FILE #2065

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

AUGUST 23, 1984 — THIS LICENSE OR PERMIT EXPIRES

KATHLEEN TICHOTA — LICENSEE OR PERMITTEE

1609 "O" STREET — ADDRESS

LINCOLN, NE 68508

T9N; R7E; Sec 28; Lot 70 I.T.; 5700 ROKEBY ROAD — 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: 474-1541

A

FILING FEE: $ 60.00

FILE NO. 2065

DATE: 2-19-84

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 28
   Block ____ : Lot 70 IT : Addition ____
   Street Address 5700 Rokeby Road

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: ____ ft.

x Kathleen Lichter
Signature of Applicant (Owner or Lessee)

1609 O Lincoln, Nebr. 68508
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 2/23/84. Date Frwd. 2/24/84. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 2/24/84. Date Frwd. 2/24/84. ACTION: Approved ☐ Disapproved ☐ Signature: [illegible]

3. City ~~or County~~ Engineer: Date Rec'd. 2-24-84. Date Frwd. 2-25-84. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL ~~No WELL PERMIT, YET~~

Site Visits:
Date: 6/19/85 by: [illegible]
Date: ____ by: ____
Date: ____ by: ____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/24/85 By: Jerrold C. Hood

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. 2065

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section Lot 70 IT 28-9-7
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: 2-17 to 2-19. Weather: Precip. 1" Temp. 33°.

OWNER: Kathy Tichota
Address: 5700 Rokeby Rd 68510 St

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	34"	2/17	4:00 p.m.	2/19	9:30 AM	2/19	1:30 P.M.	12 1/4	2:00 PM	12 3/4	30	1/2	
2	34"							13 1/8		13 5/8		1/2	
3	32"							7 1/2		8 1/8		5/8	
4	34"							12		14 1/8		2 1/8	
5	32"							11 1/8		12		7/8	
6	34"							6		6 1/2		1/2	
7	34"							9 3/4		10 1/2		3/4	

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

Larry Schwank
Signature of Person Conducting Test

Address 8200 Old Cheney Phone 423-7294

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Judson Silt Loam
Date: February 23, 1984

Approved Percolation Rate (a)
A. 37 min./inch
B. _____ min./inch
C. _____ min./inch

Gerald 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 ☐

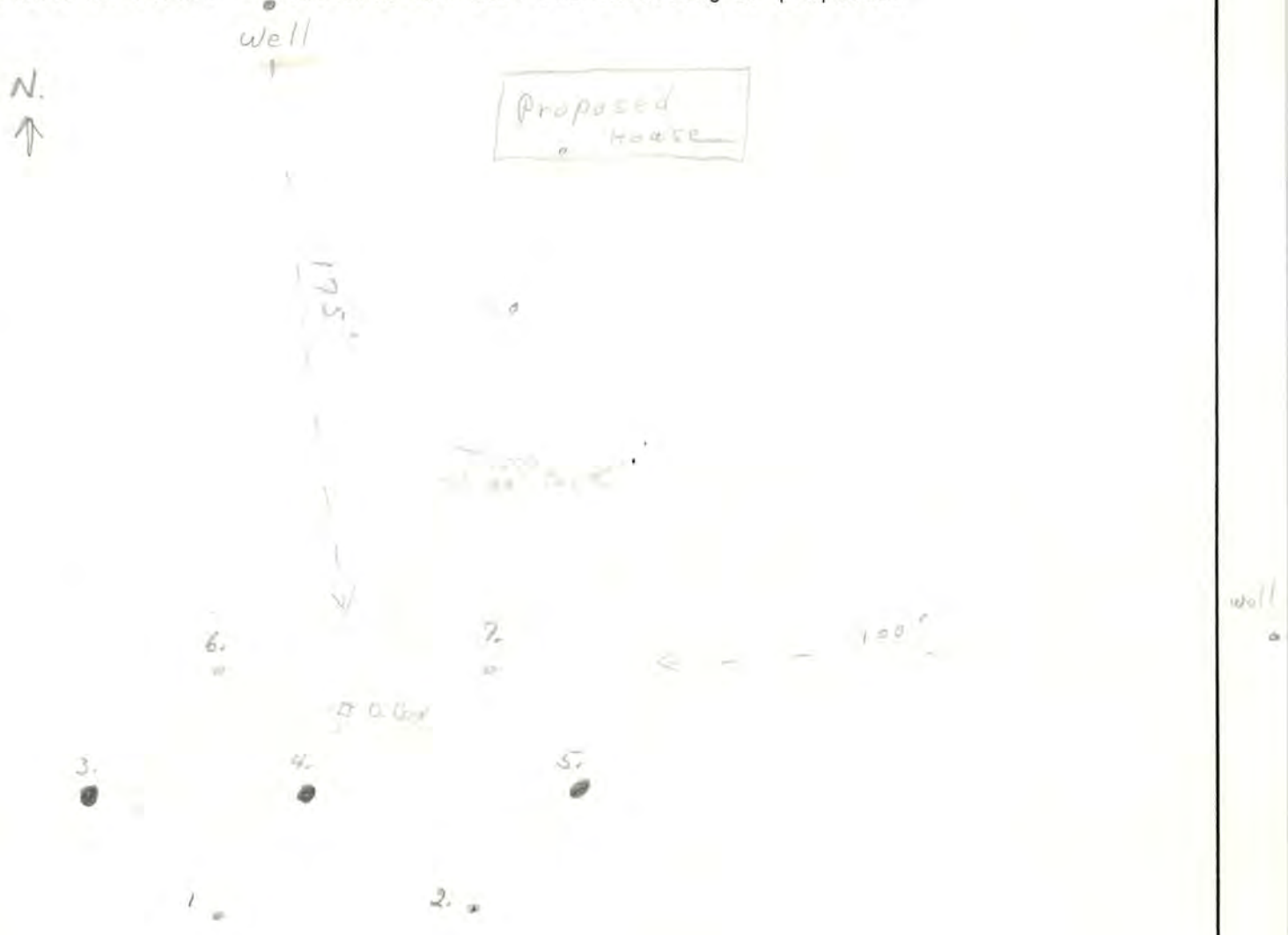
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO. 2065

