LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514
PERMIT

(402) 441-8000

Permit

SEWAGE SYSTEM REPAIR

No. 96390052701

Issued 10/08/96
Expires 04/05/97
Revenue Code 18754

Establishment

STEVE SPEIDEL
T9N R7E SEC 20
LOT 3
7200 S 40 STREET

FEES: $50.00

TOTAL $50.00

Permittee

STEVE SPEIDEL
7800 S 40 ST
LINCOLN NE 68516

Issued By M. Jane Ford
Health Director

2691

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

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☒

County Resolution No. 2832 ☐

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: Oct. 6, 1996

The undersigned hereby applies for a permit to ALTER ☒, EXTEND ☐, or 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: Twp. 9N ; Range 7E ; Section 20 ;
Block _____ ; Lot _____ ; Addition N½N½SW¼
Street Address 7800 S. 40th

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms 3
Describe _____
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: move laterals - existing laterals extend on to land sold off from existing farm [redacted]

5. Work to be done by: Owner ☐ ; or Contractor ☒ , Harold Casement
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$ 5000	00

Steve Speidel
Signature of Applicant (owner or lessee)

7800 S. 40th Lincoln NE 68516
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 10/07/96 ls
Filing Fee: $ 50.00 #5743

2. Site Visits:
Date: 11/18/96 by: J.C.H. Done sewer here
Date: 11/19/96 by: J.C.H. Old well must be abandoned
Date: 11/20/96 by: J.C.H. sewer, tank, box + 1 lateral

3. Date: Approved ☒; Disapproved ☐
by: Jerold C. Hood

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ by: _____

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
3140 N Street
Lincoln NE 68510
(402)-441-8022 441-8029

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9 ; Range 7 ; Section & ¼ Section 20 N½N½SW¼
Property Dimensions: 690 ft. x 490 ft. Area: 7.75 acres. (Attach Sheet C with sketch of property). – on back
Farmstead – whole remaining farm is 53 acres.
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
,60" 9-25-96
Dates of Tests: 9-28-96 to 9-29-96 . Weather: Precip. soil moist Temp. 70's .

OWNER: Steven W. Speidel

Address: 7800 S. 40th Lincoln, NE 68516

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	9-28	2:00	9-29	2:20	9-29	6:20	18 1/4	6:51	19 5/8	31	1 3/8	22.56
2	34	9-28	2:04	9-29	2:24	9-29	6:23	19 3/4	6:53	20 7/8	30	1 1/8	26.64
3	34	9-28	2:08	9-29	2:28	9-29	6:25	18 1/2	6:55	19 1/4	30	3/4	40.00
4	31	9-28	2:25	9-29	2:44	9-29	6:35	17	7:04	17 3/4	29	3/4	38.64
5	34	9-28	2:18	9-29	2:40	9-29	6:32	19	7:02	20	30	1	30.00
6	34	9-28	2:15	9-29	2:35	9-29	6:30	17 5/8	7:00	19 1/8	30	1 1/2	20.00

refill to 12 in. 4 hrs. later
fill to 6 in.

Steve Speidel
Signature of Person Conducting Test

Sum of Percolation Rates: 177.84
Average of Rates: 29.64
Mean of Rates: 30.00

Address 7800 S. 40th Lincoln, NE 68516 Phone 423-4003

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: October 7, 1996

Approved Percolation Rate (a)
A. 30 min./inch
B. _____ min./inch
C. _____ min./inch

Verrold 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
3140 N Street
Lincoln NE 68510
(402)-441-8022

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.

