LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1626-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

MAY 20, 1980 — THIS PERMIT EXPIRES

ROGER FREYE — ISSUED TO

MARTELL, NE 68505 — ADDRESS

T8N, R6E, Section 4 — 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

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

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. 1626-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. 8N ; Range 6E ; Section 4 ;
   Block _____ : Lot _____ : Addition SEE ATTACHED
   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: _____ ft.

Roger Freese
Signature of Applicant (Owner or Lessee)

Martell Nebr
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/19/79 . Date Frwd. 11/20/79 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

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

3. City or County Engineer: Date Rec'd. 11-20-79 . Date Frwd. 11-20-79 . ACTION: Approved ☑ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 1-28-80 by: [illegible]
Date: 4/15/80 by: L.C.H.
Date: 4/16/80 by: L.C.H.

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-5-80 By: Ron Magnuson

103-A—WARRANTY DEED (Revised 1961) Huffman and Felton & Wolf, Walton, Ne. 68461

KNOW ALL MEN BY THESE PRESENTS:

THAT ~~I, Xx~~ We, CLARENCE L. FREYE and MARJORIE L. FREYE, Husband and Wife,

, herein called the grantor whether one or more,

in consideration of LOVE AND AFFECTION,

received from grantee, do hereby grant, bargain, sell, convey and confirm unto ROGER L. FREYE and NANCY L. FREYE, Husband and Wife, as joint tenants with rights of survivorship and not as tenants in common,

herein called the grantee whether one or more, the following described real property in

LANCASTER County NEBRASKA :

The West Two Hundred Thirty-Three (233) Feet of the South One-Half (S½) of the Northwest Quarter (NW¼) of Section Four (4), Township Eight (8) North, Range Six (6) East of the 6th P.M., in Lancaster County, Nebraska, subject to a right of ingress and egress to the balance of said South One-Half (S½) of the Northwest Quarter (NW¼) of Section Four (4).

To have and to hold the above described premises together with all tenements, hereditaments and appurtenances thereto belonging unto the grantee and to grantee's heirs and assigns forever.

And the grantor does hereby covenant with the grantee and with grantee's heirs and assigns that grantor is lawfully seised of said premises; that they are free from encumbrances, except covenants, easements, restrictions, liens and mortgages of record, if any;

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. 1626-C

PROPERTY WHERE SOIL TESTED:

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: Nov 17 79 to Nov 18 79. Weather: Precip. 0 Temp. 50°.

OWNER:_____

Address:_____

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	32"	11/17	2 PM	11/18	9 30 AM	11/18	9 30 AM	8"	12 PM	4	30 M	½	
2										3		3/4	
3										3¼		3/4	
4										3		3/4	
5										5		3/4	
6										4		½	

Robert D Johnson
Signature of Person Conducting Test

Address 2618 no 33rd Phone 432 3595

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

(Do not write below this line)

REVIEWING ACTION

Remarks:_____
Soil Type (SCS): Wymore Silty Clay Loam
Date: November 19, 1979

Approved Percolation Rate (a)
A. 48 min./inch
B._____ min./inch
C._____ min./inch

