LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 96390051201

Issued 08/16/96
Expires 02/16/97
Revenue Code 18754

Establishment
DON ANDERSON
T11N R6E SEC 1

FEES: $50.00

TOTAL $50.00

Permittee
DON ANDERSON
BOX00246
BOX 00246
MEAD NE 68041

2469

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"

Glen Anderson

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

3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO. _____

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. 11N ; Range 6E ; Section 1 ;
Block _____ ; Lot _____ ; Addition _____
Street Address 14th Str. 3mi. North of Interstate / East ¼ mi.

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms 3
Describe _____
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: Replace Tank + Laterals

5. Work to be done by: Owner ☐ ; or Contractor ☒ , AWS Well Co
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 2,450.00

Glen Anderson by Ron Anderson
Signature of Applicant (owner or lessee)

Box 246 Mead, Ne. 68041
Address 624-3895

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 7/10/96 ns
Filing Fee: $ 50.00 CASH

2. Site Visits:
Date: 9-30-96 by: mm
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-3-96 by: Ron Magnuson

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

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: 6/29 to 6/30. Weather: Precip. 0 Temp. 85°.

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	36"	6/29	8:AM	6/30	6:PM	6/30	6:PM	20	7:PM	27½	60	7½	8
2										28		8	7.5
3										27		7	8.5
4										28		8	7.5
5										28½		8½	8.5
6										27		7	8

Sum of Percolation Rates: 48
Average of Rates: 8
Mean of Rates: _____

Don Gunderson
Signature of Person Conducting Test

Address Box 246 Mead Phone 624-3895

(Do not write below this line)

REVIEWING ACTION

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

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: _____

_____
Signature of Reviewing Official

Attachment C.

Soil Absorption Test Data Report

Owner Information:

Owner Glen Anderson (NAME) Phone _____

Address: _____

Location:

Township _____ Range _____ Sec. _____ 1/4 Sec. _____ 1/4 Sec. _____

County Name Lancaster Area: 80 Acres

Attach a sketch of the property showing the hole location.

Soil Type: (Check one)

Sand _____ Silt _____ Clay _____ Sandy Clay _____ Loamy Sand _____

Silty Clay _____ Silty Clay Loam _____ Sandy Loam _____ Silt Loam _____

Dates of Test 8/1/96 to 8/2/96 Weather: Precipitation 0 Temp 85

Percolation Test Data

a	b	c	d	e	f	g	h	i	j	k	l	m	n
		Presaturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole 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. Min.)	Water Level (in.)	Elapsed Time (min.)	Water Level Drop (in.)	Percolation Rate (Min./Inch)
1	36"	8/1	9 am	8/2	8:00 am	8/1	8:00 am	30"	8:30	32	30 min	2	15
2	〃	〃	〃	〃	〃	〃	〃	〃	〃	32	〃	2	15
3	〃	〃	〃	〃	〃	〃	〃	〃	〃	32	〃	2	15
4	〃	〃	〃	〃	〃	〃	〃	〃	〃	33	〃	3	10
5	〃	〃	〃	〃	〃	〃	〃	〃	〃	34	〃	4	7.5
6	〃	〃	〃	〃	〃	〃	〃	〃	〃	33	〃	3	10

Don Anderson
Signature of Person Conducting Test

Address: _____

Phone: 624-5895

Sum of Percolation Rates = 72.5

*Average of Rates in Minutes per Inch = 12.08

* If rates vary more than 20 minutes/inch, do not average but use the slowest rate for design purposes.

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

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

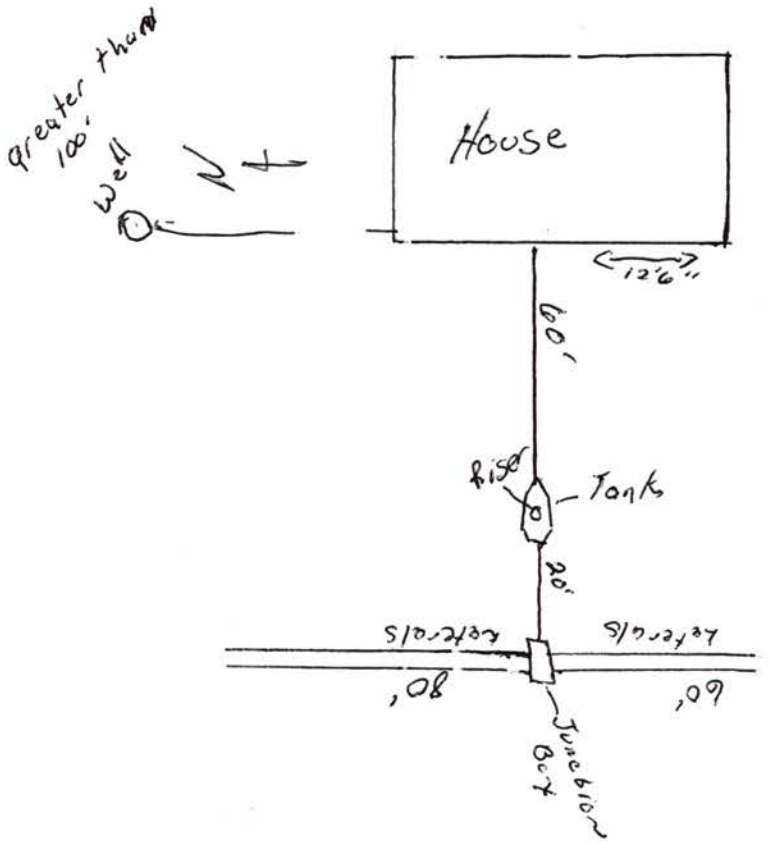
Remarks :_____

_____

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 528 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official


greater than 100' well
N
House
126'
60'
Riser
Tank
20'
Junction Box

LANCASTER COUNTY, NEBRASKA — SHEET NUMBER 14

