LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 96380139601

Issued 01/18/96
Expires 07/18/96
Revenue Code 18754

Establishment
GEORGE SKOROHOD
T1ON R8E SEC 30
501 S 120 STREET

FEES: $150.00

Permittee
GEORGE SKOROHOD
RR0002
BOX 00139
WALTON NE 68461-0139

TOTAL $150.00

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

A

FILING FEE: $_____

FILE NO._____

DATE: 7-3-96

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: SE¼ of NE¼ of 30-10-8, 40 acres, more or less.
   Twp 10N ; Range 8E ; Section 30 ;
   Block — : Lot — : Addition —
   Street Address 501 So. 120 St.

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

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

4. Distance to public sewer: — ft.

Caroline Stanchak
Signature of Applicant (Owner or Lessee)

RFD 2 Box 139, Walton, NE 68461
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/3/96. Date Frwd. 7/3/96. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold E. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 7/5/96. Date Frwd. 7/5/96. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Lyon

3. City or County Engineer: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Larry M Hudl.

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7/31/96 by: J. C. H. Most of sewer line covered
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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

FORM 23-43

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
3140 "N" STREET LINCOLN, NE 68510-1514

FILING FEE: $ 150 ov

FILE NO. _____

DATE: 12-8-95

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: EX S250' E567' SE NE 30-10-8
   Twp. 10N ; Range 8E ; Section 30 ;
   Block _____ : Lot _____ : Addition _____
   Street Address 501 So. 120 ST.

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☒ LAGOON PER MIKE DIETZ WAVERLY PLUMBING

4. Distance to public sewer: — ft.

George Skorohod — Signature of Applicant (Owner or Lessee)

Mailing Address RFD 2 Box 139 Walton NE 68461 — Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 12-18-95. Date Frwd. 1/19/96. ACTION: Approved ☑ ~~Disapproved ☒~~ OK JSM Signature: John S Munn

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 1-19-96. Date Frwd. 1-19-96. ACTION: Approved ☒ Disapproved ☐ Signature: RD White

REMARKS OR REASONS FOR DISAPPROVAL LAGOON MUST BE SEALED

Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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

FORM 22 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

Waverly Plmg.

FILE NO. _____

PROPERTY WHERE SOIL TESTED: SE NE EX S250' E567' 30-10-8

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: 12-02-95 to 12-03-95. Weather: Precip. 0 Temp. 65.

Hole #4 Had Water from Pre-Saturation Period

OWNER: George or Carolene Skorohod

Address: 501 So. 120 St.

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"	12-2	7:30 PM	12-3	10:50 AM	12-3	10:50 AM	6"	11:20 AM	5 1/2	30min	1/2	
2	36"	12-2	7:30 PM	12-3	10:50 AM	12-3	10:50 AM	6"	11:20 AM	5 3/4	30min	1/4	
3	36"	12-2	7:30 PM	12-3	10:50 AM	12-3	10:50 AM	6"	11:20 AM	5 3/4	30min	1/4	
4	36"	12-2	7:30 PM	12-3	10:50 AM	12-3	10:50 AM	6"	11:20 AM	0	30min	0	
5	36"	12-2	7:30 PM	12-3	10:50 AM	12-3	10:50 AM	6"	11:20 AM	5 3/4	30min	1/4	
6	36"	12-2	7:30 PM	12-3	10:50 AM	12-3	10:50 AM	6"	11:20 AM	5 3/4	30min	1/4	

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

Signature of Person Conducting Test

Address 2700 Dan Ave Phone 464-0638
Lincoln, Ne 68504

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

Approved Percolation Rate (a)
A. ~~_____~~ 0 min./inch
B. _____ min./inch
C. _____ min./inch

