LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 471-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 92380093201

Issued 11/06/92
Expires 05/06/93
Revenue Code 18754

Establishment
RICHARD SCHERER
T10N R8E SEC 25

FEES: $150.00

TOTAL $150.00

Permittee
RICHARD SCHERER
8530 SANDALWOOD ST
LINCOLN NE 68520

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: 11-02-92

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 8E ; Section 25 ; SOUTH 680.24' OF THE W½ OF NW¼ OF
   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: _____ft.

Richard L Johnson
Signature of Applicant (Owner or Lessee)

8530 Sandalwood
Address
Lincoln, ne. 68520

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/3/92. Date Frwd. 11/3/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 11/5/92. Date Frwd. 11/5/92. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 11/04/92. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 1/8/93 by: L.C.H. ~~Need driving~~
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 3/11/93 By: Jerrold C. Hood

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

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: (W½ NW¼)

Location: Township 10 N ; Range 8E ; Section & ¼ Section 25.
Property Dimensions: 680.24 ft. x 1314.21 ft. Area: 20.53 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 9-23-92 to 9-24-92. Weather: Precip. — Temp. 78°.

OWNER: Richard L. Scherer
Address: 8530 Sandalwood

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"	9/23	1:00	9/23	5:00	9/24	2:05	6"	2:35	5"	30	1"	30/1
#2	36"	9/23	1:00	9/23	5:00	9/24	2:05	6"	2:35	5¼"	30	¾"	30/¾"
#3	36"	9/23	1:00	9/23	5:00	9/24	2:05	6"	2:35	5"	30	1"	30/1"
#4	36"	9/23	1:00	9/23	5:00	9/24	2:05	6"	2:35	5"	30	1"	30/1"
#5	36"	9/23	1:00	9/23	5:00	9/24	2:05	6"	2:35	5⅛"	30	⅞"	30/⅞"
#6	36"	9/23	1:00	9/23	5:00	9/24	2:05	6"	2:35	5¼"	30	¾"	30/¾"

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

Richard L Scherer
Signature of Person Conducting Test

Address 8530 Sandalwood Phone 488-8053

(Do not write below this line)

REVIEWING ACTION

Remarks: Confirmed 1/8/93 L.C.H.
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: NOVEMBER 3, 1992

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

Gerald C. Wood
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 ☐

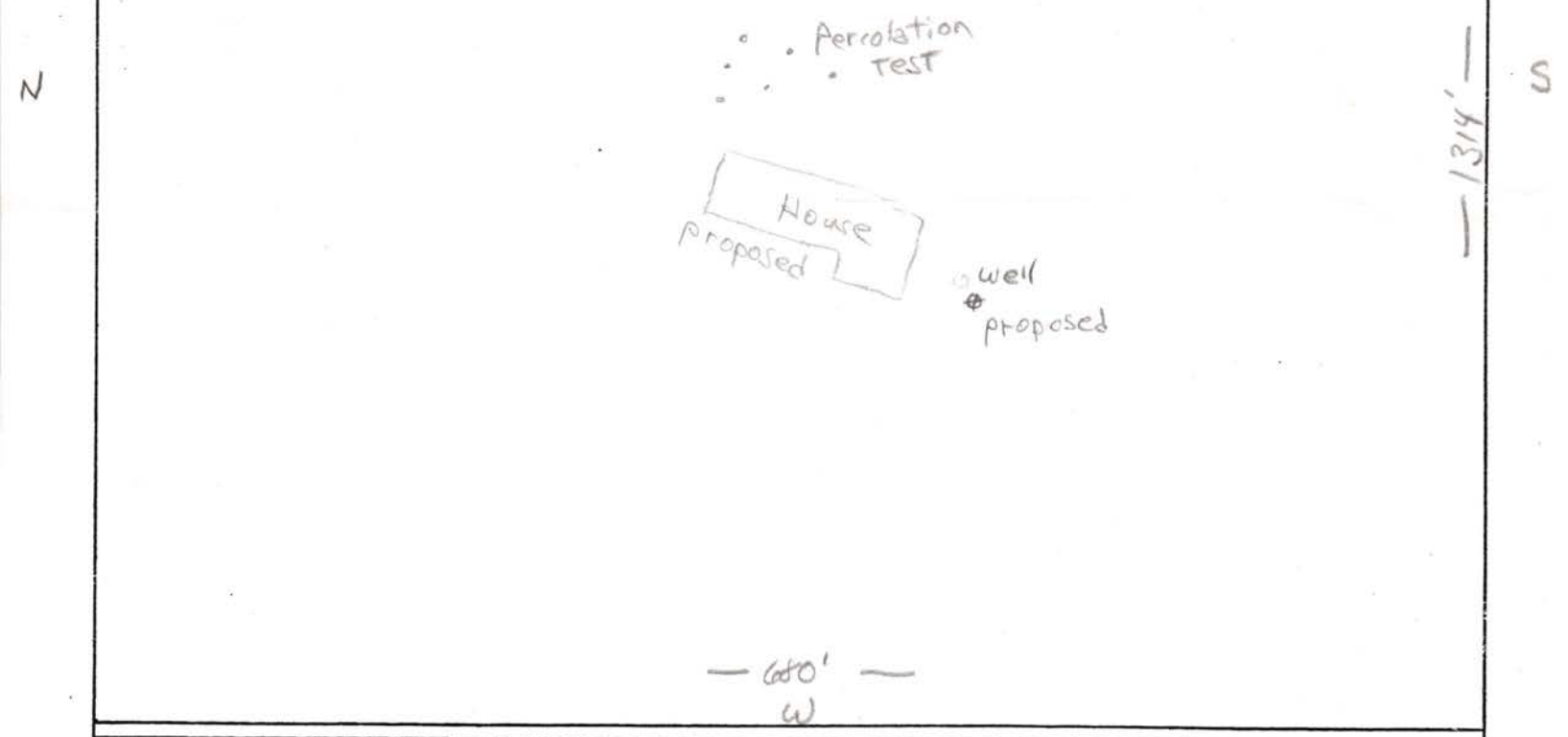
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO. _____

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



REVIEWING ACTION

Remarks: _____

Date: NOVEMBER 3, 1992

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 532 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

Bouwens Plumbing Co. Inc.

Job. 600 S 176th

Den Loeck

RECEIVED MAR 10 1993

