HS002495

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):** 14205 NW 112th St, Malcolm, NE 68404

   Legal Description of Property: Township: 11N Range: 5E Section: 5 NE1/4 SE1/4

   Block _____ Lot 5 SubDivsion _____ Add: _____

   ***Parcel ID** 05 - 05 - 400 - 004 - 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:** Replace damaged line between house & tank, replace collapsing tank with new 1,500g concrete tank.

5. **Current Type of Lateral-** pipe & gravel and chambers **Current Linear Ft. Of Lateral** - 200' pipe & gravel, 36" wide trench (600sqft) 140' chambers w/gravel, 30" trench (350sqft)

   Current Tank Gallonage- 1,000 (?)

6. Print Name Sue & Robert Eckles Address 14205 NW 112th St, Malcolm, NE 68404 Phone: 402-890-3560

Applicant Signature: Marie L Jakowski
Raymond Contracting Inc

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 ____/____/____ 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: 12/05/22 Amount $245.00 Check No. 50470 Initials JAS

Revised 4/8/13

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. HS002495

System Type: Standard

Situs: No Site Address Specified

Issued: 12/13/2022

Expires: 12/13/2023

Description: S5, T11, R5, 6th Principal Meridian, LOT 5, SE 1/4, SEC.

Owner: ECKLES, ROBERT D & SUZANNE M
14205 NW 112 ST
MALCOLM, NE 68402

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

RAYMOND CONTRACTING INC
13800 NW 70TH ST
RAYMOND, NE 68428

SCANNED HS002495

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.

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   Legal Description of Property: Township: 11N Range: 5E Section: 5 NE1/4 SE1/4

   Block _____ Lot 5 SubDivsion _____ Add: _____

   ***Parcel ID** 05 - 05 - 400 - 004 - 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:** Replace damaged line between house & tank, replace collapsing tank with new 1,500g concrete tank.

5. **Current Type of Lateral-** pipe & gravel and chambers **Current Linear Ft. Of Lateral** - 200' pipe & gravel, 36" wide trench (600sqft) 140' chambers w/gravel, 30" trench (350sqft)

   Current Tank Gallonage- 1,000 (?)

6. Print Name Sue & Robert Eckles Address 14205 NW 112th St, Malcolm, NE 68404 Phone: 402-890-3560

   Applicant Signature: _____ Marie L. Jakeuter Raymond Contracting Inc

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 12/13/22 REVIEW: ☒ Approved ☐ Disapproved By: _____

Comments (if any): *Temporary modification until spring - Tank replacement only!

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

Installation final written approval
Date 5/24/23 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: 12/05/22 Amount $245.00 Check No. 5040 Initials JAC

Revised 4/8/13

Nate C. Hartman

From: Terri Jakoubek <jakoubek63@windstream.net>
Sent: Tuesday, May 23, 2023 4:11 PM
To: Nate C. Hartman
Subject: Fwd: Temporary Registration
Attachments: 14205 NW 112th St D-Sheet.pdf; 14205 NW 112th St Registration.pdf

Hi Nate, I'm forwarding the email I sent to NDEE for the tank we replaced in January for Eckles @ 14205 NW 112th St. We completed the perc test last week and determined they have enough lateral so we won't need to add any. Sorry I don't have a permit # for this one but you should have a copy of the temp modification registration and the original as built I emailed on 12/13/22. If you need anything further to close this out just let me know.

Thanks,

Terri Jakoubek
Raymond Contracting, Inc.
13800 NW 70th St
Raymond, NE 68428
402-783-2663 (Office)
402-890-3870 (Mobile)
jakoubek63@windstream.net

From: "Terri Jakoubek" <jakoubek63@windstream.net>
To: "Kelly Stallworth" <kelly.stallworth@nebraska.gov>
Sent: Tuesday, May 23, 2023 3:56:28 PM
Subject: Temporary Registration

Hi Kelly, I've attached the documentation you requested to switch a temporary modification to a modification registration. If you need anything further please let me know.

Thanks, appreciate your help!!

