FILE NO. 2004-C

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

DECEMBER 28, 1983
THIS LICENSE OR PERMIT EXPIRES

DENNIS L. FREY — RT #1, BOX 52B — ROCA, NE 68430
LICENSEE OR PERMITTEE — ADDRESS

T11N, R6E; Sec. 35; Bk 3; Lot W½ 4; Add. Garden Valley
NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NONTRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 60.00	$	$	$	$ 60.00

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

SERIAL NO.	DATE	AMOUNT
64757 JN28 83		60.00 -

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 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~~ 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2004

DATE: _____

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. 11 N ; Range 6E ; Section 35 ;
   Block 3 : Lot W½ 4 : Addition Garden Valley
   Street Address Approximately 900 Fletcher

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.

Dennis L. Frey
Signature of Applicant (Owner or Lessee)

RT#1 Box 52B Roca NE 68430
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/27/83. Date Frwd. 6/28/83. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6/28/83. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Jerry N Ahrens

3. City or County Engineer: Date Rec'd. 6/28/83. Date Frwd. 6/28/83. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bratsla

Sec 6. March 18, 1975 Lot 6
REMARKS OR REASONS FOR DISAPPROVAL No well permit yet.

Site Visits:
Date: 8/29/83 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

ROCKS IN AREA OF SEPTIC FIELD. NONE IN AREA ABOVE. NO INDICATION OF GLACIAL TILL ON SOILS MAP.

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/29/83 By: Jerrold C. Hood

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
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. 2004

PROPERTY WHERE SOIL TESTED:

Location: Township 11 N ; Range 6 ; Section & ¼ Section 35.
Property Dimensions: 315 ft. x 1262 ft. Area: 10 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☒ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 6-23-83 to 6-24-83. Weather: Precip. 0 Temp. 90.

OWNER: Kieth Spilker

Address: 5801 N 1ST

at Last Reading all holes were adjusted To a 6" depth

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	36	6-23	8 AM	6-23	3 PM	6-24	2 PM	6	6 PM	6	30	1¼	
2	36	6-23						6		6	30	1	
3	36	6-23						6		6	30	1½	
4	36	6-23						6		6	30	1	
5	36	6-23						6		6	30	¾	
6	36	6-23						6		6	30	1	

Dennis L. Frey
Signature of Person Conducting Test

Address Roca Ne. 68430 Phone 423-7698

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

(Do not write below this line)

REVIEWING ACTION

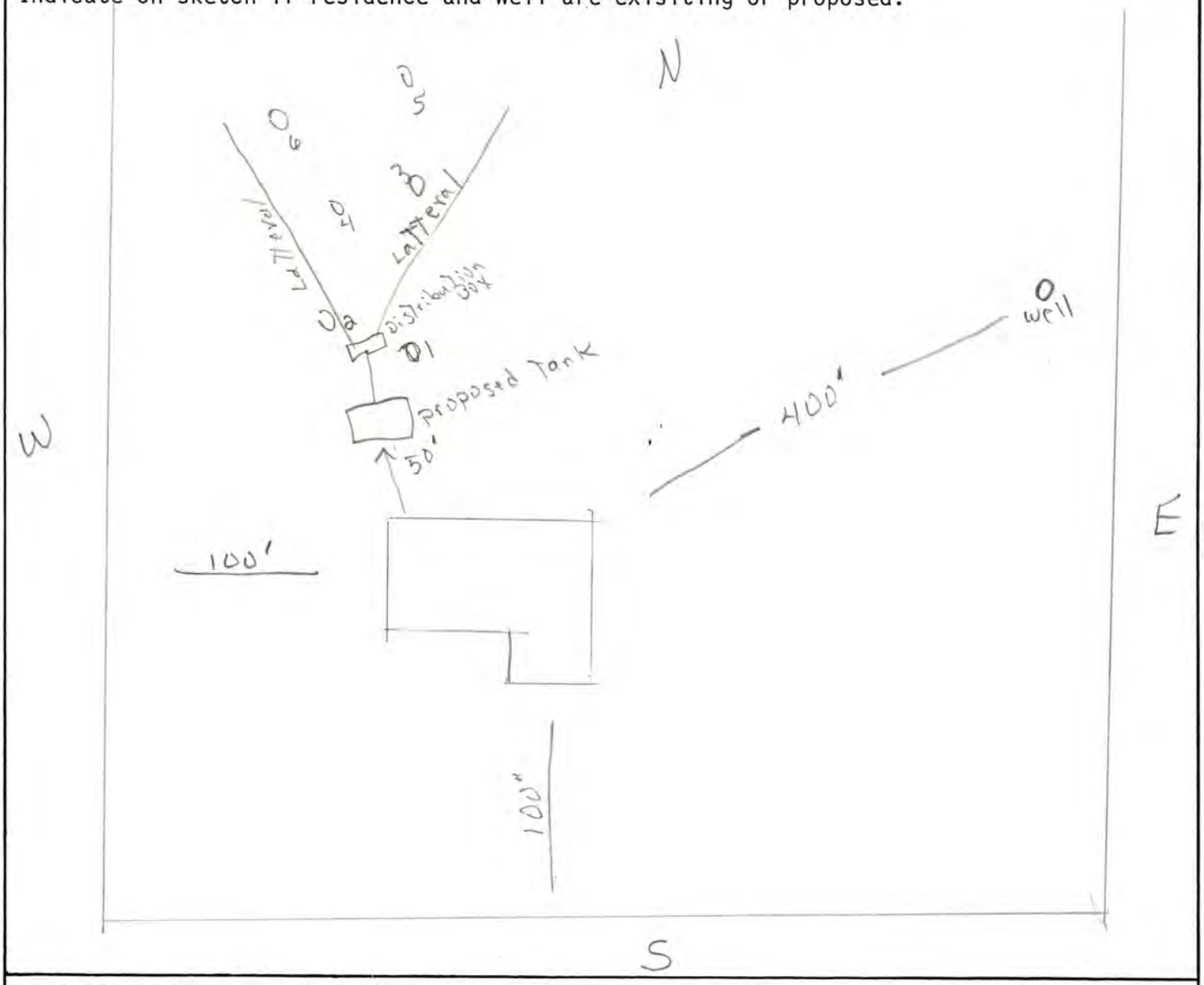
Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: June 27, 1983

