LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1783-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — November 26, 1981

TYPE OF PERMIT — THIS PERMIT EXPIRES

DAVID JAKOUBEK — PO BOX 8B, RAYMOND NE 68428

ISSUED TO — ADDRESS

T11N, R5, Section 1

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

2832

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

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. _____

DATE: 5/21/81

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. 11N ; Range 5 ; Section S½SW¼SW¼ 1 ;
   Block _____ : Lot _____ : Addition _____
   Street Address _____

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: none ft.

David Jakoubek
Signature of Applicant (Owner or Lessee)

P.O. Box 88
RFD 1 West Mill Road
Raymond, Nebr 68428
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/26/81. Date Frwd. 5/26/81. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 5/29/81. Date Frwd. 5/29/81. ACTION: Approved ☐ Disapproved ☐ Signature: Rodger Evans

3. City or County Engineer: Date Rec'd. 5/28/81. Date Frwd. 5/28/81. ACTION: Approved ☑ Disapproved ☐ Signature: Tony Howell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7/7/81 by: L.C.H.
Date: 7-28-81 by: JMV
Date: 4-20-82 by: JMV
10-25-85 JMV

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/15/86 By: Jerrold C. Hood

5/14/86 5/15/86

North & east sides too steep. Drop in incoming line too far back to cleanout water will stand in line back toward house. Need fence, pad & drawing

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 11 ; Range 5 ; Section & ¼ Section 01.
Property Dimensions: _____ ft. x _____ ft. Area: 20 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☑.
Dates of Tests: 5/21/81 to 5/22/81. Weather: Precip. Cloudy Temp. 60°.

OWNER: David Jakoubek
Address: P.O. Box 86 RFD 1 West Mill Road, Raymond, Nebr 68428

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"	5/21/81	6:00pm	5/21/81	10:00pm	5/22/81	6:00	0	5/22 9:30am	1"	30min	1"	
2	36"	5/21/81	6:00pm	5/21/81	10:00pm	5/22/81	6:00	0	9:30	1"	"	1"	
3	36"	5/21/81	6:00pm	5/21/81	10:00pm	5/22/81	6:00	0	9:30	1"	"	1"	
4	36"	5/21/81	6:00pm	5/21/81	10:00pm	5/22/81	6:00	0	9:30	1"	"	1"	
5	36"	5/21/81	6:00pm	5/21/81	10:00pm	5/22/81	6:00	0	9:30	1"	"	1"	
6	36"	5/21/81	6:00pm	5/21/81	10:00pm	5/22/81	6:00	0	9:30	1"	"	1"	

David Jakoubek
Signature of Person Conducting Test

Address RFD 6, Lincoln, Nebr Phone 475-6469

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

(Do not write below this line)

REVIEWING ACTION

Remarks: Must be sealed
Soil Type (SCS): Shelby Clay Loam
Date: May 26, 1981

Approved Percolation Rate (a)
A. 30 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Wood
Signature of Reviewing Official

		①	②	③	④	⑤	⑥ holes
6:00							
6:30	Down	1 1/4 in.	2 1/4 in.	3 1/4 in	4 1/4 in	5 1/4 in.	6 1/4 in.
7:00	"	1 3/4 in	2 3/4 in	3 3/4 in	4 3/4 in	5 3/4 in	6 3/4 in
7:30	"	1 1/2"	2 1/2"	3 1/2"	4 1/2"	5 1/2"	6 1/2"
8:00	"	1 1/2"	2 1"	3 1"	4 1"	5 1"	6 1"
8:30	"	1"	2 1"	3 1"	4 1"	5 1"	6 1"
9:00	"	1"	2 1"	3 1"	4 1"	5 1"	6 1"
9:30	"	1"	2 1"	3 1"	4 1"	5 1"	6 "