Gerrold C. Wood
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 ☐

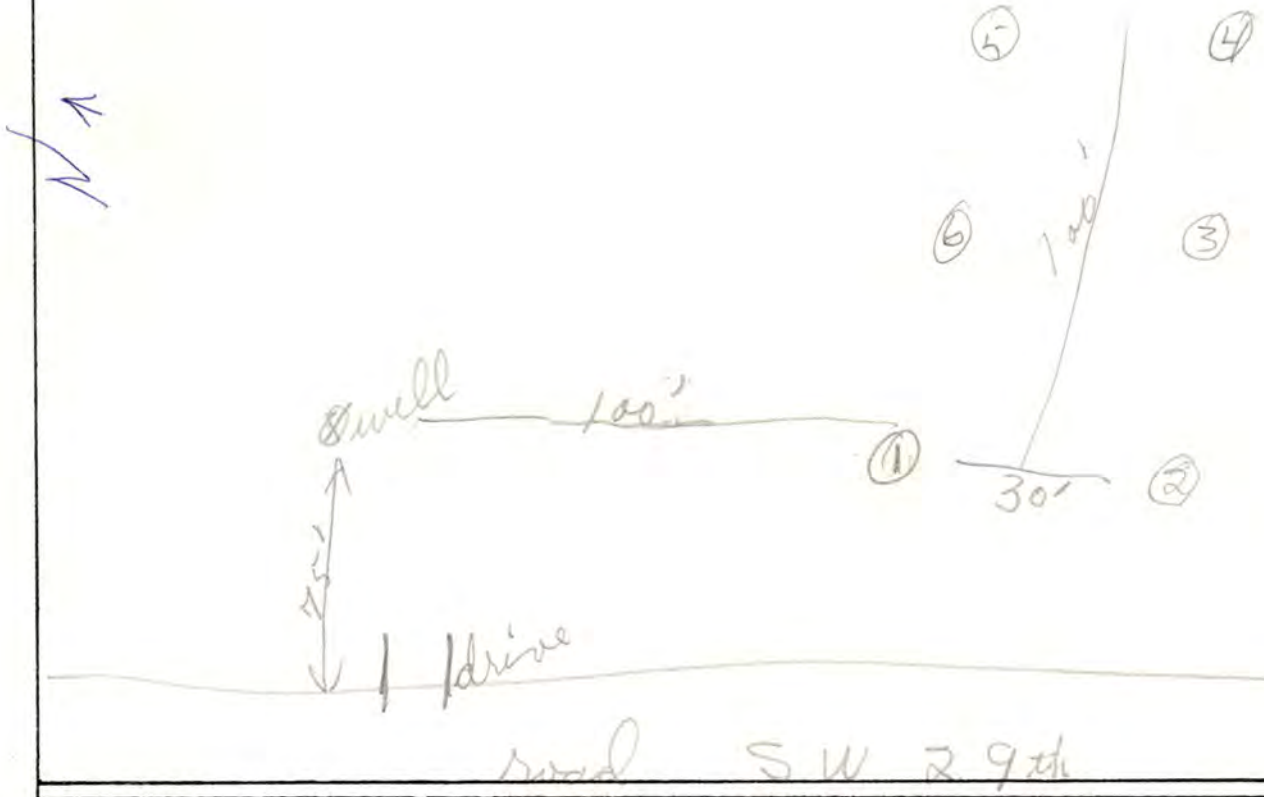
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO. 1626-C

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



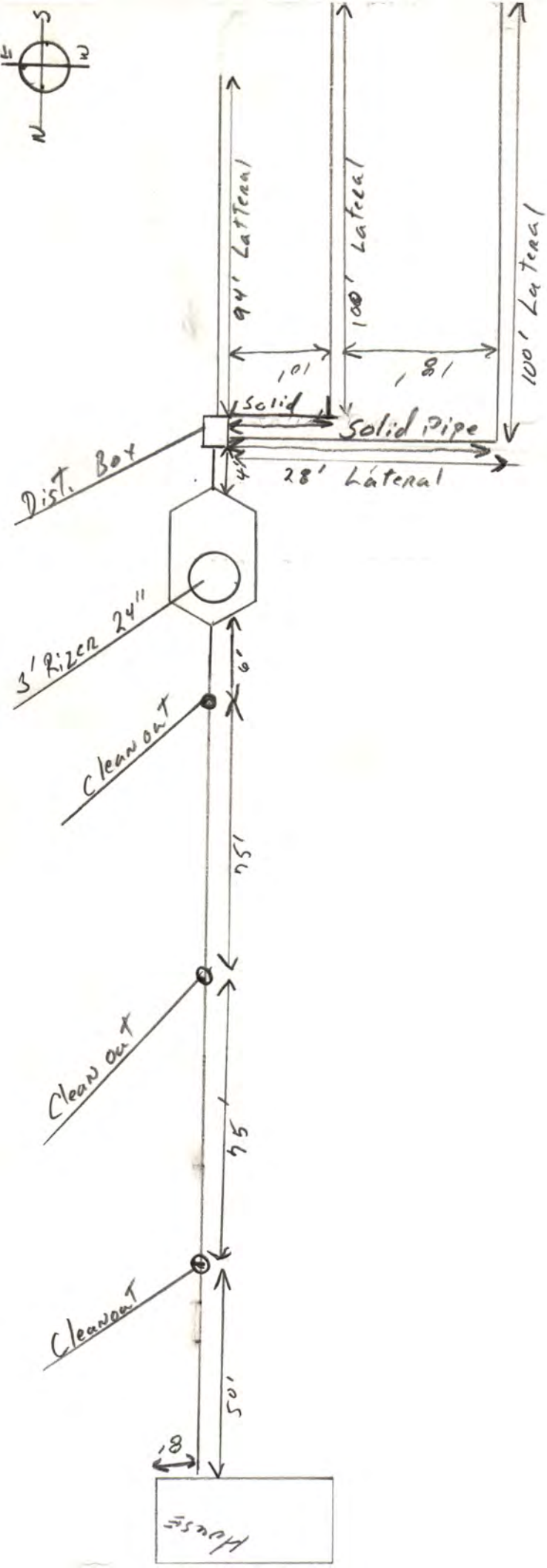
REVIEWING ACTION

Remarks: _____

Date: November 19, 1979

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 228 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 916 sq.ft.