Approved Percolation Rate (a)
A. 28 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Wood
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. 2004

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

_____

Date: _____

Minimum Design Requirement

1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 725 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: 474-1541

D

DATE: 8-29-83

FILE NO. 2004

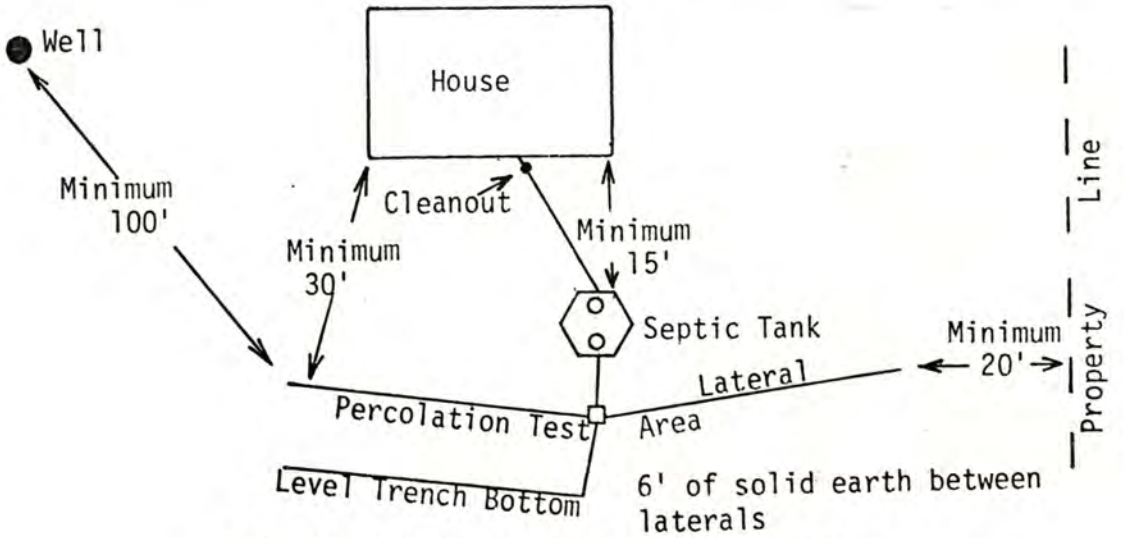
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material 3034 ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 96 ft.
4. Number of clean-outs 2 .
5. Distances to:
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

B. SEPTIC TANK:
1. Material Pre Cast ; No. of compartments ____ .
2. Capacity 1000 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 11" in.
8. Distances to:
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

C. DISTRIBUTION BOX:
1. Material Pre Cast ; Number - available outlets ____ .
2. Factory Built: Yes ☒ No ☐
(Company ____)
3. Distance from Septic Tank 4' 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 4" .
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other ____ .
2. Lateral Lines:
Number 3 ; Length of each line 80, 85, 80, ____, ____ ft.;
Total length of laterals 245' ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width 3' ft.;
Slope 3" in/100 ft.; Average Depth 30"-24" in.
4. Filter Material: Road Gravel
Depth of Material 18" in.
5. Distances to:
Well or Suction Line 120' ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