Terri Jakoubek
Raymond Contracting, Inc.
13800 NW 70th St
Raymond, NE 68428
402-783-2663 (Office)
402-890-3870 (Mobile)
jakoubek63@windstream.net

only sent AS built drawing to LLCHD until completed Spring 2023

D

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number:

New Line & Tank Only

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 PID = 05-05-400-004-000

Address or Legal Description or Parcel Identification Number (PID) 14205 NW 112th St, Malcolm, NE 68402

Owner: Robert & Suzanne Eckles Address 14205 NW 112th St, Malcolm, NE 68402

A. Wastewater Piping (new)

1. Material: SDR26 Diameter: 4 in.
2. Distance between ~~dwelling~~ Tie On and septic tank: 48 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1500g
3. Depth to top of tank, below unfinished grade: 24-18 in.
4. Distance to:
   Well 75 ft. +
   Pressure line N/A ft +
   Property Line 50 ft. +
   Foundation 50 ft. +

C Distribution Box or Drop Box (N/A)

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: unknown
2. Number of Laterals: 5
3. Length of each lateral (linear): ft. 70 ft. 70 Chambers
   ft. 70 ft. 70 ft. 60 perf pipe w/gravel w/gravel
4. Drainfield size: 950 sq. ft. 30" trench 30" trench
   8402 - 880 installed
5. Distance to:
   Well 100 ft. +
   Pressure line N/A ft. +
   Property line 5 ft. +
   Depth of Groundwater >10'

Was the Onsite Wastewater System covered prior to LLCHD Inspection? ☑ Yes (Partially) ☐ 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: Kevin L. Jakobsen Date: 12/5/22

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

Updated 2/18

NEBRASKA
Good Life. Great Resources.
DEPT. OF ENVIRONMENT AND ENERGY

System Registration For Onsite Wastewater Treatment System - Septic System

12-013
Ver. 4/2020

Print or Type

Robert	D	Eckles	(402) 890-3560
Owner First Name	Initial	Last Name	Owner Phone Number

Business or Legal Entity Name (if applicable)

14205 NW 112th St	Malcolm	NE	68402
Owner Mailing Address	City	State	Zip

Same
Physical address of system if different from owner's mailing address

Location — *Legal description* — *OR* — *Geographical coordinates to 4 decimal points*

NE	SE	5	11N	5E	Lancaster	/		
¼	¼	Section	Township	Range	County		Latitude	Longitude

Mark One ☑ Dwelling ☐ Non-dwelling | Previous system registration number (if applicable) TS_____

Mark One
☐ New system ☑ Modification of existing system [☑ Tank only ☐ Trench only] ☐ Inspection only
☐ Temporary modification (Describe problem causing discharge and reason for temporary modification):_____

Design flow 500 gal/day # of Bedrooms* 4 Depth to seasonal high groundwater >10 feet

Percolation rate 20 min/inch Loamy sand liner installed* ☐ Yes ☑ No

Septic tank capacity 1500 gallons Septic tank Manufacture/ Model* Raymond Contracting/Concrete

☐ Garbage Grinder* ☐ Large capacity tub* Number of trenches 5 Width of trenches 30 & 36 inches

Total length of all trenches 340 feet Total effective trench bottom area 950 sq. ft.

Soil Absorption System Description **(Select one of the following):**

☐ Gravelless chambers without filter material (inside bottom width of chamber _____ inches)
Make and Model of chambers installed _____

140' ☑ Gravelless chambers with filter material (describe filter material gravel)
30" trench Make and Model of chambers installed unknown

200' ☑ Pipe with filter material (describe filter material gravel)
36" trench ☐ Gravelless pipe without filter material (diameter of the gravelless pipe _____ inches)

☐ Gravelless pipe with filter material (describe filter material _____)
☐ Bundled expanded polystyrene synthetic aggregate without filter material (bundle diameter _____ in.)
☐ Bundled expanded polystyrene synthetic aggregate with filter material (describe filter material _____)
☐ Other (describe) _____

I swear or affirm that the system complies with Title 124 requirements and that the registration information and documentation submitted are true, complete and accurate.

Terri	L	Jakoubek	C1198
(*Print or Type*) First Name	Initial	Last Name	Certificate/License Number

Terri L. Jakoubek
Signature of Certified Professional, Professional Engineer, or Registered Environmental Health Specialist

12/05/2022
Date of Inspection or Completion of Construction

NOTICE: Failure to complete the form or include the appropriate fee(s) will delay the registration.
(*) Indicates item requested/ not required on registration

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3131 "O" Street • Lincoln, NE 68510-1514
Phone: 402-441-8643

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 14205 NW 112th St (no rural route) City Malcolm NE, Zip 68402