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

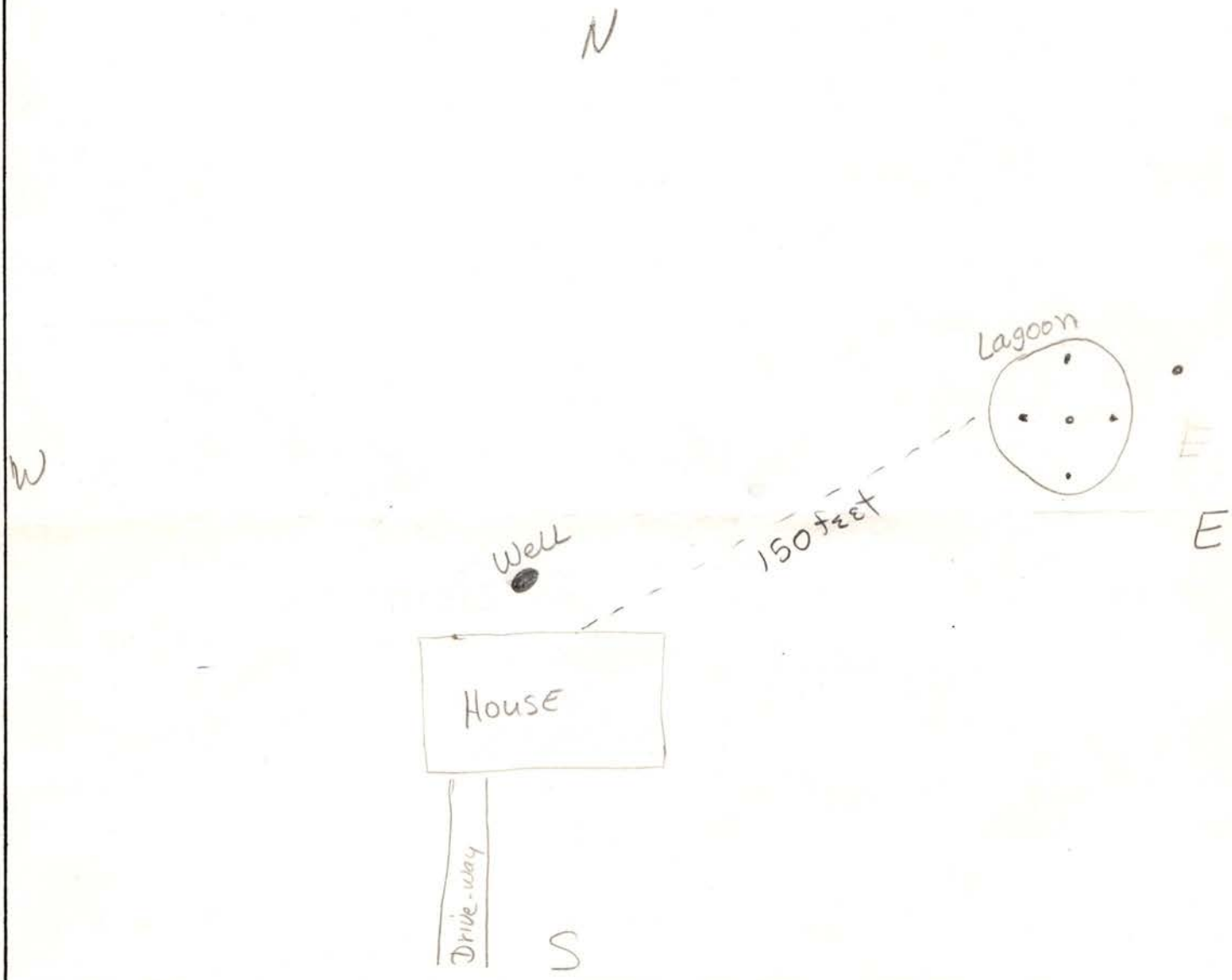
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO._____

