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. 90380066501

Issued 12/18/90
Expires 06/18/91

ESTABLISHMENT

THEO MILLER
T11N R6E SEC 7 QTR NW

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

THEO MILLER
3516 NW MICHAEL ST
LINCOLN NE 68524

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
12/20/90	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: $ 150.00

FILE NO. 903800665

DATE: 12/14/90

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 6 E ; Section 7 ; NW 1/4
   Block _____ : Lot _____ : Addition _____
   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: N/A ft.

Thos W. Mc
Signature of Applicant (Owner or Lessee)

3516 N.W. Michael
Address Lincoln NE. 68524

(Do not write below this double line)

1. Health Department: Date Rec'd. 12-14-90. Date Frwd. 12-14-90. ACTION: Approved ☒ Disapproved ☐ Signature: Ron Morgan

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 12-14-90. Date Frwd. 12-14-90. ACTION: Approved ☒ Disapproved ☐ Signature: Sally Kaeb Clerk

3. City or County Engineer: Date Rec'd. 12-27-90. Date Frwd. 12-27-90. ACTION: Approved ☒ Disapproved ☐ Signature: Larry Worrell

REMARKS OR REASONS FOR DISAPPROVAL LAGOON MUST BE SEALED.

Site Visits:
Date: 12/27/90 by: L.C.H. Needs fences, sealing etc
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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

FORM 23-43

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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Lincoln, Nebraska 68502
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

X Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: 23 acres. (Attach Sheet C with sketch of property).

Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐

Dates of Tests: 10-23 to 10-24-90. Weather: Precip. — Temp. 60°

X 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	24	10-23	5:30	10-24	8:00	10-24	10:30	12½	11:00	13	30	1 9/30	
2	32							8⅛		8½		3/8	
3	24							7¾		7¾		—	
4	32							15		15⅞		⅞	
5	32							17¼		18½		1¼	
6	32							16¼		17		¾	
7	32							16½		17½		1	

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

Larry Schwarck trenching
Signature of Person Conducting Test

Address 8200 old Cheney Phone 489-7294

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

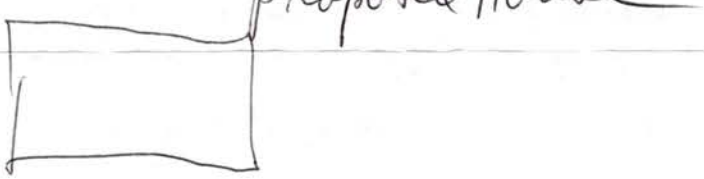
Approved Percolation Rate (a)
A. 44 min./inch
B. _____ min./inch
C. _____ min./inch

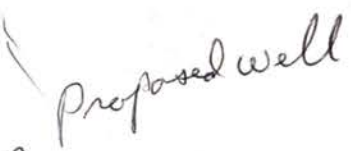
_____
Signature of Reviewing Official

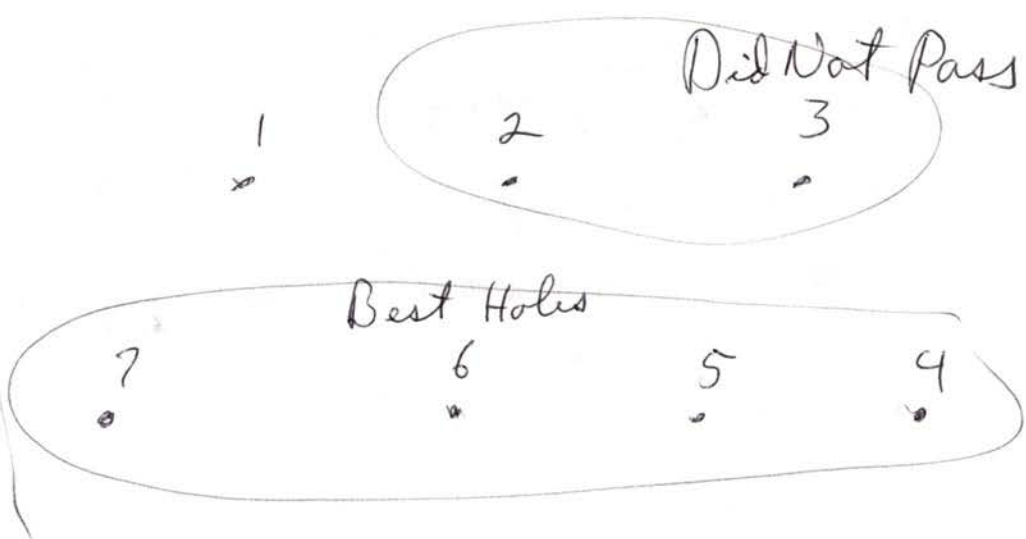
C.