Owner Robert & Sue Eckles Address 14205 NW 12th St, Malcolm, NE 68402

Date of Tests 5/16/23 to 5/17/23 Weather: Precipitation 0 Temperature

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop: Last 30 mins of 4 hr or last 10 mins of 1 hr					Results		
		Start		End		Start			End				
Hole No.	Hole Depth(in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop(in)	Percolation Rates (Min/in = mpi)
1	23	5/16	10:30a	5/17	11:00a	5/17	2:30p	6	5/17	3:00p	30	2 1/2	12
2	23	5/16	10:30a	5/17	11:00a	5/17	2:30p	6	5/17	3:00p	30	1 1/8	27
3	20	5/16	10:30a	5/17	11:00a	5/17	2:30p	6	5/17	3:00p	30	1 3/8	22
4								6					
5								6					
6								6					
7								6					
8								6					

Person Conducting Percolation Test

Name: Lloyd Jakoubek

Phone: 402-783-2663

Address 13800 NW 70th St Raymond, NE 68428

Sum of Percolation Rates: 61

Average of Rates: 20

Rate Used for Calculation: 20

Soil type (NRCS Maps/Other) Steinauer Loam

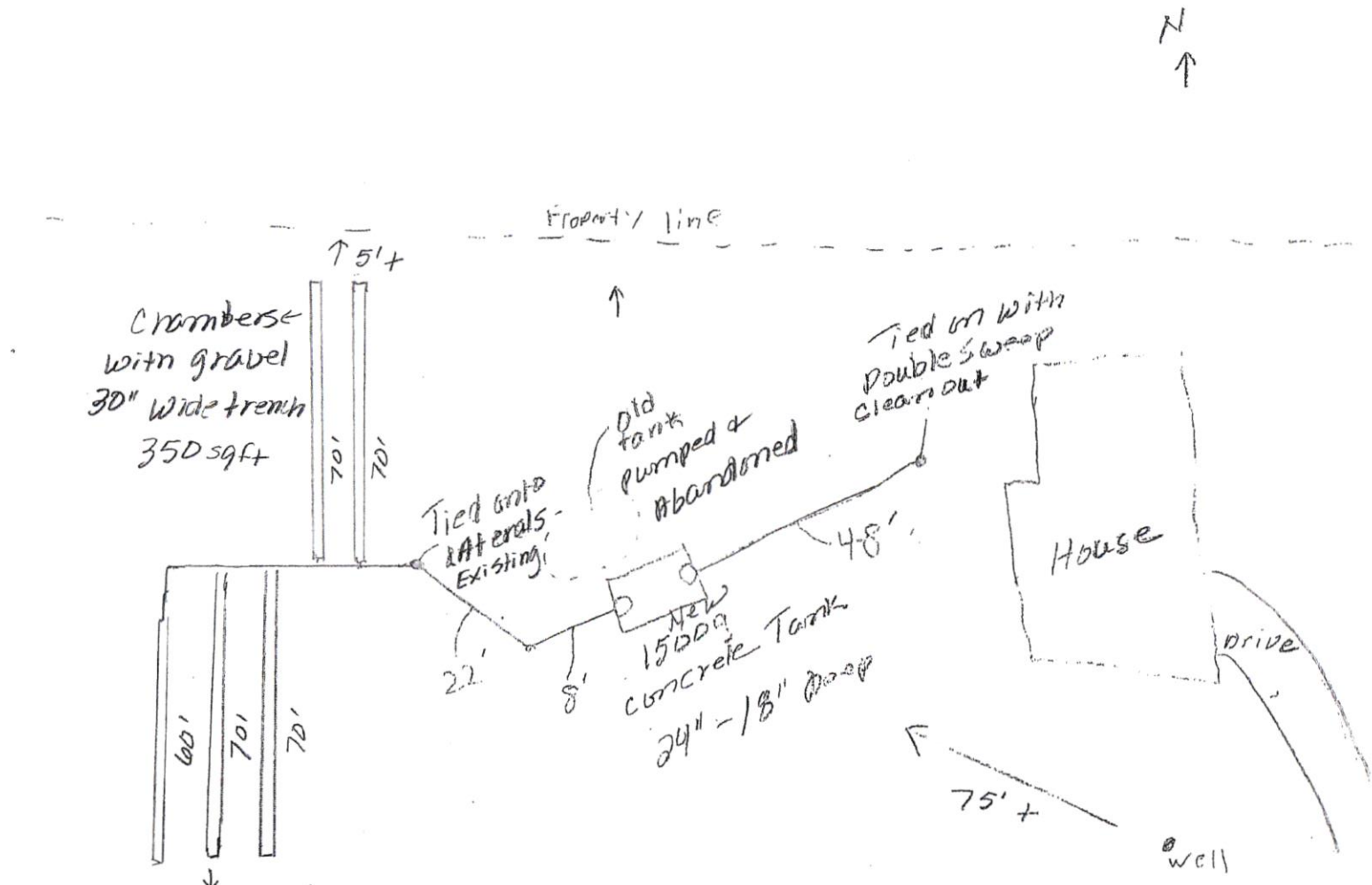
Groundwater Depth > 8'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official Date