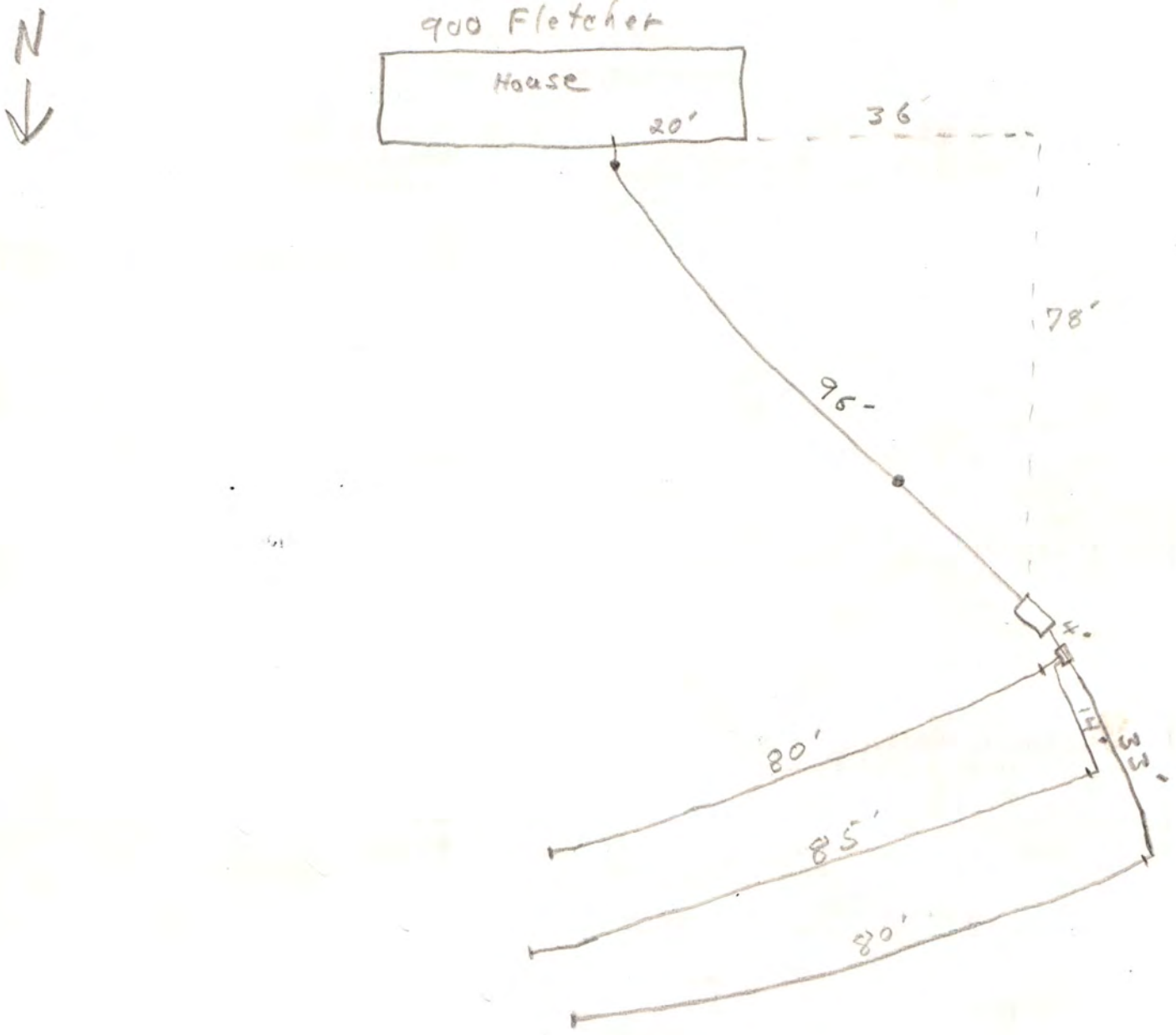


TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

(2)

AS BUILT DRAWING OF SYSTEM

DATE 8-29-83 INSTALLER Larry Schubert



001

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

FAXED

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: 10-9-92

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

Legal Description of Property: TWP. 11 ; RANGE 6 ; SECTION 35 ; BLOCK 3

W½ LOT 1+4; ADDITION Garden Valley; Street Address 900 Fletcher Ave., Lincoln

Directions to Property _____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Keith Spilker + Jana	900 Fletcher, Lincoln 68521	476-9347
Tenant/Buyer:	(refinance)		
Return to:	Security Federal Savings	P.O. Box 30609, Lincoln 68501-0609	474-4444

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

Signature of Applicant Pamela A. Kemper Address Security Federal Savings

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HEALTH DEPARTMENT USE ONLY

Date Received 10-14-92 Received $150.00 Check ☑ Cash ☐

PRELIMINARY STATUS--DATE 10-14-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 10-14-92 by P.D
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate	☒ <0.1 ppm	☐	Disapproved:	☐	Date _____ by ____

Comments: Recommend that the septic tank be pumped. Mrs. Spilker indicated that it probably hasn't been pumped out in the past 9 years See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Paul Dey DATE 10-19-92

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