FILE # 2825

# CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — 6 MONTHS
TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

DONAVON E. BROBERG 621 DRIFTWOOD — LINCOLN, NE 68510
LICENSEE OR PERMITTEE — ADDRESS

T10N; R6E; Sec. 32; Lot 49 I.T.
NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NON TRANSFERABLE ALTER, EXTEND OR REPAIR

| PERMIT | ACCOUNTING NUMBER | TOTAL |
|---|---|---|
| $ 30.00 | 018754 | $ 30.00 |

Valid Receipt Only if Machine Receipted In This Space

Serial No. — Date and Amount

$30.00

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

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 [X]
County Resolution No. 2832 [ ]

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO. 2825

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

DATE: 4-20-89

The undersigned hereby applies for a permit to ALTER [ ], EXTEND [ ], or REPAIR [X] 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 6E ; Section 32 ;
Block ; Lot LOT 49 I.T. Addition
Street Address

2. Property Use: Residential [X]; Commercial [ ]
No. Bedrooms 3
Describe
Other Use [ ]
Describe

3. Type of existing Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Description of proposed alteration, extension or repair: INSTall new disposal field,

5. Work to be done by: Owner [ ] ; or Contractor [X] , Don Broberg
Contractor's Name

6. Estimated cost of project:

| | | |
|---|---|---|
| a. Materials | $ | 1398 00 |
| b. Labor | $ | 551 00 |
| c. Other | $ | 30 00 |
| TOTAL | $ | 1909 00 |

Margaret McVicker Mark McVicker
(Signature of Applicant (owner or lessee)

3635 West A
Address

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: 5/8/89 by: J.C.H
Date: by:
Date: by:

3. Date: Approved [X]; Disapproved [ ]
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: MAY 5, 1989 by: J.C. Hood

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. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 10N ; Range 6E ; Section & ¼ Section NW1/4-32
Property Dimensions: 204 ft. x 1181 ft. Area: 5.53 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☒ ; Clay Loam ☐ .
Dates of Tests: 4-15-89 to 4-16-89. Weather: Precip. 0 Temp. 70°.

OWNER: Jon McVicker

Address: 3635 West A ST, Lincoln

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 | | | | |
| Hole 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 | 32" | 4/15 | 4:55 | 4/16 | 1:30 | 4/16 | 4:30 | 20" | 5:00 | 21 3/4 | 30 | 1 3/4 | 17 |
| 2 | 32" | 4/15 | 4:50 | | 1:31 | | 4:31 | 20" | 5:01 | 21 3/4 | 30 | 1 3/4 | 17 |
| 3 | 31" | 4/15 | 5:05 | | 1:33 | | 4:33 | 20" | 5:03 | 21 3/8 | 30 | 1 3/8 | 22 |
| 4 | 30" | 4/15 | 5:06 | | 1:35 | | 4:35 | 20" | 5:05 | 21 1/4 | 30 | 1 1/4 | 24 |
| 5 | 30" | 4/15 | 5:10 | | 1:36 | | 4:36 | 20" | 5:06 | 21 - | 30 | 1 | 30 |
| 6 | 28" | 4/15 | 5:12 | | 1:37 | | 4:37 | 20" | 5:07 | 20 7/8 | 30 | 7/8 | 34 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Sum of Percolation Rates: 144
Average of Rates: 24
Mean of Rates: 25 1/2

Don Bubeg
Signature of Person Conducting Test

Address 621 Driftwood, Lincoln Phone 488-5162

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): Sharpsburg Silty Clay Loam

Date: April 20, 1989

Approved Percolation Rate (a)
A. 23 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 ☐

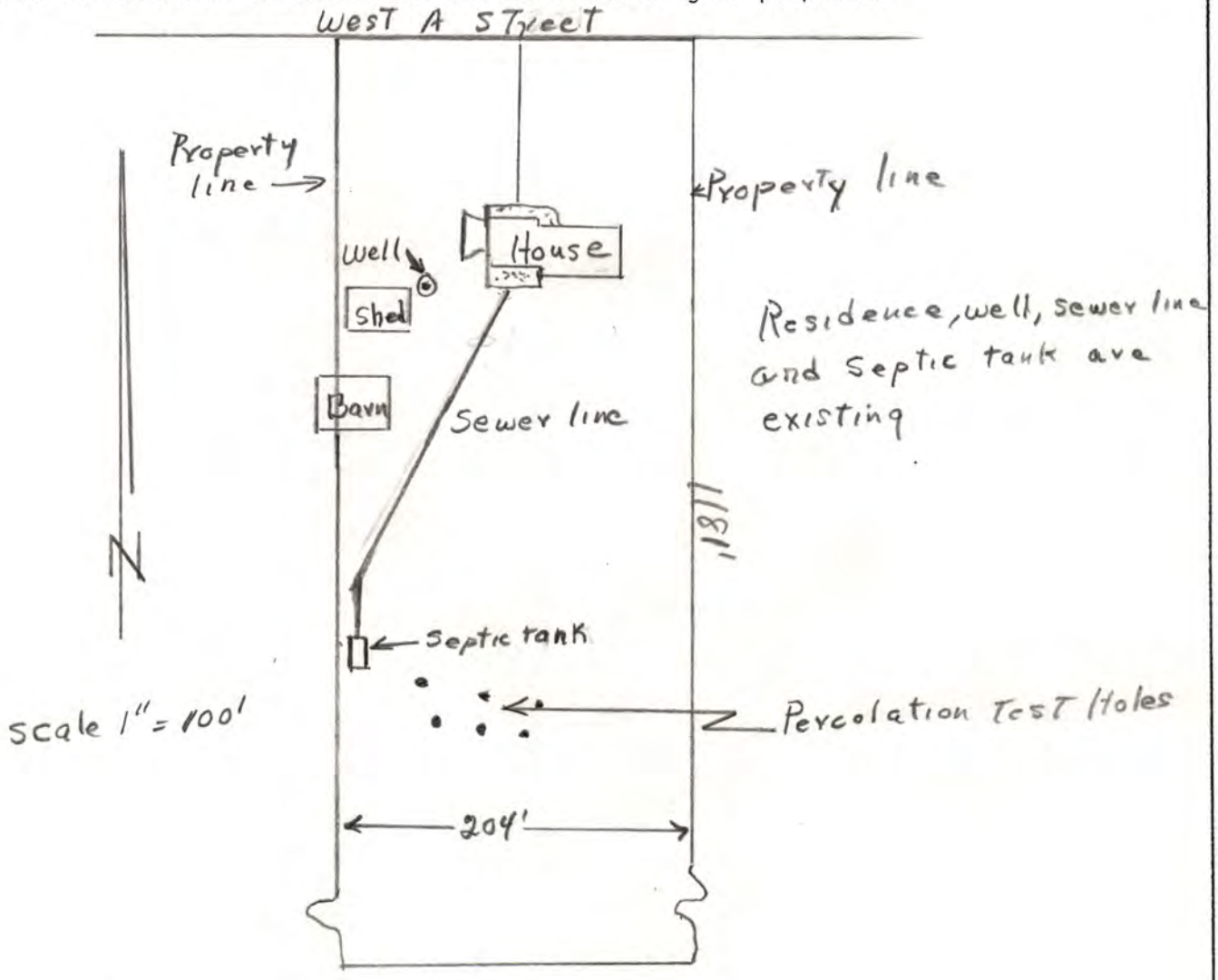
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

**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:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed_____sq.ft.

_____
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: 471-7800

**D**

DATE: _____

FILE NO. _____

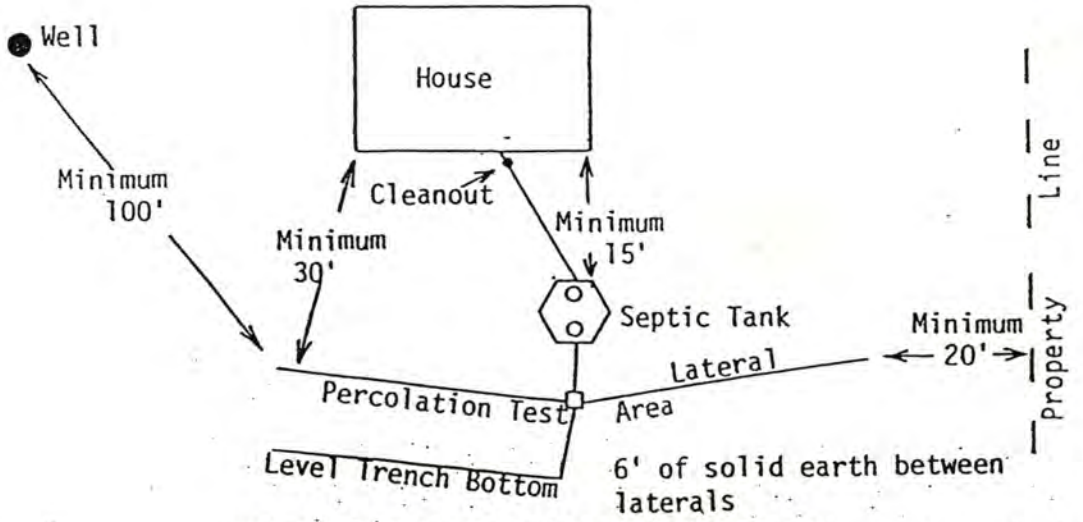
## SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material _____; Diameter _____ in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank _____ 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 _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
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 _____ in.
8. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material PVC; Number - available outlets 3.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 43 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 _____.
2. Lateral Lines:
Number 3; Length of each line 75, 75, 75, _____, _____ ft.;
Total length of laterals 225 ft.;
Distance between lateral lines 9-12 ft.
3. Trench dimensions: Width 3 ft.;
Slope 6 in/100 ft.; Average Depth 14 in.
4. Filter Material: Straw
Depth of Material 2 in.
5. Distances to:
Well or Suction Line 280 ft.;
Stream 150 ft.; Pressure Line _____ ft.; Property Line 30 ft.



