# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

**NON TRANSFERABLE**

PERMIT

SEWAGE INSTALLATION

No. 90380009901

Issued 03/13/90
Expires 09/13/90

ESTABLISHMENT

DENNIS BORCHERS
T9N R6E SEC 16 QTR SW
LOT 43
SW 1/4

FEES: Permit 016754 $150.00

Total $150.00

PERMITTEE

DENNIS BORCHERS
3548 A ST
LINCOLN NE 68510

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

| DATE | AMOUNT |
| --- | --- |
| | Paid |

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

9038000 99

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: $_____

FILE NO._____

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. 9-North; Range 6-EAST; Section SW¼ 16; Block 1 : Lot 93 : Addition ~~Nebr.~~ DESTER RIDGE ESTATES
   Street Address ? SW 25th

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. EXPERIMENTAL SYSTEM

Dana J Burchus
Signature of Applicant (Owner or Lessee)

3548 A'
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/8/90. Date Frwd. 3/14/90. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 3/14/90. Date Frwd. 3/14/90. ACTION: Approved ☒ Disapproved ☐ Signature:

3. City or County Engineer: Date Rec'd. 3-14-90. Date Frwd. 3-14-90. ACTION: Approved ☐ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL ~~[illegible]~~ HAVE WELL PERMIT

Site Visits:
Date: 6/25/90 by: J.C.H.
Date: 6/26/90 by: J.C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL *
Date: 6/28/90 By: Jerrold C. Hood

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

* EXPERIMENTAL SYSTEM

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~~ -5000

**B**

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9-North; Range 6-EAST; Section & ¼ Section S.W ¼ of 16
Property Dimensions: 224 ft. x 586 ft. Area: 3.01 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: 2/24/90 to 2/25/90. Weather: Precip. SUNNY — Temp. 62°.

OWNER: DENNIS BORCHERS

Address: 3548 'A'

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" | 2-24-90 | 1:30 pm | 11-4-89 | 1:30 pm | 2-25-90 | 2:00 pm | 17" | 6:00 pm | 17½ | 240 min | ½" in | |
| 2 | 36" | " | " | " | " | " | 2:00 pm | 19" | 6:00 pm | 19½ | 240 min | ½" in | |
| 3 | 36" | " | " | " | " | " | 2:00 pm | 18" | 6:00 pm | 18¼ | 240 min | ¼ in | |
| 4 | 36" | " | " | " | " | " | 2:00 pm | 18" | 6:00 pm | 18⅝ | 240 min | ⅝" in | |
| W# 5 | 36" | " | " | " | " | " | 2:00 pm | 14¼" | 2:30 pm | 14⅜" | 30 min | ⅛" | |
| W# 6 | 36" | " | " | " | " | " | 2:00 pm | 14¼" | 2:30 pm | 14⅜" | 30 min | ⅛" | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

