LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 90380012801

Issued 05/11/90
Expires 11/11/90

ESTABLISHMENT

TIM STARK
T10N R7E SEC 14
LOT 39

FEES: Permit 018754 $150.00

Total $150.00

Issued By COUNTY HEALTH

PERMITTEE TIM STARK
2000 PREAMBLE CT
LINCOLN NE 68521

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
PAID	

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

9038 00128

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: 471-7800

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: 5-10-90

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 7E ; Section 14 ;
   Block _____ : Lot 39 I.T. : Addition _____
   Street Address 9340 Holdrege Lincoln NE

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.

Timothy L. Stark
Signature of Applicant (Owner or Lessee)

2000 PREAMBLE CT. Lincoln NE 68521
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/10/90 . Date Frwd. 5/14/90 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 5/14/90 . Date Frwd. 5/14/90 . ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 5-14-90 . Date Frwd. 5-14-90 . ACTION: Approved ☒ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL NO WELL PERMIT YET

Site Visits:
Date: 10/25/90 by: J. C. H.
Date: 10/25/90 by: J. C. H.
Date: _____ by: _____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/25/90 By: J. C. Hood

FORM 23-43

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 10 North; Range 7; Section & ¼ Section 14.
Property Dimensions: 575' ft. x 385 ft. Area: 5.09 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐; Silty Clay Loam ☑; Sandy Loam ☐; Silt Loam ☐; Clay Loam ☐.
Dates of Tests: 5/7/90 to 5/8/90. Weather: Precip. 0 Temp. 86-60.

OWNER: TIM. STARK

Address: _____

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	5/7	10:30	5/8	11:00	5/8	11:00	6"	11:30	6 3/16	30	3/16	
2	36	↓	↓	↓	↓	↓	↓	↓	↓	6 1/4	↓	1/4	
3	36									6 1/8		1/8	
4	40									7 1/8		1 1/8	8 MIN/IN
5	40									6 5/8		5/8	
6	40									6 7/8		7/8	
7	40									6 3/8		3/8	
8	40									6 3/8		3/8	
9	40									6 1/2		1/2	

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

MTSZAC
Signature of Person Conducting Test

Address 1830 West Burnham Lincoln Phone 560-2175

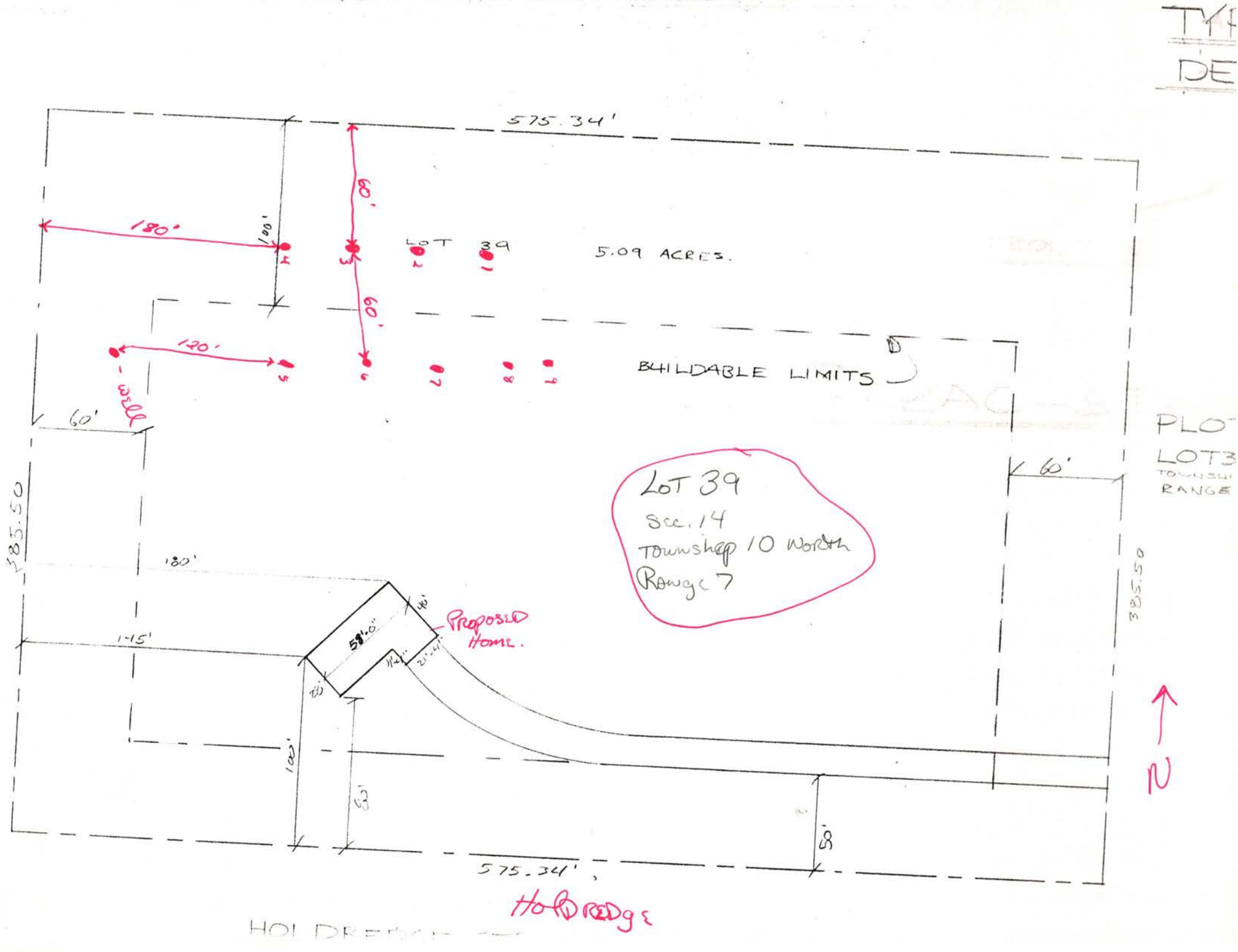
(Do not write below this line)

