FILE #2268

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

APRIL 29, 1986 — THIS LICENSE OR PERMIT EXPIRES

BROCK PETERS — LICENSEE OR PERMITTEE

BOX 82093 LINCOLN NE 68501 — ADDRESS

T9N; R6E; Sec 25; Lot 20 I.T.; 8600 So. 14 Street — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 60.00	018754	$ 60.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. Date and Amount

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

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: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2268

DATE: Oct. 28 1985

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 6E ; Section ~~Lot 23 NW corner~~ 23 ;
   Block _____ : Lot 20 I.T. : Addition _____
   Street Address 8600 S. 14th

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.

Mark Peterson
Signature of Applicant (Owner or Lessee)

box 82093 Lincoln 68501
Address phone 477-7161

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/28/85. Date Frwd. 10/28/85. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 10-29-85 Date Frwd. 10-29-85. ACTION: Approved ☐ Disapproved ☐ Signature: Ernest Bennett

3. City or County Engineer: Date Rec'd. 10-29-85 Date Frwd. 10-29-85. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL ~~NO WELL PERMIT RECEIVED.~~ PRE-EXISTING WELL

Site Visits:
Date: 5-1-86 by: Ron Lowe (one lateral 2 ft wide widened to 4 ft)
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-5-86 By: Ron Maynard

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

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. 2268

PROPERTY WHERE SOIL TESTED:

Location: Township 25 ; Range 9 ; Section & ¼ Section 6 - Lot 20 - NW corner
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: 10/23/85 to 10/24/85 . Weather: Precip. 0 Temp. 53 .

OWNER: Betty June Peters

Address: 8600 So 14

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	10/23	10:30	10/24	10:00	10/24	10:30	28	11:00	31½	30	3½	8,57
2	36	"	"	"	"	"	"	28	"	32	30	4	7,50
3	36	"	"	"	"	"	"	28	"	33⅜	30	5⅜	5,58
4	36	"	"	"	"	"	"	28	"	34	30	6	5,00
5	36	"	"	"	"	"	"	28	"	33½	30	5½	5,45
6	36	"	"	"	"	"	"	28	"	33	30	5	6,00

Sum of Percolation Rates: 38,10
Average of Rates: 6,35
Mean of Rates: _____

Signature of Person Conducting Test

Address Box 81111, Lincoln, 68501 Phone 474-7761

(Do not write below this line)

REVIEWING ACTION

Remarks: REWORKED SOIL BROUGHT IN.
Soil Type (SCS): _____
Date: October 28, 1985

Approved Percolation Rate (a)
A. 6 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold 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 ☐

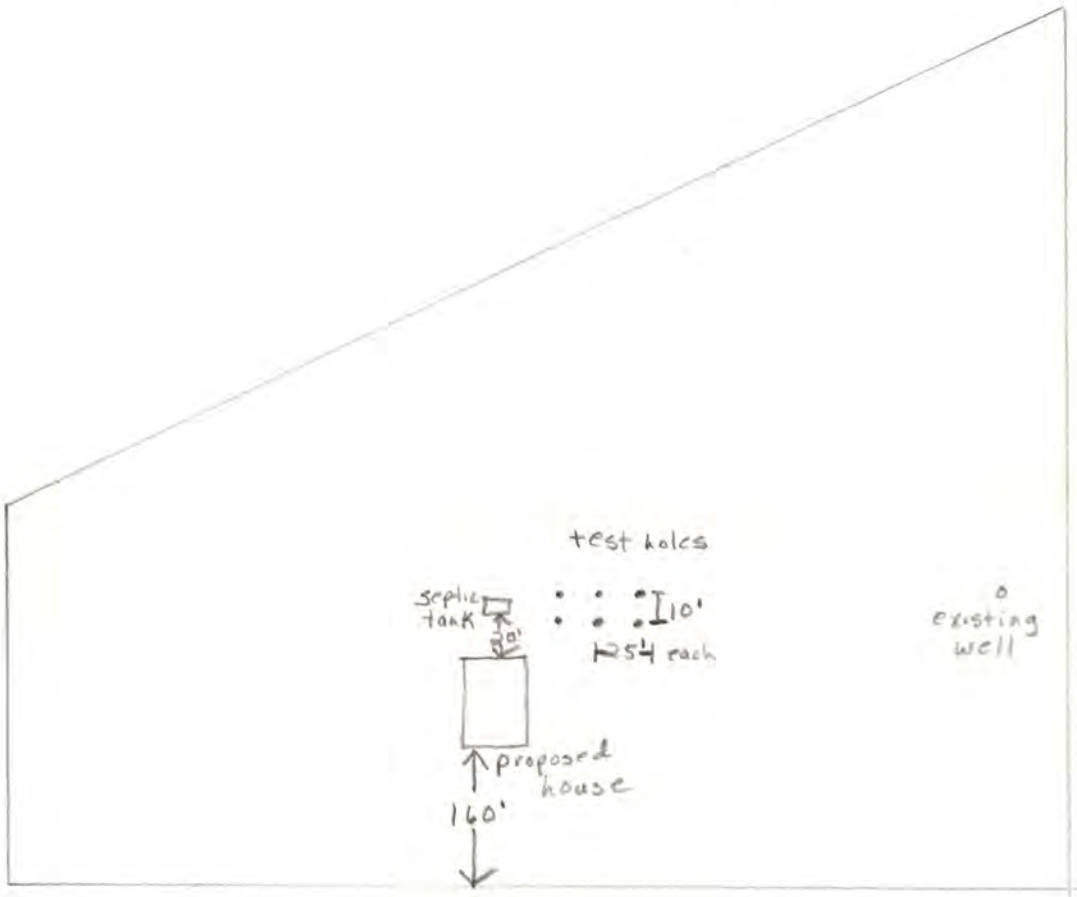
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

