FILE #2309

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

OCTOBER 11, 1986 — THIS LICENSE OR PERMIT EXPIRES

DOUGLAS FOWLER — LICENSEE OR PERMITTEE

6417 DEERGLEWOOD LANE, LINCOLN, NE 68516 — ADDRESS

T9N; R7E; Sec 33; Bk 2; Lot 3; Deerhaven; — NAME OF ESTABLISHMENT, IF ANY

6101 Doe Drive — 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. 2309

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. 7-9N ; Range 7E ; Section 33 ;
   Block 2 : Lot 3 : Addition DEER HAVEN
   Street Address 6101 DOE DRIVE DEER
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: Greater than 300 ft. WIDE LATERAL SYSTEM

Douglas A. Fawl
Signature of Applicant (Owner or Lessee)

6417 TANGLEWOOD LN
Address
LINC. NE 68516
423 5518

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/10/86 . Date Frwd. 4/11/86 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4/11/86 Date Frwd. 4/11/86 ACTION: Approved ☒ Disapproved ☐ Signature: Jerry M. Shoulte
3. City or County Engineer : Date Rec'd. 4-11-86 . Date Frwd. 4-11-86 . ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5-7-86 by: mm (sewer line, tank + dist box adj.) Partial
Date: 5-28-86 by: mm (as-built drawing)
Date: _____ by: _____

EXPERIMENTAL PROVISIONAL

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-2-86 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
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B

FILE NO. 2309

PROPERTY WHERE SOIL TESTED:

Location: Township_____; Range_____; Section & ¼ Section_____.
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: 12-1-84 to 12-2-84. Weather: Precip. 0 Temp. 21°.

Holds 1-2-3 had water in from pre-test

OWNER: Jon A. Grubb

Address: 3136 Stephanos 423-8357

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"	12-1	9AM	12-2	8:AM	12-2	8:AM	6"	8:30 AM	6"	30m	0"	
2	36"	12-1	9AM	12-2	8:AM	12-2	8:AM	6"	8:30 AM	6"	30m	0"	
3	36"	12-1	9AM	12-2	8:AM	12-2	8:AM	6"	8:30 AM	6"	30m	0"	
4	36"	12-1	9AM	12-2	8:AM	12-2	8:AM	6"	8:30 PM	5 7/8"	30m	1/8"	
5	36"	12-1	9-AM	12-2	8:AM	12-2	8:AM	6"	8:30 AM	5 7/8"	30m	1/8"	
6	36"	12-1	9-AM	12-2	8:AM	12-2	8:AM	6"	8:30 AM	5 7/8"	30m	1/8"	

William M. Hoagland
Signature of Person Conducting Test

Address 2701 N 27th Phone _____

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: April 10, 1986

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

Jerrold C. Hood
Signature of Reviewing Official

REC'D JUN 3 1986

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

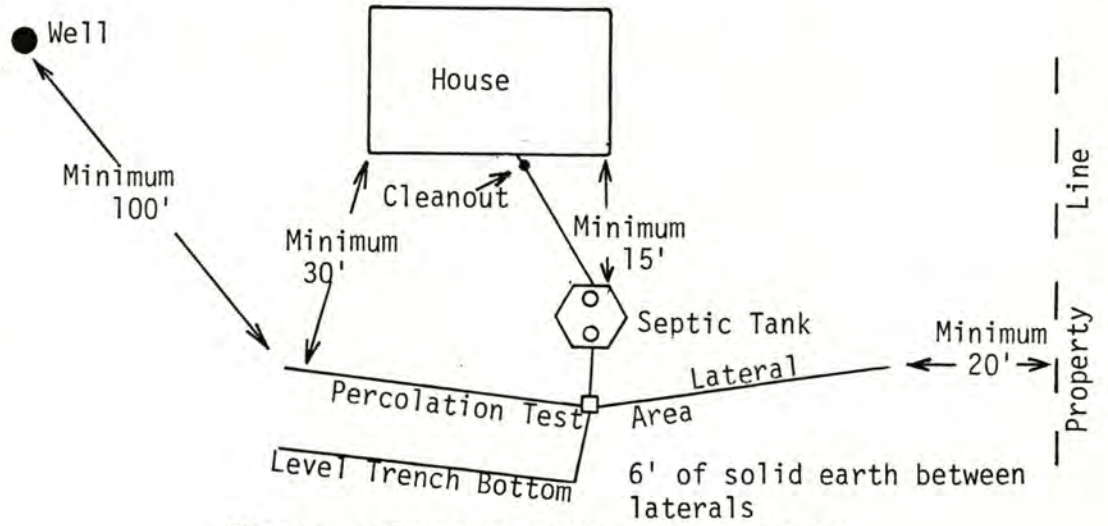
A. BUILDING SEWER:
1. Material 3034 ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 12 ft.
4. Number of clean-outs _____.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.;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

B. SEPTIC TANK:
1. Material Pre-Cast ; No. of compartments _____.
2. Capacity 1000 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 12" 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 6' 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: 400' PVC
Number 2 ; Length of each line 100', _____, _____, _____, _____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines 12 ft.
3. Trench dimensions: Width _____ ft.; Slope _____ in/100 ft.; Average Depth _____ in.
4. Filter Material: Road Gravel
Depth of Material 34" in.
5. Distances to:
Well or Suction Line - ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 20' ft.

