Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
ALTERATION PERMIT
No. HS002324

System Type: Standard

Situs: No Site Address Specified

Issued: 11/4/2021

Expires: 11/4/2022

Description: S23, T11, R7, 6th Principal Meridian, LOT 9 SW

Owner: VASEY, COREY M & TAYLOR S
9700 N 84 ST
LINCOLN, NE 68517

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Health Director

Dear Applicant:

The above document is your permit to alter an existing On-site Waste Water System at the location listed. Please contact this office once the alteration is complete to obtain final approval before use.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Health Director

JAMIE KUBIK
105 LOCUST ST
P O BOX 191
HICKMAN, NE

HS002324

Application to Alter or Repair an Onsite Wastewater Treatment System

The applicant is applying for a permit to: ☐ALTER ☐REPAIR an existing Onsite Wastewater Treatment System, and agrees to comply with LMC 24.38 or County Resolution 02-0030.

1. **Street Address (No Rural Route):** 9700 N 84TH

   Legal Description of Property: Township: 11 Range: [redacted]7 Section [redacted]23

   Block _____ Lot 9SW SubDivsion _____ Add: _____

   *Parcel ID 18-23-300-005-000 (i.e. 99-99-999-999-999)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe: _____)
   Number of bedrooms 4 Does the system have a: ☒ Garbage Grinder ☒ Large Capacity Tub

3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration or repair:** ADDING 1000 GALLON TANK & USING EXISTING 1000 CEMENT TANK. ALSO ADDING 1400 SQ FT (820 FT) E-Z FLOW WHILE LEAVING CURRENT LATERAL FIELD IN TACT TO SWITCH BACK & FORTH

5. **Current Type of Lateral** GRAVEL CHAMBER **Current Linear Ft. Of Lateral** - _____

   Current Tank Gallonage 1000

6. Print Name JANE KUAK Address 105 LOCUST STREET P.O. BOX 191 Phone: 402-475-2462

   Applicant Signature: Jane Kuak

Please contact LLCHD for the current permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

☐Municipal Code 24.38 ☒County Resolution Number 02-30

Date received 11/4/21 REVIEW: ☒ Approved ☐ Disapproved By: _____

Comments (if any): _____

Site visits
Date ___/___/___ By _____
Date ___/___/___ By _____

Installation final written approval
Date ___/___/___ By _____

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only

Received: Date: 11/4/21 Amount 240.00 Check No. D214 Initials LC

Revised 4/8/13

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

9700 N 84th

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 23 ; Range 11 ; Section & ¼ Section 7 NW 1/4 of SW 1/4
Property Dimensions: 688 ft. x 1296 ft. Area: 21 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☒ ; Silt Loam ☐ ; Clay Loam ☐.
Dates of Tests: 4-9 to 4-10-96. Weather: Precip. — Temp. 50°.

X OWNER: Douglas Carson

Address: 3701 SPYGLASS LANE

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	30	4-9	5:00	4-10	8:05	~~4-10~~	1035	19 1/2	11:05	20 1/2	30	1	30 MIN/IN
2								14 1/2		15 1/2		1	30 MIN/IN
3								18		18 3/4		3/4	40 MIN/IN
4								10 1/2				1 1/4	24 MIN/IN
5								18		18 3/4		3/4	40 MIN/IN
6								10 1/2		11 3/4		1 1/4	24 MIN/IN

Larry Schwarck trenching
Signature of Person Conducting Test

Address 8200 old Cheney Rd Phone 489-7294

Sum of Percolation Rates: 188
Average of Rates: 31 MIN/IN
Mean of Rates: 30 MIN/IN

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): Sharpsburg Silty Clay Loam

Date: MAY 31, 1996

Approved Percolation Rate (a)
A. 31 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

DEPARTMENT
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Exhibit 5

Permit Number: H5002324

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/2/21 Legal Description ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 9700 N 84th City

Owner Address

Mark One: ☐ Dwelling ☐ Non-dwelling

☐ New System ☐ Alteration [☐ Tank Only ☐ Trench Only] ☐ Lateral Only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification):

Drainfield Absorption System:

☐ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 1400 Sq. Ft. Tank Size 1,000 existing 1,000 new gals total 2,000

Total length of laterals 820' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) EZ flow

No. of Absorption Laterals 4 Width 4.5 Facing No. of Drop Boxes Distribution Box

Leveling Method Used Laser.

