LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1461-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

May 14, 1979 — THIS PERMIT EXPIRES

Don L. Kavar — ISSUED TO

3545 North 62, Lincoln, NE — ADDRESS

T12N, R6E, Section 32 SE¼, Bl. 1, Lot 1, Add. Willard Estates — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
FRANK GOLDEN, Lancaster County Treasurer		

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: 474-1541

A

FILING FEE: $ 30.00

FILE NO. 1461-C

DATE: Aug 8, 1978

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. 12N ; Range 6E ; Section 32 SE¼
   Block 1 : Lot 1 : Addition Welland Estates
   Street Address _____

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. EXPERIMENTAL SYSTEM

Mr & Mrs. Don L Kovar
Signature of Applicant (Owner or Lessee)

3545 No. 62nd
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/14/78. Date Frwd. 11/14/78. ACTION: Approved ☒ Disapproved ☐ Conditional only
   Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐
   Signature: Wesley W Boyung *

3. City or County Engineer: Date Rec'd. 11-15-78. Date Frwd. 11-15-78. ACTION: Approved ☑ Disapproved ☐
   Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11-3-78 by: J.H. *
Date: _____ by: _____
Date: _____ by: _____

Experimental System
Provisional Only

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: James Weverka

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

* covered without inspection

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: 474-1541

B

FILE NO. 1461-C

PROPERTY WHERE SOIL TESTED:

Location: Township 12N ; Range 6E ; Section & ¼ Section SE¼-32
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: _____ to _____. Weather: Precip. _____ Temp. _____.

Lot B1K1 Willard Estates

OWNER: Don L Kovar

Address: 3545 No. 62nd

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	30	7/17	9:00	8/17	10:AM	8/17	3	hr Test	—	Last	½ hr	½"	
2	"	"	"	"	"	"						¼"	
3	"	"	"	"	"	"						0	
4	"	"	"	"	"	"						¼"	
5	"	"	"	"	"	"						½	
6	"	"	"	"	"	"						0	
7	"	"	"	"	"	"						0	

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: _____
Soil Type (SCS): Pawnee Clay Loam and perhaps some Shelby Clay Loam
Date: November 14, 1978

Approved Percolation Rate (a)
A. 160 min./inch
B. _____ min./inch
C. _____ min./inch

Gerald C. Hoo
Signature of Reviewing Official

FORM HD- 45(73) PLANS & SPECIFICATIONS
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: 475-6221)

Lot 1 Blk 1.
Kovar Willard Estates

FILE NO. 1461-C

SPECIFICATIONS

DATE: 11-3-78

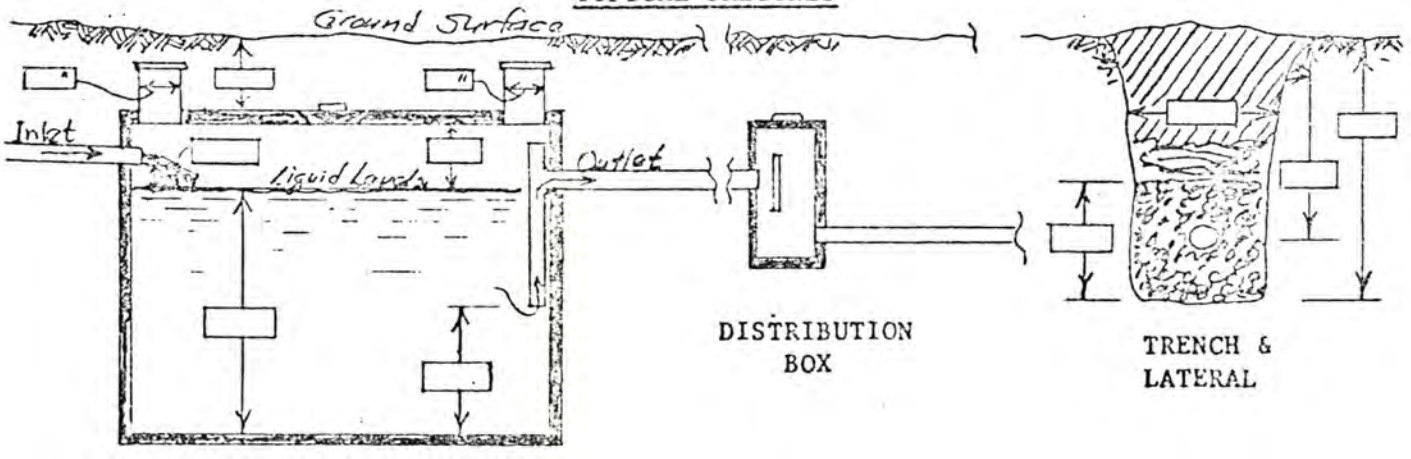
A. BUILDING SEWER:
1. Material Plastic; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor 24 in.
3. Distance between dwelling and septic tank 43 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line ___ ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete; No. of compartments One.
2. Capacity 1000 gals.; Liquid depth ___ in.
3. Factory Built: Yes ☒ (Company Pre-cast) No ☐
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 10 in.
Below Grade 24 in.
5. Inlet: Baffle ☒; or Tee ☐
6. Outlet: Baffle ☒; or Tee ☐
Depth of outlet below inlet ___ in.
7. Depth of top of tank below finished grade 24 in.
8. Distances To:
Well or Suction Line 110 ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

