LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1776-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

November 8, 1981 — THIS PERMIT EXPIRES

CHERRY HILLS CONSTRUCTION — ISSUED TO

245 SOUTH 84TH LINCOLN NE 68510 — ADDRESS

TION, R8E, Section 22, Lot 21 Irregular Tract — LEGAL DESCRIPTION

REMARKS: 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

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: 474-1541

A

FILING FEE: $ 60.00

FILE NO. 1776-C

DATE: 5/8/81

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 8E ; Section NW 1/4 irregular tract 22 & 8 ;
   Block _____ : Lot 2 I.T. : Addition _____
   Street Address 15000 Plum Ridge Road

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: _____ ft.

ALTERNATIVE SYSTEM

Cherry Hill Const
Ronald R Bartu
Signature of Applicant (Owner or Lessee)

245 S. 84th Lincoln 68510
Address 483-4731

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/8/81. Date Frwd. 5/8/81. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 5-8-81. Date Frwd. 5-8-81. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bauer

3. City or County Engineer: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Don R. Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8/7/81 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL ☒
Date: 9/2/81 By: Jerrold C. Hood
*Experimental system, Conditional approval

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

Frost-proof hydrant east of lateral must be moved. 8/7/81 L.C.H.
Hydrant moved. Meets approval. L.C.H. 9/2/81

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

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section 22 10-8.
Property Dimensions: 535' ft. x 419 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: 5-6-81 to 5-7-81. Weather: Precip. 0 Temp. 40 to 60.

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				
Hole 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"	5/6	12:00	5/7	1:00	5/7	1:00	8 1/4"	4:30	7 1/2"	210	3/4"	
2	36"	5/6	12:15	5/7	1:00	5/7	1:00	6"	4:30	5 1/2"	210	1/2"	
3	36"	5/6	12:30	5/7	1:00	5/7	1:00	6"	4:30	5 1/4"	210	3/4"	
4	36"	5/6	12:45	5/7	1:00	5/7	1:00	8"	4:30	7 3/4"	210	1/4"	
5	36"	5/6	1:00	5/7	1:00	5/7	1:00	6"	4:30	5 1/2"	210	1/2"	
6	36"	5/6	1:15	5/7	1:00	5/7	1:00	7"	4:30	6 3/4"	210	1/4"	
7	36"	5/6	1:30	5/7	1:00	5/7	1:00	8"	4:30	7 3/4"	210	1/4"	

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

Signature of Person Conducting Test

Address 4243 No. 20th. Phone 435-1218

.464

(Do not write below this line)

REVIEWING ACTION

Remarks: Failure for Conventional septic system
Soil Type (SCS): PaC2 Pawnee Clay Loam
Date: May 8, 1981
Verified 8/7/81

Approved Percolation Rate (a)
A. 69 min./inch
B. _____ min./inch
C. _____ min./inch

Signature of Reviewing Official

Hole #	12:30 Start	1:00	1:30	2:00	2:30	3:00	3:30	4:00	4:30
North 1	8 1/4"	8 1/8"	8"	8"	7 7/8"	7 3/4"	7 3/4"	7 1/2"	
2	6"	6"	6"	6"	5 7/8"	5 3/4"	5 3/4"	5 1/2"	
3	6"	5 3/4"	5 3/4"	5 5/8"	5 1/2"	5 3/8"	5 3/8"	5 1/4"	
4	8"	8"	7 7/8"	7 7/8"	7 3/4"	7 3/4"	7 3/4"	7 3/4"	
5	6"	5 7/8"	5 7/8"	5 3/4"	5 3/4"	5 5/8"	5 5/8"	5 1/2"	
6	7"	7"	6 7/8"	6 7/8"	6 7/8"	6 7/8"	6 7/8"	6 3/4"	
South 7	8"	8"	8"	8"	8"	7 7/8"	7 7/8"	7 3/4"	

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

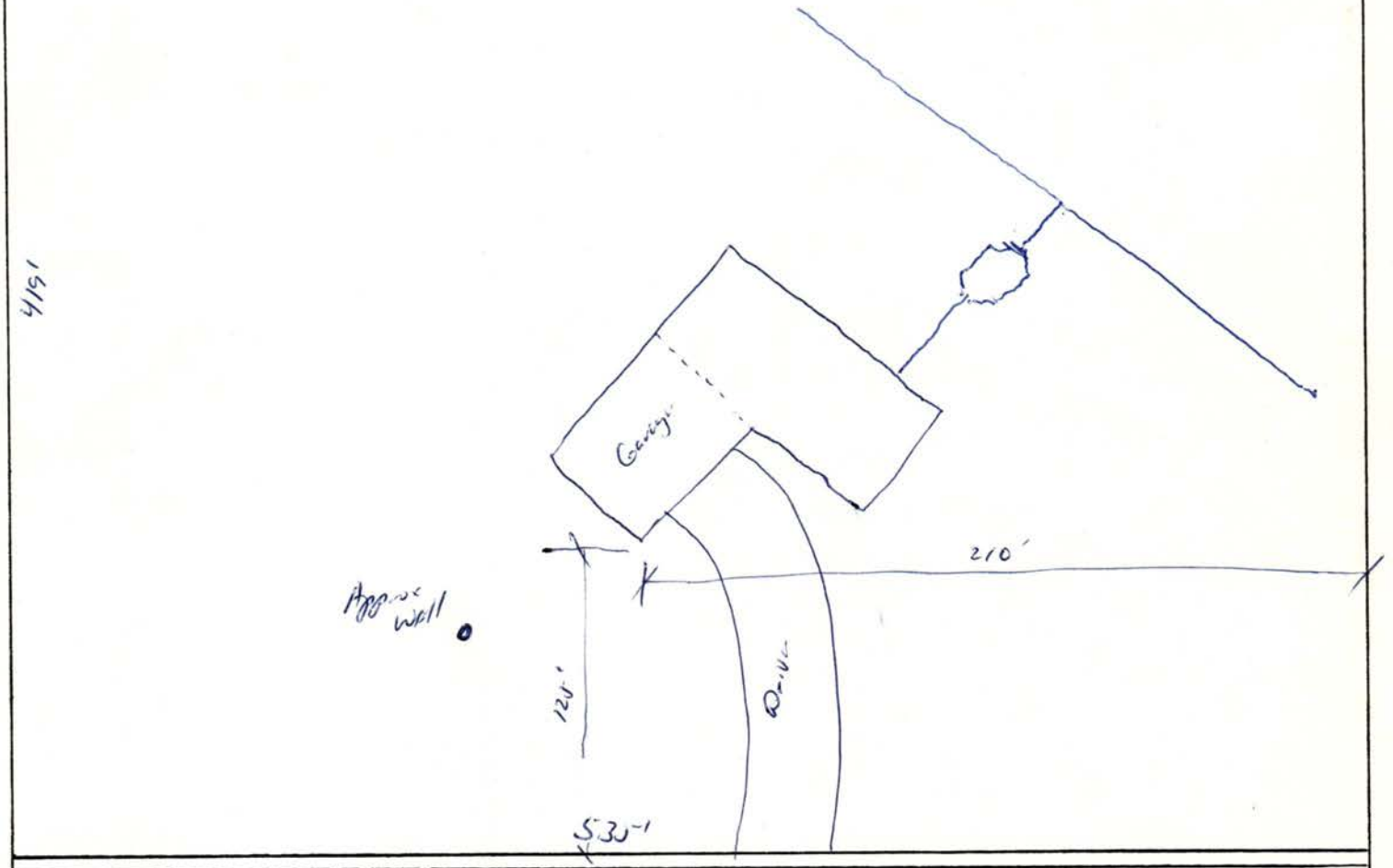
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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2200 St. Marys Avenue
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C

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

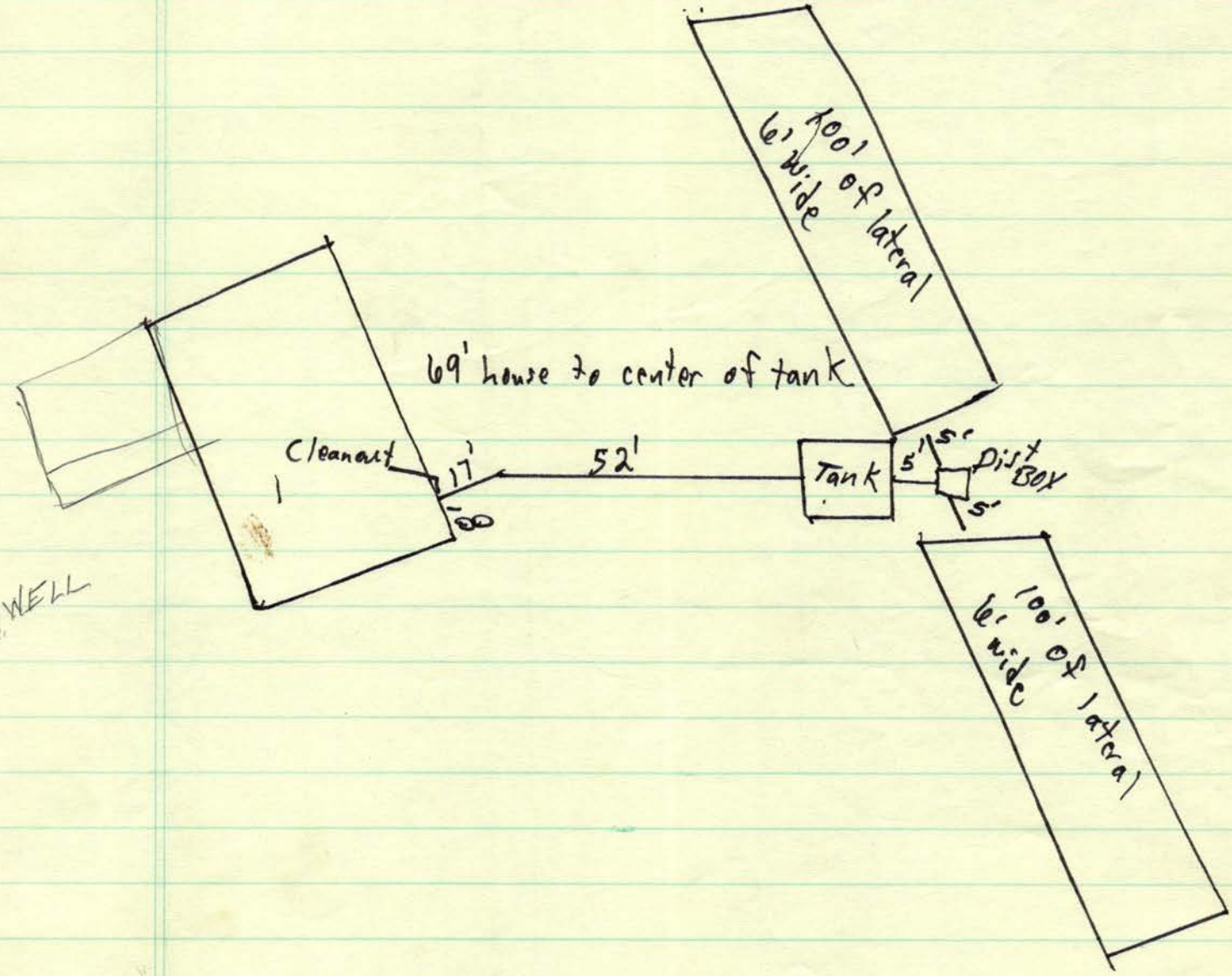
Remarks: _____

Date: May 8, 1981

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed ____ sq.ft.

Gerrold C. Hoak
Signature of Reviewing Official

N


100' of lateral
6" wide
69' house to center of tank
Cleanout
17'
52'
Tank
5'
5'
Dist Box
5'
100' of lateral
6" wide
WELL