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Distance From	Private Well	Public Well	Surface Water	Ground water	Pressure Water Lines	Property Lines
Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☐	10 ☑	5 ☑
Field (ft)	100 ☑	500 ☑	50 ☑	4 ☑	25 ☑	5 ☑

Geographical Coordinates to 6 Decimals:

Tank NA

Lateral #1 Lateral #3

Lateral #2 Lateral #4

Comments:

Field Note Drawing (See Reverse Side):

Inspections prior to Final Approval
Initial DS Date 11/8/21

Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By Doug Shaw
Date 12/2/21

Updated 4/15

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

D

Permit Number:

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page) ☒ Subsurface Septic ☐ Mound

Onsite Wastewater System Location

Address or Legal Description or Parcel Identification Number (PID) 18-23-300-005-000

Owner: COREY & TAYLOR VASEY Address 9700 N 84TH LINCOLN, NE 68517

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 175 ft.

B. Septic Tank

1. Material 1000 INFILTRATOR 1000 CONCRETE
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: _____ in.
4. Distance to:
   Well +100 ft.
   Pressure line +50 ft
   Property Line +50 ft.
   Foundation 175 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: _____ ft. _____

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: E2 FLOW 1203
2. Number of Laterals: 5
3. Length of each lateral (linear): ft. 60 ft. 60 ft. 30 ft. 90 80
4. Drainfield size: 1440 sq. ft.
5. Distance to:
   Well +100 ft.
   Pressure line +50 ft.
   Property line +50 ft.
   Depth of Groundwater +12

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

If Yes, the Certified Professional must sign below for final approval:

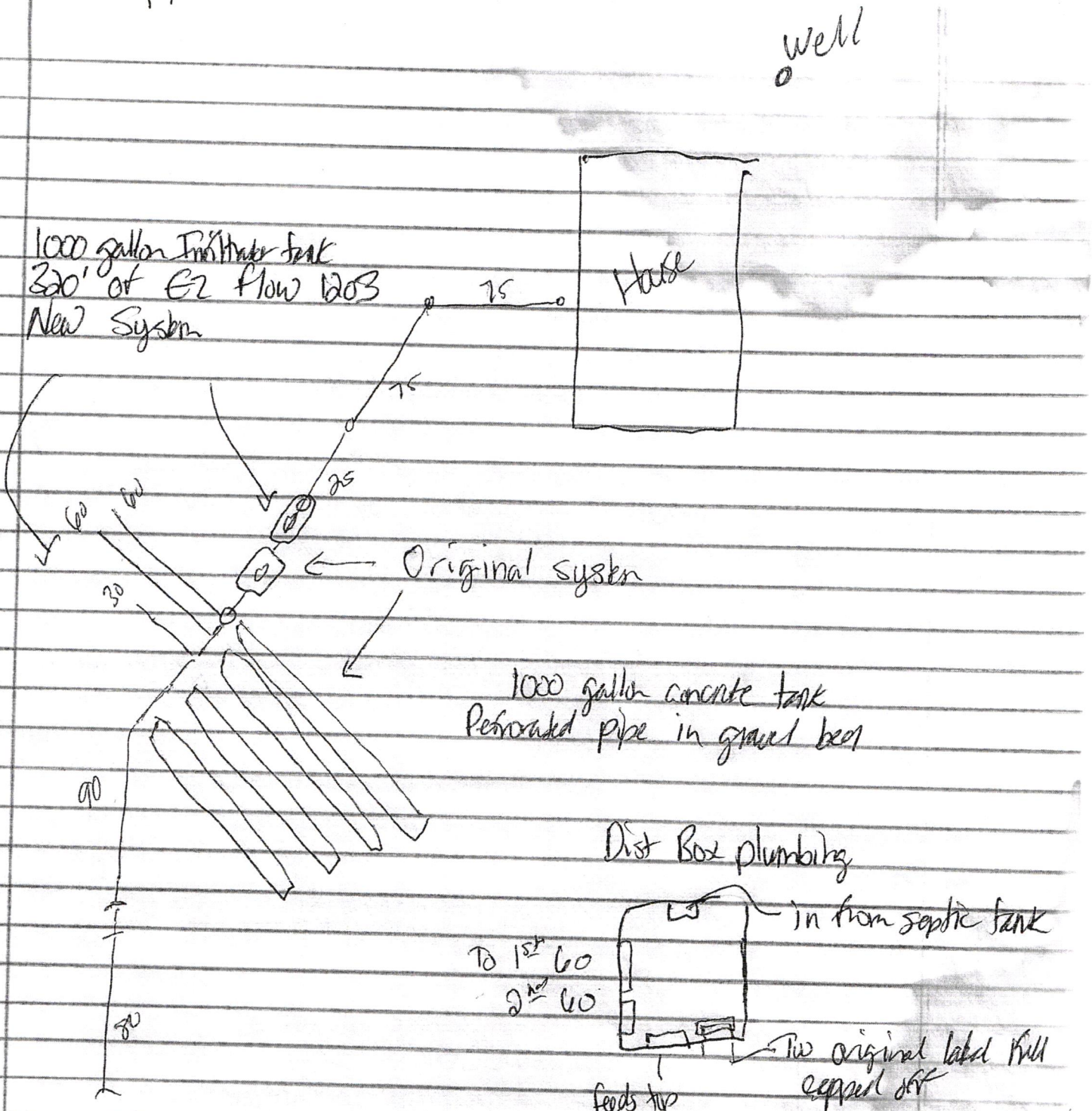
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: [signature] Date: NOV 30, 2021

