LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT
SEWAGE SYSTEM REPAIR

No. 90390019201

Issued 08/01/90
Expires 02/01/91

ESTABLISHMENT
BRUCE PAUL
11TN R5E SEC 18
LOT 43
12850 W. BLUFF RD

FEES: Permit 018754 $50.00

Total $50.00

Issued By COUNTY HEALTH

PERMITTEE BRUCE PAUL
1500 CHEYENNE ST
LINCOLN NE 68502

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

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

9039 00192

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
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO. _____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 7-31-90

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 5E; Section 18;
Block _____; Lot 43; Addition _____
Street Address 12850 W. BLUFF RD. MALCOLM, NE. 68402

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

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

4. Description of proposed alteration, extension or repair: ENLARGE EXISTING LAGOON FOR 4 BEDROOM HOUSE

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

6. Estimated cost of project:

a. Materials	$	500 00
b. Labor	$	400 00
c. Other	$	
TOTAL	$	900 00

Bruce R. Paul
Signature of Applicant (owner or lessee)

1500 CHEYENNE LINCOLN NE. 68502
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 8-1-90
Filing Fee: $ 50 00

2. Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Ron Mayer

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ by: _____

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2881-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

JUNE 11, 1986 — THIS PERMIT EXPIRES

DON SABATA — ISSUED TO

R.F.D. #1 MALCOLM, NE 68502 — ADDRESS

T11N; R5E; Sec 18; Lot 43 I.T.

LEGAL DESCRIPTION

REMARKS: NEW CONSTRUCTION NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

AEG 12-11-85

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

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: $ 60.00

FILE NO. 2285-C

DATE: _____

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. 11N ; Range 5E ; Section 18 ;
   Block _____ : Lot 43 I.T. : Addition _____
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 1 . Describe _____

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

4. Distance to public sewer: 10. miles ft.

Don Sabata
Signature of Applicant (Owner or Lessee)

R.F.D. #1, MALCOLM, NEBRASKA
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 12/10/85. Date Frwd. 12/11/85. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 12.11.85. Date Frwd. 12.11.85. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bruna

3. City or County Engineer: Date Rec'd. 12/11/85. Date Frwd. 12/11/85. ACTION: Approved ☒ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

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 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
Phone: 471-7800

B

FILE NO. 2285-C

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: 6-3-85 to 6-4-85 Weather: Precip. 0 Temp. 78.

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./ Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	30"	6-3	4:00									1"	
2	"	6-3	8:10									3/4"	
3	"	"	8:15									3/4"	
4	"	"	8:20									1"	
5	"	"	8:25									1"	
6	"	"	8:30									3/4"	

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

Signature of Person Conducting Test

Address Raymond, NE Phone 783-3623

(Do not write below this line)

REVIEWING ACTION

Remarks: Must be sealed lagoon
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: December 10, 1985

Approved Percolation Rate (a)
A. 34 min./inch
B._____min./inch
C._____min./inch

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 ☐

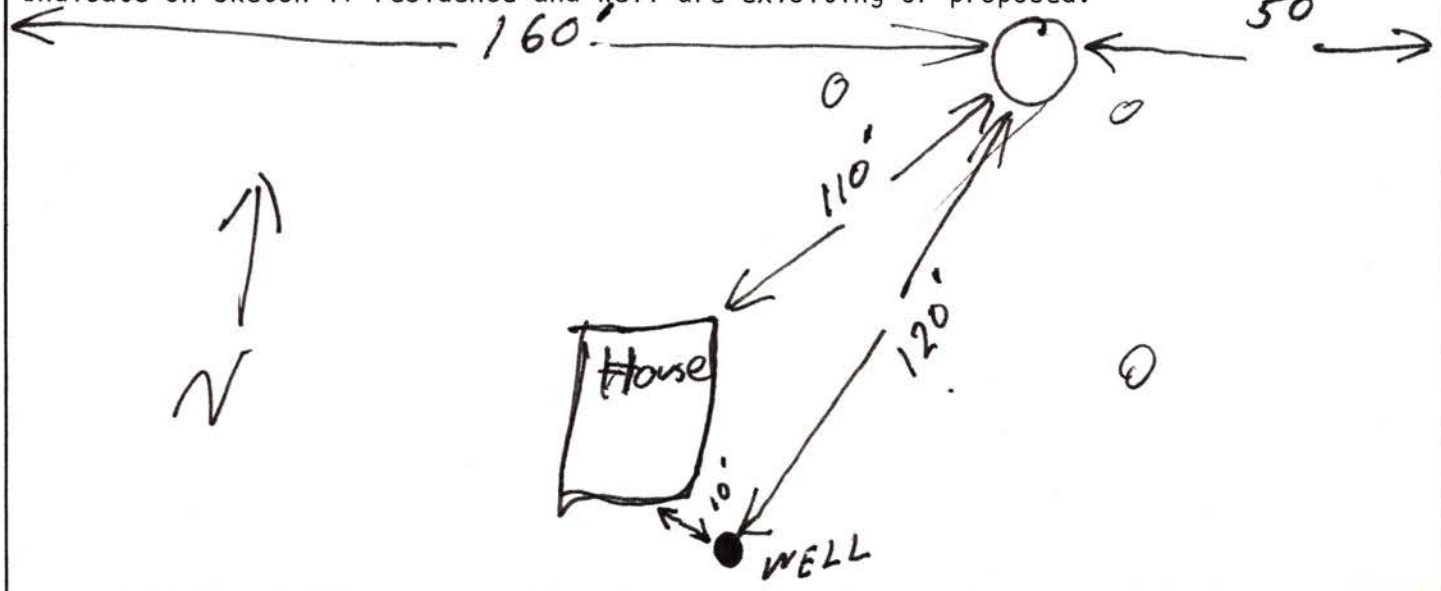
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 7285-C

Indicate on sketch if residence and well are exisiting or proposed.



900' to the North + 300' to the south

REVIEWING ACTION

Remarks: _____

_____

Date: _____

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

_____
Signature of Reviewing Official