Jerrold C. Wood
Signature of Reviewing Official



REC'D MAY 2 - 1980

Rogen Frye septic System

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 474-1541 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER

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: 4-29-80

☐ Evaluation of the Sewage Disposal System ☐ Enclosed is $45.00

Legal description of property: TWP. 8 N ; RANGE 6 E ; SECTION 4

BLOCK ; LOT ; ADDITION

Street Address

Directions to Property SW 29th & Saltillo, 3/4 S. on E side

Location of Well N. of House Tap Location: Inside ☐ Outside ☐

Location of Sewage System Year Installed

	NAME	ADDRESS	PHONE
Present Owner:	Roger Frey	12000 SW. 29th	475-5151 Ext. 44
Tenant/Buyer:			
Return To:	Cherry Hill Realty (Jack Rediger)	245 So. 84th	464-8660

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

Signature of Applicant Roger Frey Address 12000 S.W. 29th

HEALTH DEPARTMENT USE ONLY

Date Received 4-28-80 Received $45.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 4-29-80

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☒
Bacteria	☒	☐
Nitrate	☒	☐

SEWAGE SYSTEM:
Approved: ☐
Provisional: ☒ (sand drawing)
Disapproved: ☐

SITE VISIT:
Date 4-29-80 by rm
Date 5-5-80 by rm
Date by

Comments: Hydrant too close to well (corrected)

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM:
Approved: ☒

SEWAGE DISPOSAL SYSTEM:
Approved: ☒ Provisionsal Approval: ☐

APPROVED BY Ron Mangum DATE 5-6-80

FN 20215-1079R

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 97390054701

Issued 04/04/97
Expires 10/04/97
Revenue Code 18754

Establishment
ROGER FREYE
T9N R6E SEC 4
12001 SW 29 STREET

FEES: $50.00

Permittee
ROGER FREYE
12001 SW 29 ST
MARTELL NE 68404

TOTAL $50.00

Issued By M. Jane Ford
Health Director

3478

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

APPLICATION FOR PERMIT
TO ALTER, EXTEND OR
REPAIR INDIVIDUAL SEWAGE
DISPOSAL SYSTEM

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

Lincoln-Lancaster County
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO. _____

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

DATE: 3-25-97

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☐, or REPAIR X 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 8N ; Range 6E Section 4
Block ; Lot ; Addition
Street Address 12001 SW 29th

2. Property Used: Residential ☐ 3; Commercial ☐
No. Bedrooms Describe

Other Use ☐
Describe

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

4. Description of proposed alteration, extension or repair: Check Outgoing
lining Septic tanks

5. Work to be done by: Owner ☐ ; or Contractor X, Sintek Inc
Contractor's Name
tiling + Material

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	

Royce Ofreese
Signature of Applicant (Owner or Agent)
12001 SW 29th
Address
Martell Ne

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 4/04/97 cc
Filing Fee: $ 50.00 # 1481

2. Site Visit: Date: 4/3/97 by: J.C.H.
Date: 4/4/97 by: J.C.H.
Date: by:

Jerrold C. Hood

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4/8/97 by: J. C. Hood

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 12201 SW 29th (no rural route) City Markell NE, Zip _____

A. Building Sewer

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ 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

1. Material: New Cement
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter 6 in.
   Over outlet, diameter 8 in.
   Riser: ☐ above ☐ below grade 48" in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 48 in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line over 100 ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 7
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 20' ft.

D. Absorption Field

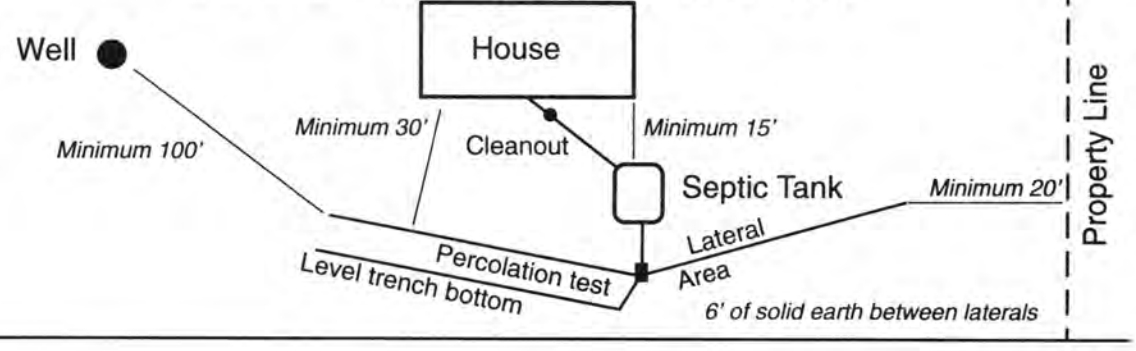
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☑ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: 4"
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 100 ft. 100 ft.
   100 ft. 22 ft., _____ ft.
3. Trench dimensions: Width 36 ft.
   Slope 6 in/100 ft.
   Average depth 4 in
4. Filter material: Road Gravel
   Depth of material 1 in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