14205 NW 112th St
Malcolm, NE 68402
4 Bedrooms
No Disposal
No Oversized Sub

Raymond Contracting, Inc.
13800 NW 70th St
Raymond, NE 68428
402-783-2663

12/5/22

NEBRASKA
Good Life. Great Resources.
DEPT. OF ENVIRONMENT AND ENERGY

System Registration For Onsite Wastewater Treatment System - Septic System

12-013
Ver. 4/2020

Print or Type

Robert	D	Eckles	(402) 890-3560
Owner First Name	Initial	Last Name	Owner Phone Number

Business or Legal Entity Name (if applicable)

14205 NW 112th St	Malcolm	NE	68402
Owner Mailing Address	City	State	Zip

Same
Physical address of system if different from owner's mailing address

Location | ***Legal description*** | ***OR*** | ***Geographical coordinates to 4 decimal points***

NE	SE	5	11N	5E		/	
¼	¼	Section	Township	Range	County	Latitude	Longitude

Mark One ☑ Dwelling ☐ Non-dwelling | Previous system registration number (if applicable) TS_____

Mark One Plan to do a percolation test spring 2023 to determine amount of absoprtion area needed for drainfield, currrently approx 950sqft.

☐ New system ☐ Modification of existing system [☐ Tank only ☐ Trench only] ☐ Inspection only

☑ Temporary modification (Describe problem causing discharge and reason for temporary modification):
Wastewater backing up due to low spot in line between house & tank, septic tank collapsing.

Design flow 500 gal/day # of Bedrooms* 4 Depth to seasonal high groundwater >10 feet

Percolation rate _____ min/inch Loamy sand liner installed* ☐ Yes ☐ No

Septic tank capacity 1500 gallons Septic tank Manufacture/ Model* Raymond Contracting/Concrete

☐ Garbage Grinder* ☐ Large capacity tub* Number of trenches _____ Width of trenches _____ inches

Total length of all trenches _____ feet Total effective trench bottom area _____ sq. ft.

Soil Absorption System Description **(Select one of the following):**

- ☐ Gravelless chambers without filter material (inside bottom width of chamber _____ inches)
  Make and Model of chambers installed _____
- ☐ Gravelless chambers with filter material (describe filter material _____)
  Make and Model of chambers installed _____
- ☐ Pipe with filter material (describe filter material _____)
- ☐ Gravelless pipe without filter material (diameter of the gravelless pipe _____ inches)
- ☐ Gravelless pipe with filter material (describe filter material _____)
- ☐ Bundled expanded polystyrene synthetic aggregate without filter material (bundle diameter _____ in.)
- ☐ Bundled expanded polystyrene synthetic aggregate with filter material (describe filter material _____)
- ☐ Other (describe) _____

I swear or affirm that the system complies with Title 124 requirements and that the registration information and documentation submitted are true, complete and accurate.

Terri	L	Jakoubek	1198
(*Print or Type*) First Name	Initial	Last Name	Certificate/License Number

Terri L. Jakoubek
Signature of Certified Professional, Professional Engineer, or Registered Environmental Health Specialist

12/05/2022
Date of Inspection or Completion of Construction

NOTICE: Failure to complete the form or include the appropriate fee(s) will delay the registration.
(*) Indicates item requested/ not required on registration

Nate C. Hartman

From: Terri Jakoubek <jakoubek63@windstream.net>
Sent: Tuesday, December 13, 2022 10:46 AM
To: Nate C. Hartman
Subject: 14205 NW 112th St Registration
Attachments: 14205 NW 112th St Registration.pdf

Hi Nate, here's a copy of the temporary modification registration for 14205 NW 112th St. Planning to do a percolation test in the spring of 2023 to determine amount of absorption area needed. Will add EZFlow if more square feet are required.

Thanks,

Terri Jakoubek
Raymond Contracting, Inc.
13800 NW 70th St
Raymond, NE 68428
402-783-2663 (Office)
402-890-3870 (Mobile)
jakoubek63@windstream.net

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT
SEWAGE SYSTEM REPAIR

No. 92390026301

Issued 01/06/92
Expires 07/06/92

ESTABLISHMENT
ROBERT ECKLES
T11N R5E SEC 5

FEES: Permit 018754 $50.00

Total $50.00

PERMITTEE
ROBERT ECKLES
14205 NW 112 ST
MALCOLM NE 68402

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
1/13/92	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

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

FILE NO. _____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 12-23-91

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or REPAIR ☒ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 11N; Range 5E; Section 5;
Block _____; Lot _____; Addition _____
Street Address 14205 NW 112 Malcolm 68402

2. Property Use: Residential _____ ☑; Commercial _____ ☐
No. Bedrooms 4 Describe _____
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: replace line from tank to dist. box, Add 2 laterals 160' total new

5. Work to be done by: Owner ☐; or Contractor ☑, Don Anderson, 624-3895 Anderson Well service
Contractor's Name

6. Estimated cost of project:

a. Materials	$ 800	
b. Labor	$ 1500	
c. Other	$	
TOTAL	$ 2300	

Robert Echles
Signature of Applicant (owner or lessee)

14205 NW 112 Malcolm 68402
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 50.00

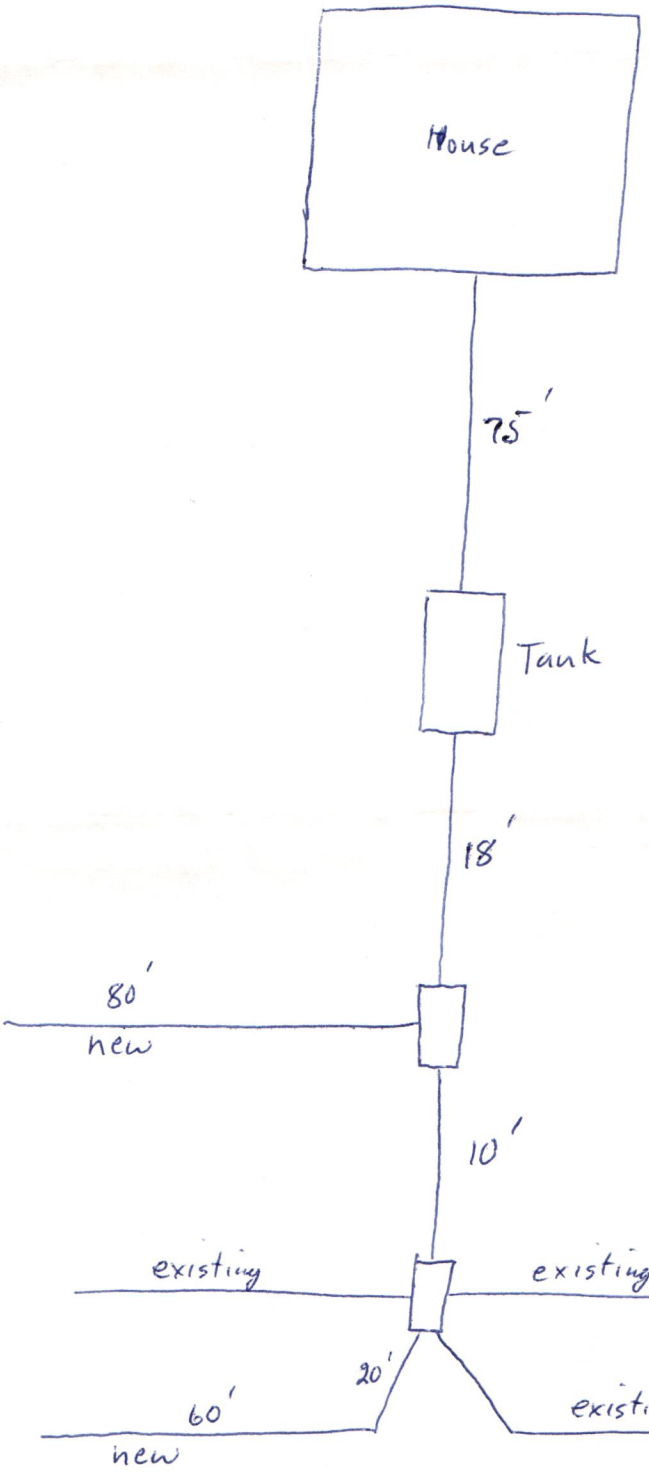
2. Site Visits:
Date: 1-9-92 by: _____
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Wood
PROVISIONAL