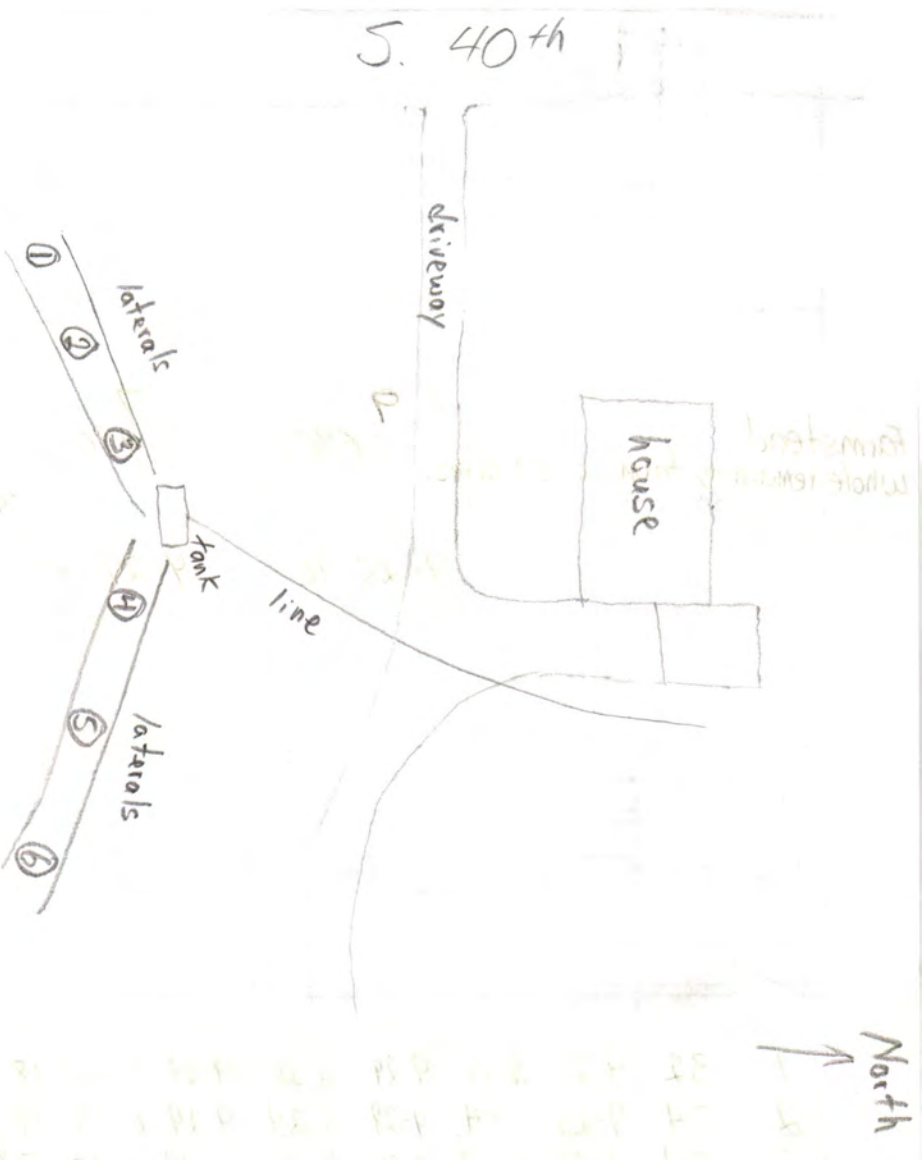
REVIEWING ACTION

Remarks:_____

Date: OCTOBER 7, 1996

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 750 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official


S. 40th
driveway
house
laterals
tank
line
laterals
North

FILE #2579

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

APRIL 16, 1988 — THIS LICENSE OR PERMIT EXPIRES

STEVE SPRIDEL — LICENSEE OR PERMITTEE

ROUTE #16, BOX 2 LINCOLN, NE 68516 — ADDRESS

T9N; R7E; Sec N½ N½ SW¼ S½ NW¼ 20; 7800 So. 40 Street, Route #16

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. 2579

DATE: 10-15-87

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 7E ; Section 20 ; N½N½SW¼S½NW¼
   Block ____ : Lot ____ : Addition 120 ACRES
   Street Address 7800 S. 40th approximate Rt. 16
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: 7/8 mi ft.

Steve Speidel
Signature of Applicant (Owner or Lessee)

Rt. 16 Box 2, Lincoln, NE 68516
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/15/87. Date Frwd. 10/16/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10/16/87. Date Frwd. 10/16/87. ACTION: Approved ☐ Disapproved ☐ Signature: ____
3. City or County Engineer: Date Rec'd. 10/16/87. Date Frwd. 10/16/87. ACTION: Approved ☒ Disapproved ☐ Signature: ____

REMARKS OR REASONS FOR DISAPPROVAL PRE-EXISTING WELL BUT WILL USE RURAL WATER DISTRICT.

