LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

Permit No. 97380163901

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 08/25/97
Expires 02/25/98
Revenue Code 18754

Establishment

DOUGLAS DEXTER
T12N R6E SEC 21

FEES: $150.00

TOTAL $150.00

Permittee

DOUGLAS DEXTER
5801 N 1 ST
LINCOLN NE 68521

Issued By M. Jane Ford
Health Director

5178

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

A

Permit Number:

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address Not available yet (no rural route) City NE, Zip

Legal Description Note attached 1/8 No. of NW. 12th & Davy Rd.
1/4 | 1/4 | Section | Township | Range | Subdivision | Addition | Block | Lot

Geographical Location (if known): Longitude SE 21 12N 6E Latitude

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Same Signature

Address City/State/Zip

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name Douglas Dexter/Brenda Spilker Company Name Owner/Builder

Address 5801 N. 1st City/State/Zip Lincoln NE 68521

☐ Check if contractor designed system Work Phone (402) 471-9164 or (402) 475-1075

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name John Strohmyer Firm Excavating Inc Work Phone 430-6023

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify

Design flow in gallons per day Type of Wastewater: ☐ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 8/18/97 Date frwd 8/18/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8-18-97 Date frwd 8-18-97 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 8/18/97 Date frwd " ACTION ☑ Approved ☐ Disapproved Signature Dan Thomas

7-8-98 sm

Installation Final Written Approval

By Ron Mayer

Date 7-8-98

Business Office Use Only 3172

Date Rec'd 08/18/97

Amt Paid 150 =

Rec'd By LS Cash/Check No. 2308

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ (no rural route) City _____ NE, Zip _____

Owner Doug Dexter + Brenda Spilker Addresss 5801 No. 1st Lincoln 68521

Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM Percolation Rate: _____ min./inch

Date of Tests 8/10/97 to 8/11/97 Weather: Precipitation wet Temperature 70°

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		'97 Start		'97 End		'97 Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	20"	8/10	10:00	8/11	10:00	8/11	1:00	6"	8/11	1:30	30	1¼	24 MIN/IN
2	22"	8/10	10:02	8/11	10:00	8/11	1:00	6"	8/11	1:30	30	1½"	20 MIN/IN
3	24"	8/10	10:04	8/11	10:00	8/11	1:00	6"	8/11	1:30	30	1"	30 MIN/IN
4	23"	8/10	10:06	8/11	10:00	8/11	1:00	6"	8/11	1:30	30	3/4"	40 MIN/IN
5	26"	8/10	10:08	8/11	10:00	8/11	1:00	6"	8/11	1:30	30	1⅛"	27 MIN/IN
6	24"	8/10	10:10	8/11	10:00	8/11	1:00	6"	8/11	1:30	30	1"	30 MIN/IN

Person Conducting Percolation Tests

Name: John Stuhmyer

Phone: 430-6023

Address _____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 29 MIN/IN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood Date 8/18/97

FORM 23-101 10-96

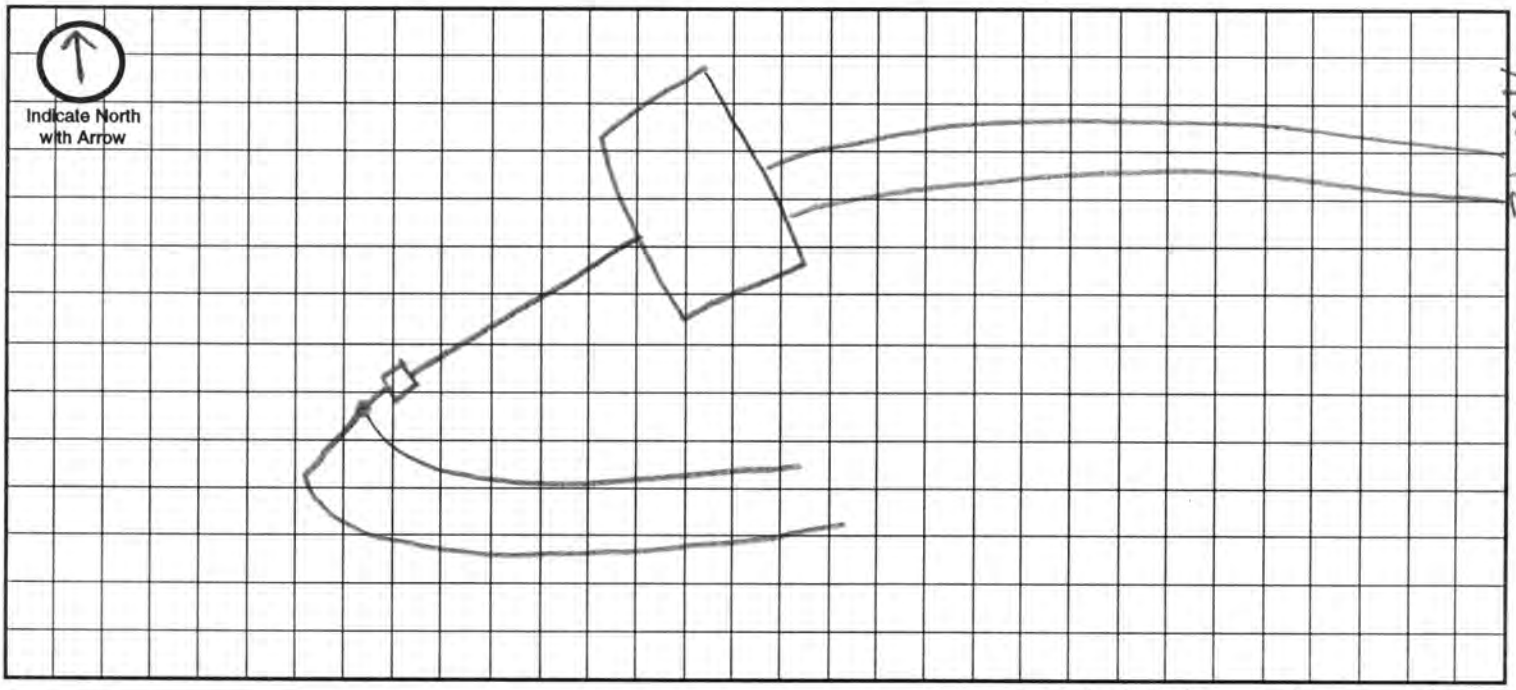
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) Not available yet City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 30 (min. per inch) Soil Type: Silty clay loam Land Slope: _____ %

Type of Absorption System: ☑ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 800 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: infiltrator

Capacity of Septic Tank 1250 gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed _____

Total Length of Laterals 200 ft. Number of Trenches 2 Trench Width 4'

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☑	50 ☐	NA ☑	25 ☑	20 ☑	15 ☑	25 ☑	☑
Field (ft)	100 ☑	500 ☑	50 ☐	4 ☐	30 ☑	20 ☑	30 ☑	40 ☐	☑
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☑	50 ☑	100 ☑	200 ☑	☑

E. Required Signatures

Home Building Contractor Brenda S Spilker Date 8/14/97

Installer John Strohmyer Date 8/15/97

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

D

Permit Number: 97 38 01639

Sewage Disposal System

As Built Plans & Specifications

Date 7 8 98

System Location (Indicate correct number and street)

Address _____ (no rural route) City Raymond NE, Zip _____

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: — in.
   or distance below basement floor: 14" in.
3. Distance between dwelling and septic tank: 69' ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line — ft.
   property line 100+ ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: 1
2. Capacity: 1200 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter — in.
   Over outlet, diameter — in.
   Riser: ☐ above ☐ below grade 13 in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 13 in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line — ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: CONCRETE
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 11' ft.