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

Dennis J Borchers
Signature of Person Conducting Test

Address 3548 'A' Phone 483-6247

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): WYMORE SILTY CLAY LOAM

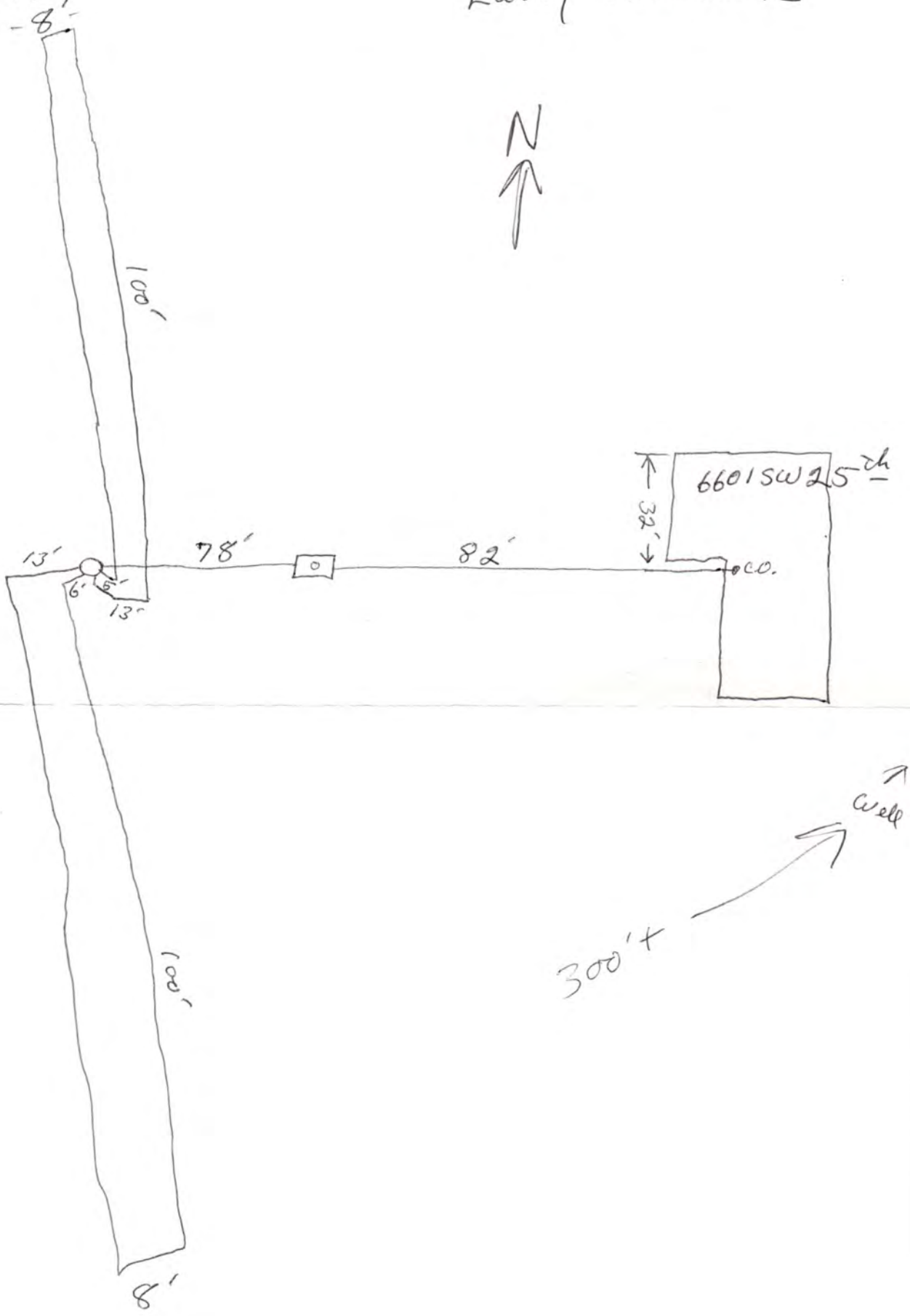
Date: MARCH 8, 1990

Approved Percolation Rate (a)
A. 80 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Wood
Signature of Reviewing Official

6-26-90,

Larry Schwarck



# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

11

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.

Date: 9-10

☑ Evaluation of the Individual Water System

☑ Evaluation of the Sewage Disposal System

☑ Enclosed is $150.00

Legal Description of Property: TWP. 9N; RANGE 6E; SECTION 16; BLOCK 1

LOT 3; ADDITION Pester Ridge Est; Street Address 6601 S.W. 25th

Directions to Property Contact borrower

Location of Well Contact borrower  Tap Location: Inside ☐ Outside ☐

Location of Sewage System Contact borrower  Year Installed ____

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | Dennis + Nancy Borchers | 6607 SW 25th | 421-8641 |
| Tenant/Buyer: | Same | | Dennis work 471-8372 |
| Return to: | First Commerce Mtg Co. Attn: Rick | Bx 81231, Lincoln 68501 | Nancy work 471-2638 |

