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. 8938000800 1

Issued 12/13/89
Expires 06/13/90

ESTABLISHMENT

CHRIS GRABENSTEIN
T10N R7E SEC 36
LOT 6

FEES: Permit 018654 $150.00

Total $150.00

PERMITTEE

CHRIS GRABENSTEIN
4920 W PARTRIDGE LN
LINCOLN NE 68523

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

8938000080

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. _____

DATE: DEC. 12, 1989

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. 10 N ; Range 7E ; Section 36 ;
   Block — : Lot 8 I.T. : Addition ~~Ba~~
   Street Address 9810 VAN DORN

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____

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

4. Distance to public sewer: ± 3440 ft.

Chris E Shoemaker
Signature of Applicant (Owner or Lessee)

4926 W PIONEER LN 68528
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 12/12/89. Date Frwd. 12/18/89. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 12/18/89. Date Frwd. 12/18/89. ACTION: Approved ☒ Disapproved ☐ Signature: Mel Goddard
3. City or County Engineer: Date Rec'd. 12/18/89. Date Frwd. 12/18/89. ACTION: Approved ☒ Disapproved ☐ Signature: Ralph D. Hudson

REMARKS OR REASONS FOR DISAPPROVAL Pre-Existing well

Site Visits:
Date: 2-28-90 by: RM (not drawing)
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)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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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: 11-24-89 to 11-25-89. Weather: Precip. 0 Temp. 40°.

Test Taken At 98th Vandorn No. East Side

OWNER: Grabenstein Construction

Address: 9810 Vandorn Lincoln

Hole-6-had water in From Pre-Test

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"	11-24	11:00 Am	11-25	7:00 Am	11-25	7:00 Am	6"	11:00 Am	4 1/2"	30m	1 1/2"	
2	36"	11-24	11:00 Am	11-25	7:00 Am	11-25	7:00 Am	6"	11:00 Am	4 1/2"	30m	1 1/2"	
3	36"	11-24	11:00 Am	11-25	7:00 Am	11-25	7:00 Am	6"	11:00 Am	4 1/2"	30m	1 1/2"	
4	36"	11-24	11:00 Am	11-25	7:00 Am	11-25	7:00 Am	6"	11:00 Am	5"	30m	1"	
5	36"	11-24	11:00 Am	11-25	7:00 Am	11-25	7:00 Am	6"	11:00 Am	4 3/4"	30m	1 1/4"	
6	36"	11-24	11:00 Am	11-25	7:00 Am	11-25	7:00 Am	6"	11:00 Am	5 3/4"	30m	1/4"	

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

Mike Haagland
Signature of Person Conducting Test

Address 2700 Dan Ave Lincoln Phone 464-0638

Pre-Cast Step Co.

(Do not write below this line)