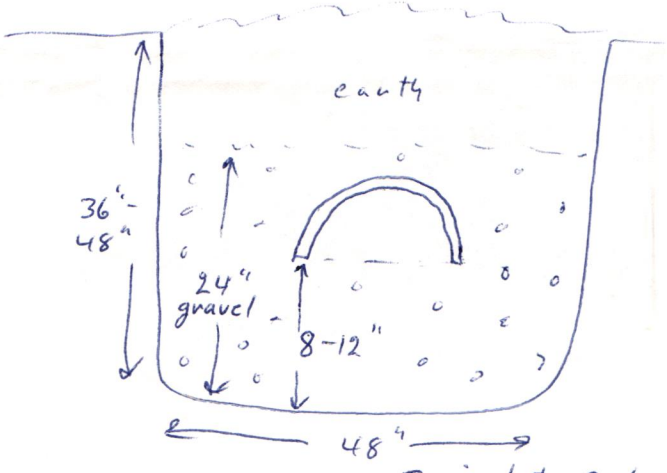
4. INSTALLATION ~~FINAL~~ WRITTEN APPROVAL
Date: 1-13-92 by: _____
Covered without Inspection

Twp 11N range 5E section 5

owner
Bob Eckles
14205 N 112th
Malcolm 68402



New lateral construction
Half moon
Trench approx 4' wide
depth: 3' to 4'
fill: gravel 2' to 2½'
earth remainder



Typical trench

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☑ Evaluation of the Individual Water System Date: 12-16-91

☑ Evaluation of the Sewage Disposal System ☑ Enclosed is $150.00

Legal Description of Property: TWP. 11N ; RANGE 5E ; SECTION 5 ; BLOCK SE ¼

LOT 5 ; ADDITION ; Street Address 14205 NW 112

Directions to Property ¼ mi South of Raymond Road on NW 112 west side adjacent to Branched Oak Lake property.

Location of Well 75' * South house Tap Location: Inside ☑ Outside ☑

Location of Sewage System 75 west of house Year Installed 1975

	NAME	ADDRESS	PHONE
Present Owner:	Robert Eckles	14205 NW 112 Malcolm 68402	796-2407
Tenant/Buyer:	same		467-3576 work
Return to:	same		

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Robert Eckles Address

==========

HEALTH DEPARTMENT USE ONLY

Date Received DECEMBER 17, 1991 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 12-18-91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:	SITE VISIT:
Construction	☒ corrected 1-9-92	☒	Approved: ☐	Date 12-18-91 by rm
Bacteria	☒	☐	Provisional: ☐	Date 1-9-92 by rm
Nitrate <0.1	☒	☐	Disapproved: ☒	Date ____ by ____

Comments: Recommend checking to see if septic tank needs pumping? Permit for repair work completed, but installation was covered before Health Dept could inspect work. Thus, a provisional approval for entire system. See Attached Letter ☐

FINAL STATUS

	WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
	Approved: ☒	Approved: ☐	Provisional Approval: ☒

APPROVED BY Ron Maynard RS DATE 1-13-92

Approval or disapproval is based on written standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 677-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

February 21, 1976 — THIS PERMIT EXPIRES

Gregory Spevak — ISSUED TO

602 Bellevue Blvd. Bellevue — ADDRESS

T11N; R5E; Sec. 5; Addition - (E½ SE¼)

LEGAL DESCRIPTION

REMARKS:

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$30.00	$	$	$30.00
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

ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

FORM HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 677-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: _____

The undersigned hereby requests SITE CLEARANCE 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 5E ; Section 5
Block _____; Lot 1&2IT ; Addition (E½ SE¼)
Street Address _____ approx 67 ac.

38.79
27.77
66.56

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

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

4. Distance to public sewer: _____ ft.

Gregory Sowers
Signature of Applicant (Owner or Lessee)

602 Bellevue Blvd No. Bellevue Nb
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 8/21/75 . ACTION: Approved ☒ Disapproved ☐
Date Frwd. _____ . Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: Date Rec'd. 8-22-75 CP . ACTION: Approved ☐ Disapproved ☐
Date Frwd. 8-22-75 CP . Signature: _____

3. City or County Engineer : Date Rec'd. 8/22/75 . ACTION: Approved ☒ Disapproved ☐
Date Frwd. 8/22/75 . Signature: Arthur J. Gillespie

REMARKS OR REASONS FOR DISAPPROVAL _____

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 [ ]
County Resolution No. 2832 [X]

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 677-C

DATE: _____

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 11 N ; Range 5 E ; Section 5 E½ SE¼ ; Block _____ ; Lot _____ ; Addition _____.
Street Address _____.