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 ☐

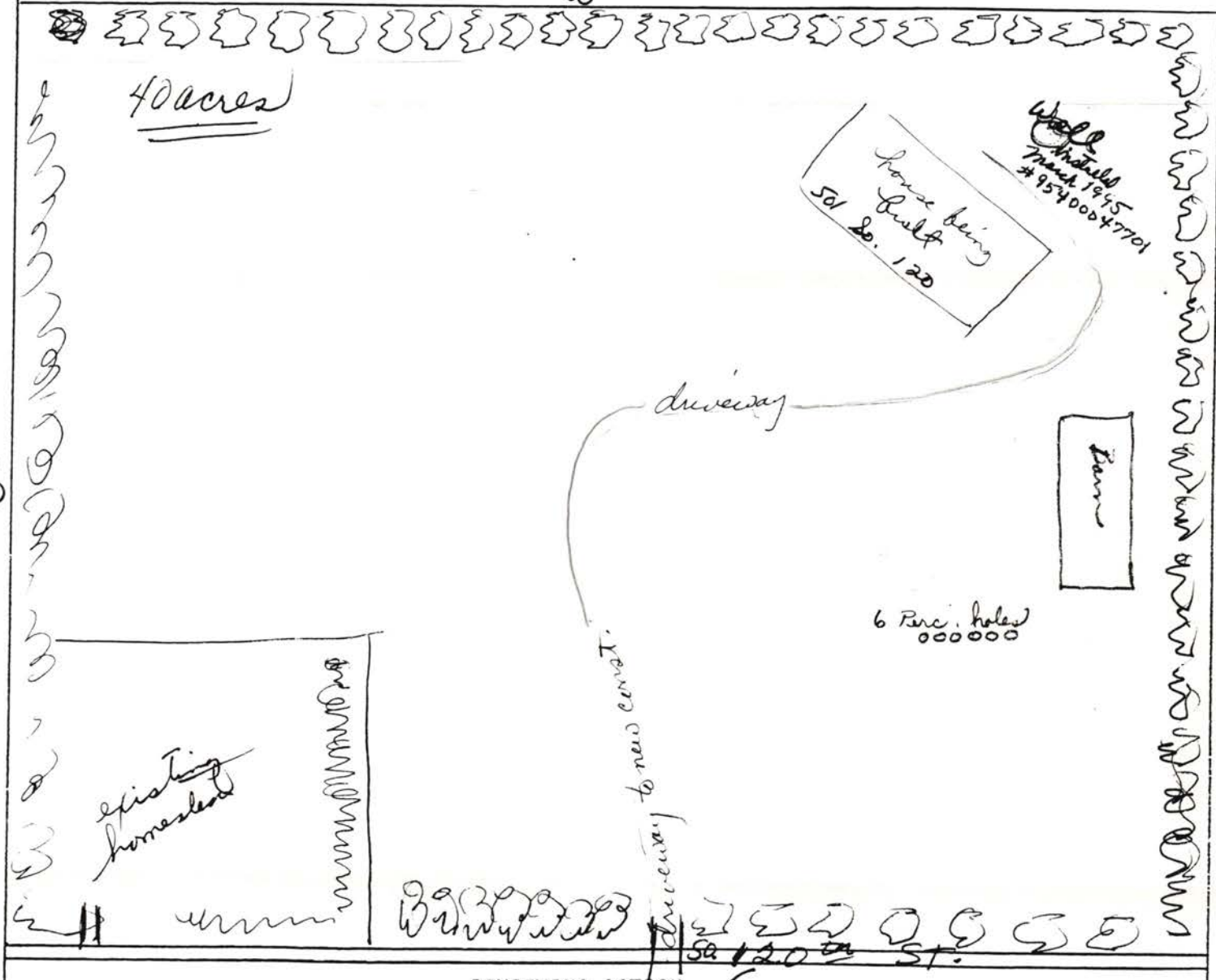
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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