Complete As-Built drawing on the back of this form.

Installed 11/9/21

9700 N 84th



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 96380143401

SEWAGE INSTALLATION

Issued 06/05/96
Expires 12/05/96
Revenue Code 18754

Establishment

DOUGLAS CARSON
T11N R7E SEC 23

FEES: $150.00

TOTAL $150.00

Permittee

DOUGLAS CARSON
3721 SPYGLASS LN
LINCOLN NE 68507

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"

002044

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: $ 150.00

FILE NO. _____

DATE: 5/29/96

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: Twp. ~~23~~ 11N ; Range 7E ; Section ~~23~~ NW 1/4 OF SW 1/4 ;
   Block _____ : Lot _____ : Addition _____
   Street Address LES IS USING 9700 N 84TH FOR ELECTRICITY.

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: ABOUT 3 MILES ~~ft~~.

Douglas A Carson
Signature of Applicant (Owner or Lessee)

HOME 466-5867
WORK 474-2333
EH467

3721 SPYGLASS LANE
Address LINCOLN, NE 68507

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/31/96. Date Frwd. 5/31/96. ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 5/31/96. Date Frwd. 6/2/96. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]
3. City or County Engineer: Date Rec'd. 5-31-96. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Glenn Bartels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-30-96 by: rm sewage line & septic tank & drain field boxes
Date: 9-3-96 by: rm 4 drain field trenches
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-9-96 By: Ron Mayfield

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

9700 N 84th

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 23 ; Range 11 ; Section & ¼ Section 7 NW1/4 of SW1/4
Property Dimensions: 688 ft. x 1296 ft. Area: 21 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☒ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 4-9 to 4-10-96. Weather: Precip. — Temp. 50°.

X OWNER: Dwight A Carson

Address: 3701 SPYGLASS LANE

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	30	4-9	5:00	4-10	8:05	~~4-10~~	1035	19½	11:05	20½	30	1	30 min/in
2								14½		15½		1	30 min/in
3								18		18¾		¾	40 min/in
4								10½				1¼	24 min/in
5								18		18¾		¾	40 min/in
6								10½		11¾		1¼	24 min/in

Larry Schwarck trenching
Signature of Person Conducting Test

Address 8200 old Cheney Rd Phone 489-7294

Sum of Percolation Rates: 188
Average of Rates: 31 min/in
Mean of Rates: 30 min/in

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: MAY 31, 1996

Approved Percolation Rate (a)
A. 31 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 ☐

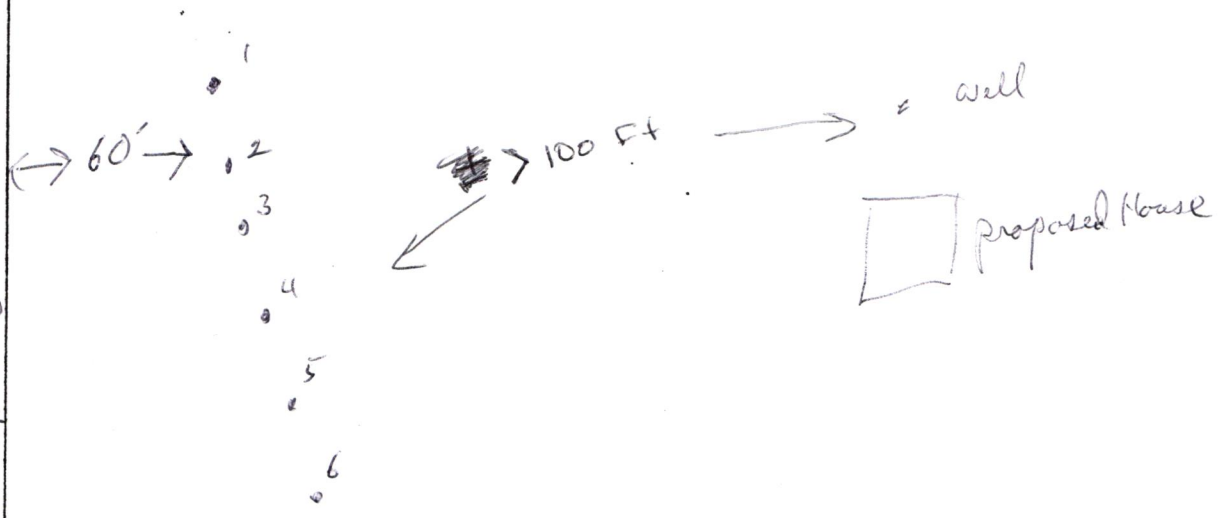
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
~~2200 St. Marys Avenue~~
~~Lincoln~~, Nebraska 68502
Phone: ~~471-7800~~

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.