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. of Bedrooms 3
Describe: _____
Other Use _____
Describe: _____

3. Type of Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Gregory Sweat
Signature of Applicant (owner or lessee)

602 Bellevue Blvd No. Bellevue, Nb
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; _____
Filing Fee: $ 30.00

2. Site Visits:
Date: 11-10-75 by: JW
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ] 11/12/75
by: Jerold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-10-75 by: James Wewerka

FORM HD- 43(73) 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 475-6221)

FILE NO. 677-C

PROPERTY WHERE SOIL TESTED:
Location: Township 11N ; Range 5E
Section & ¼ Sect. E½SE¼

Owner: GREG SPEVAK
Address _____

Property Dimensions: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Dates of Tests: _____ to _____. Weather: Precip. _____ Temp. ___F

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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1						7-16-75	10:38		11:08		30	1½	
2							"		"		"	½	
3							"		"		"	½	
4							"		"		"	Empty & omit	
5							"		"		"	1	
6							"		"		"	1	
							"		"		"		

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

George Kendrick
Signature of Person Conducting Test

Address _____
Phone: _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 32 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: August 21, 1975

Jerrold C. Voss
Signature of Reviewing Official

FORM HD- 45(73) PLANS & SPECIFICATIONS
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: 475-6221)

FILE NO. 677-C

SPECIFICATIONS

DATE: _____

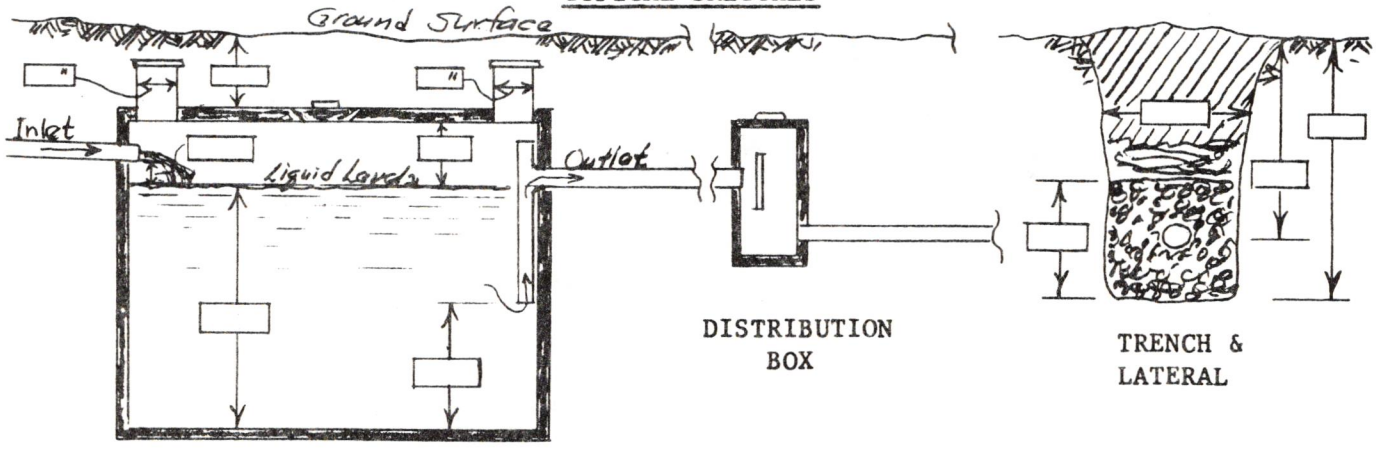
A. BUILDING SEWER:
1. Material Plastic; Diameter 4 in.
2. Distance above basement floor ____in.; or below basement floor 4 in.
3. Distance between dwelling and septic tank 72 ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete; No. of compartments 1.
2. Capacity 1000 (1250) gals.; Liquid depth ____in.
3. Factory Built: Yes ☒ (Company Pre-Cast) No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ____in.
Below Grade 12" in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☐
Depth of outlet below inlet ___in.
7. Depth of top of tank below finished grade 12 in.
8. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

