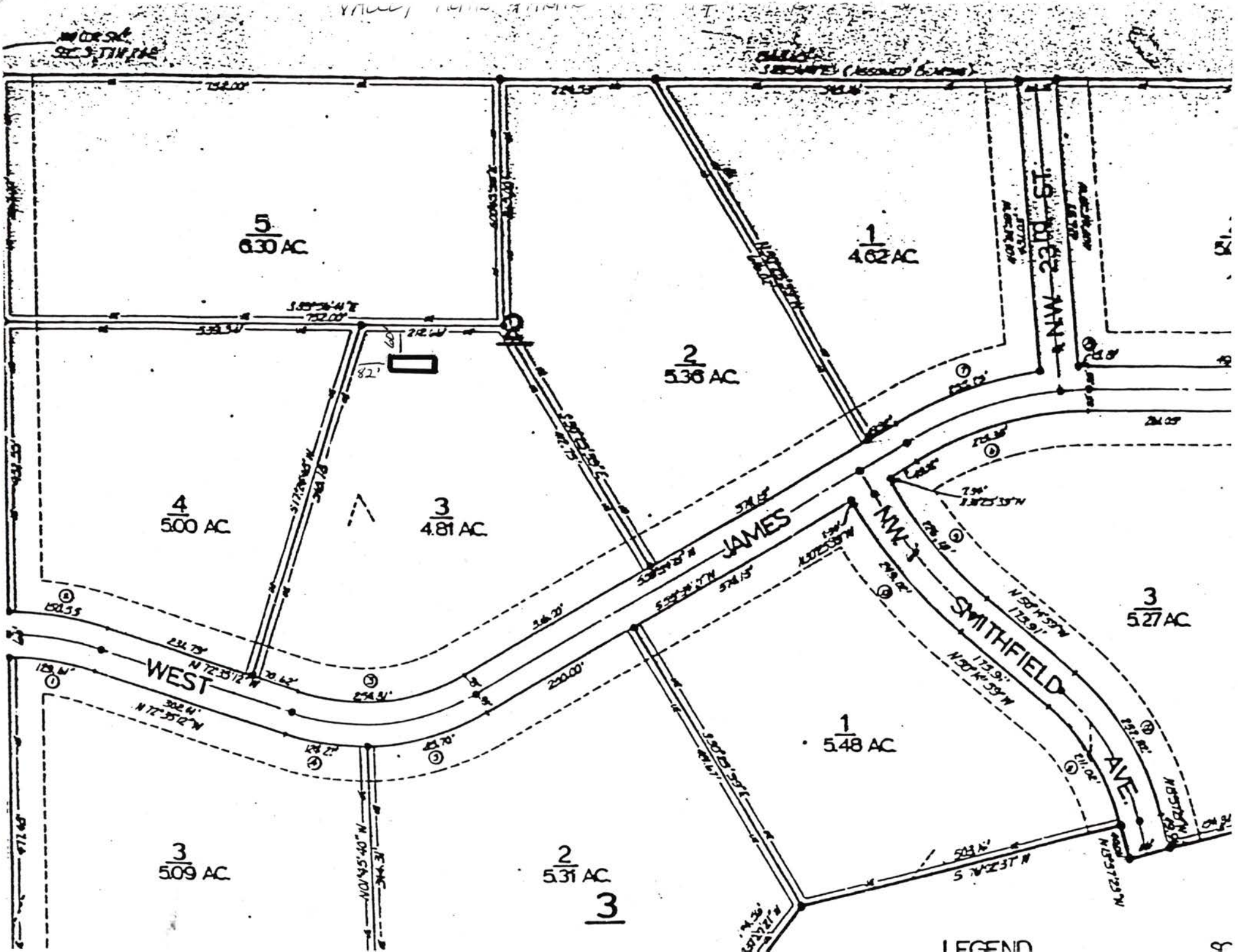
Date: MAY 2, 1990

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 832 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

17'


Final Drawing
of Septic System
by Bill Lesoing
10'-0"
C.O.
78'-0"
99'-0"
C.O.
73'-0"
131'-0"
25'-0"
TANK
100'
100'
32'-6"
5½
3½


5
6.30 AC.
1
4.82 AC.
2
5.36 AC.
4
5.00 AC.
3
4.81 AC.
3
5.27 AC.
1
5.48 AC.
3
5.09 AC.
2
5.31 AC.
3
JAMES
WEST
SMITHFIELD
AVE.
NW
NW 23RD ST

STEVE ENO RESIDENCE