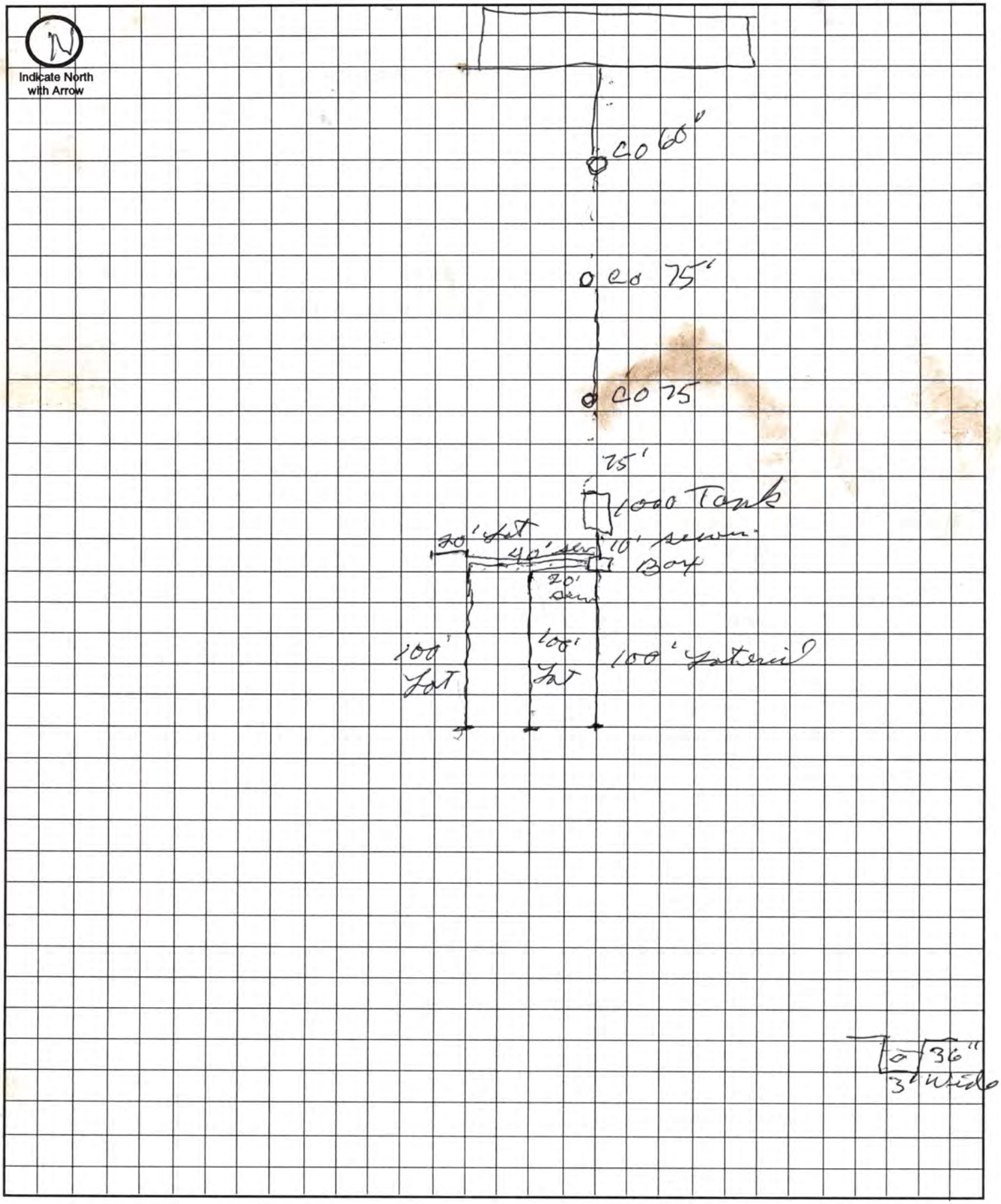
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s