FILE NO. 1932

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

APRIL 11, 1983
THIS LICENSE OR PERMIT EXPIRES

C. L. CALLIES 5750 W. ADAMS LINCOLN NE 68524
LICENSEE OR PERMITTEE ADDRESS

T10N, R5E, SECTION 12, LOT 11 IRREGULAR TRACT
NAME OF ESTABLISHMENT, IF ANY ADDRESS

REMARKS: NONTRANSFERABLE ALTER PERMIT

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
018754	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
62310 W11M		30.00 -

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

HEALTH APPLICATION

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☒

County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1932

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: _____

The undersigned hereby applies for a permit to ALTER ☒, EXTEND ☐, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 10N ; Range 5E ; Section 12 ;
Block _____ ; Lot 11 I.T. ; Addition 5750 WEST ADAMS
Street Address _____

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms 2
Describe _____
Other Use ☐
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☒; Other ☐

4. Description of proposed alteration, extension or repair: ~~CHANGE TO LAGOON~~ ADD LATERAL & DISTRIBUTION BOX AT LEAST 12' IF FOUR FOOT WIDE TRENCH

5. Work to be done by: Owner ☐ ; or Contractor ☒, NEAL MCFADDEN
Contractor's Name

6. Estimated cost of project:
a. Materials $ _____
b. Labor $ _____
c. Other $ _____
TOTAL $ _____ OVER $400.00

C. L. Calhoun
Signature of Applicant (owner or lessee)

5750 W. Adams
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 30.00

2. Site Visits:
Date: 10/8/82 by: J.C.H.
Date: 10/29/82 by: J.C.H.
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold E. Wood

4. INSTALLATION FINAL WRITTEN APPROVAL ☒
Date: _____ by: _____

* COVERED WITHOUT INSPECTION. INSTALLER LEW WOOD REPORTED CONFUSION THINKING INSPECTION HAD BEEN ORDERED & MADE.

FORM HD-43 (73) 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)

FILE NO. _____

PROPERTY WHERE SOIL TESTED:
Location: Township _____ : Range _____
Section & ¼ Sect. _____
Property Dimensions: ____ ft. x ____ ft.
Area: _____ acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ; Silty Clay Loam ; Sandy Loam
Silty Loam ; Clay Loam ; Sandy Clay

Owner: Calvin Cattles
Address: 5800 W Adams

Dates of Tests: Sept 2 to Sept 8. Weather: Precip. ¼ in Temp. 78

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./inch)
1	24	Sept	12:00	Sept 8	12:00	Sept	3:30	12 in	4:00	11 ¾	30	¼	
2	24	Sept	12:00	"	"	"	"	12	4:00	11 ¾	"	¼	
3	23	"	12:00	"	"	"	"	12	4:00	11 ½	"	½	
4	24	"	12:00	"	"	"	"	12	4:00	"	"	"	
5	24	"	12:00	"	"	"	"	12	4:00	11 ½	"	½	
6	24	"	12:00	"	"	"	"	12	4:00	11 ¼	"	¼	

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

Dennis Duling
Signature of Person Conducting Test

Address Box 91A Raymond NE
Phone 783-3325

(Do not write below this line)

REVIEWING ACTION

REMARKS: Too slow for conventional septic system.

DATE: September 20, 1982

Approved Percolation Rate (a)
A. 80 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Head
Signature of Reviewing Official

Celles 466-1601

Percolation tests

Oct 17 - 30" deep 3' apart

12" water for 5 hrs from 2:50-7:50

Perk test

Hole #1 - 9½" at 1:15

12"

13 3/4" every

15 3/8"

hole almost dry added 6" at 11:

to all 6 holes

12:15 - 11"

13 1/8"

14 5/8"

15 7/8"