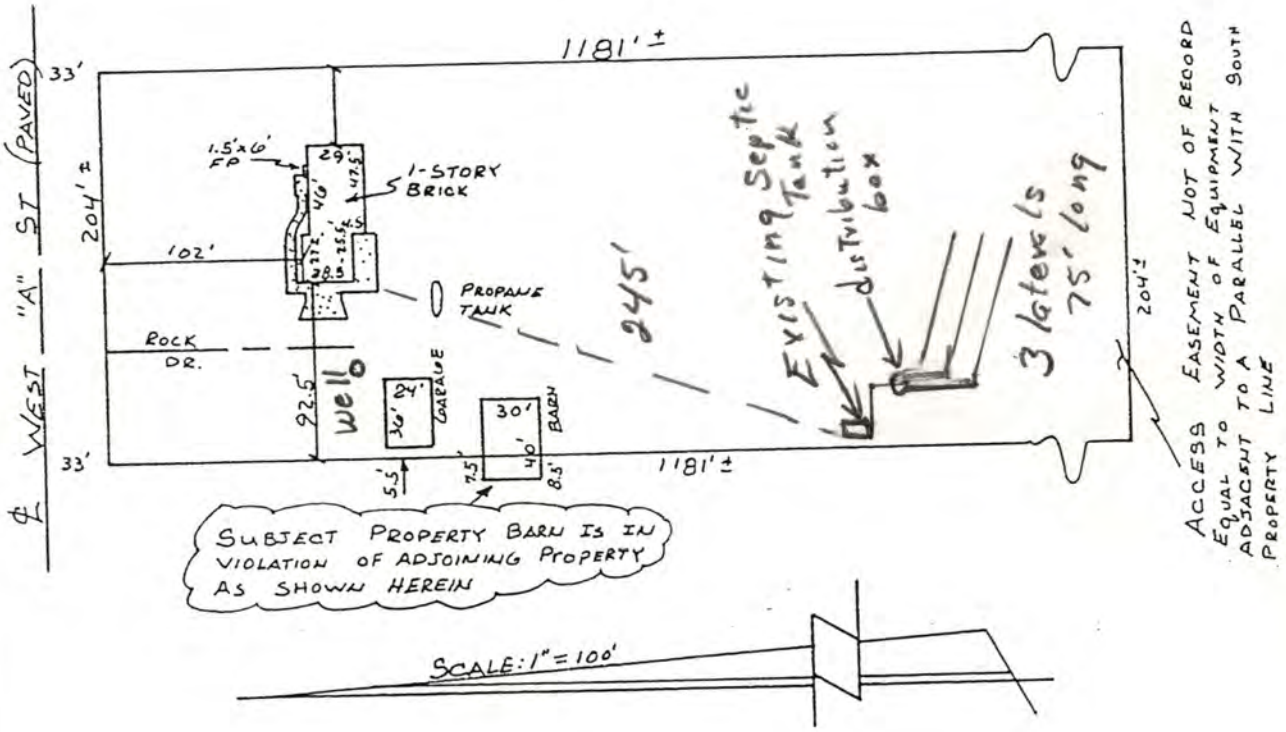

TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

# PROPERTY IMPROVEMENT LOCATION PLAT

COL. FED. NTC

## 3635 WEST "A" ST.

NOTE: Subject property apparently falls within the confines of Zone "C" as determined by the FEMA-FIA Flood Rate Map community 315273, panel 0020C, revised 3/19/86




LEGAL DESCRIPTION: Lot 49, I.T. in the NW/4 of Section 32, T10N, R6E of the 6th P.M., Lancaster County, Nebraska.

DATE OF CERTIFICATE
1-3-89

REVISED

NEBRASKA REGISTERED LS-381 LAND SURVEYOR JESSE W. WININGER

### SURVEYOR'S CERTIFICATE

To the Lienholders and/or the owners of the premises inspected, and to
Mr. Jon McVicker and Meridian Title Co.

