LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2360-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

JANUARY 17, 1987 — THIS PERMIT EXPIRES

RAYMOND R. JACOBSON, 2920 NO. 54 STREET, APT. #17, LINCOLN, NE 68504
ISSUED TO — ADDRESS

T9N; R7E; Sec 33; Lot 3; Clybern Acres, 6801 Carger Lane
LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
MG	7-17-86	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

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. 2360-C

DATE: 7-17-86

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 33 ;
   Block _____ : Lot 3 : Addition CLYBERN ACRES
   Street Address 6801 CARGER LANE

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.

Raymond L. Jackson
Signature of Applicant (Owner or Lessee)

2920 N. 54th Apt 17.
Address
LINCOLN, NEBR.

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/17/86. Date Frwd. 7/17/86. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 7/17/86. Date Frwd. 7/17/86. ACTION: Approved ☐ Disapproved ☐ Signature: Gary M. Stewart

3. City or County Engineer: Date Rec'd. 7/17/86. Date Frwd. " . ACTION: Approved ☒ Disapproved ☐ Signature: Don Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8/26/86 by: J.C.H.
Date: 8-26-86 by: [illegible]
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-26-86 By: Ron Magnuson

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. 2360-C

PROPERTY WHERE SOIL TESTED: Location 6801 Cargen Home

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: 5-7-86 to 5-8-86. Weather: Precip. 0 Temp. 75.

For Rod Hornby office 483-2911
489-0550

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./Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	30"	5-7-86	7:00 PM	5-8-86	8:30 AM	5-8-86	8:30 AM	8"	10:15 AM	7¾	30 min	¼	30 / ¼
2	"									7½		½	½
3										7½		½	½
4										7½		½	½
5										7¼		¾	¾
6										7		1	1
7										7¼		¾	¾
8										8		0	0

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

Signature of Person Conducting Test

Address 18100 N 1st Phone 785-7755
Bennett, Ne (Do not write below this line)

REVIEWING ACTION

Remarks:_____
Soil Type (SCS): Wymore Silty Clay Loam
Date: MAY 8, 1986

Approved Percolation Rate (a)
A. 53 min./inch
B._____ min./inch
C._____ min./inch

Jerrold C. Hoos
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. 2360-C

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

REVIEWING ACTION

Remarks: _____

Date: July 17, 1986

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 938 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: 474-1541

D

DATE: _____

REC'D AUG 28 19[illegible]

FILE NO. _____

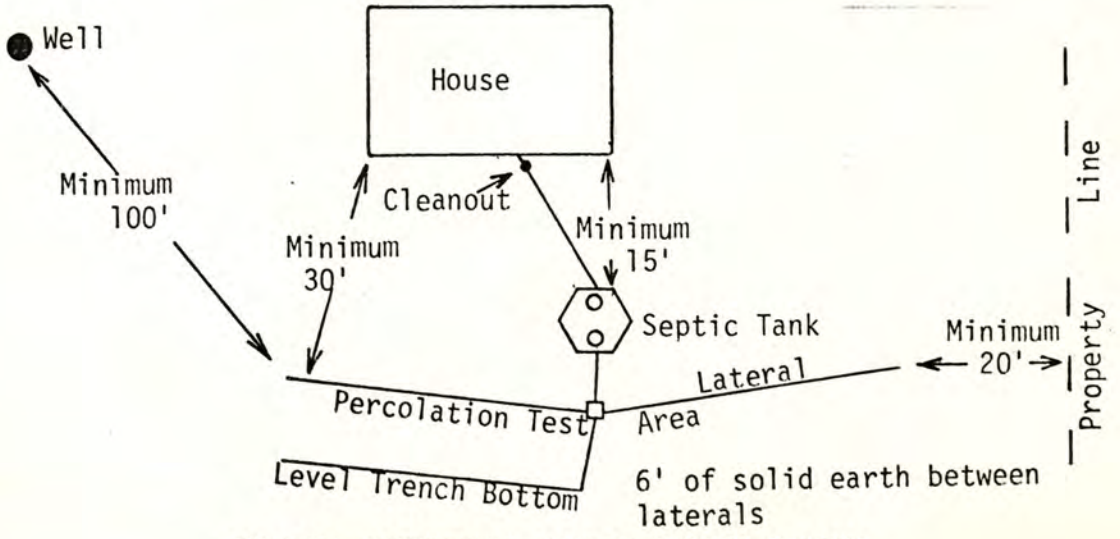
SPECIFICATIONS AS BUILT

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 50 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 Concrete ; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Precast)
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 _____; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company Precast)
3. Distance from Septic Tank 5' 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 4 ; Length of each line 100 , 100 , 100 , 13 , _____ ft.;
Total length of laterals 313 ft.;
Distance between lateral lines 10 ft. 30"
3. Trench dimensions: Width 3 ft.;
Slope 3 in/100 ft.; Average Depth 24"-30" in.
4. Filter Material: Road Gravel
Depth of Material 16" in.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.: Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

