LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 93380106201

Issued 09/14/93
Expires 03/14/94
Revenue Code 18754

Establishment
DALE THOMAS
T10N R7E SEC 36
LOT 6
1600 S 98 STREET

FEES: $150.00

TOTAL $150.00

Permittee
DALE THOMAS
1200 TRAIL RIDGE RD
LINCOLN NE 68505

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"

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: 9-10-93

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 36 ;
   Block _____ : Lot 6 I.T. : Addition _____
   Street Address 1600 So 98th

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: N.A. ft.

Dede Thomas
Signature of Applicant (Owner or Lessee)

1200 Fair Ridge Rd
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/13/93 . Date Frwd. 9/14/93 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Rose

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9/13/93 . Date Frwd. 9/13/93 . ACTION: Approved ☒ Disapproved ☐ Signature: Gary Spain

3. City or County Engineer : Date Rec'd. 9-14-93 . Date Frwd. 9-14-93 . ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL EXISTING WELL

Site Visits:
Date:_____ by:_____
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
2200 St. Marys Avenue
Lincoln, Nebraska 68502
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 10N; Range 7E; Section & ¼ Section N½ NW¼ sec 1 of 36
Property Dimensions: _____ ft. x _____ ft. Area: 5 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 9-9-93 to 9-10-93. Weather: Precip. None Temp. 65°.

OWNER: Dale Thomas

Address: 12cc Twin Ridge

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	3'	9-9	12:00	9-9	5:00	9-10					30	1½	
2	3'	"	"	"	"	"					30	2⅜	
3	3'	"	"	"	"	"					30	2½	
4	3'	"	"	"	"	"					30	½	
5	3'	"	"	"	"	"					30	⅞	
6	3'	"	"	"	"	"					30	2¼	

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

Dan Buggenthin
Signature of Person Conducting Test

Address 1831 No 98th Phone 466-8110

(Do not write below this line)

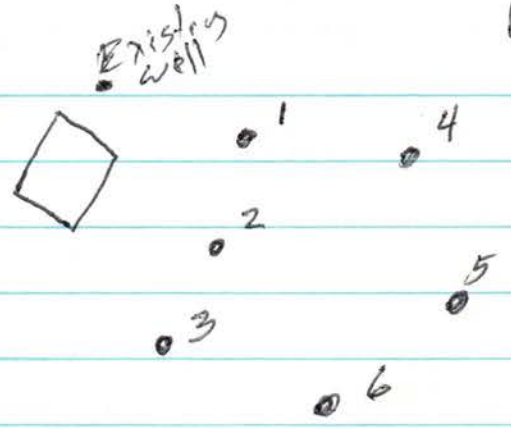
REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Judson Silt Loam
Date: September 14, 1993

Approved Percolation Rate (a)
A. 18 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

1600 sq ft
perc test



Hole # ↓	1:07	1:37	2:07	2:37	Add water	3:17	3:47	4:17	Add water
1	13 1/2	16 1/4	18	19 3/8	14 3/8	16 3/4	18 1/4	19 3/8	15
2	16 1/8	22 1/2	26 1/4	28 1/2	20 3/8	24	26 1/2	28 3/4	21 3/8
3	16 3/4	20 5/8	23 7/8	26	17 1/2	20 1/4	22 5/8	25 3/4	19 3/8
4	9 3/4	13 1/4	15 3/8	16 3/4	11 7/8	14 3/8	~~16 3/8~~	17 3/8	—
5	13 1/4	15 3/8	16 3/4	17 7/8	13	15 3/8	~~16 5/8~~	18	—
6	15 5/8	21"	23 7/8	26 7/8	16 1/2	20 1/4	22 1/2	24 1/8	17 1/2
	1:11	1:40	2:11	2:41					

Hole #	4:47	5:17	
1	16 3/4	18 1/4	= 1 1/2"
2	23 7/8	26 1/4	= 2 3/8
3	21 3/8	23 7/8	= 2 1/2
4	18 1/8	18 5/8	= 1/2
5	18 5/8	19 1/4	= 7/8
6	19 7/8	22 1/8	= 2 1/4

