FILE NO. 1295

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

October 11, 1978 — THIS LICENSE OR PERMIT EXPIRES

Herbert Sack, Rural Route 2, Lincoln, NE — LICENSEE OR PERMITTEE — ADDRESS

T10N, R8E, Section 20 — NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE	
624-1535	110.16	148.14	6-2	

SERIAL NO.	DATE	AMOUNT
49152	10	30.00

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION

Health

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: 474-1541

A

FILING FEE: $ 30.00

FILE NO. 1295

DATE: 4-11-78

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: all but the east 600 ft of the north 600 ft of the west ½ of ~~the southeast ¼~~ the northwest ¼ of

1. Legal description of property: Twp. 10 N ; Range 8 E ; Section 20 ;
   Block _____ : Lot _____ : Addition _____
   Street Address _____

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

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

4. Distance to public sewer: 3¼ mile ~~ft.~~

Hebert Sack
Signature of Applicant (Owner or Lessee)

RR 2 Lincoln NE
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/11/78. Date Frwd. 4/11/78. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4/12/78. Date Frwd. 4/12/78. ACTION: Approved ☒ Disapproved ☐ Signature: Gary M. Sherwood

3. City ~~or County~~ Engineer : Date Rec'd. 4-11-78. Date Frwd. 4-11-78. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4/13/78 by: L. C. H.
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4/26/78 By: Jerrold C. Hood

00209

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: 474-1541

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PROPERTY WHERE SOIL TESTED:

Location: Township 10N ; Range 8E ; Section & ¼ Section 20 .
Property Dimensions: _____ ft. x _____ ft. Area: 70 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☒ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 4-1-78 to 4-2-78 . Weather: Precip. _____ Temp. 70° .

OWNER: Herbert Sack

Address: RR2 Lincoln

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	33	4/1	6 pm	4/2	9:30 am	4/2	1 pm	6	1:30	4 5/8	30	1 3/8	30 / 1 3/8
2	33	4/1	6 pm	4/2	9:30 am	4/2	1 pm	6	1:30	4 3/4	30	1 1/4	30 / 1 1/4
3	33	4/1	6 pm	4/2	9:30 am	4/2	1 pm	6	1:30	4 5/8	30	1 3/8	30 / 1 3/8
4	33	4/1	6 pm	4/2	9:30 am	4/2	1 pm	6	1:30	4 3/4	30	1 1/4	30 / 1 1/4
5	33	4/1	6 pm	4/2	9:30 am	4/2	1 pm	6	1:30	4 3/8	30	1 5/8	30 / 1 5/8
6	33	4/1	6 pm	4/2	9:30 am	4/2	1 pm	6	1:30	5	30	1	30 / 1
												1 5/4 Average	

Herbert Sack
Signature of Person Conducting Test

Sum of Percolation Rates: 180 / 7 7/8
Average of Rates: 30 / 1 5/4
Mean of Rates: _____

Address RR2 Lincoln Phone 464-8582 home

(Do not write below this line) 432-3597

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: April 11, 1978

Approved Percolation Rate (a)
A. 23 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 ☐