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

Signature of Applicant Richard E. Stacy  Address Bx 81231 Lincoln NE 68501

==========

*HEALTH DEPARTMENT USE ONLY*

Date Received 9/11/92  Received $150.00 Check ☒ Cash ☐ #13398

---

PRELIMINARY STATUS--DATE 9-21-92

| WATER SYSTEM: | Approved | Disapproved |
|---|---|---|
| Construction | ☒ | ☐ |
| Bacteria | ☒ | ☐ |
| Nitrate | ☒ (7) | ☐ |

SEWAGE SYSTEM:
- Approved: ☒
- Provisional: ☐
- Disapproved: ☐

SITE VISIT:
- Date 9-21-92 by JL
- Date _____ by ____
- Date _____ by ____

Comments: If the tank has not been pumped recently, it should be checked. No evidence of sewage on the ground.

See Attached Letter ☐

---

FINAL STATUS

WATER SYSTEM: Approved: ☑

SEWAGE DISPOSAL SYSTEM: Approved: ☒  Provisional Approval: ☐

APPROVED BY Joel Jahnz  DATE 9/25/92

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

INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

FC.4120

RECEIVED JUN 2 8 1990

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: _____

FILE NO. _____

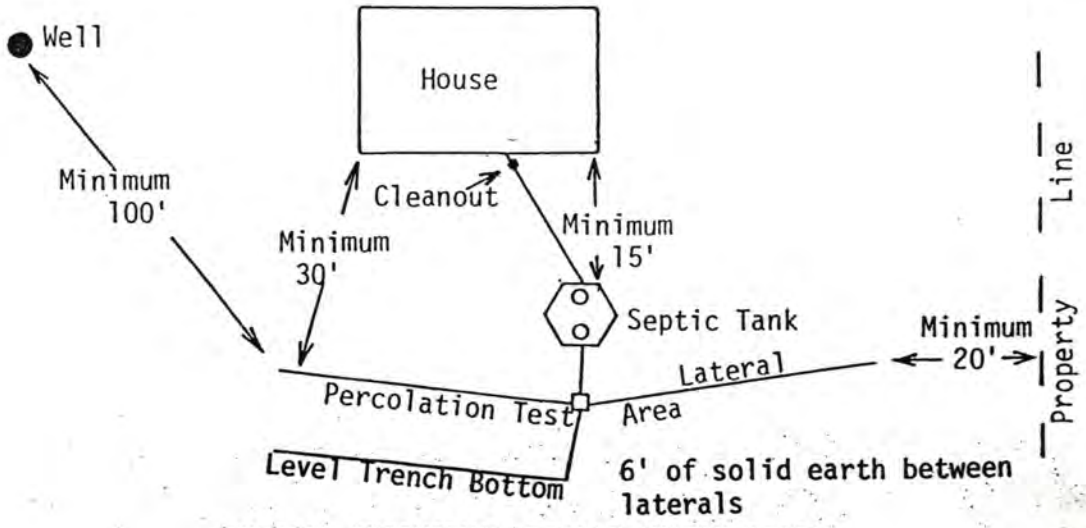
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material #160 ; Diameter 4 in.
2. Distance above basement floor 7' in., or below basement floor ____ in.
3. Distance between dwelling and septic tank 82 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 Pre Cast ; No. of compartments ____ .
2. Capacity 1250 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 6" 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 78' 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: Experimental
Number 2 ; Length of each line 200 , 200 , ____ , ____ , ____ ft.;
Total length of laterals 400 ft.;
Distance between lateral lines 4 ft.
3. Trench dimensions: Width 7½ to 8 ft.; Wide
Slope ____ in/100 ft.; Average Depth ____ in. X 38" Deep
4. Filter Material: 920 Ton Road Gravel
Depth of Material 3 in.
5. Distances to:
Well or Suction Line ____ ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.




TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN