FILE NO. 1632

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

JUNE 13, 1980 — THIS LICENSE OR PERMIT EXPIRES

Bill Spader by Pottyco — LICENSEE OR PERMITTEE

4820 Rent-Worth Drive, Lincoln, NE — ADDRESS

T10N, R7E, Section 3 N½, Lots 38, 41, 42 I.T. — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 60.00	$	$	$	$ 60.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
018754	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
53163	6-13	60.00

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

HEALTH

APPLICATION

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: 474-1541

A

FILING FEE: $60.00

FILE NO. 1632

DATE: 12-12-79

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. 10N ; Range 7E ; Section N½ 3 ;
   Block _____ : Lot 38-41-42 I.T. Addition Now Lot 56 I.T.
   Street Address Fletcher

2. Property Use: Residential ☐ ; Commercial ☑ Other Use ☐
   No. of Bedrooms _____. Describe ~~total~~ 7employees

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

4. Distance to public sewer: N/A ft.

Bill Spader by Don Pentico
Signature of Applicant (Owner or Lessee)

4820 Rentworth Dr.
Address LINCOLN, NE.

(Do not write below this double line)

1. Health Department: Date Rec'd. 12/13/79. Date Frwd. 12/13/79. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold E. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. _____. Date Frwd. 12-13-79. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Sherman

3. City ~~or County~~ Engineer: Date Rec'd. 12-13-79. Date Frwd. 12-13-79. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12-18-79 by: rm
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-18-79 By: Ron Mayhew

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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PROPERTY WHERE SOIL TESTED:

Location: Township 10N ; Range 7E ; Section & ¼ Section N½ 3.
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: _____

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	28"	12-11	8:00	12-11	2:00 PM	12-12	3:00	4¼	3:30	3¾	30	½"	
2	30"						3:00	4	3:30	3	30	1"	
3	30"						3:10	7	3:40	5¾	30	1¼"	
4	32"						3:10	5½	3:40	4⅞	30	⅝"	
5	32"						3:20	6¼	3:50	5⅛	30	1⅛"	
6	28"						3:20	4½	3:50	3⅜	30	⅞"	

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

Signature of Person Conducting Test: Donald R. Pierce

Address 4820 Rentworth Dr. Phone 423-0121

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): CRETE SILT LOAM

Date: DECEMBER 13, 1979

Approved Percolation Rate (a)
A. 34 min./inch
B. _____ min./inch
C. _____ min./inch

Signature of Reviewing Official: Jerrold C. Hood

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

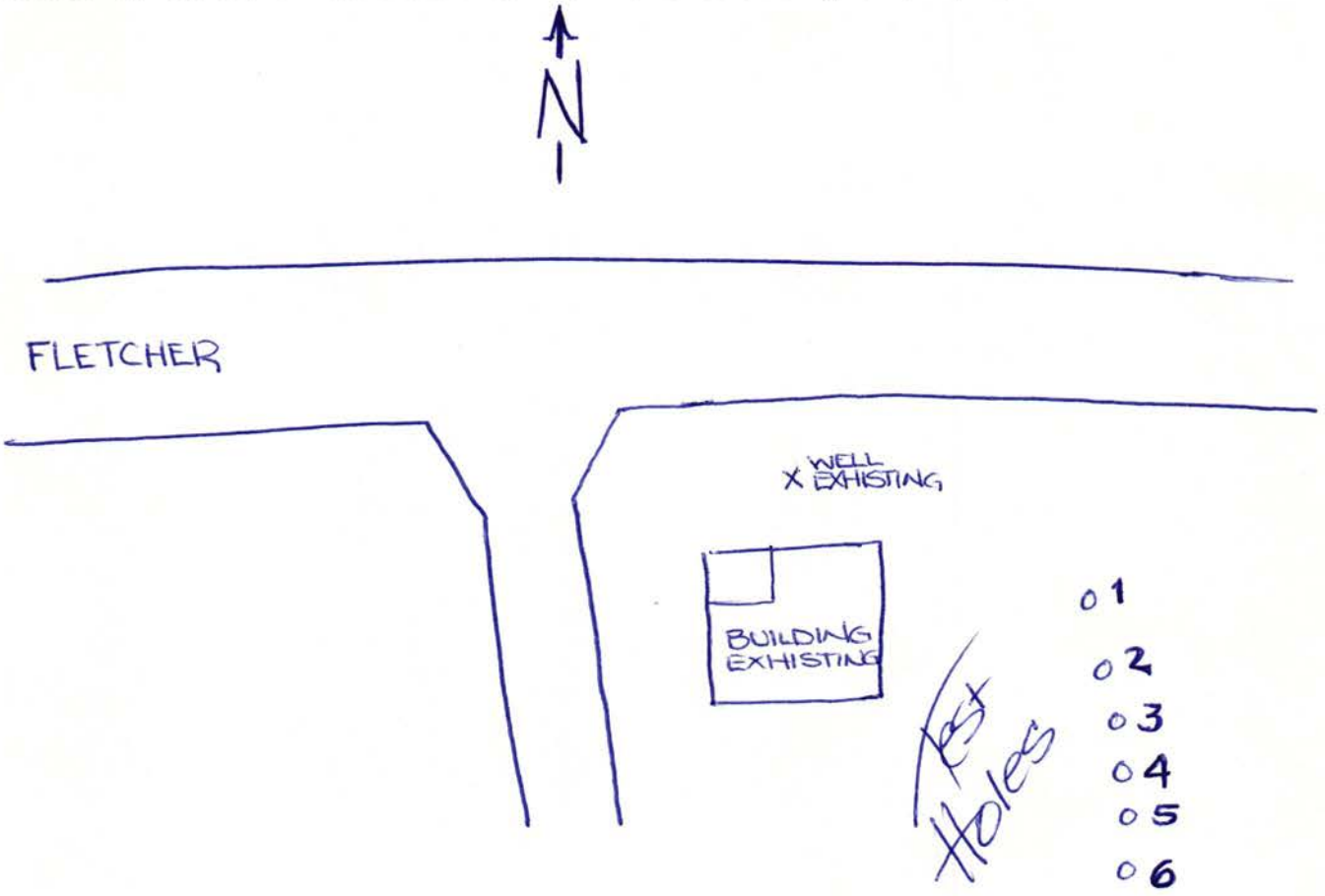
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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Lincoln, Nebraska 68502
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C