Hole # 2

10"
11 1/4"
12 3/8"
13 1/8"
10 3/4" added water
11 5/8"
12 3/4
13 3/4

3

9"
10 7/8"
12 1/4"
14 1/2"
10 1/2 add
12 1/8"
13 1/4
14 3/8

4

10 1/2
11 1/2
12 1/2
13 1/2
11 1/8" add
12 1/8"
12 7/8"
13 7/8

5

11 1/2"
12 1/2
13 1/2
14 1/4
11 5/8 add
12 3/4
13 3/4
14 5/8

6 9 1/8
10 1/2
11 5/8
12 5/8
9 3/4 add
10 7/8
12"
12 1/8"

Permit description
Township
5 East
Section 12
Lot 11 Irreg Tract
P.P. dimensions
330 X 827 roughly.
We'll be there at tomorrow

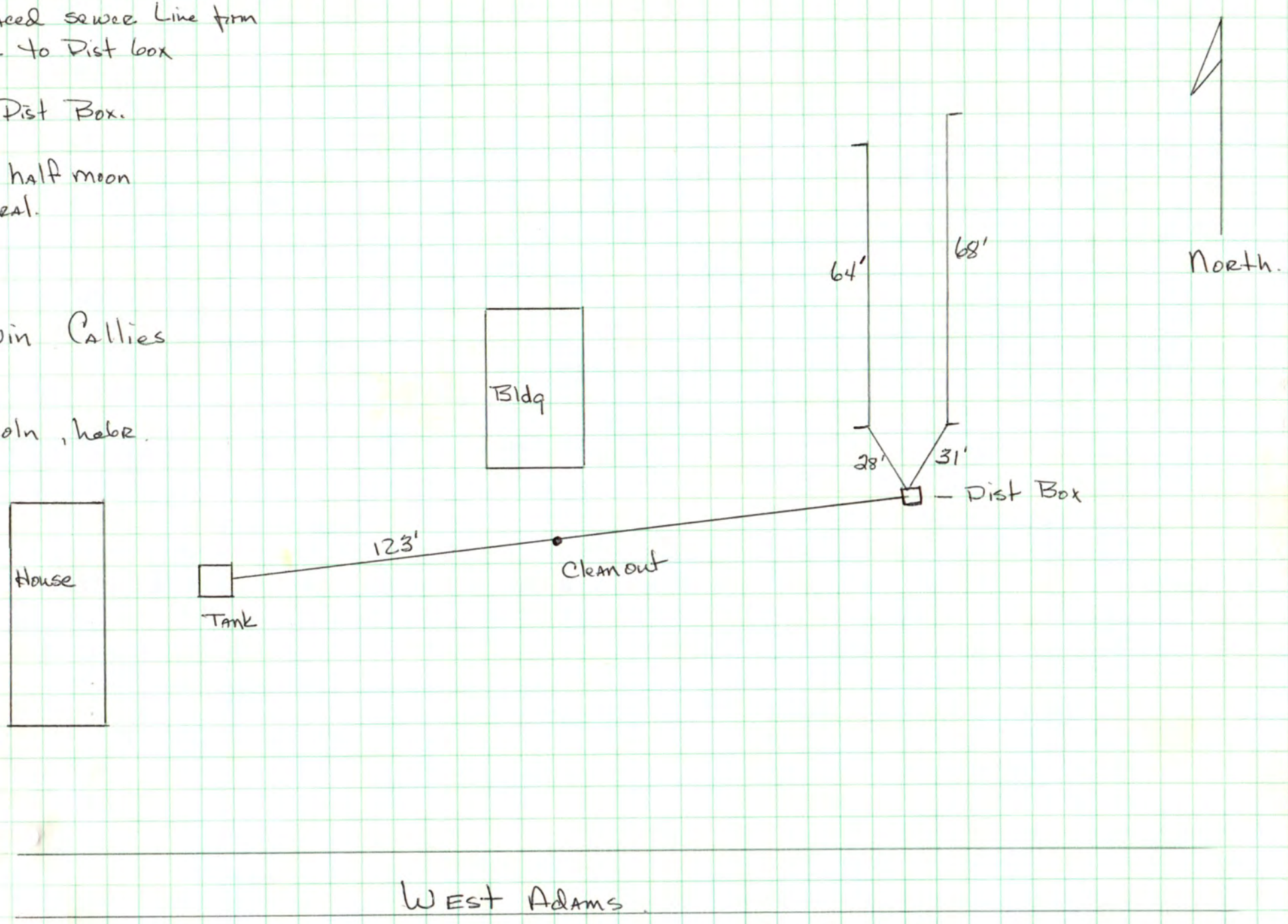
Replaced sewer Line from
Tank to Dist box