DO 84 24

REVIEWING ACTION

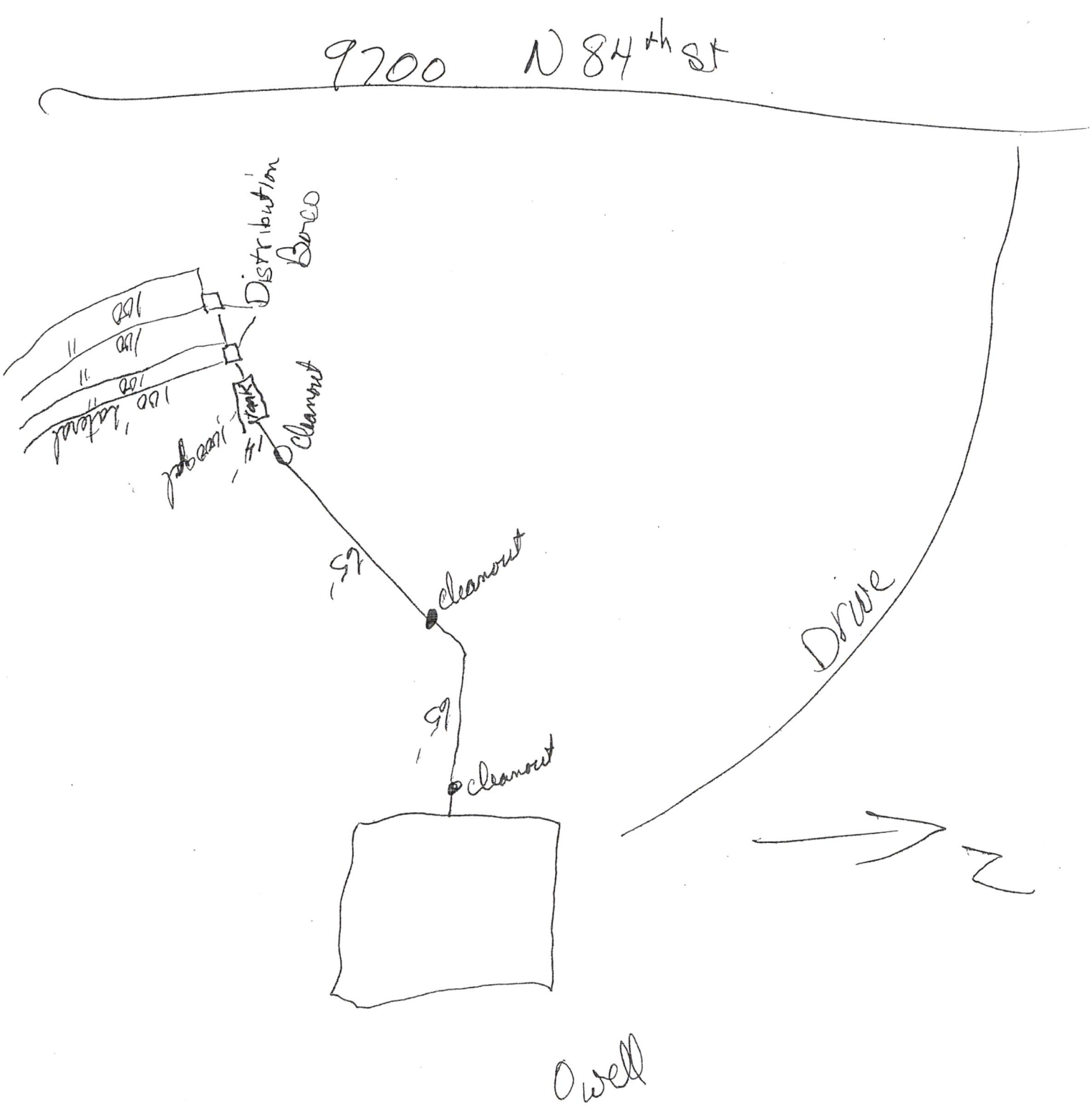
Remarks: _____

_____

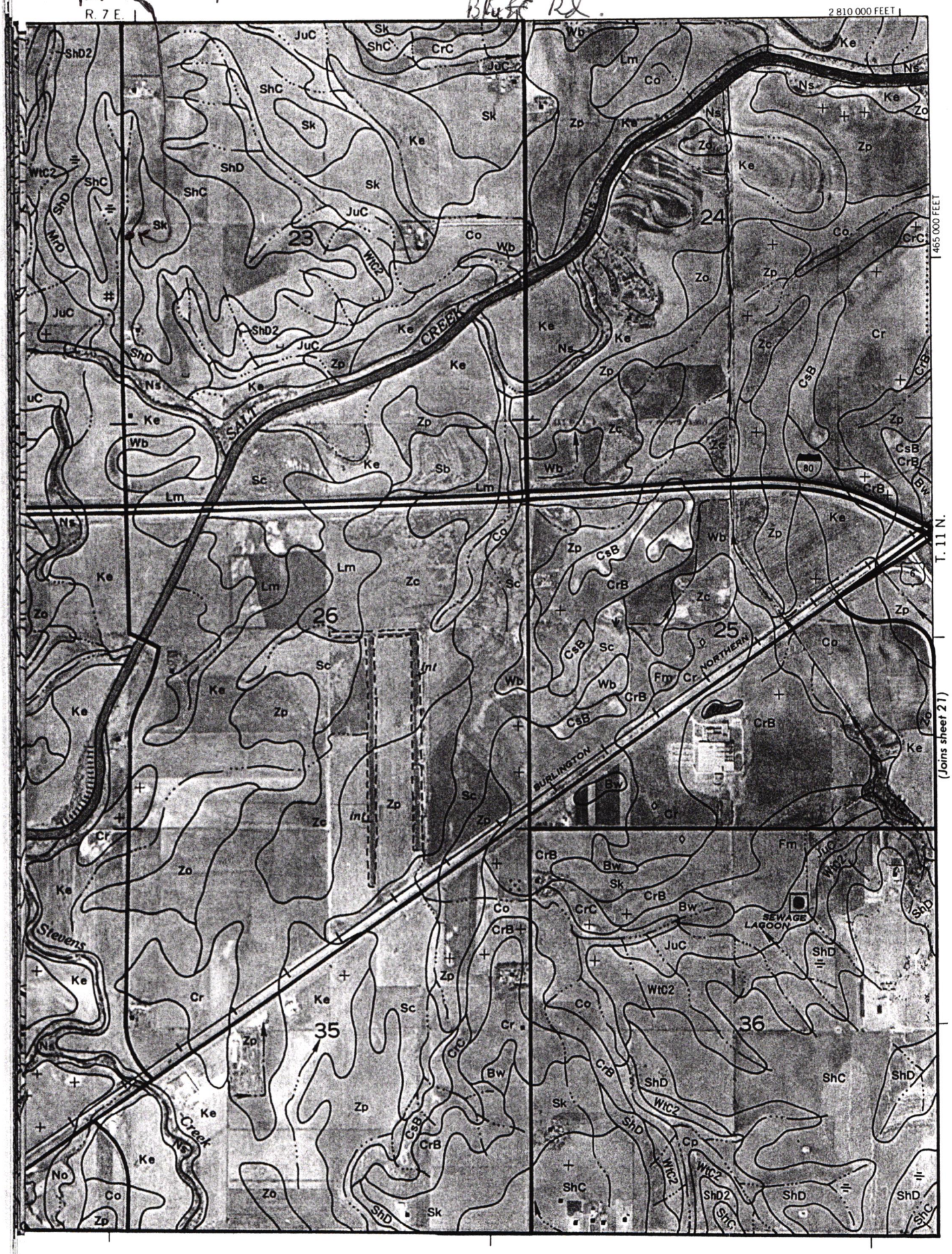
Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 254 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 762 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official