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

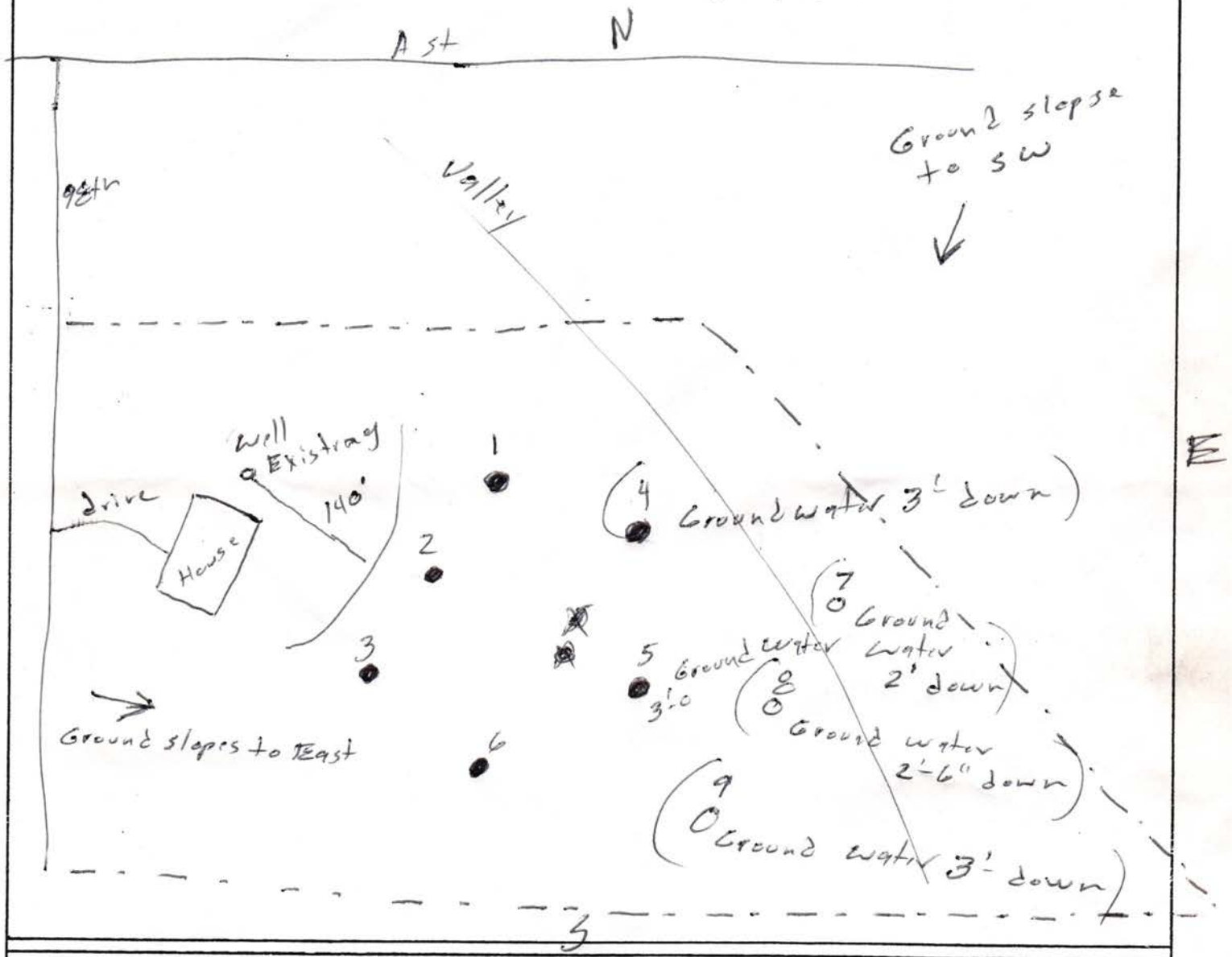
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C

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: SEPTEMBER 14, 1993

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 809 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official