LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

220 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1909-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

02/09/83
THIS PERMIT EXPIRES

DANIEL L SPIEKER 7630 STARR LINCOLN NE 68505
ISSUED TO ADDRESS

T10N, R5E, SECTION 5, BLOCK 3, LOT 2, ADDITION: PAWNEE ESTATES
LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE NEW

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: EB
DATE: 8/10/82
AMOUNT:

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

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

9-0977

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: $60.00

FILE NO. 1909-C

DATE: 8-9-82

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. 10N ; Range 5E ; Section 5 ;
   Block 3 : Lot 2 : Addition Pawnee Estates
   Street Address 5300 N.W 12 2nd

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.

David J Sparks
Signature of Applicant (Owner or Lessee)

Box 138-A R.R. 1
Raymond, Nebr 68428
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/9/82. Date Frwd. 8/10/82. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8/10/82. Date Frwd. 8/10/82. ACTION: Approved ☐ Disapproved ☐ Signature:

3. City or County Engineer: Date Rec'd. _____. Date Frwd. 8/10/82. ACTION: Approved ☑ Disapproved ☐ Signature: Con R. Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4-6-84 by: RM
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-6-84 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
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 10 ; Range 5 ; Section & ¼ Section 5 .
Property Dimensions: 280 ft. x 700 ft. Area: 4.5 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: Aug 4 to Aug 5 . Weather: Precip. 0 Temp. 90 .

OWNER: Dan Spieker
Address: Box 138-A R.R. 1 Raymond, Nebr 68428

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"	8/4	12:00	8/4	3:00	8/5	6:30	25 3/4	7:00	26 7/8	30	1 1/8"	
2	34"	8/4	12:00	8/4	3:00	8/5	6:30	24 1/2	7:00	25 1/2	30	1"	
3	34"	8/4	12:00	8/4	3:00	8/5	6:30	24 3/4	7:00	26 3/4	30	2"	
4	34"	8/4	12:00	8/4	3:00	8/5	6:30	25 1/8	7:00	25 3/8	30	2/8"	
5	34"	8/4	12:00	8/4	3:00	8/5	6:30	25 1/4	7:00	26 3/8	30	1 1/8"	
6	34"	8/4	12:00	8/4	3:00	8/5	6:30	24 3/4	7:00	25 7/8	30	1 1/8	

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

David J Spieker
Signature of Person Conducting Test
Address Box 138-A RR1 Raymond, Nebr 68428 Phone 474-4531

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Morrill Clay Loam
Date: August 9, 1982

Approved Percolation Rate (a)
A. 27 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold 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 ☒

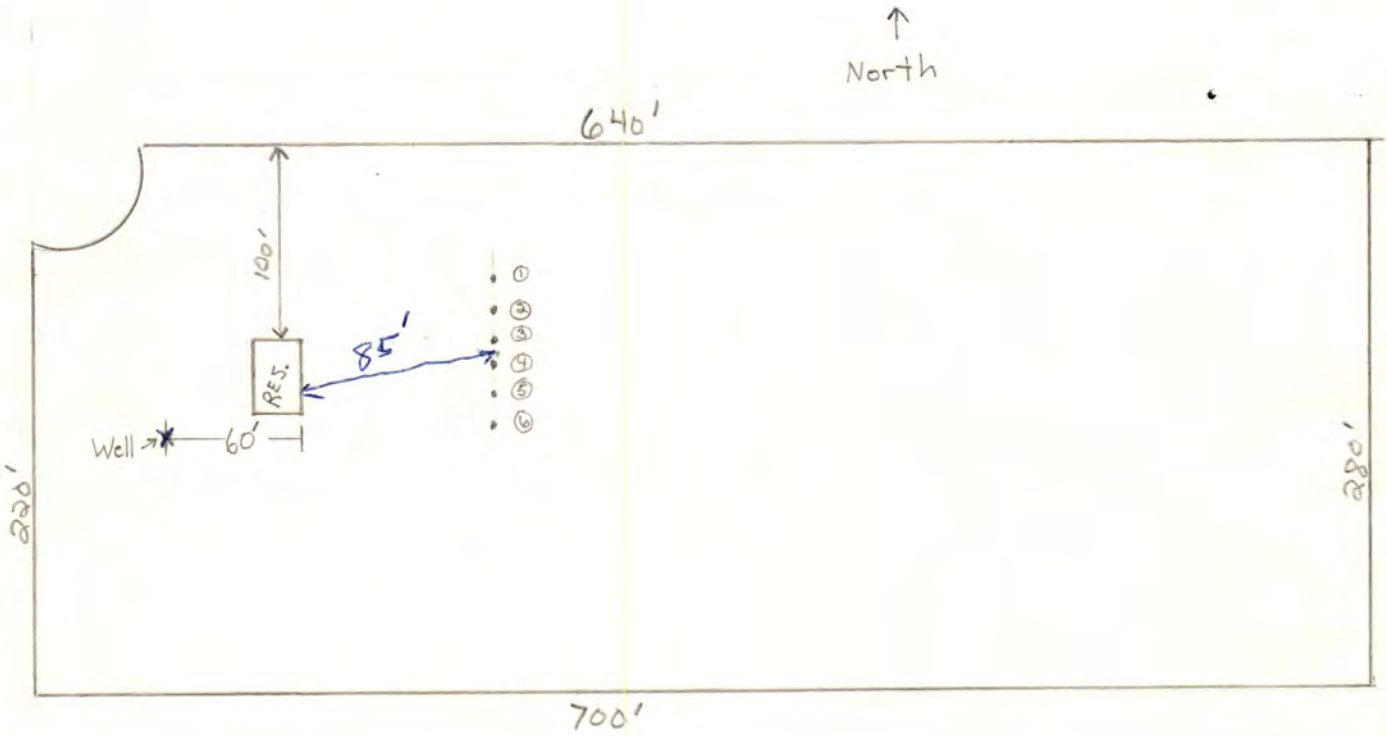
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