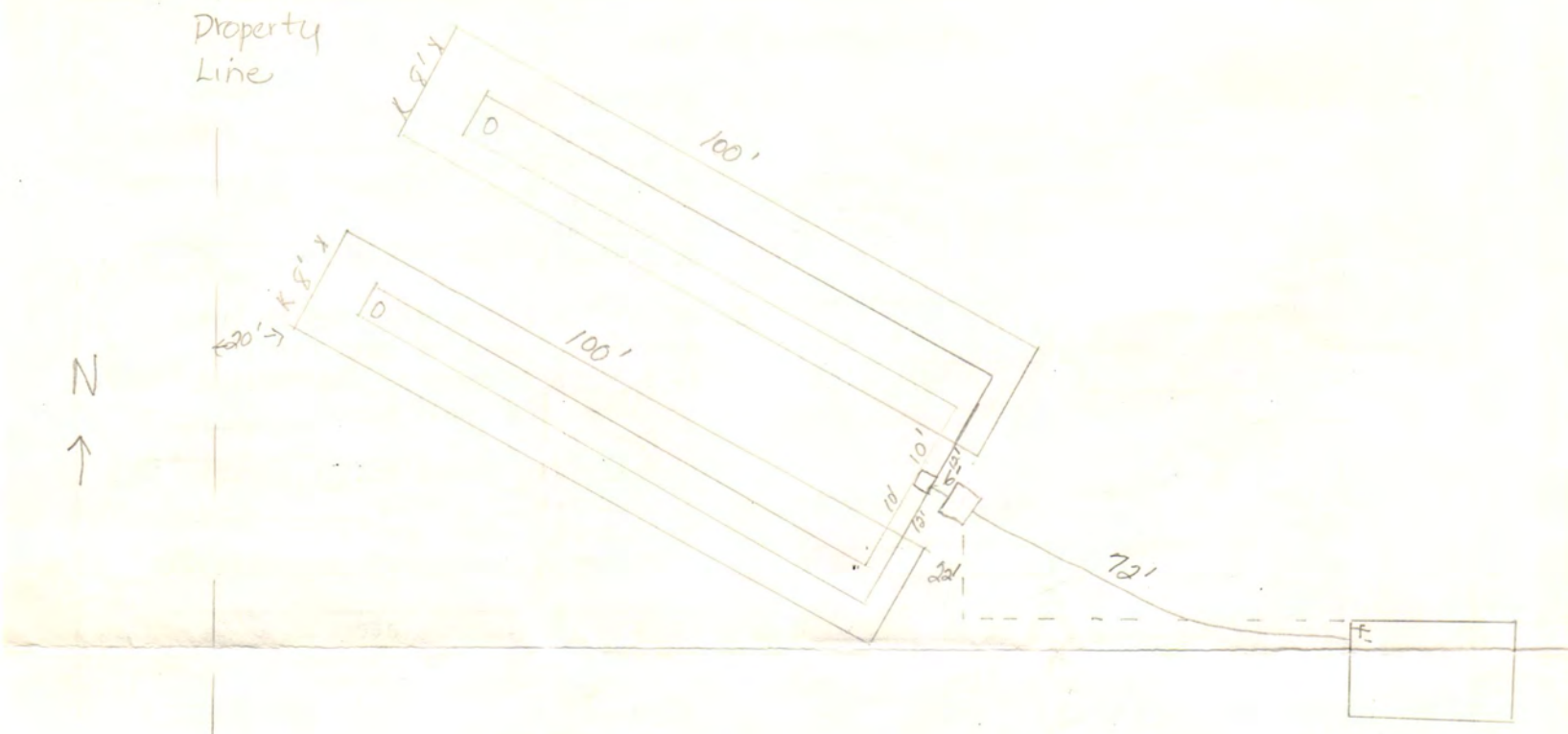
250 Ton

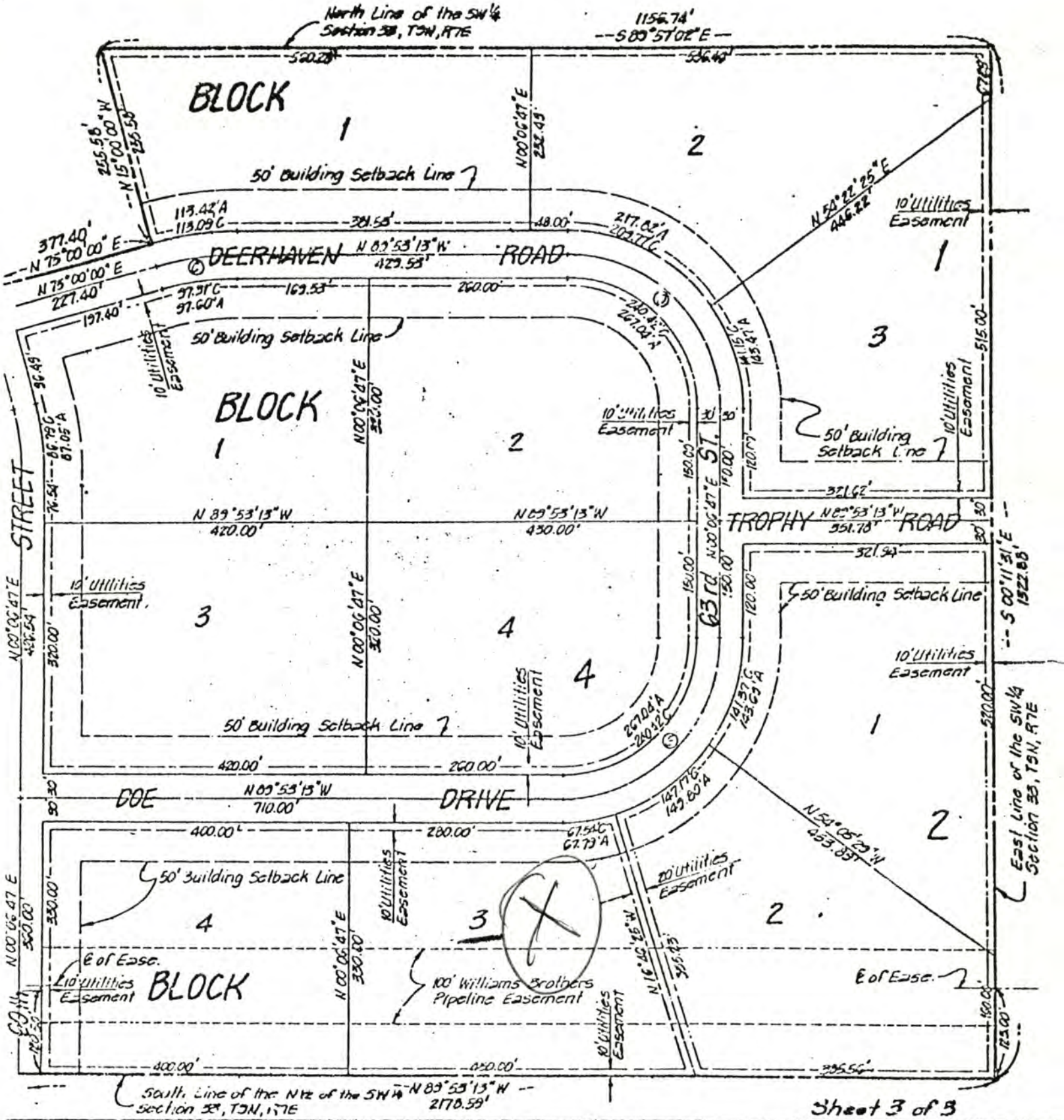


TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE May 29, 1986 INSTALLER Larry Schwarck





CITY TITLE COMPANY, INC.
Bonded Abstracter

By Robert A Cahill, President
Registered Abstracter

RECEIVED MAR 17 1992

001

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: _____

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

Legal Description of Property: TWP. ___; RANGE ___; SECTION _____; BLOCK ___

LOT 3; ADDITION Westbrook; Street Address 6101 Dr. Drive, Lincoln, NE 68516

Directions to Property _____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System NORTH WEST OF HOUSE Year Installed 1986

	NAME	ADDRESS	PHONE
Present Owner:	John Julie Cowles	6101 Dr. Drive, Lincoln, NE 68516	423-0539-H
Tenant/Buyer:			
Return to:	Victor Bell	P.O. Box 530, Lincoln, NE	435-7530

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

Signature of Applicant _____ Address P.O. Box 530 Lincoln, NE 68505

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HEALTH DEPARTMENT USE ONLY

Date Received FEBRUARY 14, 1992 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 2/19/92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☐	Date 2/19/92 by L.C.H.
Bacteria	☐	☐	Provisional:	☒	Date _____ by ___
Nitrate	☐	☐	Disapproved:	☐	Date _____ by ___

Comments: THE SEWAGE SYSTEM IS GIVEN PROVISIONAL APPROVAL BECAUSE IT IS CONSIDERED AN EXPERIMENTAL TYPE SYSTEM. THERE IS NO EVIDENCE OF MALFUNCTION. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Donald C. Hood R.E.H.S. DATE FEBRUARY 19, 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