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



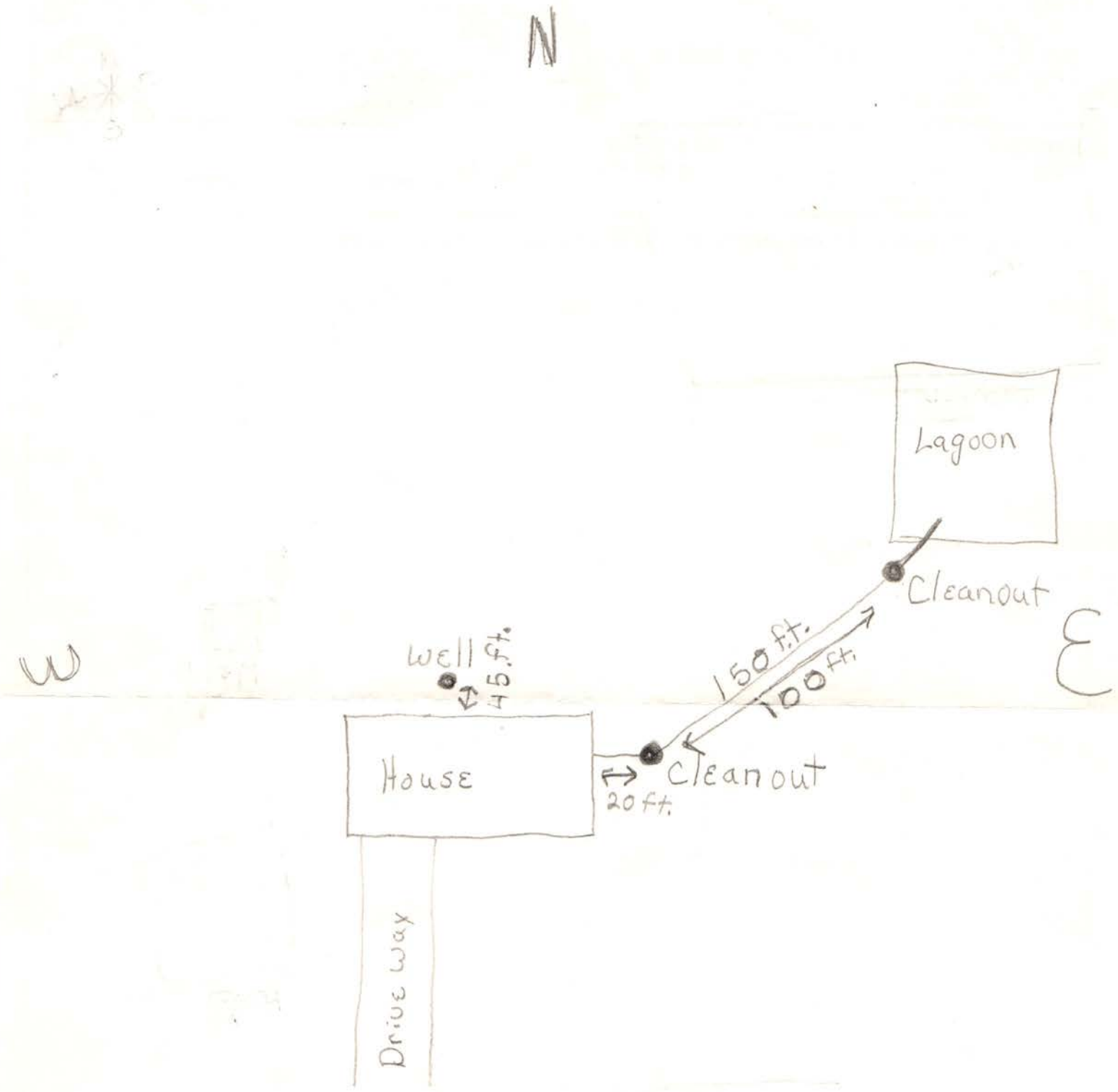
REVIEWING ACTION

Remarks:_____

Date: May 26, 1981

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.

Jerrold C. Hood
Signature of Reviewing Official



Mrs. David Jakoubek