D. Absorption Field

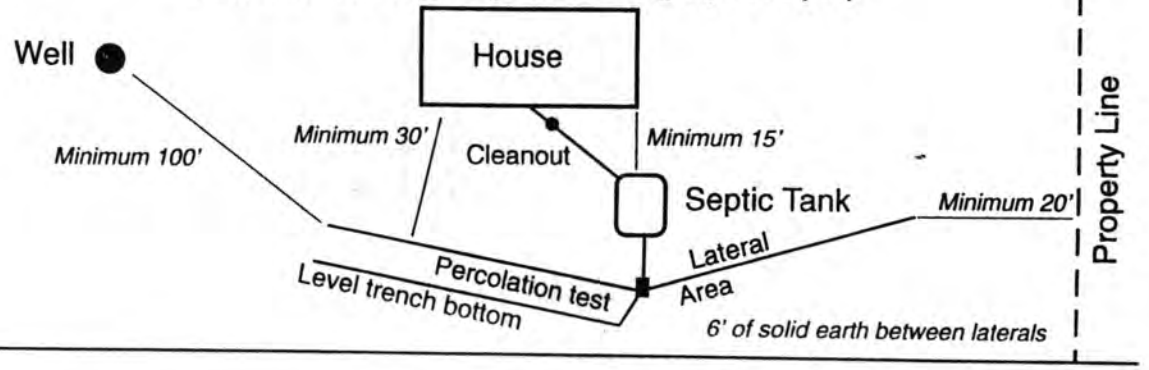
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other INFILTRATOR
2. Lateral lines: Number 2
   Length of each line: 100 ft. 100 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope LESS THE 3 in/100 ft.
   Average depth 27 in
4. Filter material: Road gravel
   Depth of material 23 in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 38 ft.

Indicate North with Arrow

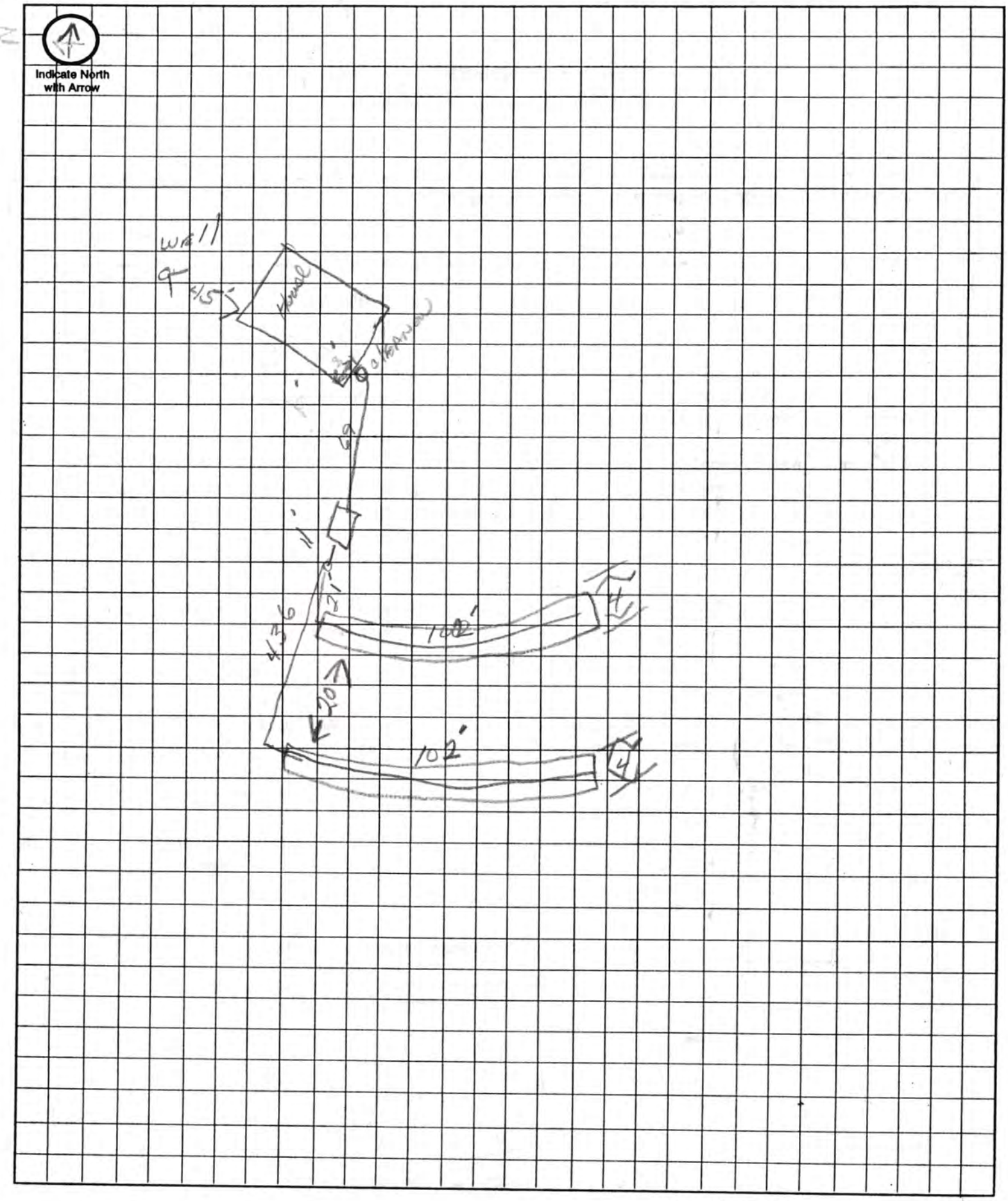
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s