The undersigned does hereby certify that the inspection made this day on the ground of the property legally described hereon and is correct, and that there are no visible discrepancies, conflicts shortages in area, boundary line conflicts, encroachments, overlapping of improvements, easements or rights-of-way in evidence or known to me, except as shown hereon, and that said property has access to and from a dedicated roadway. The foregoing is shown with an accuracy necessary to satisfy the needs of a lendor or insuror. This plat is not a boundary survey and is not to be used for any purpose whatsoever other than those specifically stated above.

Jesse W. Wininger


Professional Surveyors, Inc.
421 SO. 9TH - SUITE 101
LINCOLN, NE 68508
(402) 477-5255
JESSE W. WININGER, L.S.
PRESIDENT


PROJECT NO.
89003

104-52

010

# Lincoln-Lancaster County Health Department

**2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022**

## REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned 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.

☐ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 3635 W. A

Twp 10N Range R6E Section 32 1/4 NW 1/4 Block ___ Lot 49 Addition ___

Directions to Property 1¼ miles west of Goldingham & A, south side of A Street, brick ranch-style house

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

Location of Sewage System south of house about 100 yds. Year Installed 1989

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | McVicker | 3635 West A<br>Lincoln, NE 68522 | 477-4808 |
| Tenant/Buyer: | | | |
| Return to: | Margaret McVicker | 3635 West A<br>Lincoln, NE 68522 | 477-4808 |

Signature of Applicant Margaret McVicker Address 3635 West A Lincoln, NE 68522 Date 12/15/93

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**HEALTH DEPARTMENT USE ONLY**

Date Received 1/3/94 Received $150.00 Check ☒ Cash ☐

**PRELIMINARY STATUS--By** Carroll C. Hood **DATE:** 1/5/94

| WATER SYSTEM: | Approved | Disapproved | SEWAGE SYSTEM | Additional Site Visits |
|---|---|---|---|---|
| Construction | ☒ | ☐ | Approved ☐ | Date___/___/___by___ |
| Bacteria | ☒ 0 /ml | ☐ ___ /ml | Provisional ☒ | Date___/___/___by___ |
| Nitrate | ☒ <0.1 ppm | ☐ ___ ppm | Disapproved ☐ | Date___/___/___by___ |

**Comments:** COULDN'T GET OLD PRESSURE TANK OFF USED AS COVER OVER WELL BECAUSE IT WAS FROZEN DOWN. REMEMBER THAT WELL CONSTRUCTION WAS OK. ON PREVIOUS VISITS. IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. A SMALL PORTION OF THE SEPTIC PREDATES REGULATIONS HENCE APPROVAL IS PROVISIONAL, NO EVIDENCE OF MALFUNCTION. See Attached Letter ☐

**FINAL STATUS**

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

Approved by Carroll C. Hood R.E.H.S. Date 1/7/94

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.

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# 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: 2-4-92

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

Legal Description of Property: TWP. 10N; RANGE 6E of 6th P.M.; SECTION NW¼ of 32; BLOCK ____

LOT 49; ADDITION ____; Street Address 3635 W. A

Directions to Property 1¼ miles west of Goddington & A, South side of the street

Location of Well ~~West of House by Finished~~ Tap Location: Inside ☒ Outside ☒

Location of Sewage System South of house - about 250 ft Year Installed 1989

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | Jon Mack & Margaret McVicker | 3635 W. A (22) | 477-4808 |
| Tenant/Buyer: | Same | | |
| Return to: | Same | | |

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

Signature of Applicant Margaret McVicker Address 3635 W. A

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*HEALTH DEPARTMENT USE ONLY*

Date Received FEBRUARY 6, 1992 Received $150.00 Check ☒ Cash ☐

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PRELIMINARY STATUS--DATE 2/7/92

| WATER SYSTEM: | Approved | Disapproved | SEWAGE SYSTEM: | | SITE VISIT: | |
|---|---|---|---|---|---|---|
| Construction | ☐ | ☒ | Approved: | ☐ | Date 2/7/92 | by J.C.H. |
| Bacteria | ☒ | ☐ | Provisional: | ☒ | Date 2/18/92 | by J.C.H. |
| Nitrate <0.1 P.P.M. | ☒ | ☐ | Disapproved: | ☐ | Date ____ | by ____ |

Comments: CONDUIT IS BROKEN INTO WELL HEAD. SCREENED AIR VENT IS MISSING. Both Corrected 2/18/92 J.C.H. PORTIONS OF THE SEWERAGE WERE INSTALLED PRIOR TO REGULATIONS HENCE APPROVAL IS PROVISIONAL. NO EVIDENCE OF ANY MALFUNCTION. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold C. Hood R.E.H.S. DATE FEBRUARY 21, 1992

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