FILE NO. 1989

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

NOVEMBER 25, 1983
THIS LICENSE OR PERMIT EXPIRES

WOBIG CONSTRUCTION CO INC 1143 SUMNER LINCOLN, NE 68502
LICENSEE OR PERMITTEE ADDRESS

T9N R6E SECTION 9
NAME OF ESTABLISHMENT, IF ANY ADDRESS

REMARKS: NONTRANSFERABLE NEW PERMIT

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 60.00	$	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE	
018754	XX10.16	XX48.14	XX6-2X	
SERIAL NO.	DATE	AMOUNT		

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

HEALTH
APPLICATION

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

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. 1989

DATE: 5-23-83

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. 9N ; Range 6 ; Section 9 ;
   Block ____ : Lot 13 I.T. : ~~Addition~~ ~~2201 W Claire~~
   Street Address 2201 W. Claire

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2 . Describe ____

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

4. Distance to public sewer: 2 mi + ~~ft.~~

R C Wolfe Wolfe Const Co. Inc.
Signature of Applicant (Owner or Lessee)

1143 Sumner
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/24/83. Date Frwd. 5/25/83. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 5/25/83. Date Frwd. ____. ACTION: Approved ☒ Disapproved ☐ Signature: Gary M. Shemonek

3. City or County Engineer: Date Rec'd. 5-25-83. Date Frwd. 5-25-83. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis D Bartels

REMARKS OR REASONS FOR DISAPPROVAL Health Department has recieved well permit. Note Lot was Subdivided in 1978 and is 4+ acres G.D.S.

Site Visits:
Date: 10/26/83 by: J.C.H.
Date: 10/26/83 by: J.C.H.
Date: ____ by: ____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/26/83 By: J. C. Hood

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 9N; Range 6; Section & ¼ Section 9; SW ¼
Property Dimensions: 391 ft. x 556 ft. Area: 5 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐; Silty Clay Loam ☒; Sandy Loam ☐; Silt Loam ☒; Clay Loam ☐.
Dates of Tests: May 22 to May 23. Weather: Precip. 0 Temp. 70°F.

OWNER: R. C. Wolvig Wolvig Const. Co. Inc.

Address: 1143 Sumner

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	5/22	1:30	5/23	4:00	5/23	4:00	26	4:30	29 5/8	30	3 5/8	
2	38							29		30 1/4		1 1/4	
3	38							31		33		2	
4	39							30		32 1/2		2 1/2	
5	36							30		32 1/4		2 1/4	
6	38							28		29 7/8		1 7/8	

R C Wolvig
Signature of Person Conducting Test

Address 1143 Sumner Phone 475-3288

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

(Do not write below this line)

REVIEWING ACTION

Remarks: WYMORE SILTY CLAY LOAM NEAR
Soil Type (SCS): CRETE SILT LOAM
Date: MAY 24, 1983

Approved Percolation Rate (a)
A. 13 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 ☐

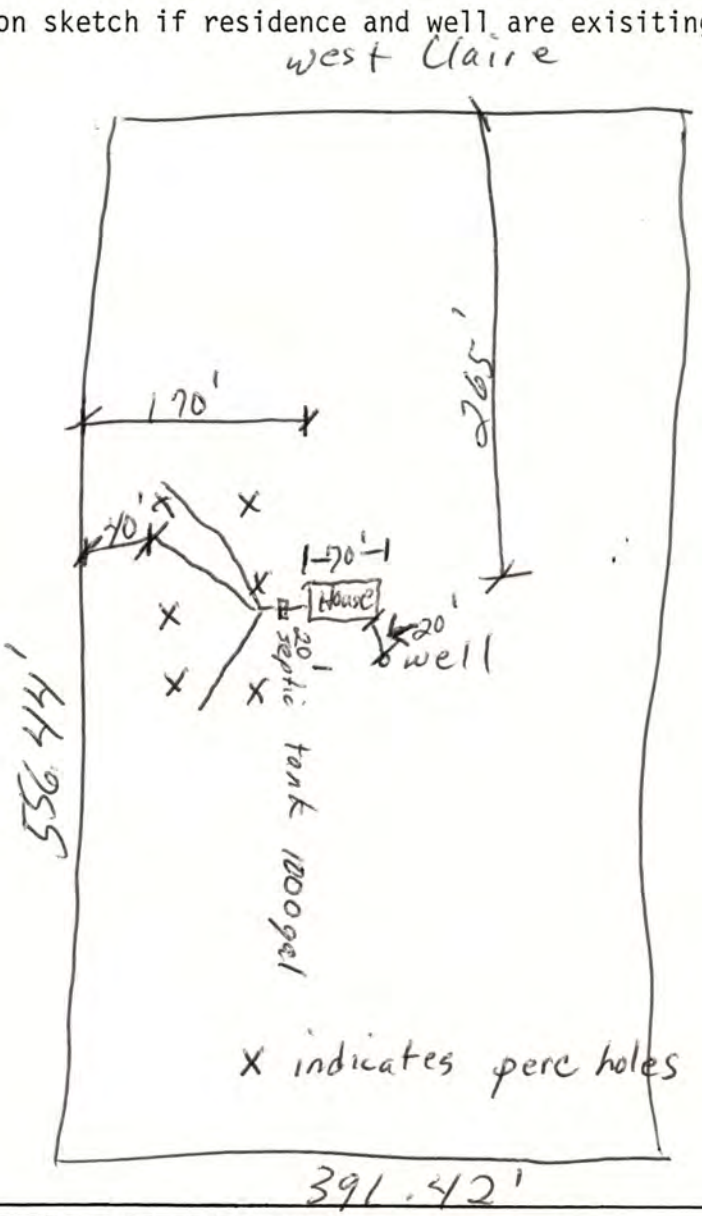
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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.