C. DISTRIBUTION BOX
1. Material Conc; No. available outlets 6.
2. Factory Built: Yes ☐, (Company Pre-Cast) No ☐
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: half moon
2. Lateral Lines: Depth below grade 36 in. Number 23; Length of each line ___ft Total length of Laterals 194 (201) ft.; Slope 4 in/100 ft. Diameter of pipe ____ in.; Shape C
Material: concrete ☒; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines 20 ft.
3. Trench Dimensions: Depth ___in.; Width 48 in.
4. Filter Material: gravel.
Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line 20 ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES

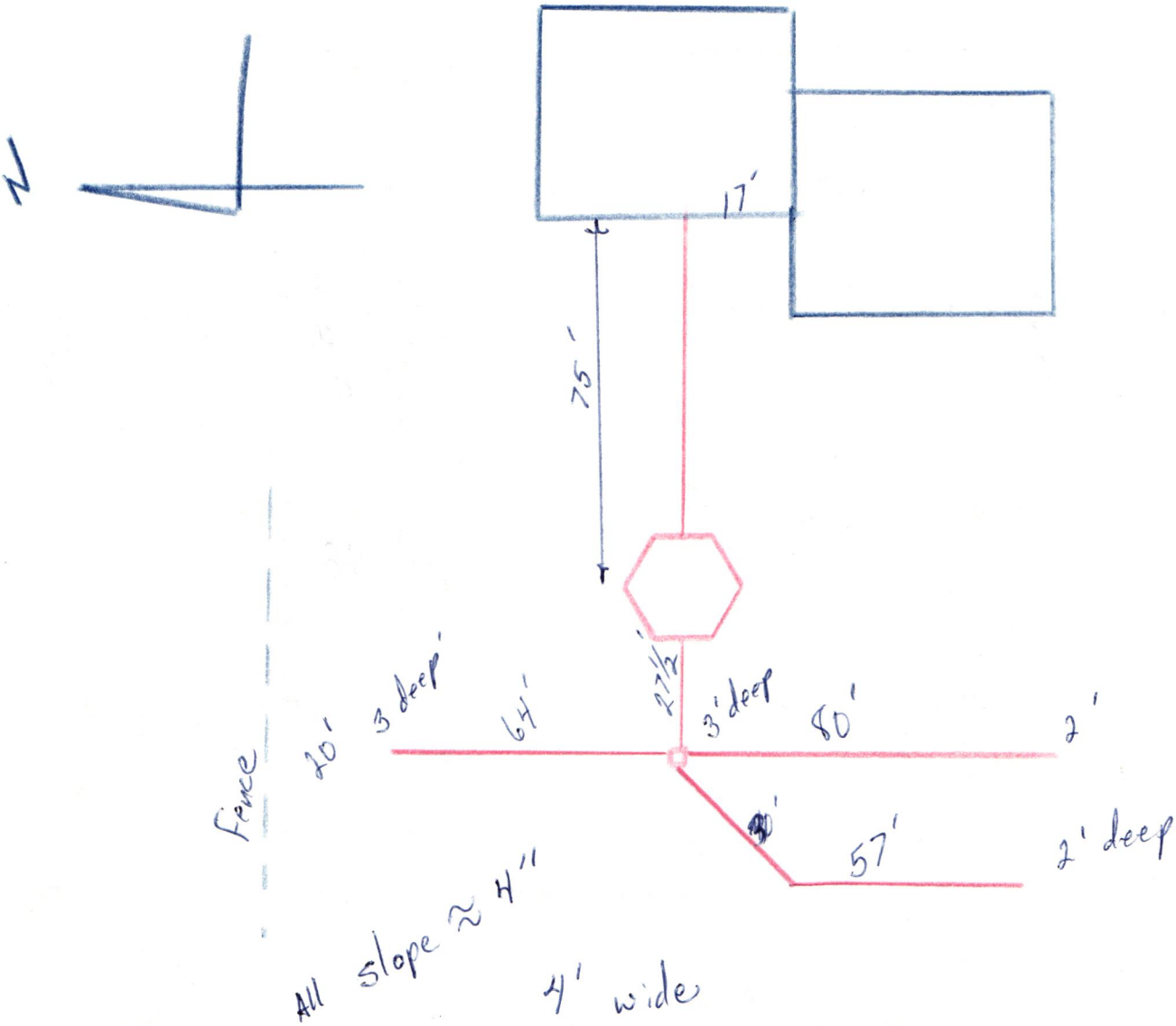


_____
Signature of Applicant

250' 4' wide 1/2 moon 4 BR House.

344 3' " " "

1250 gal tank.



jw
11-10-75