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



REVIEWING ACTION

Remarks: _____

Date: OCTOBER 28, 1985

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 405 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: 471-7800

D

DATE: May 5 1986

FILE NO. _____

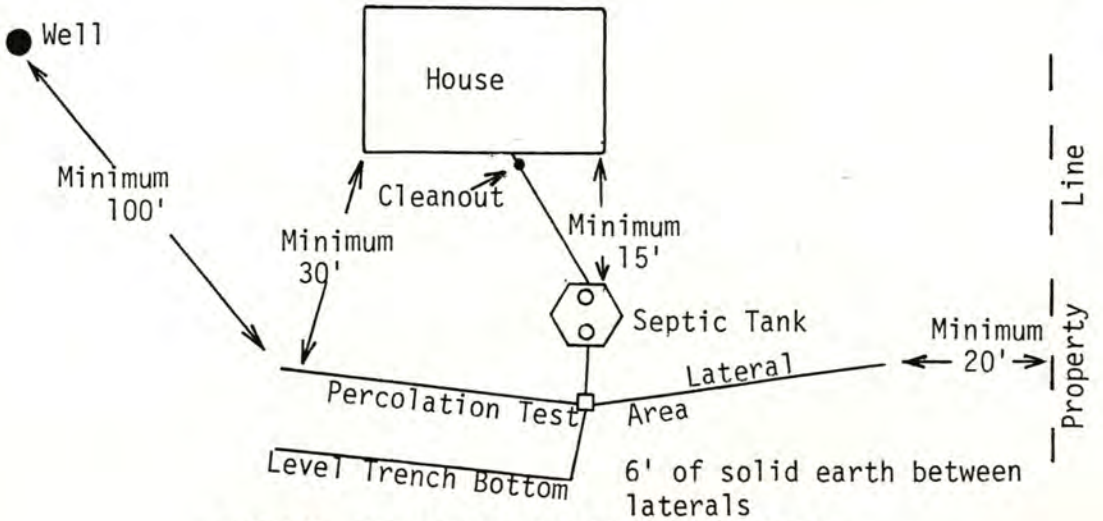
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Cast ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 3' in.
3. Distance between dwelling and septic tank 30 ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line 333 ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line 138 ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments ____ .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre cast step Co)
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 16 in.
8. Distances to:
Well or Suction Line 324 ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets 5 .
2. Factory Built: Yes ☒ No ☐
(Company Pre Cast step Co)
3. Distance from Septic Tank 3 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 1 ; Length of each line 100 , ____ , ____ , ____ , ____ ft.;
Total length of laterals 100 ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width 4 ft.;
Slope ____ in/100 ft.; Average Depth ____ in.
4. Filter Material: road gravel
Depth of Material 40 in.
5. Distances to:
Well or Suction Line 233 ft.;
Stream ____ ft.; Pressure Line 71 ft.; Property Line 138 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

022

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022 3140 N. ST.

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

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

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☐ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☑ Evaluation of the Individual Water System ☑ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 8600 So. 14TH ST.

Twp 9N Range 6E Section 25 1/4 NW 1/4 Block ___ Lot 20 Addition ___

Directions to Property 1/4 mi. So. OF YANKEE HILL RD ON 14th ST. (LOCATED ON EAST SIDE OF ROAD)

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	BROCK PETERS	8600 So. 14	423-9702
Tenant/Buyer:	Joseph & Julie Morrison	6710 BERNESE LINC. NEBR.	489-7116
Return to:	Pam FRENCH Home Real Estate (LOTNER)	225 N. COTNER BLVD LINCOLN, NE 68505	432-0539

X Signature of Applicant Joseph Morrison by Julie M. Address 6710 BERNESE LINC. NEBR. Date 7/26/94

HEALTH DEPARTMENT USE ONLY

Date Received 7/27/94 Received $150.00 Check ☑ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Nagel **DATE:** 7/27/94

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☑	☐	Approved ☑	Date___/___/___by___
Bacteria	☑ 0 /ml	☐ ___ /ml	Provisional ☐	Date___/___/___by___
Nitrate	☑ 5.2 ppm	☐ ___ ppm	Disapproved ☐	Date___/___/___by___

Comments: STATED SEPTIC TANK HAS BEEN RECENTLY PUMPED AND IT APPEARS TO HAVE BEEN.

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☑ **SEWAGE DISPOSAL SYSTEM** Approved: ☑ Provisional Approval: ☐

Approved by Paul D. Zimmerman Date 8/22/94

Approval or disapproval is based on State and local 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 operations.

* NEIGHBORING PROPERTY OWNER SHOWED THAT THEIR SEPTIC SYSTEM EXTENDS SOUTH AND EAST OF THE WELL ON THE PROPERTY GENERALLY KNOWN AS 8600 So. 14th. THEREBY, THIS WELL LOCATION MEETS CURRENT STANDARDS

AS BUILT DRAWING OF SYSTEM

DATE May 5 1986 INSTALLER Brock Peters

