FILE # 2836

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — 6 MONTHS

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

JAMES HACKER, 7111 SO. HAMPTON RD., LINCOLN, NE 68506

LICENSEE OR PERMITTEE — ADDRESS

T9N; R7E; Sec. 20; Blk 1; Lot 1; Country Acres Addition — 6530 Cavvy Rd.

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
70301	$60.00
	10-09

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. 2836

DATE: 5-9-89

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 ;
   Block 1 : Lot 1 : Addition Country Acres
   Street Address 5500 Cavvy Rd.

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.

James J Hacker
Signature of Applicant (Owner or Lessee)

7111 So. Hampton Rd.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/10/89. Date Frwd. 5/10/89. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 5/10/89. Date Frwd. 5/10/89. ACTION: Approved ☒ Disapproved ☐ Signature:

3. City or County Engineer: Date Rec'd. 5-10-89. Date Frwd. 5-10-89. ACTION: Approved ☐ Disapproved ☒ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL COMMUNAL WATER SYSTEM.

Site Visits:
Date: 9-11-89 by: too close to public water well.
Date: 10/7/89 by:
Date: 10/18/89 by:
10-20-89

EXPERIMENTAL SYSTEM
PROVISIONAL

INSTALLATION ~~FINAL~~ WRITTEN APPROVAL
Date: 10-31-89 By:

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

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

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: 590' ft. x 335' 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: 5-8-89 to 5-9-89. Weather: Precip. _____ Temp. _____.

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	36"	5/8	3 PM	5/9		5/9	7:30AM	15	11:30AM	16 3/4	240	1 3/4	
2								12 3/4		14 1/4		1 3/4	
3								13 3/4		14 1/4		7/8	
4								9		10		1	
5								8 1/4		9 1/2		1 1/4	
6								12 3/4		14 7/8		2 1/8	

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

Signature of Person Conducting Test

Address _____ Phone _____

(Do not write below this line)

REVIEWING ACTION

Remarks: Too slow for conventional Sytic
Soil Type (SCS): _____
Date: May 10, 1989

Approved Percolation Rate (a)
A. 96 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 ☐

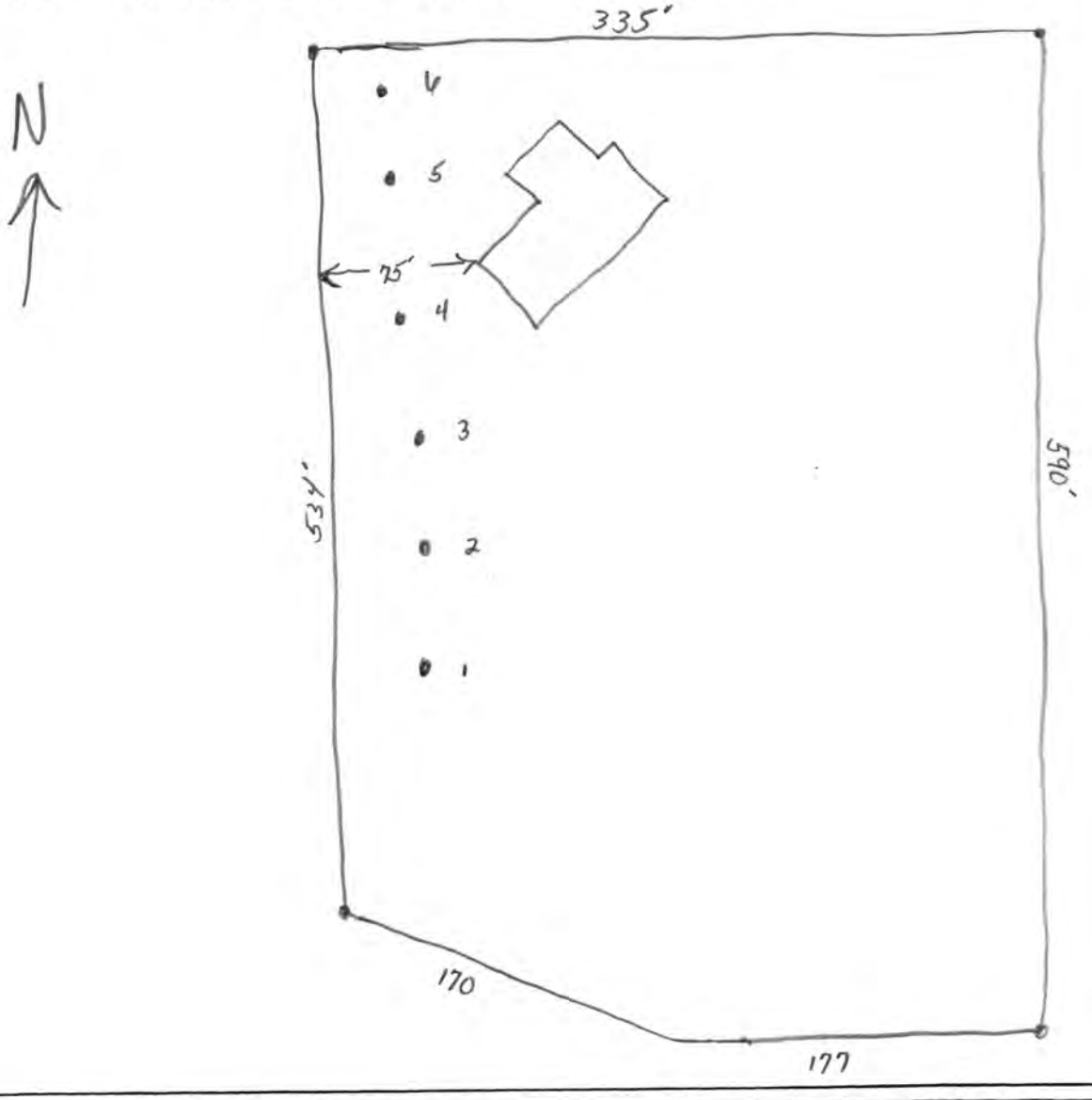
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO._____

