LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2776-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

6 MONTHS — THIS PERMIT EXPIRES

MARILEE SPITSNOGLE P.O. BOX 72; ODELL, NE 68415

ISSUED TO — ADDRESS

T7N; R7E; Sec. 14; 82nd & Princeton Road

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

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

HRALTH

ISSUING OFFICER

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: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2776-C

DATE: _____

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. 7 North; Range 7E; Section SW corner 14;
   Block _____: Lot _____: Addition _____
   Street Address 82nd & Princeton Rd.
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: miles ft.

Maurice Spitzengel
Signature of Applicant (Owner or Lessee)

P.O. Box 72 Odell, NE 68415
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/28/88. Date Frwd. 11/28/88. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 11/28/88. Date Frwd. 11/28/88. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]
3. City or County Engineer: Date Rec'd. 11/28/88. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12/13/88 by: J.C. Hood too steep too narrow
Date: 8/9/04 by: J.C. Hood
Date: 8/10/04 by: J.C. Hood
8/13/04 by J.C. Hood

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/13/04 By: Jerrold C. Hood

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:

Location: Township 7 North ; Range 7E ; Section & ¼ Section SW corner 14 .
Property Dimensions: 1252.6 ft. x 1412.7 ft. Area: 28.24 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ . clay tan
Dates of Tests: Oct. 22 to Oct. 23 . Weather: Precip. Slight Temp. 60° 54°.

OWNER: Gary & Marilee Spitsnogle

Address: Box 72 Odell NE 68415

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		10-22	8 AM	10-22	12 PM	10-23	8 Am	12"	12 PM	11.5"	30	.50"	
2		10-22	8 AM	↓	↓	↓	↓	↓	↓	11.5"	30	.50"	
3		10-22	↓	↓	↓	↓	↓	↓	↓	11.75"	30	.25"	
4		10-22	↓	↓	↓	↓	↓	↓	↓	11.75"	30	.25"	
5		10-22	↓	↓	↓	↓	↓	↓	↓	11.25"	30	.75"	
6		10-22	↓	↓	↓	↓	↓	↓	↓	10"	30	2"	

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

Signature of Person Conducting Test

Address Box 72 Odell NE Phone 766-3859

(Do not write below this line)

REVIEWING ACTION

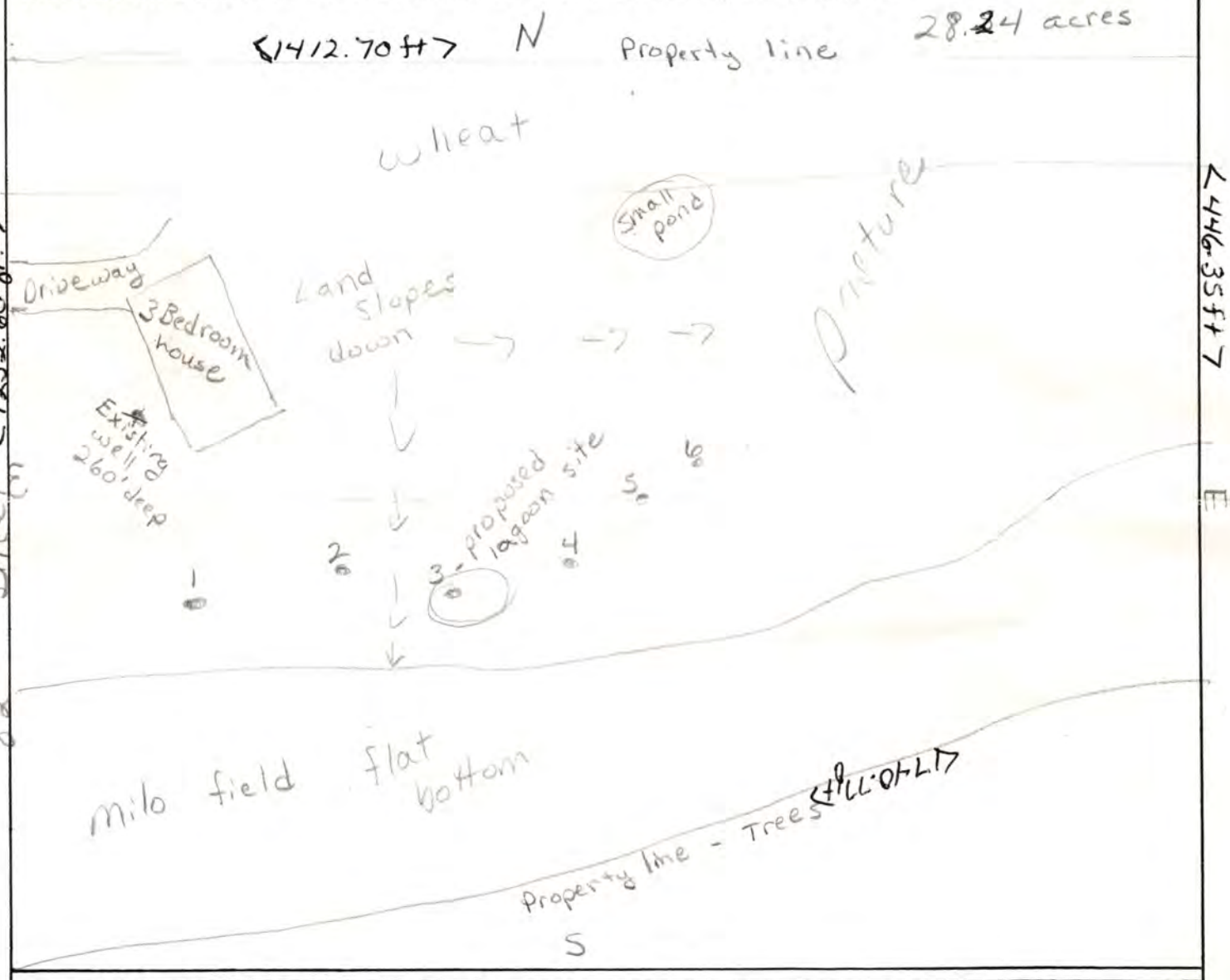
Remarks: Lagoon Must be sealed.
Soil Type (SCS): _____
Date: NOVEMBER 28, 1988