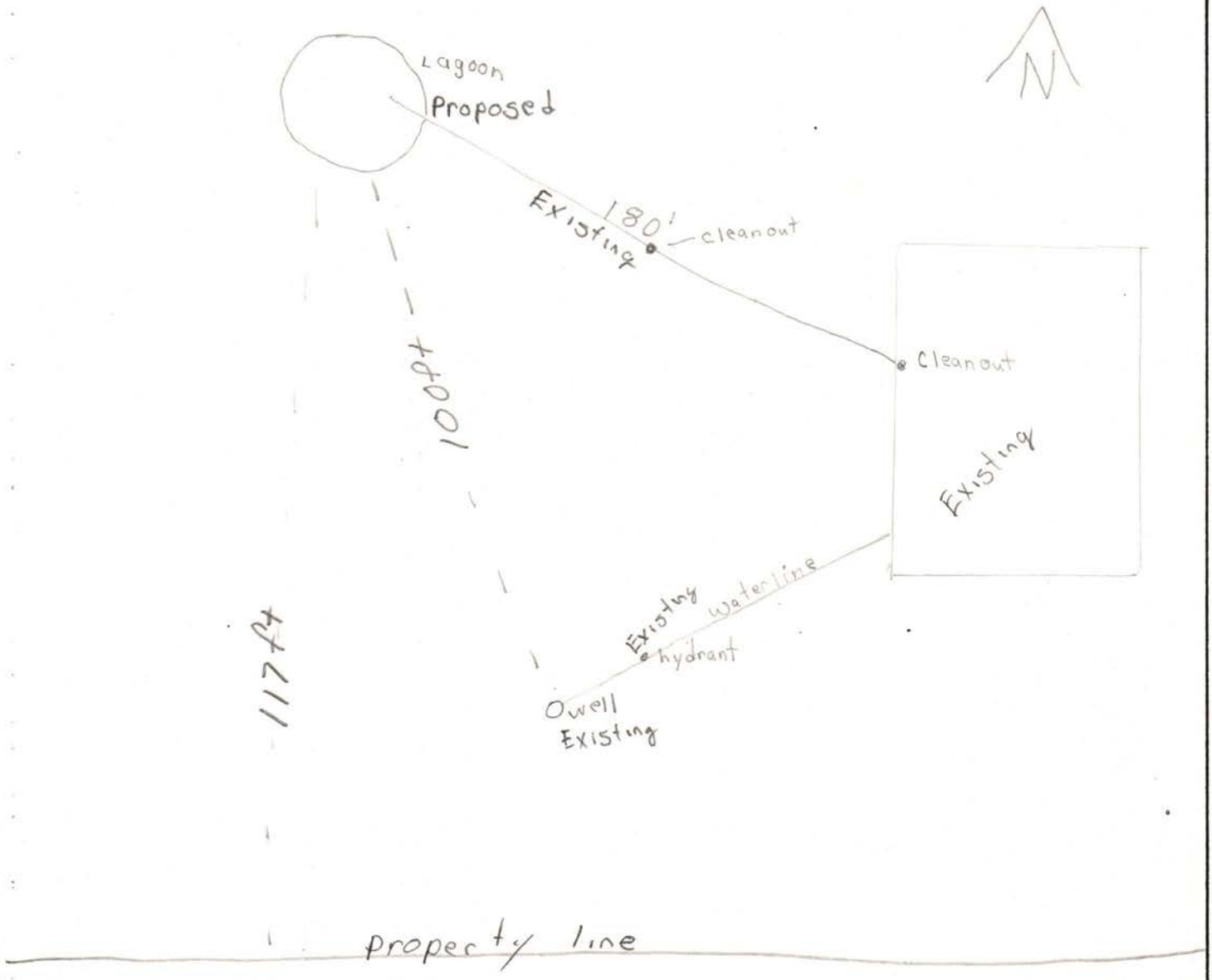
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