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



REVIEWING ACTION

Remarks:_____

_____

Date:_____

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_____sq.ft.

_____
Signature of Reviewing Official

RECEIVED OCT 3 1 1989

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. _____

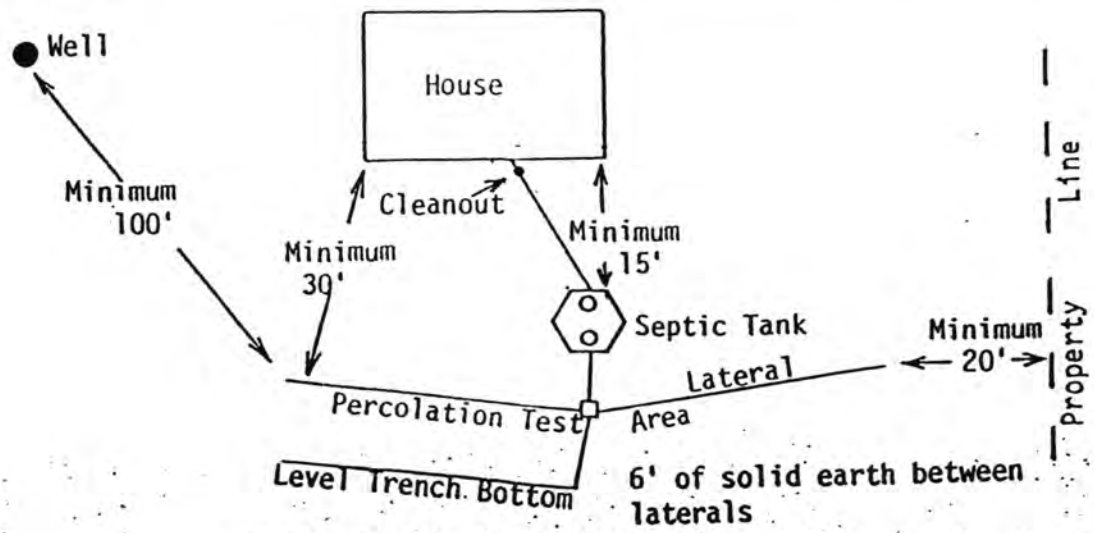
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Class 160; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 310 ft.
4. Number of clean-outs 4.
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 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☒ Grade 1 in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade 24" 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 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: Experimental
Number ___ ; Length of each line _____, _____, _____, _____, _____ ft.;
Total length of laterals 240 ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 21"x70" ft.;
Slope Flat in/100 ft.; Average Depth _____ in.
4. Filter Material: Road Gravel
Depth of Material 30 + in.
5. Distances to: community well
Well or Suction Line 500' ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 19'* ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

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: 1-20-92

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

Legal Description of Property: TWP. 9N; RANGE 7E; SECTION 20; BLOCK 1

LOT 1; ADDITION County Acres; Street Address 5500 Cavvy Road

Directions to Property 1/2 mile South of Old Cheney Road on West side of Cavvy Road

Location of Well NA Tap Location: Inside ☐ Outside ☐

Location of Sewage System NSK owner Year Installed 1989

	NAME	ADDRESS	PHONE
Present Owner:	Donald E. & Anita L. Endicott	5500 Cavvy Rd Lincoln, NE 68516	Work# 471-4379 Home# 423-4352
Tenant/Buyer:			
Return to:	Cathy Mueller-Vister Bank	P.O. Box 5306 Lincoln 68505	465-7532