REVIEWING ACTION

Remarks:_____

Date: MAY 24th 1983

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals_____ ft.
3. With a Trench Width of_____ in.
4. Total Area of Lateral needed 362 sq.ft.

Jerrold C. Hood
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: 474-1541

D

DATE: _____

FILE NO. _____

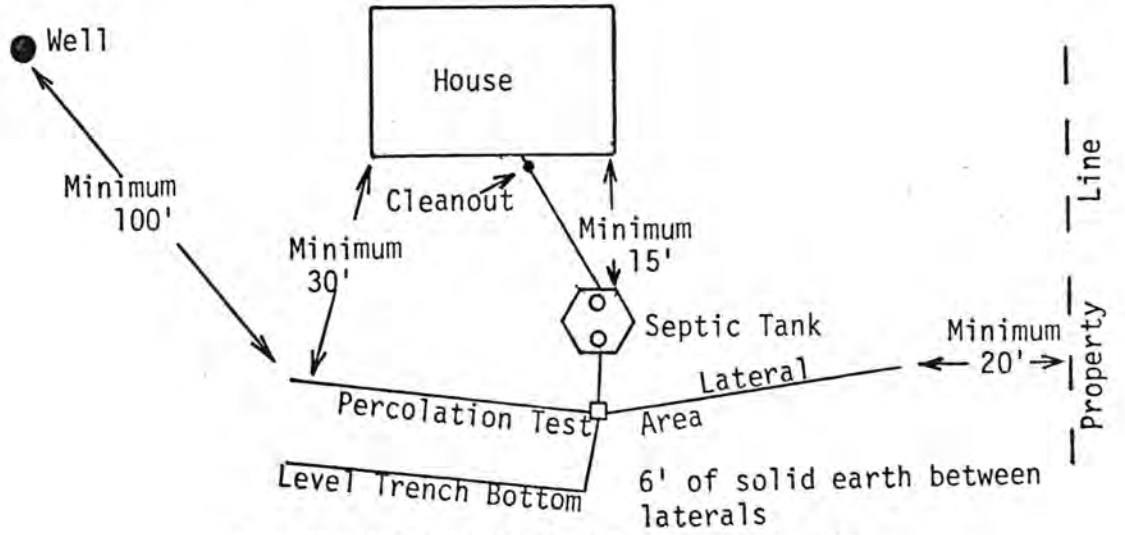
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material 3034; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor 16" in.
3. Distance between dwelling and septic tank 102' ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line 100'+ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material _____; No. of compartments _____.
2. Capacity Pre Cast 1000 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 8" in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Pre Cast; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 8' ft.