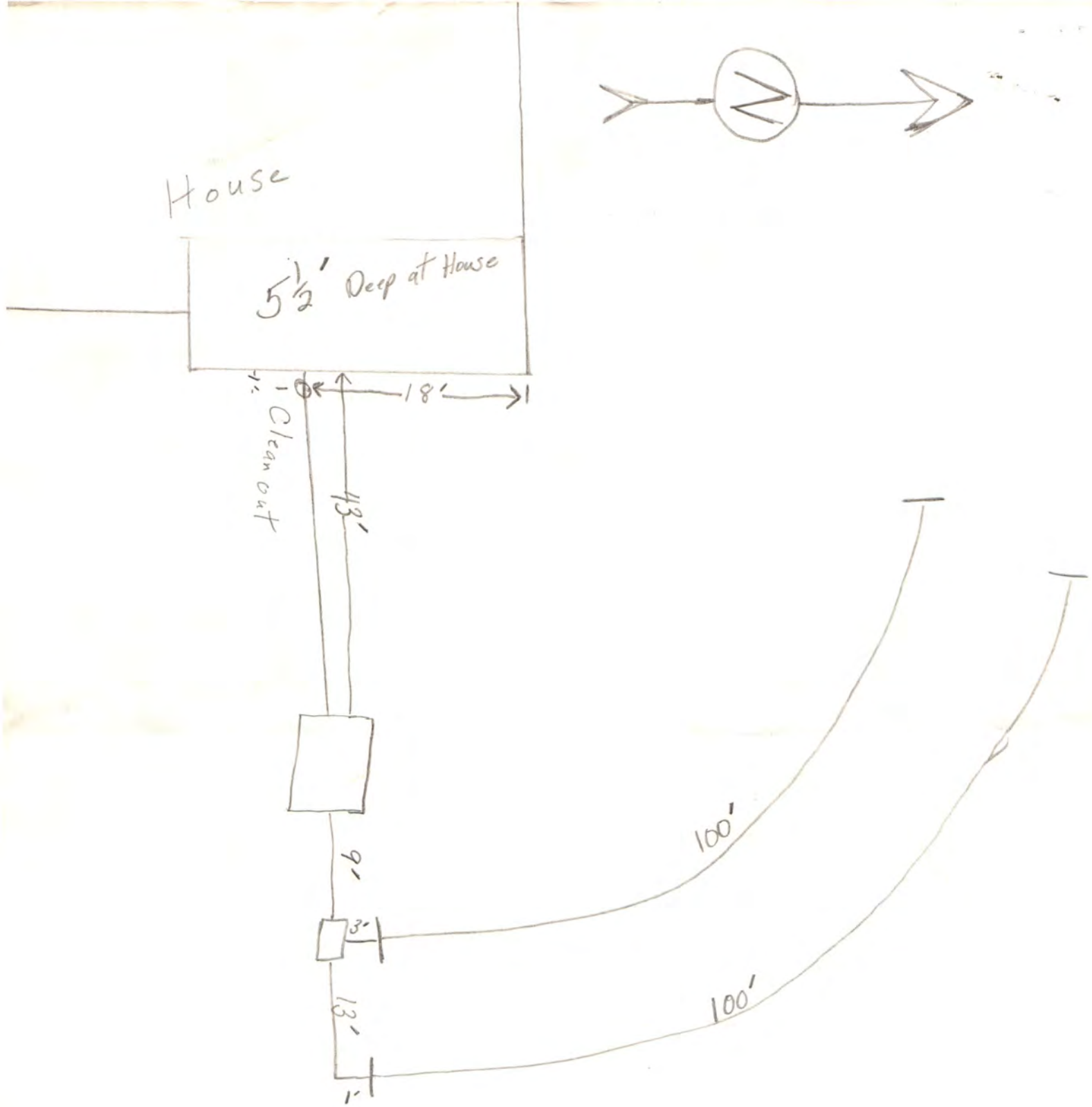
C. DISTRIBUTION BOX
1. Material Concrete; No. available outlets 6.
2. Factory Built: Yes ☒, (Company Precast) No ☐
3. Dimension: Length 24 in.; Width 12 in. Depth 12 in.
4. Distance from Septic Tank 9 ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: 4" Perf Pipe
2. Lateral Lines: Depth below grade 24 in. Number 2; Length of each line 100 ft Total length of Laterals 200 ft.; Slope ___ in/100 ft. Diameter of pipe 4 in.; Shape Plastic Pipe Material: concrete ☐; fiber asbestos ☐; clay ☐; other Plastic Distance between lateral lines 10 ft.
3. Trench Dimensions: Depth 24 in.; Width 48 in.
4. Filter Material: Gravel. Depth of material from trench bottom 12 in.
5. Distances To:
Well or Suction Line — ft.;
Stream — ft.; Pressure Line — ft.
Property Line — ft.
6. Percolation Rate: ___ minutes/inch