Site Visits:
Date: 11/9/87 by: L.C.H.
Date: ____ by: ____
Date: ____ by: ____

INSTALLATION FINAL WRITTEN APPROVAL
Date: ____ By: ____

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

FORM 23-43

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

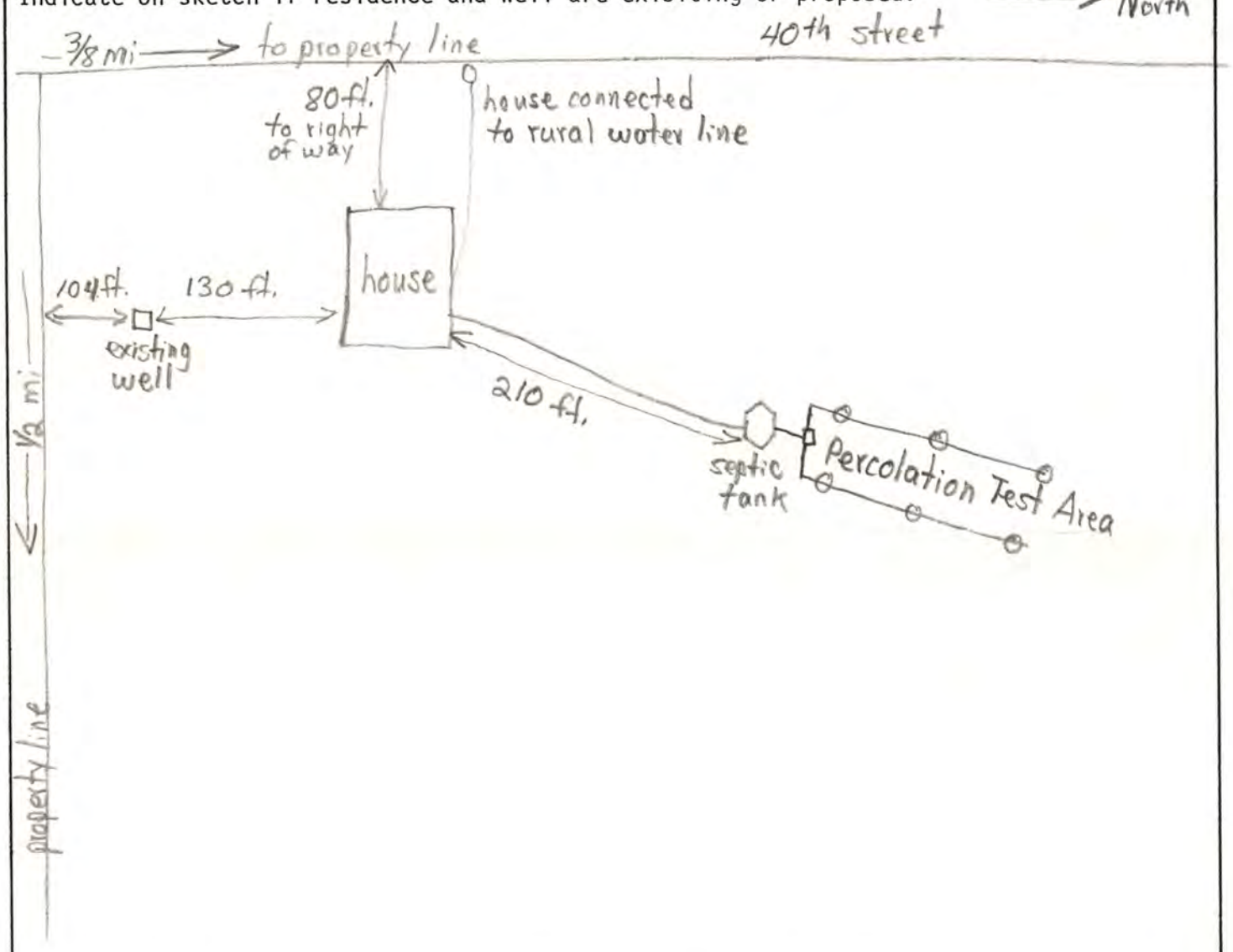
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO. 2579

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



REVIEWING ACTION

Remarks: _____

Date: OCTOBER 15, 1987

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 200 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 798 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

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. 2579

PROPERTY WHERE SOIL TESTED:

Location: Township 9N ; Range 7E ; Section & ¼ Section N½ N½ SW¼, S½ NW¼ Sec. 20
Property Dimensions: 3/8 mi. ~~ft~~. x ½ mi ~~ft~~. Area: 120 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 9-23-87 to 9-24-87 . Weather: Precip. 0 Temp. 65 average Soil: wet
OWNER: Steve Speidel
Address: Rt 16 Box 2 Lincoln, NE 68516

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				
Hole 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	9-23	2:00	9-23	6:25	9-24	4:00	20¼	4:30	20 5/8	30	3/8	
2	36	9-23	2:04	9-23	6:27	9-24	4:02	17 7/8	4:32	19	30	1 1/8	
3	35	9-23	2:07	9-23	6:30	9-24	4:04	19 5/8	4:34	20 1/8	30	½	
4	36	9-23	2:20	9-23	6:40	9-24	4:16	19 5/8	4:46	19 7/8	30	¼	
5	35	9-23	2:23	9-23	6:44	9-24	4:17	16 3/4	4:47	18 3/8	30	1 5/8	
6	35	9-23	2:28	9-23	6:46	9-24	4:19	15 7/8	4:49	17 1/8	30	1¼	

Steve Speidel
Signature of Person Conducting Test

Address Rt 16 Lincoln, NE 68516 Phone 423-4003

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: October 15, 1987

Approved Percolation Rate (a)
A. 34 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official