# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

**NON TRANSFERABLE**

PERMIT

SEWAGE INSTALLATION

No. 92380084601

Issued 05/29/92
Expires 11/29/92

ESTABLISHMENT

DAVID BRIGHT
T10N R7E SEC 26
HILLCREST HEIGHTS BLK 1 LOT 2

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

DAVID BRIGHT
2207 OLD GLORY RD
LINCOLN NE 68521

Issued By COUNTY HEALTH

| VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE | |
|---|---|
| DATE | AMOUNT |
| 5/29/92 | PAID |

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: 471-7800

**A**

FILING FEE: $_____

FILE NO._____

DATE: 5-21-92

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 26 ;
   Block 1 : Lot 2 : Addition Hillcrest Heights
   Street Address_____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2 . Describe_____

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

4. Distance to public sewer: _____ft.

Daniel K Bruch
Signature of Applicant (Owner or Lessee)

2207 OLD GLORY Rd
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/26/92. Date Frwd. 5/28/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 5/28/92 Date Frwd. 5/28/92 ACTION: Approved ☑ Disapproved ☑ Signature: Md Zoll mf
3. City or County Engineer: Date Rec'd. 5-28-92. Date Frwd. 5-28-92. ACTION: Approved ☒ Disapproved ☐ Signature: RD Nyhan

REMARKS OR REASONS FOR DISAPPROVAL HAS WELL PERMIT

Site Visits:
Date: 10/20/92 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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
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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: 5-18-92 to 5-19-92. Weather: Precip. No Temp. 77

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 | | 5/18/92 | 4:15 pm | 5/18/92 | 7:00 pm | 5/19/92 | 10:45 | 6" | 12:15 | 5" | 30 | 1 | |
| 2 | | " | " | " | " | " | 10:46 | 6" | 12:16 | 4 3/8" | 30 | 1 1/8 | |
| 3 | | " | " | " | " | " | 10:47 | 6" | 12:17 | 5 | 30 | 1 | |
| 4 | | " | " | " | " | " | 10:48 | 6" | 12:18 | 5 1/8 | 30 | 7/8 | |
| 5 | | " | " | " | " | " | 10:49 | 6" | 12:19 | 5 1/8 | 30 | 7/8 | |
| 6 | | " | " | " | " | " | 10:50 | 6" | 12:20 | 4 7/8 | 30 | 1 1/8 | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

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

Signature of Person Conducting Test

Address Box 181 Elmwood NE 68349 Phone 994-2225

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 30 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: May 21, 1992

Jerrold 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 ☐

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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.

FILE NO._____

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 500 sq.ft.

_____
Signature of Reviewing Official