9700 N 84th St
Distribution Box
cleanout
cleanout
cleanout
Drive
well

NEBRASKA — SHEET NUMBER 20



SURVEY RECORD

SURVEY OF: The Northwest Quarter of the Southwest Quarter of

SECTION 23, T 11 N, R 7E, **of the 6th P.M.** Lancaster **COUNTY, NEBRASKA**
except the South 165' thereof.

84th & Bluff Roads

N1/4 23-11-7
1). L.C.S.M.
2) 1" Pipe 33.10 North
3) 1" Pipe 32.90 South
4) #5 Bar 55.90 South West

E1/4 23-11-7
1) L.C.S.M.
2) 1" Pipe 33.16 West
3) P.K. Nail South side Power Pole 65.05 Northwest
4) 3/4" Pipe 55.05 West

S1/4 23-11-7
1) Found 1" Pipe
2) 1" Pipe 33.00 South
3) on fence line extended south

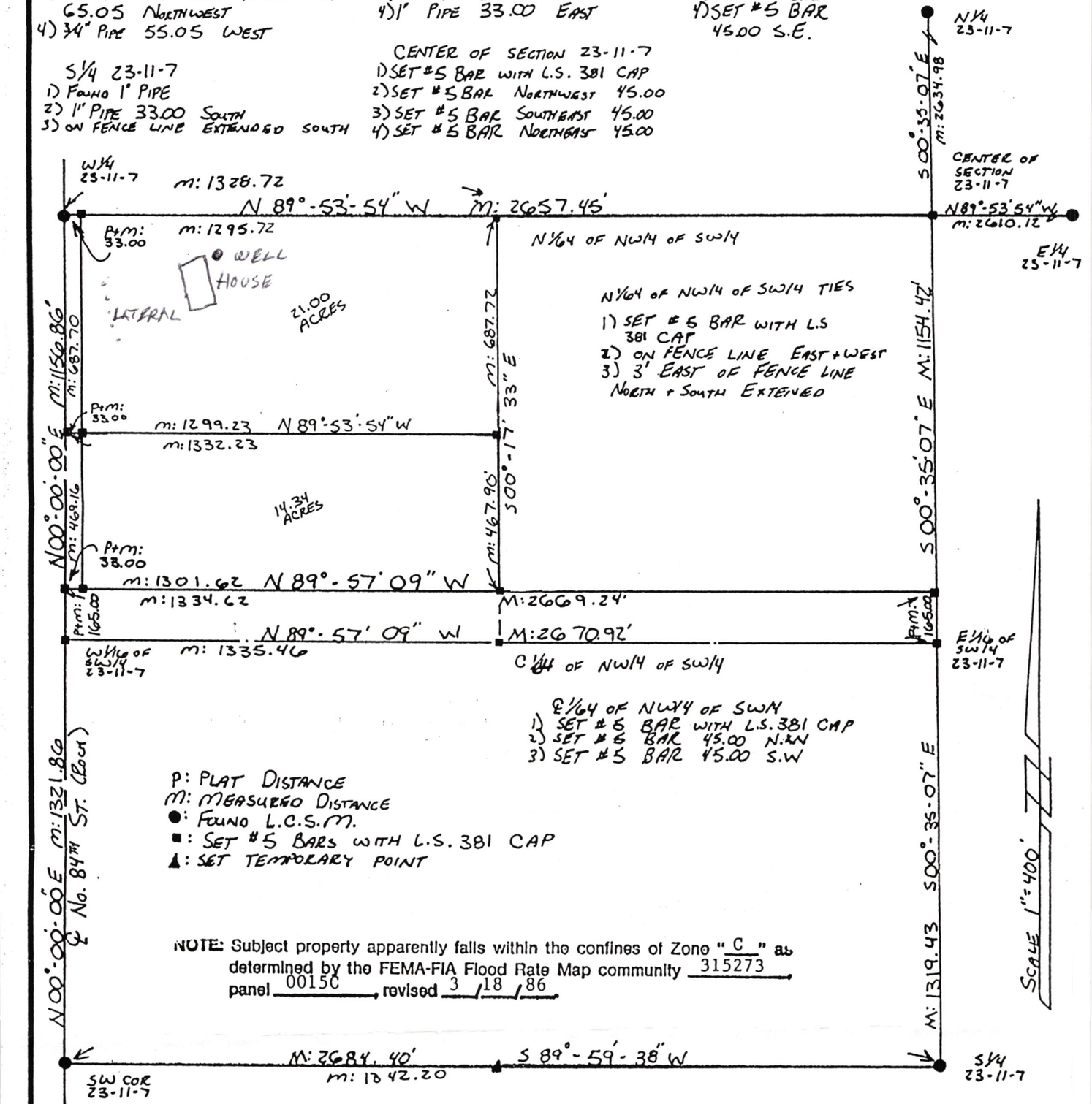
W1/4 23-11-7
1) L.C.S.M.
2) 1" Pipe 32.90 West
3) #5 Bar 48.43 Southwest
4) #5 Bar 46.95 Northeast

S.W Corner 23-11-7
1) L.C.S.M.
2) 1" Pipe 46.53 Northwest
3) 1" Pipe 33.00 West
4) 1" Pipe 33.00 East

Center of Section 23-11-7
1) Set #5 Bar with L.S. 381 Cap
2) Set #5 Bar Northwest 45.00
3) Set #5 Bar Southeast 45.00
4) Set #5 Bar Northeast 45.00

W1/16 of SW1/4 23-11-7
1) Set #5 Bar with L.S. 381 Cap
2) Set #5 Bar 33.00 East
3) Set #5 Bar 33.00 West
4) Set #5 Bar 46.27 Northwest

E1/16 of SW1/4 23-11-7
1) Set #5 Bar with L.S. 381 Cap
2) Set #5 Bar 33.00 East
3) Set #5 Bar 45.00 N.E.
4) Set #5 Bar 45.00 S.E.



NOTE: Subject property apparently falls within the confines of Zone "C" as determined by the FEMA-FIA Flood Rate Map community 315273, panel 0015C, revised 3/18/86.

Professional Surveyors, Inc.
JESSE W. WININGER, L.S. PRESIDENT
315 SO. 9TH – SUITE 10 LINCOLN, NE 68508
402-477-5255 FAX 402-477-7204 1-800-869-0385

SPLIT LOT REVISED APRIL 4, 1996
DATE: FEBRUARY 26, 1996
BOOK 236 PAGE 27-28
(960168)
PROJECT # 960084

P.S.I.

I hereby certify that I have accurately surveyed the forgoing described property and that the results of said survey are truly and accurately depicted hereon, to the best of my knowledge and belief.