REVIEWING ACTION

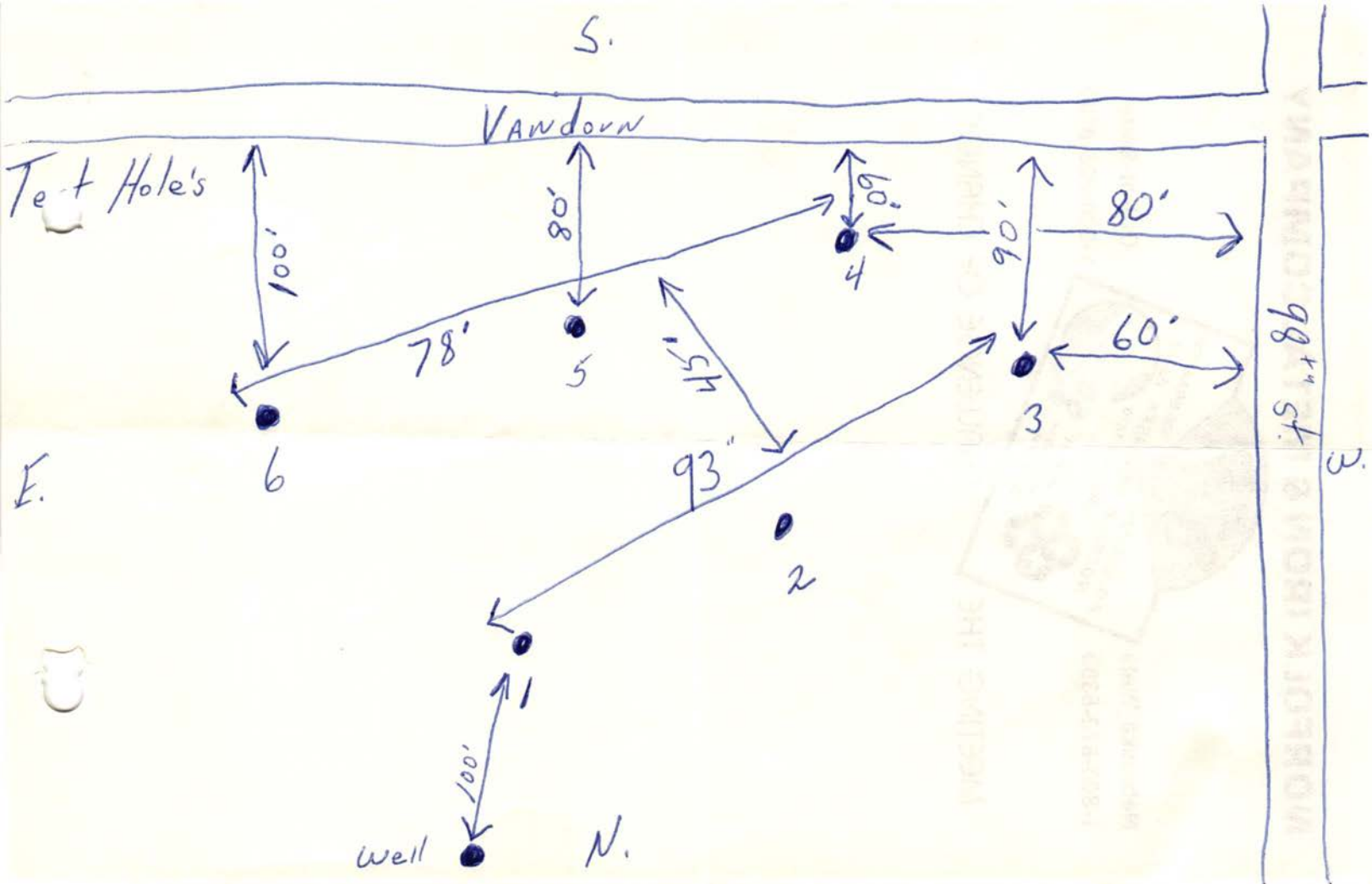
Remarks: _____

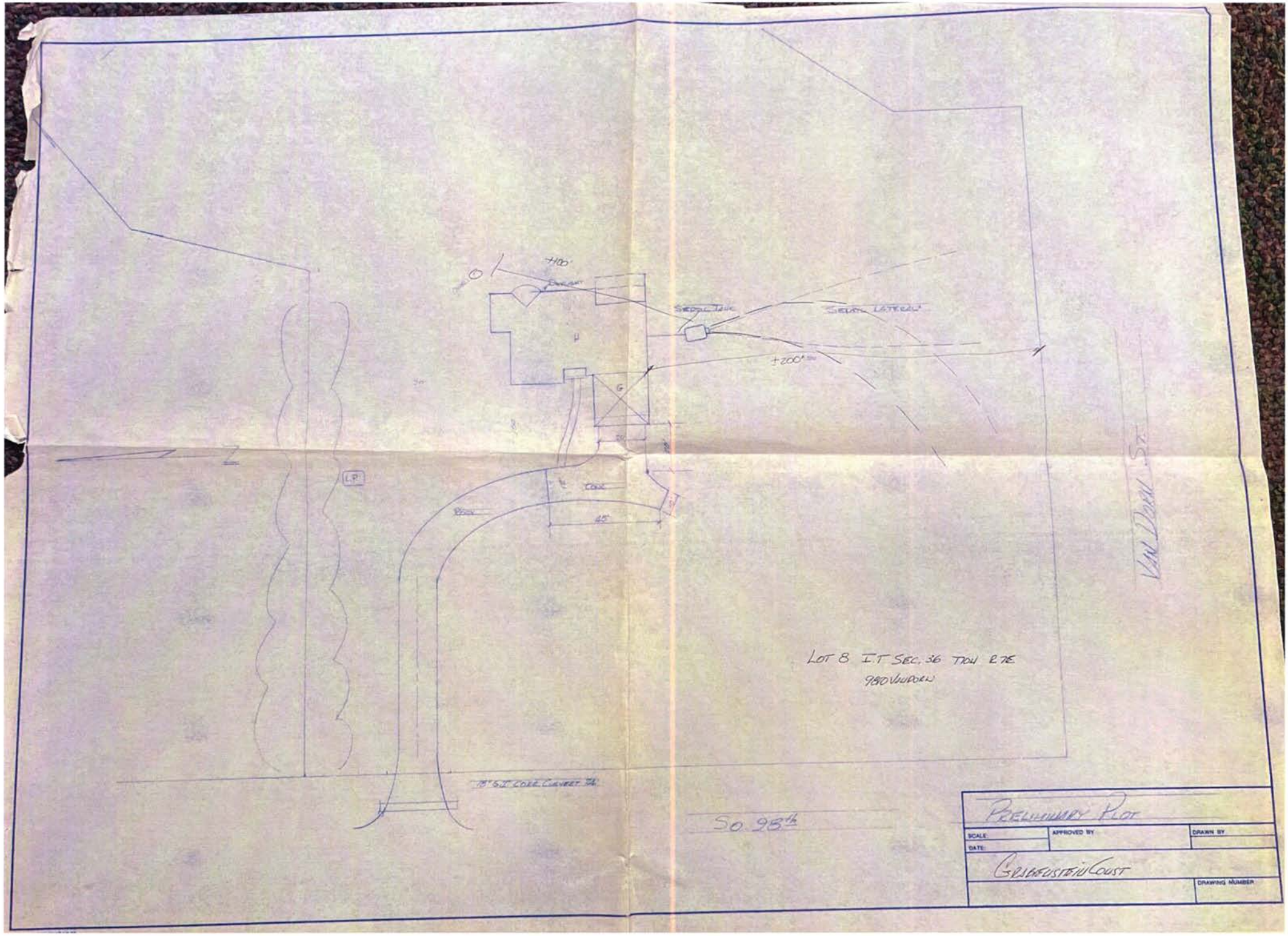
Soil Type (SCS): Judson Silt Loam

Date: December 12, 1989

Approved Percolation Rate (a)
A. 8.5 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official


S.
VANDORN
Test Holes
100'
80'
60'
90'
80'
78'
45'
98th St.
60'
93"
100'
Well
N.
E.
W.
1
2
3
4
5
6


+100'
SEPTIC TANK
SOUTH LATERAL
+200'
G
LP
COVE
45'
15" S.T. CORR. CULVERT
LOT 8 IT SEC. 36 T10N R7E
980 VULPOON
SO. 95th
PRELIMINARY PLOT
SCALE:
APPROVED BY
DRAWN BY
DATE:
DRAWING NUMBER

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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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: December 12, 1989

Minimum Design Requirement
1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals_____ ft.
3. With a Trench Width of_____ in.
4. Total Area of Lateral needed 918 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

9810 Van Dorn
Action Plbg