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



REVIEWING ACTION

Remarks: _____

Date: February 23, 1984

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 185 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 555 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 ☐

REC'D JUN 21 1985
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

D

DATE: _____

FILE NO. _____

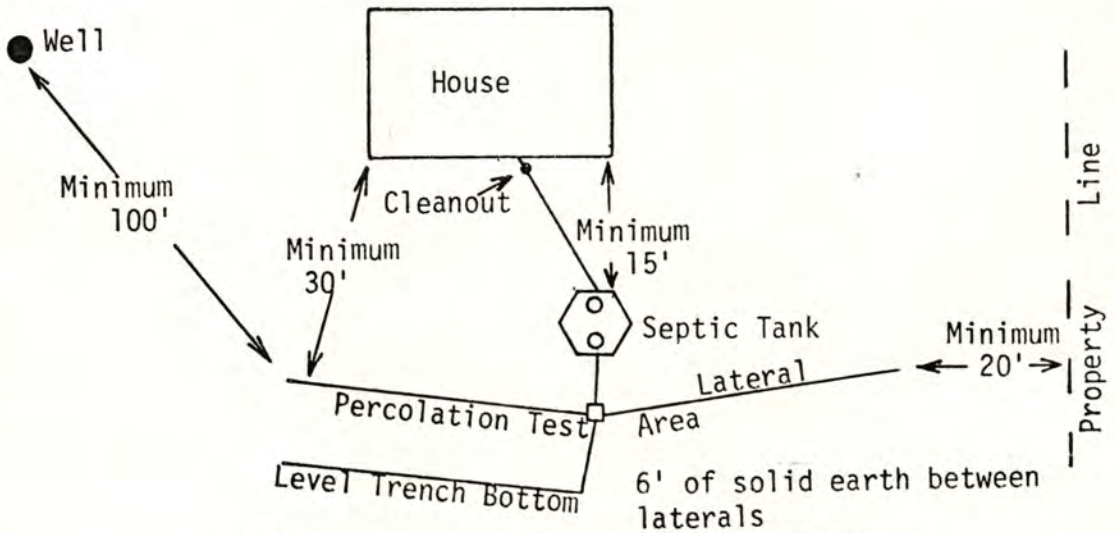
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material 3034; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank ~~35~~ ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
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 12" in.
8. Distances to:
Well or Suction Line 100' 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 _____ or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines:
Number 3; Length of each line 84, 72, 44, _____, _____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines 10 ft.
3. Trench dimensions: Width 4 ft.; Slope 5 in/100 ft.; Average Depth 32 in.
4. Filter Material: Road Gravel
Depth of Material 24" in.
5. Distances to:
Well or Suction Line 105' ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

RECEIVED SEP 2 3 1993 007

Lincoln-Lancaster County Health Department

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

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 5700 Rokeby Rd Lincoln

Twp 9N Range 7E Section 20 1/4 SW 1/4 Block ___ Lot 20 Addition _____

Directions to Property 70 to 56th Rokeby Rd. go West to 5700

Location of Well _____ Tap Location: Inside ☐ Outside ☒

Location of Sewage System _____ Year Installed 1985

	NAME	ADDRESS	PHONE
Present Owner:	Donald Clara Woods	5700 Rokeby Rd	423-8136
~~Tenant~~/Buyer:	Dale A. Fink	4525 Stockwell	483-7831
Return to:	_____	_____	_____

Signature of Applicant Doug Gould Address Woods Bros 7141 A St Lincoln 68510 Date 9/20/93

HEALTH DEPARTMENT USE ONLY

Date Received 9/23/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 9/24/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ <.01 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: PROBABLY SHOULD PUT SOME FILL AT THE ENDS OF THE LATERALS SO THAT WATER DOESN'T STAND THERE.

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 9/28/93

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.

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AS BUILT DRAWING OF SYSTEM

DATE 6-19-85 INSTALLER Larry Schwarck

5700 Rokeby Rd