Jesse W. Wininger, L.S. #381

NEBRASKA REGISTERED LS-381 LAND SURVEYOR JESSE W. WININGER

EXHIBIT "A"

That part of the Northwest Quarter of the Southwest Quarter of Section 23, T11N, R7E of the 6th P.M., Lancaster County, Nebraska more particularly described as follows, to wit:

Considering the West line of the Southwest Quarter to bear N 00°00'00" E and all other bearings used herein relative thereto;

BEGINNING at the Northwest corner of the Southwest Quarter of said Section 23; THENCE along the North line of the Northwest Quarter of the Southeast Quarter S 89°53'54" E 1328.72' to the Northeast corner of the Northwest Quarter of the Southwest Quarter of said Section 23; THENCE along the East line of the said Northwest Quarter of the Southwest Quarter S 00°17'33" E 687.72'; THENCE along a line parallel to the North line of the Northwest Quarter of the Southwest Quarter of said Section 23, N 89°53'54" W 1332.23' to a point on the West line of the Southwest Quarter; THENCE along the West line of the Southwest Quarter of said Section 23 N 00°00'00" E 687.70' to the POINT OF BEGINNING, said tract containing an area of 21.00 acres, more or less.

EXHIBIT "B"

That part of the Northwest Quarter of the Southwest Quarter of Section 23, T11N, R7E of the 6th P.M., Lancaster County, Nebraska more particularly described as follows, to wit:

Considering the West line of the Southwest Quarter to bear N 0°00'00" E and all other bearings used herein relative thereto;

COMMENCING at the Northwest corner of the Southwest Quarter of Section 23; THENCE along the West line of the said Southwest Quarter S 00°00'00" W 687.70' to the POINT OF BEGINNING; THENCE along a line parallel to the North line of the Southwest Quarter S 89°53'54" E 1332.23' to a point on the East line of the Northwest Quarter of the Southwest Quarter of said Section 23; THENCE along the East line of the said Northwest Quarter of the Southwest Quarter S 00°17'33" E 467.90'; THENCE along a line 165.00' North of ahd parallel to the South line of the Northwest Quarter of the Southwest Quarter of Section 23 N 89°57'09" W 1334.62' to a point on the West line of the said Southwest Quarter; THENCE along the said West line of the Southwest Quarter N 00°00'00" E 469.16' to the POINT OF BEGINNING, said tract containing an area of 14.34 acres more or less.

HS0023324

SCANNED

Application to Alter or Repair an Onsite Wastewater Treatment System

The applicant is applying for a permit to: ☐ALTER ☐REPAIR an existing Onsite Wastewater Treatment System, and agrees to comply with LMC 24.38 or County Resolution 02-0030.

1. **Street Address (No Rural Route):** 9700 N 84TH

Legal Description of Property: Township: 11 Range: [redacted]7 Section: [redacted]23

Block _____ Lot 9SW SubDivsion _____ Add: _____

***Parcel ID** 18-23-300-005-000 (i.e. 99-99-999-999-999)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe: _____)
Number of bedrooms 4 Does the system have a: ☒ Garbage Grinder ☒ Large Capacity Tub

3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration or repair:** ADDING 1000 GALLON TANK & USING EXISTING 1000 CEMENT TANK. ALSO ADDING 1400 SQ FT (820 FT) EZ FLOW WHILE LEAVING CURRENT LATERAL FIELD IN TACT TO SWITCH BACK & FORTH

5. **Current Type of Lateral-** GRAVEL CHAMBER **Current Linear Ft. Of Lateral -** _____

Current Tank Gallonage- 1000

6.Print Name JAIME KUBIK Address 105 WOOST STREET P.O. BOX 191 Phone: 402-475-2462

Applicant Signature: Jaime Kubik

Please contact LLCHD for the current permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

☐Municipal Code 24.38 ☒County Resolution Number 02-30

Date received 11/4/21 REVIEW: ☒ Approved ☐ Disapproved By: _____

Comments (if any): _____

Site visits
Date 11/8/21 By DS
Date ___/___/___ By _____

Installation final written approval
Date 12/2/21 By _____

Return application to:

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only

Received: Date: 11/4/21 Amount 240.00 Check No. D214 Initials LC

Revised 4/8/13