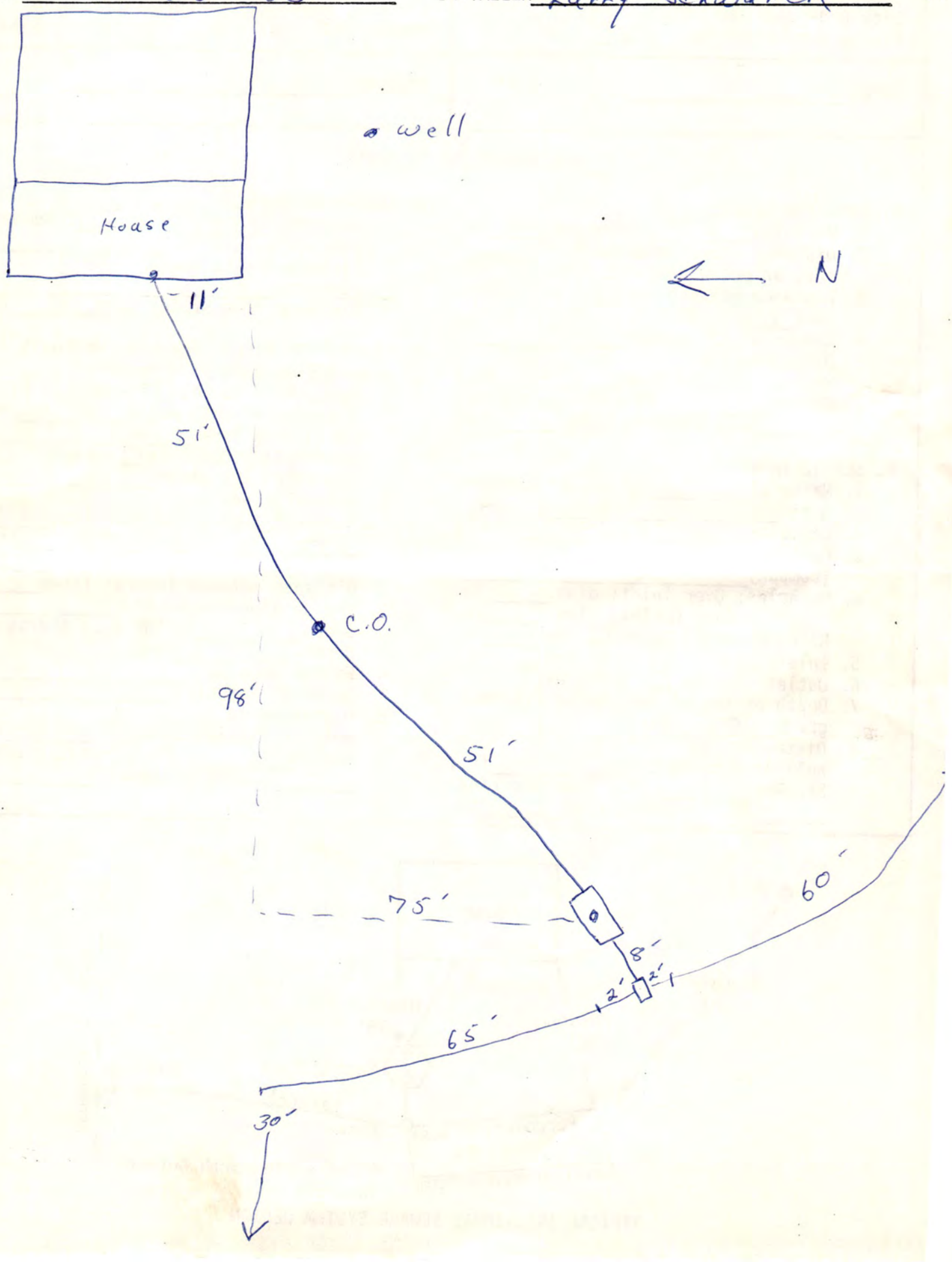
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒
Diameter of Half Round 4" or
Perforated Pipe 4"x _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 2 ; Length of each line 60', 65', _____, _____, _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 3' ft.;
Slope 4" in/100 ft.; Average Depth 30" in.
4. Filter Material: Road Gravel
Depth of Material _____ in.
5. Distances to:
Well or Suction Line 100'+ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 10-26-83 INSTALLER Larry Schwanek



015

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: 3/12/92

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is ~~$75.00~~ $150.00

Legal Description of Property: TWP. 9N; RANGE 6E; SECTION 9; BLOCK ____

LOT 29 I.T. ADDITION ____; Street Address 2201 West Claire Lincoln NE 68523

Directions to Property SEE ATTACHED FOR LEGAL. Call Bonnie Meyers 421-2787

Location of Well SOUTHEAST CORNER OF HOUSE Tap Location: Inside ☐ Outside ☒

Location of Sewage System WEST OF HOUSE Year Installed 1983

	NAME	ADDRESS	PHONE
Present Owner:	David L & Bonnie K Meyers	2201 West Claire	421-2787
Tenant/Buyer:	owners		
Return to:	Security Federal Savings P O Box 80609 Lincoln NE 68501		

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

Signature of Applicant Velda R Menard Address 1330 N Street P O Box 80609 Lincoln NE 68501

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HEALTH DEPARTMENT USE ONLY $150.00

Date Received 03/13/92 ld Received ~~$75.00~~ Check ☑ #26326 Cash ☐

PRELIMINARY STATUS--DATE MARCH 17, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 3/17/92 by J.C.H.
Bacteria	☒	☐	Provisional:	☐	Date 3/23/92 by J.C.H.
Nitrate <a/ppm	☒	☐	Disapproved:	☒	Date corrected 5/13/92 by J.C.H.

Comments: CLEANOUT IN SEWER LINE IS BROKEN. SEPTIC TANK SHOULD BE CHECKED TO SEE IF IT IS IN NEED OF PUMPING.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold C. Hood R.E.H.S. DATE MARCH 23, 1992

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