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

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



REVIEWING ACTION

Remarks: _____

Date: December 13, 1979

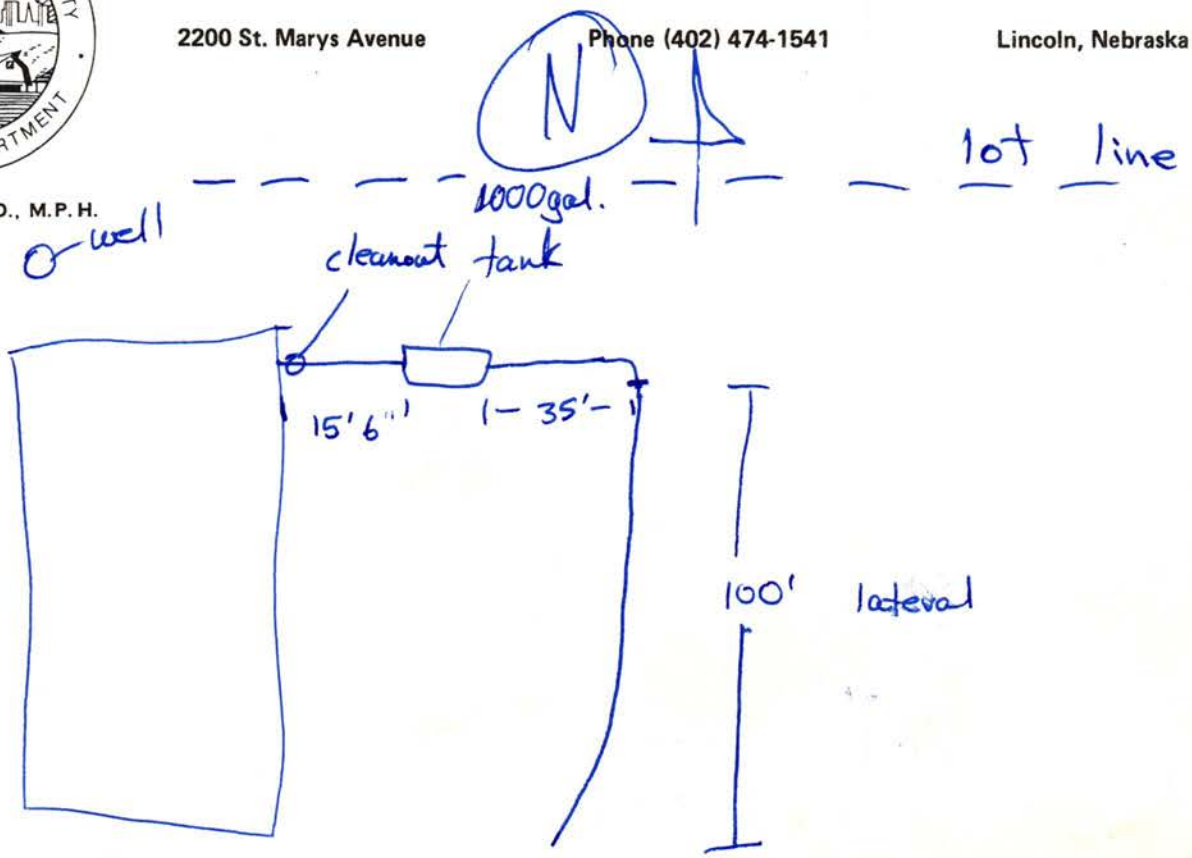
Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 40 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 116 sq.ft.

Gerrold C. Hoob
Signature of Reviewing Official

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 474-1541 Lincoln, Nebraska 68502

E. D. LYMAN, M. D., M.P.H.
DIRECTOR



lateral - 105' from well

tank - 62' from well

4" PVC perforated

1000gal. tank CORR-A-GLAS

Pottyco Plmg.

Don Miller, installer