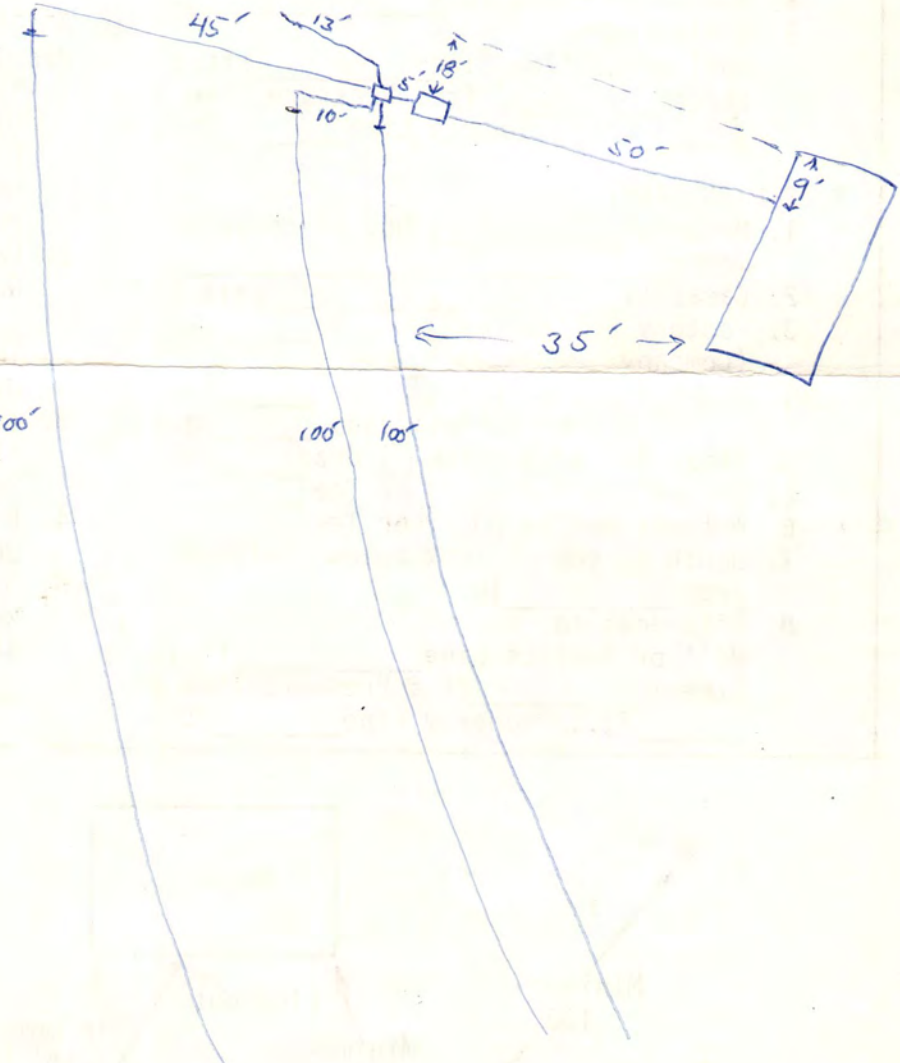
AS BUILT DRAWING OF SYSTEM

DATE 8-26-86 INSTALLER Larry Schwarck

No well

6808 Conger Lane

North



005

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: 2/22/1994

☒ Evaluation of the Sewage Disposal System ☑ Enclosed is $150.00

Legal Description of Property: TWP. 9N ; RANGE 7E ; SECTION 33-[redacted] ; BLOCK ___

LOT 3 ; ADDITION CLYBERN ACRES ; Street Address 6801 CARGER LANE

Directions to Property 1/4 MILE NORTH OF SATILO ROAD ON 70TH STREET TURN WEST ON CARGER LN. SECOND HOUSE ON SOUTH SIDE OF ROAD

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System BACK YARD Year Installed 1986

	NAME	ADDRESS	PHONE
Present Owner:	RAYMOND R. JACOBSON	6801 CARGER LN. Lincoln,	421-2169
Tenant/Buyer:	SAME	(REFIANCE OF LOAN)	
Return to:			

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

Signature of Applicant [signature] Address 6801 CARGER LN. LINCOLN NE

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HEALTH DEPARTMENT USE ONLY

Date Received 02/24/94 MP Received $150.00 Check ☑ Cash ☐ #4171

PRELIMINARY STATUS--DATE 3/2/94

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:	SITE VISIT:
Construction	☐	☐	Approved: ☒	Date 3/2/94 by J.C.H.
Bacteria	☐	☐	Provisional: ☐	Date _____ by ___
Nitrate	☐	☐	Disapproved: ☐	Date _____ by ___

RURAL WATER DISTRICT

Comments: GROUND APPEARS VERY SOFT AT END OF LOWER LATERAL. NOTHING FLOWING OUT HOWEVER. APPEARS SEPTIC TANK WAS PUMPED RECENTLY. See Attached Letter ☐

FINAL STATUS RURAL WATER DISTRICT

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

APPROVED BY Gerald C. Hood R.E.H.S. DATE MARCH 2, 1994

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