EXHIBIT A

A Tract of land out of and a part of the East 1/2 (one-half) of Section 21, Township 12 North, Range 6 East, of the 6th P.M., Lancaster County, Nebraska, and being more particularly described as follows; Beginning at a capped 5/8" Rebar set on the East line of said Section 21, for the Northeast corner of the Tract herein described, said point being N.00°15'36"E., 2035.10 feet from the Southeast corner of said Section 21; THENCE: S.00°15'36"W., a distance of 637.56 feet, to a capped 5/8" Rebar set for the Southeast corner of the Tract herein described; THENCE: N.89°53'53"W., a distance of 1400.18 feet to a capped 5/8" Rebar set for the Southwest corner of the Tract herein described; THENCE: N.00°15'48"E., a distance of 637.56 feet to a capped 5/8" Rebar set for the Northwest corner of the Tract herein described; THENCE: S.89°53'53"E., a distance of 1400.14 feet to the POINT OF BEGINNING and containing in all 20.490 Acres of land


2 760 000 FEET
495 000 FEET
T. 12 N.
(Joins sheet 9)
20
21
28
29
32
33
Stull
Creek
Davey Rd
New Septic
ShD2
WtC2
PaD2

980909014

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment 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.

Legal Description of Property: CR 3767 Street Address 18201 NW 12th Davey, NE 68336

Twp 12N Range 6E Section 21 1/4 SE 1/4 Block ___ Lot 13 Addition ___

Directions to Property one quarter mile North of Davey Road on NW 12th street

Location of Well Northwest of house Tap Location: Inside ☐ Outside ☐

Location of Sewage System Southeast of house Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Brenda Spilker (Doug Dexter	18201 NW 12th Davey NE 68336	785-2364
Tenant/Buyer:			
Return to:	Brenda Spilker	18201 NW 12th Davey NE 68336	785-2364

Signature of Applicant Brenda Spilker Address 18201 NW 12th Davey NE 68336 Date 8/25/98

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 8/28/98
Initials ___
Amount $150.00
Check No. 3223 ✓

DATA ENTRY
Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By ___ **DATE:** 8/31/98

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 10.1 ppm	☐ ___ ppm

SEWAGE SYSTEM
Approved ☒
Provisional ☐
Disapproved ☐

Additional Site Visits
Date___/___/___by___
Date___/___/___by___
Date___/___/___by___

Comments: ___

See Attached Letter ☐

FINAL STATUS

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

Approved by James E Bare Date 9/9/98

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.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95