New Dist Box.

132' half moon
Lateral.

Calvin Callies

Lincoln, Nebr.



The Lincoln - Lancaster County Health Department will let Mr. Calvin Callies use an existing septic system for a new house to be constructed at 5750 West Adams Street on property described as Lot 11 I.T. in Section 12, T 10 N, R 5 E as long as the following conditions are met: The septic lateral is removed at a point 20 feet back from the east property line or the ravine whichever the septic lateral reaches first and the end of the remaining usable lateral is plugged off at the end. All work on this lateral is to be inspected and approved by the Lincoln - Lancaster County Health Department prior to recovering and before said new house is occupied.

Jerrold C. Hood R.S.

001

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-8000 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.

[X] Evaluation of the Individual Water System Date: July 20, 1992

[X] Evaluation of the Sewage Disposal System [X] Enclosed is $150.00

Legal Description of Property: TWP. 10N; RANGE 5E; SECTION SE¼ 12-~~10-5~~; BLOCK ____

LOT 11; ADDITION ____; Street Address 5750 W Adams St.

Directions to Property ____

Location of Well West Side of House Tap Location: Inside [X] Outside [ ]

Location of Sewage System East Side of House Year Installed 1982

	NAME	ADDRESS	PHONE
Present Owner:	Delmar Drewes & Mary Drewes	5750 W. Adams St. Lincoln, NE	470-3080
Tenant/Buyer:			
Return to:	First Security National Bank	100 West Fletcher Ave. Lincoln, NE 68521	435-7233

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

Signature of Applicant Mark Eske Address 100 West Fletcher Ave. Lincoln, NE 68521

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HEALTH DEPARTMENT USE ONLY

Date Received [illegible] Received $150.00 Check [✓] #9811 Cash [ ]

PRELIMINARY STATUS--DATE 7-21-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	[X]	[ ]	Approved:	[X]	Date ____ by ____
Bacteria	[X]	[ ]	Provisional:	[X]	Date ____ by ____
Nitrate	[X]	[ ]	Disapproved:	[ ]	Date ____ by ____

Comments: Recommend continuing to check septic tank every 2-3 yrs to see if it needs pumping. Original septic system predates regulations, thus, a provisional approval. An extension of extra subsurface trench has been installed & is on file. See Attached Letter [ ]

FINAL STATUS

WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
Approved: [X]	Approved: [ ]	Provisional Approval: [X]

APPROVED BY Ron Marquart, RS. DATE 7-28-92

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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
2200 St. Mary's Avenue
Lincoln, NE 68502-3785
(402) 471-8000

Legal Description 12-10-5 Location 5750 W. Adams

Owner/Requestor Mary Doerr

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

____ New system, initial
____ New system, followup
____ Existing system, repair
____ Existing system, followup
X Loan approval
____ Consultation
____ Other (Specify)

REMARKS Well and septic systems appear satisfactory. Repair & extension work was covered without inspection.

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   A. Leach Field
   B. Septic Tank
   C. Sewer Line
   D. Frost-Proof Hydrant
   E. Lagoon
   F. Accumulated Manure
   G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System X Septic ___ Lagoon

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: R. Marquart Received by: _____

Date: 7-21-92

WA1002