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

Jerrold C. Haas
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

FORM 20104-0477
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

D

DATE: 11-19-88

FILE NO. _____

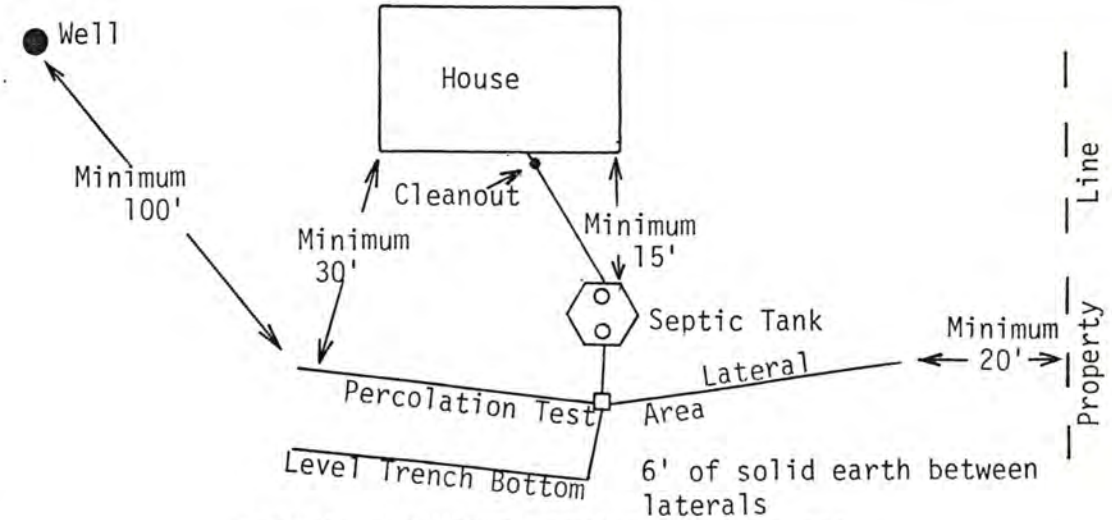
SPECIFICATIONS AS BUILT Lagoon system will be installed

A. BUILDING SEWER: sch 40 4" plastic
1. Material _____; Diameter _____ in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 200 ft. Approximately
4. Number of clean-outs As needed every 75'
5. Distances to: Well or Suction Line over 100 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK: not used
1. Material _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐ (Company _____)
4. Manholes: Over Inlet; diam. _____ in. Over Outlet; diam. _____ in. Riser Above ☐ Below ☐ Grade _____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade _____ in.
8. Distances to: Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX: not used
1. Material _____; Number - available outlets _____.
2. Factory Built: Yes ☐ No ☐ (Company _____)
3. Distance from Septic Tank _____ ft.