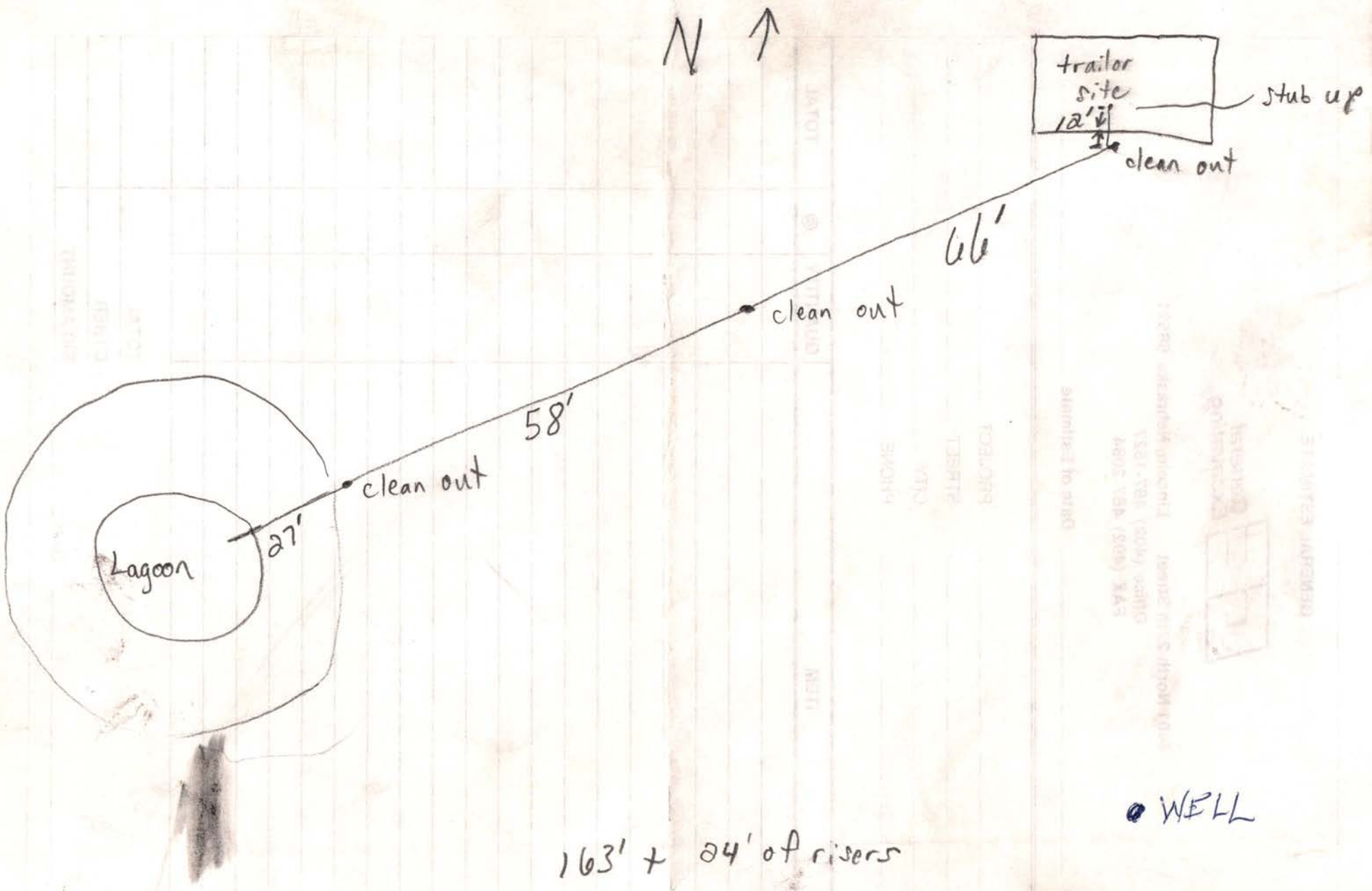
Jerry Hood
471-8029










N
trailor site
12'
stub up
clean out
66'
clean out
58'
clean out
27'
Lagoon
WELL
163' + 24' of risers