TYPICAL SKETCHES



Signature of Applicant

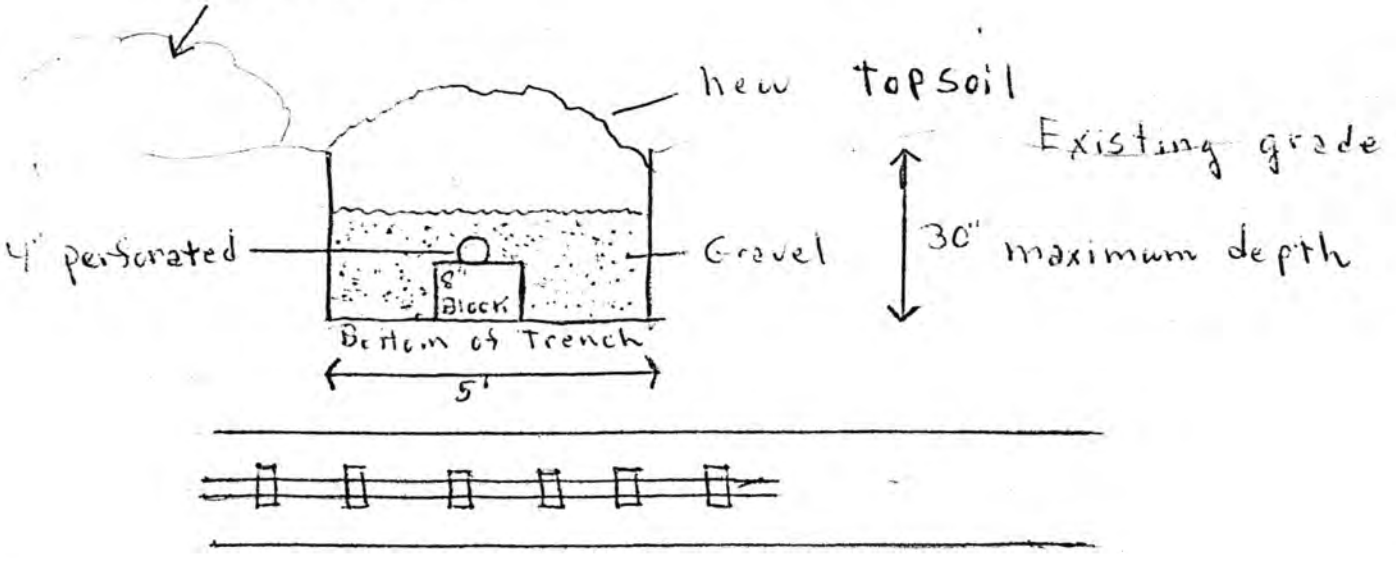

House
5½' Deep at House
18'
Clean out
43'
9'
3'
13'
1'
100'
100'

Self built System

Because of some poor soil conditions in this area and the desires of future residents I would like to try another type of septic system in an effort to expand the types of underground systems available.

the basic idea behind this system is to get more surface area at a shallower depth and replace the poor soil with a more permeable soil such as Judson or Kenner, to allow more heat thus more evaporation.

I have a system similar to this in Willard estate that has been working well for about 2½ years. I have however modified this by using the 8" Block rather than a 4" Brick. this will provide more storage area for waste water. the shallower and wider dimentions coupled with new soil will, I feel prone to be a successful system because more heat will get to the moisture sooner.



This form is to be completed and returned to the Health Department to initiate a request for loan approval.
Make Checks Payable to: Lincoln-Lancaster County Health Department

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, NE 68502
Phone: 474-1541

Enclosed is $45.00 Fee ☒

DATE: 12-11-78

The undersigned hereby requests evaluation of the following for loan approval on the below described property:

☒ Evaluation of the Individual Water Supply

☒ Evaluation of the Sewage Disposal System

Legal description of property: Twp. 12 N ; Range 6E ; Section 32 ;
Block 1 ; Lot 1 ; Addition Willard Estates.
Street Address 15631 N.W 27
Directions on how to get to property approx 1 mile east of Raymond. Then turn North on NW 27th go approx ½ mile on West side of road.
Location of well in front and to south of house
Where is tap: Inside ☒ Outside ☒ on house

	NAME	ADDRESS	PHONE
Present Owner:			
Tenant:			
Lending Agency:	First Federal c/o Gale Furnas	135 No. 68th	475 0521

(Do not write below double lines)

Health Department: Date Received 12/11/78
Received $45.00 Check ☒ Cash ☐
Site Visits: Date 12-12-78 by jw
Date ____ by ____
Date ____ by ____

Shirley J Kovar
Signature of Applicant

Address

PRELIMINARY STATUS -- DATE ____

Water System:
Approved ☒ Disapproved ☐

Sewage Disposal System:
Approved ☐ Provisional Approval ☒
Disapproved ☐ Experimental System

Corrections Required or Reasons for Disapproval ____

☐ See Attached Letter.

FINAL APPROVAL -- DATE 12-13-78

Water System ☒ . Sewage Disposal System ☒ .

BY James Wevelka

Form Number 20215-0878