D. ~~ABSORPTION FIELD:~~ (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☐ Diameter of Half Round _____ or Perforated Pipe _____. Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines: Number ___ ; Length of each line _____, _____, _____, _____, _____ ft.; Total length of laterals _____ ft.; Distance between lateral lines _____ ft.
3. Trench dimensions: Width _____ ft.; Slope _____ in/100 ft.; Average Depth _____ in.
4. Filter Material: _____ Depth of Material _____ in.
5. Distances to: Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005429

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit
SEWAGE SYSTEM REPAIR
REBUILD LAGOON

Permit # 04390079601

Issued 08/13/04
Expires 02/13/05
Revenue Code 3157

Establishment
BRAD DUNKIN
T7N R7E SEC 14
IRREGULAR TRACT LOT 16&22

FEES: $100.00

Permittee
BRAD DUNKIN
24620 S 82 ST
LINCOLN NE 68506

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

P25834-54

Application to Alter, Extend or Repair an Individual Sewage Disposal System

☐ Municipal Code 24.38 ☒ County Resolution Number 2832

#043900796

The undersigned hereby applies for a permit to: ☒ **ALTER** ☐ **EXTEND** ☐ **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:**
   Township 7N Range 7E Section 14 1/4 Section _____
   Block _____ Lot 16/22 I.T. Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)

   Street Address _____

2. **Property use:** ☑ residential ☐ commercial ☐ other use
   Number of bedrooms 4 Describe _____

3. **Type of Present Individual Disposal System** ☐ septic tank ☑ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** Rebuild Lagoon

5. **Work to be done by:** ☐ owner ☑ contractor's name Mike Knorr # 43

6. **Estimated project:** a. Repair, replace or minor extension with a cost less than $400 (no fee required).
   (b.) Total cost is greater than $400 (Return fee with this application)
   c. A "construction permit" is required if the use, operation, location, or type of the system is being change.

Print Name Brad Dunkin Address 24620 S 82nd Phone 791-5610
Applicant Signature (owner or lessee) Brad Dunkin Cell 580-7721

Please include the permit fee ($100) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

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HEALTH DEPARTMENT USE ONLY

Date received 8/13/04 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

Site visits
Date 8/13/04 By J.C. Hood
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date 8/13/04 By Jerrold Hood

Return application to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Business Office Use Only
Received: Date: 8/13/04 Amount 100.00 Check No. 1192 Initials JO

White - Division Copy Pink - Business Office Revised 9/00

8/4/04 Comments to Chris for Planning

County Administrative Sub-division 04010—24800 S. 82nd

- The on-site wastewater system serving the property is a lagoon. The lagoon was installed in 1988. The lagoon did not meet construction standards at the time of inspection and has never received approval from the Lincoln-Lancaster County Health Department (LLCHD). The LLCHD also denied approval for the lagoon on a loan approval/real estate transfer inspection in 2001.
- The lagoon will not receive LLCHD approval until a permit to reconstruct the lagoon has been obtained and the lagoon has been reconstructed to meet current standards. The reconstruction of the lagoon must include tree and vegetation removal, resizing and rebuilding of the dikes, sealing and fencing of the lagoon. With the exception of the fencing the work must be performed by a certified wastewater system installer. The fence must be a minimum of four foot tall woven or welded wire with a locked gate and a "No Trespassing" or similar sign.
- The property is served by a private well. The well does not meet construction standards due to a brick structure located near the well that is creating the same effect as a pit that holds water. Pits located near wells increase the possibility of contaminants entering the well. This brick structure must be removed before the LLCHD will collect water samples for bacteria. Water samples for nitrate indicate the water meets the requirements for nitrate level.The well construction issues were also addressed in the 2001 property transfer inspection.
- Based on the history of this property the LLCHD recommends denial of this application until the LLCHD requirements are satisfactorily met.

lease
wife
foreclosure

This property was visited on July 29, 2004. The sewage system for this property has never had Health Department approval (copies enclosed) because the inside lagoon embankments were too steep. A loan approval inspection was made in 2001 and additional problems were encountered (2 copies enclosed). Notifications were made to the appropriate persons at each time. It is time to quit ignoring corrections being made.

Sewage System

The sewage lagoon must be rebuilt to todays standards in size when it is corrected in embankment slope. It must be sealed so it does not leak. Although there was no water or wetness on the 29th of July the growth of smartweed indicates it has been wet. The trees must be removed. A proper fence with warning signs must be installed with a locked gate. A permit from the Health Department must be obtained to proceed with the work.

Water Supply

The brick structure around the well

must be removed or modified to cease being a pit effect. A water sample taken for nitrate analysis indicates a satisfactory nitrate level.

The Health Department recommends denial of this proposed subdivision until all corrections are made.

Jerrold C. Hood

C.C. Building & Safety