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: August 9, 1982

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 119 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 475 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
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D

DATE: 4-5-84

FILE NO. 1909-C

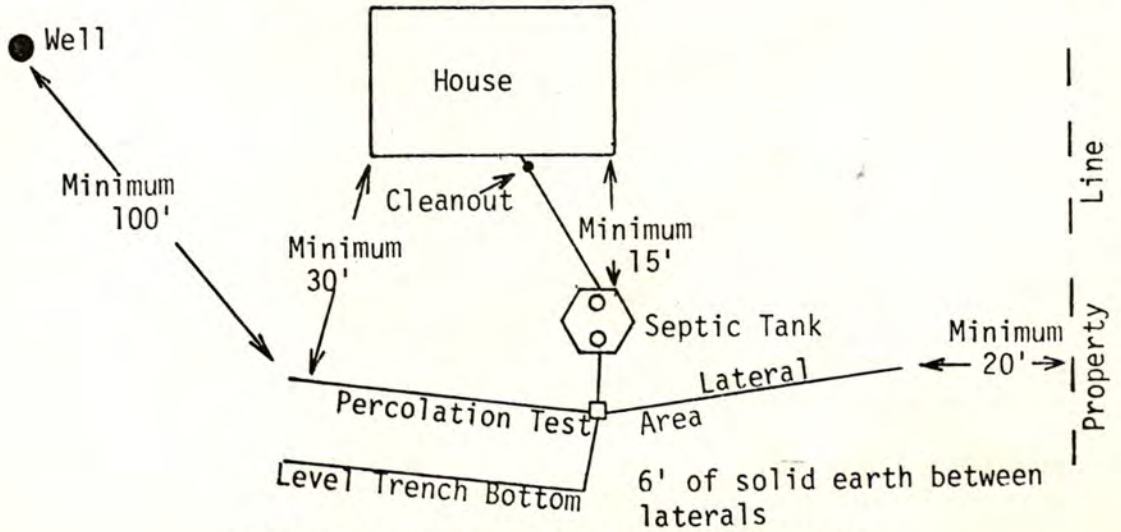
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Plastic; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 15 in.
3. Distance between dwelling and septic tank 98 ft.
4. Number of clean-outs 3.
5. Distances to:
Well or Suction Line over 100' ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

B. SEPTIC TANK:
1. Material Fiber Glass; No. of compartments one.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Cover a Glass)
4. Manholes: Over Inlet; diam. 18 in.
Over Outlet; diam. 18 in.
Riser Above ☐ Below ☐ Grade 12 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 over 100 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

C. DISTRIBUTION BOX:
1. Material Plastic; Number - available outlets 7 avail.
2. Factory Built: Yes ☒ No ☐
(Company ____)
3. Distance from Septic Tank 12 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 12" or Perforated Pipe ____.
Material: fiberglass ☒; plastic ☐; concrete ☐ ; other ____.
2. Lateral Lines:
Number 2; Length of each line ____, ____, ____, ____, ____ ft.;
Total length of laterals 120 ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width 4'6" ft.;
Slope 0 in/100 ft.; Average Depth 3±1 in.
4. Filter Material: Gravel
Depth of Material 20" in.
5. Distances to:
Well or Suction Line Over 100 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 4-5-84 INSTALLER Paul von Gillern