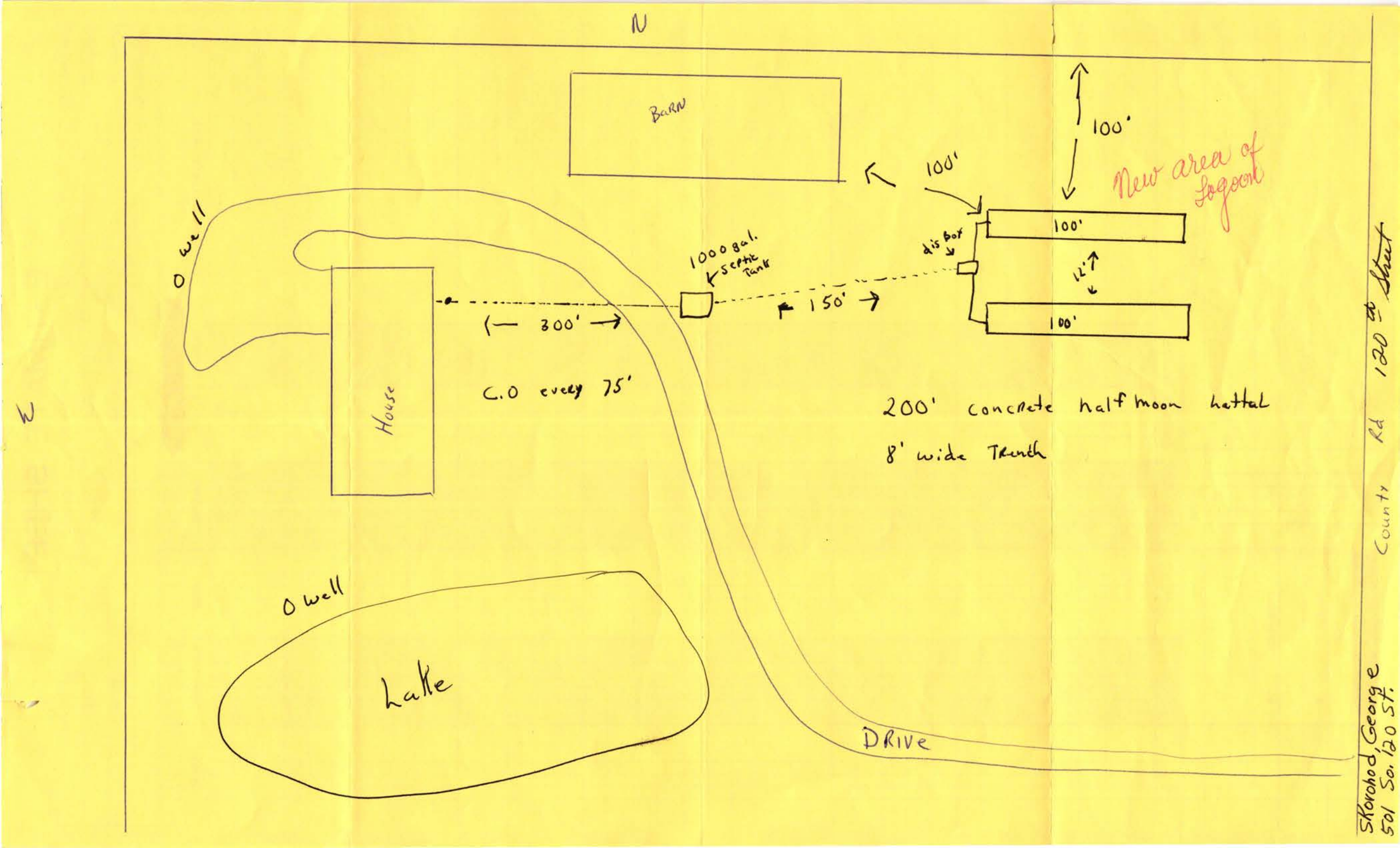
Remarks: _____

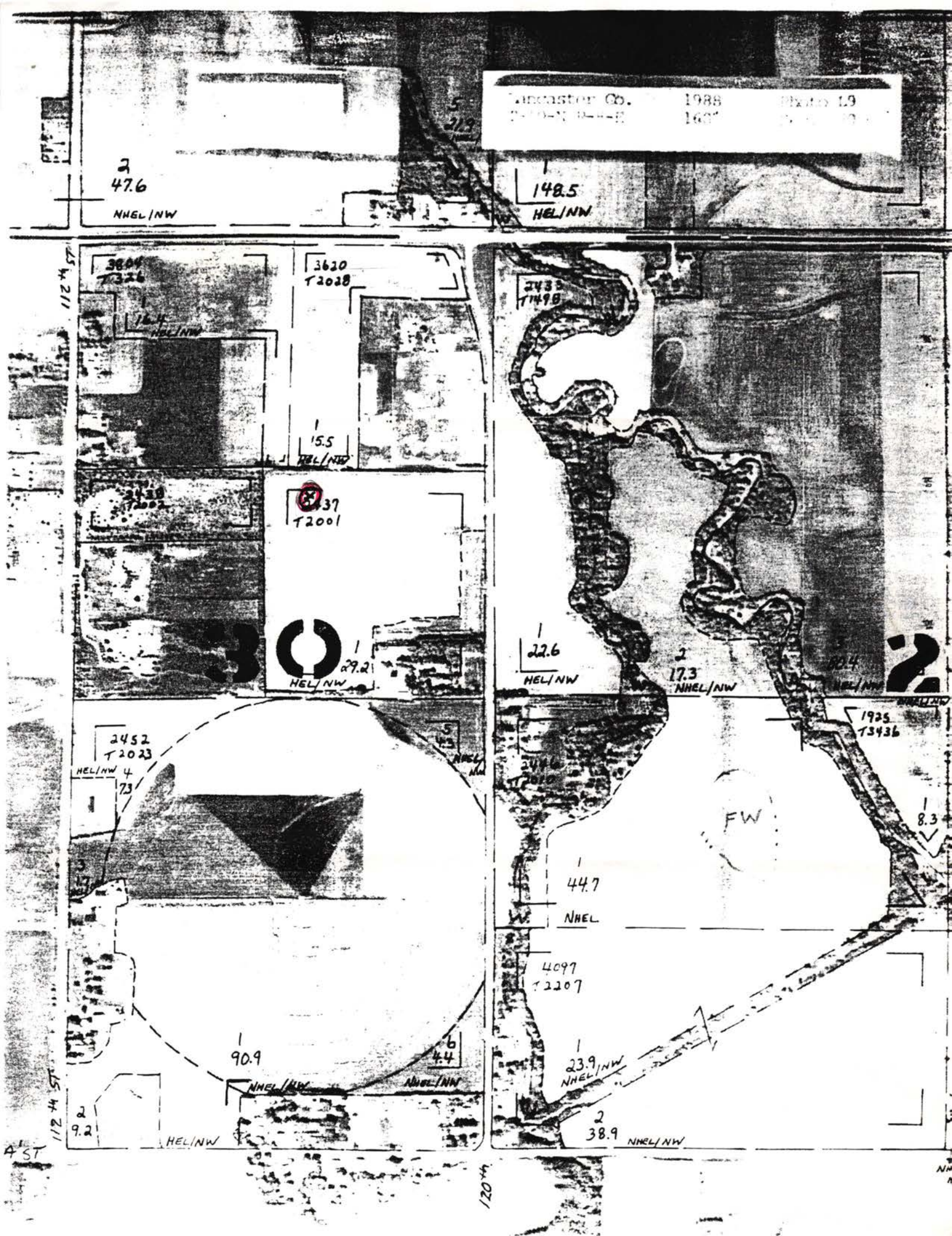
_____

Date: _____

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


N
W
BARN
100'
100'
New area of Lagoon
100'
dis box
12'
100'
0 well
1000 gal. Septic Tank
150'
300'
House
C.O every 75'
200' concrete half moon kettal
8' wide Trench
0 well
Lake
DRIVE
County Rd 120 to Street
Skorohod, George
501 So. 120 St.


Lancaster Co. 1988
2
47.6
NHEL/NW
5
21.8
1
148.5
HEL/NW
112th ST
3804
T326
1
16.4
HEL/NW
3620
T2028
1
15.5
HEL/NW
2438
T2002
2437
T2001
1
29.2
HEL/NW
2432
T1498
1
22.6
HEL/NW
2
17.3
NHEL/NW
80.4
HEL/NW
1925
T3436
2452
T2023
HEL/NW
4
73
5
43
NHEL/NW
2446
T2010
1
8.3
FW
1
44.7
NHEL
4097
T2207
1
90.9
NHEL/NW
6
4.4
NHEL/NW
1
23.9
NHEL/NW
2
9.2
HEL/NW
2
38.9
NHEL/NW
112th ST
A ST
120th