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 SYSTEM REPAIR

No. 93390031701

Issued 01/25/93
Expires 07/25/93
Revenue Code 18754

Establishment
JOSEPH DIMICO
T10N R7E SEC 3
40, 46, & 55

FEES: $50.00

TOTAL $50.00

Permittee
JOSEPH DIMICO
4401 N 27 ST
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"

RECEIVED JAN 2 2 1993

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 [X]
County Resolution No. 2832 [ ]

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

FILE NO._____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 1/19/93

The undersigned hereby applies for a permit to ALTER [ ], EXTEND [ ], or REPAIR [X] an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 10 North; Range 7 east of 6 P.M.; Section Northeast 1/4 of 3; Block _____; Lot 40, 46, 55; Addition _____
Street Address 75th & Cornhusker-

2. Property Use: Residential _____ [ ]; Commercial _____ [X]
No. Bedrooms _____
Describe Lumber Yard
Other Use [ ]
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Description of proposed alteration, extension or repair: Repair Junction Box and put in New Laterals-

5. Work to be done by: Owner [ ]; or Contractor [X], General Excavating-
Contractor's Name

6. Estimated cost of project:

a. Materials	$ 3000	00
b. Labor	$ 1000	00
c. Other	$ 2000	00
TOTAL	$ 6000	00

Joseph B Dimico (for Rick Bass)
Signature of Applicant (owner or lessee)

4401 N. 27th Lincoln NEB 68521
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 50.00

2. Site Visits:
Date: 1-20-93 by: rm Covered WO Inspection
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ]
by: Jerrold C. Nook

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ by: _____


Office Building
Millard Lumber
N
DRIVE
1000 gallon
Existing tank
New Lift station
New Dist Box
Lumber Shed 100'
4'
5'
4'
5'
4'
5'
84'
Lateral
80'
Lateral
76'
Lateral
DRIVEWAY
240' feet of
New Lateral

FILE #2261

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

MARCH 20 1986 — THIS LICENSE OR PERMIT EXPIRES

HOPPE'S LUMBER — LICENSEE OR PERMITTEE

P.O. BOX 6035 LINCOLN, NE 68506 — ADDRESS

T10N; R7E; Sec 3; Lot 55 I.T.; 75th & Cornhusker Hwy. — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON TRANSFERABLE ALTER, EXTEND OR REPAIR

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 30.00	018754	$ 30.00

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 HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 2261

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: _____

The undersigned hereby applies for a permit to ALTER ☒, EXTEND ☐, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 10N; Range 7E; Section 3;
Block _____; Lot 55 I.T.; Addition _____
Street Address 7.5th & Cornhusker Hwy

2. Property Use: Residential _____ ☐; Commercial _____ ☒
No. Bedrooms _____ Describe Hoppes Lumber Store
Other Use ☐
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☒; Other ☐

4. Description of proposed alteration, extension or repair: add 1000 gall tank, Distribution Box and Perforated Pipe Lateral

5. Work to be done by: Owner ☐; or Contractor ☒, Larry Schwarck
Contractor's Name

6. Estimated cost of project:
a. Materials $ _____
b. Labor $ _____
c. Other $ _____
TOTAL $ _____

X _____
Signature of Applicant (owner or lessee)

_____
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 30.00

2. Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐ *
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ by: _____

* EXPERIMENTAL SYSTEM

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. 2261

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 ☐ ; Black Clay Loam ☐ .
Dates of Tests: 9-18 to 9-19-85. Weather: Precip. — Temp. 80.

OWNER: Hoppe Inc
Address: 25th x Cornhusker Hwy

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	20"	9/18	3:00	9/19	3:00	9/19	5:00	5½	5:30	6		½	
2								4¾		5¼		½	
3								5⅛		5⅝		½	
4								4½		4¾		¼	
5								6½		7⅛		⅝	
6								5		5½		½	
7								4¼		4⅝		⅜	

Larry Schwarck
Signature of Person Conducting Test

Address 8200 old Cheney Phone 423 7294

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

(Do not write below this line)

REVIEWING ACTION

Remarks: Too slow for conventional system
Soil Type (SCS): URBAN COMPLEX - CRETE SHARPSBERG COMPLEX
Date: SEPTEMBER 20, 1985

Approved Percolation Rate (a)
A. 69 min./inch
B. _____ min./inch
C. _____ min./inch

Jerold 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 ☐

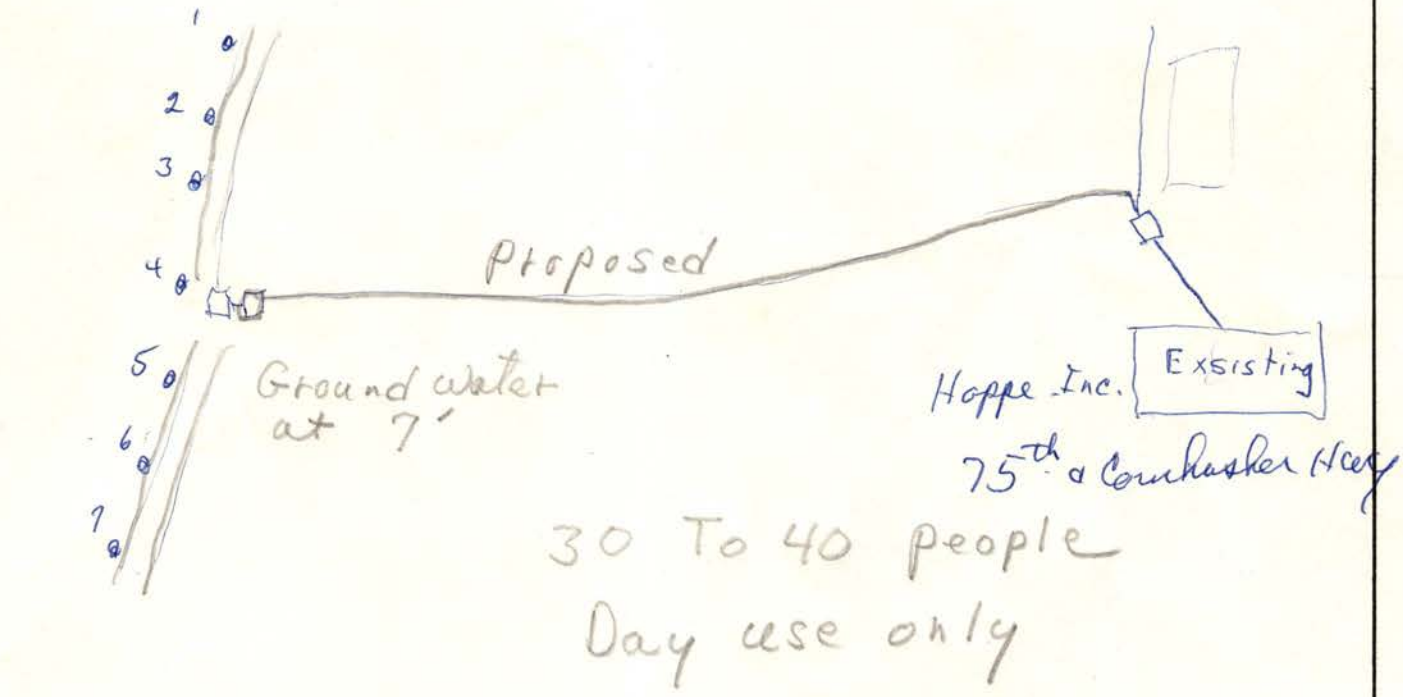
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO. 2261

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