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



REVIEWING ACTION

Remarks: _____

_____

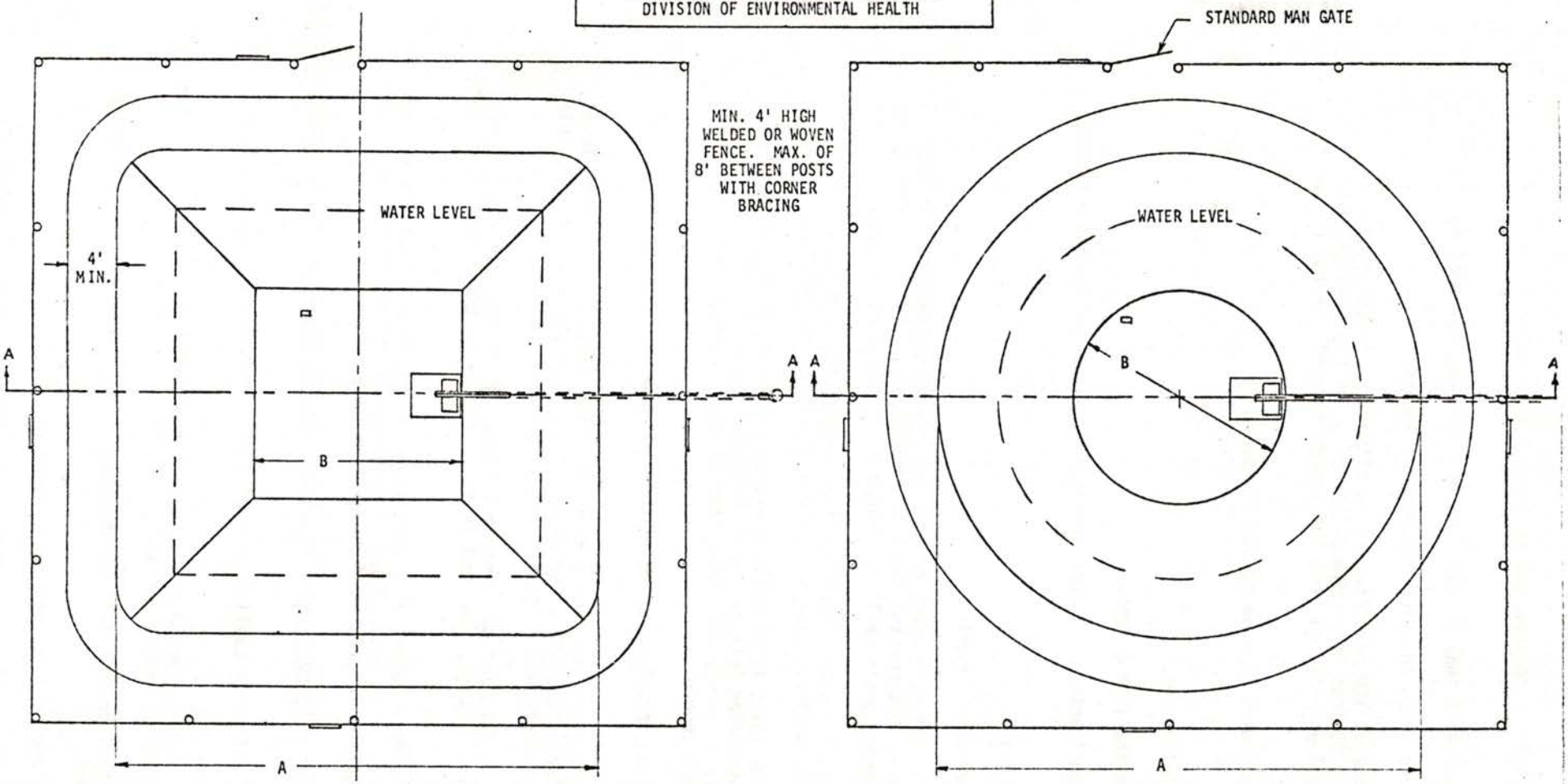
Date: _____

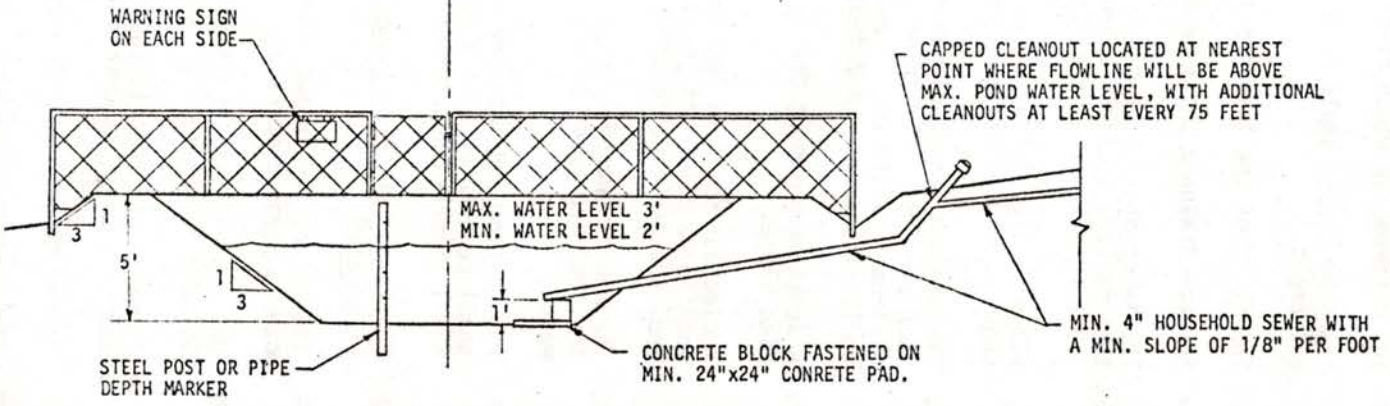
Minimum Design Requirement
1. Capacity of Septic Tank _____ gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed _____ sq.ft.

_____
Signature of Reviewing Official

WASTE STABILIZATION POND

LINCOLN-LANCASTER COUNTY HEALTH DEPT.
DIVISION OF ENVIRONMENTAL HEALTH





SECTION VIEW A-A
(APPLICABLE TO BOTH DESIGNS)

NUMBER OF BEDROOMS IN THE HOUSE	LAGOON DIMENSIONS (FEET)			
	SQUARE		ROUND	
	A	B	A	B
2-3	43	13	46	16
4	48	18	52	22

ADDITIONAL INFORMATION ON BACK

Herbert Sash
APPLICANT'S SIGNATURE

FORM 20111-0278