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

Signature of Applicant Cathy Mueller Address Vister Bank

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HEALTH DEPARTMENT USE ONLY

Date Received JANUARY 29, 1992 Received $75.00 150.00 Check ☒ Cash ☐

COMMUNITY WATER SYSTEM

PRELIMINARY STATUS--DATE JANUARY 30 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☐	Date 1/30/92 by J.C.H
Bacteria	☐	☐	Provisional:	☒	Date _____ by ____
Nitrate	☐	☐	Disapproved:	☐	Date _____ by ____

Comments: THIS SEWAGE IS OF AN EXPERIMENTAL VARIETY NECESSITATED IN ORDER TO PUT IT A SUFFICIENT DISTANCE FROM A PUBLIC WATER SUPPLY SOURCE HENCE APPROVAL IS PROVISIONAL. THERE WAS NO EVIDENCE OF MALFUNCTIONS See Attached Letter ☐

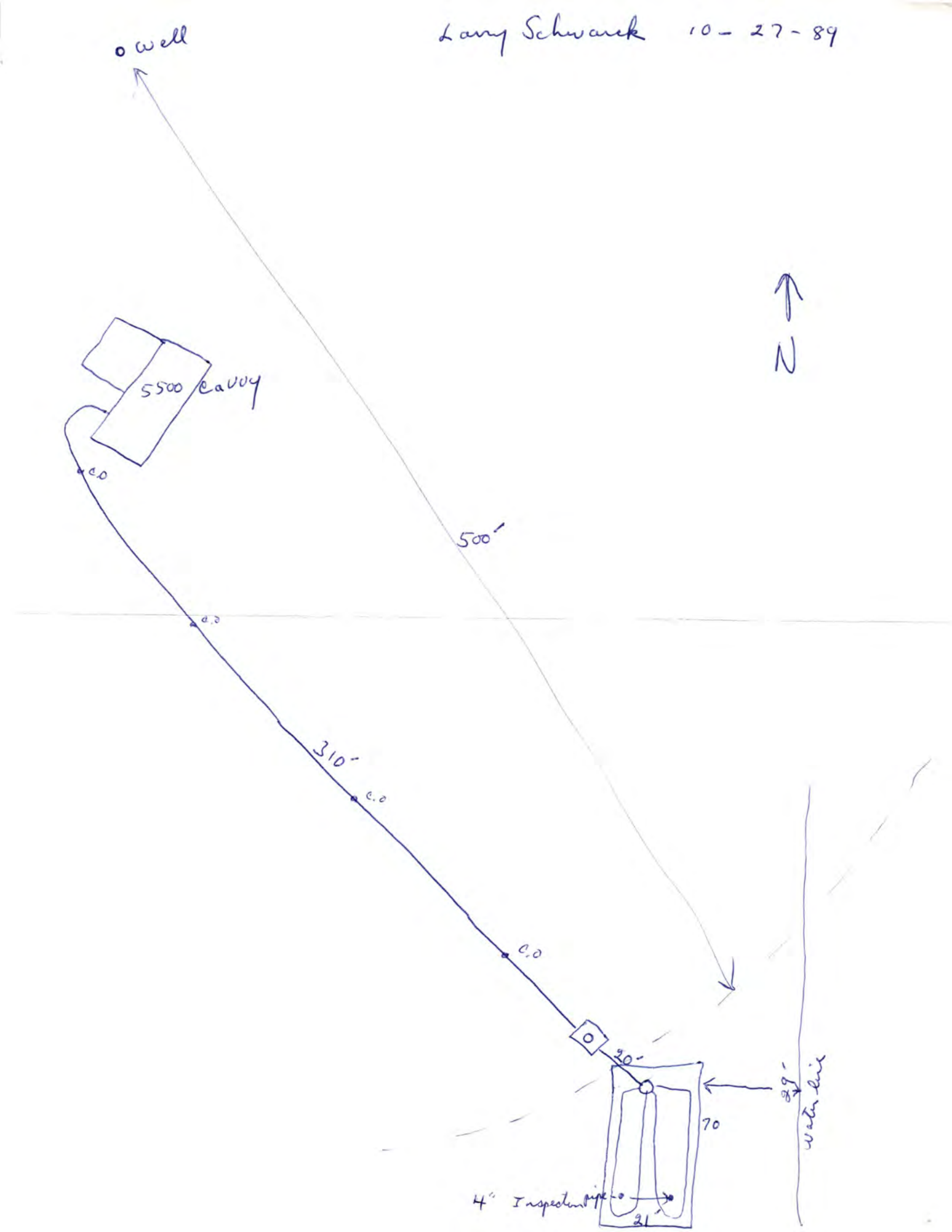
FINAL STATUS COMMUNITY WATER SYSTEM

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

APPROVED BY Conrad E. Hoos R.E.H.S. DATE JANUARY 30, 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


Larry Schwarck 10-27-89
well
N
5500 Cavoy
C.O
500'
C.O
310'
C.O
C.O
30'
29'
water line
70
4" Inspection pipe
21'