REVIEWING ACTION

Remarks: Put in area of 4,5 & 6 holes
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: May 10, 1990

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

Jerrold C. Haab
Signature of Reviewing Official


575.34'
60'
180'
100'
LOT 39
5.09 ACRES.
60'
120'
well
BUILDABLE LIMITS
60'
60'
LOT 39
Sec. 14
Township 10 North
Range 7
385.50
180'
145'
Proposed Home.
102'
53'
58'
575.34'
N
Hoffredge

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: May 10, 1990

Minimum Design Requirement

1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 300 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed ____ sq.ft.

Jerrold C. Hook

Signature of Reviewing Official

MIKE MAY 467-2134
MOBILE 437-6244

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. _____

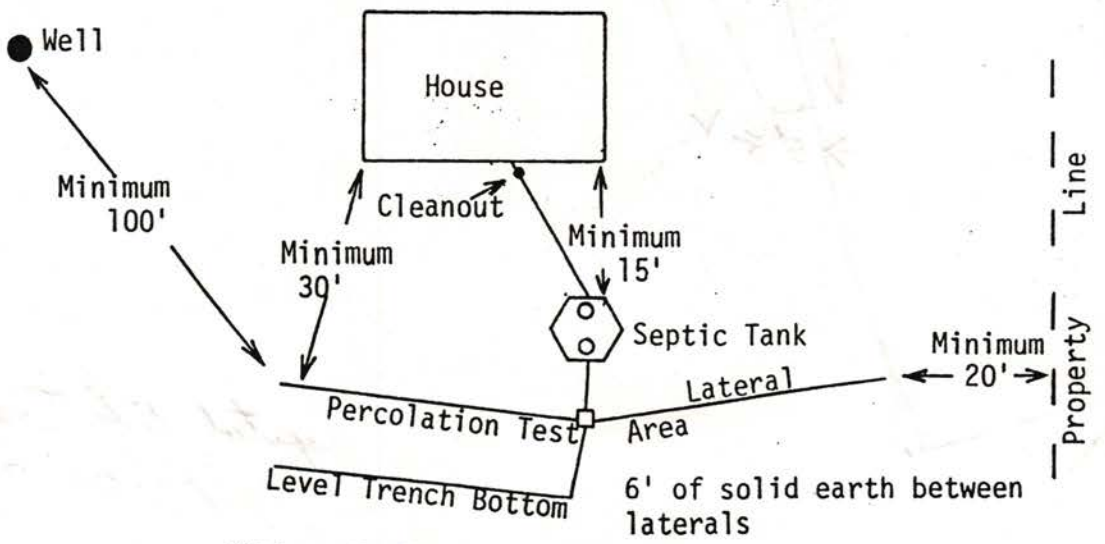
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 18 in.
3. Distance between dwelling and septic tank 49 ft.
4. Number of clean-outs —.
5. Distances to:
Well or Suction Line 100 ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

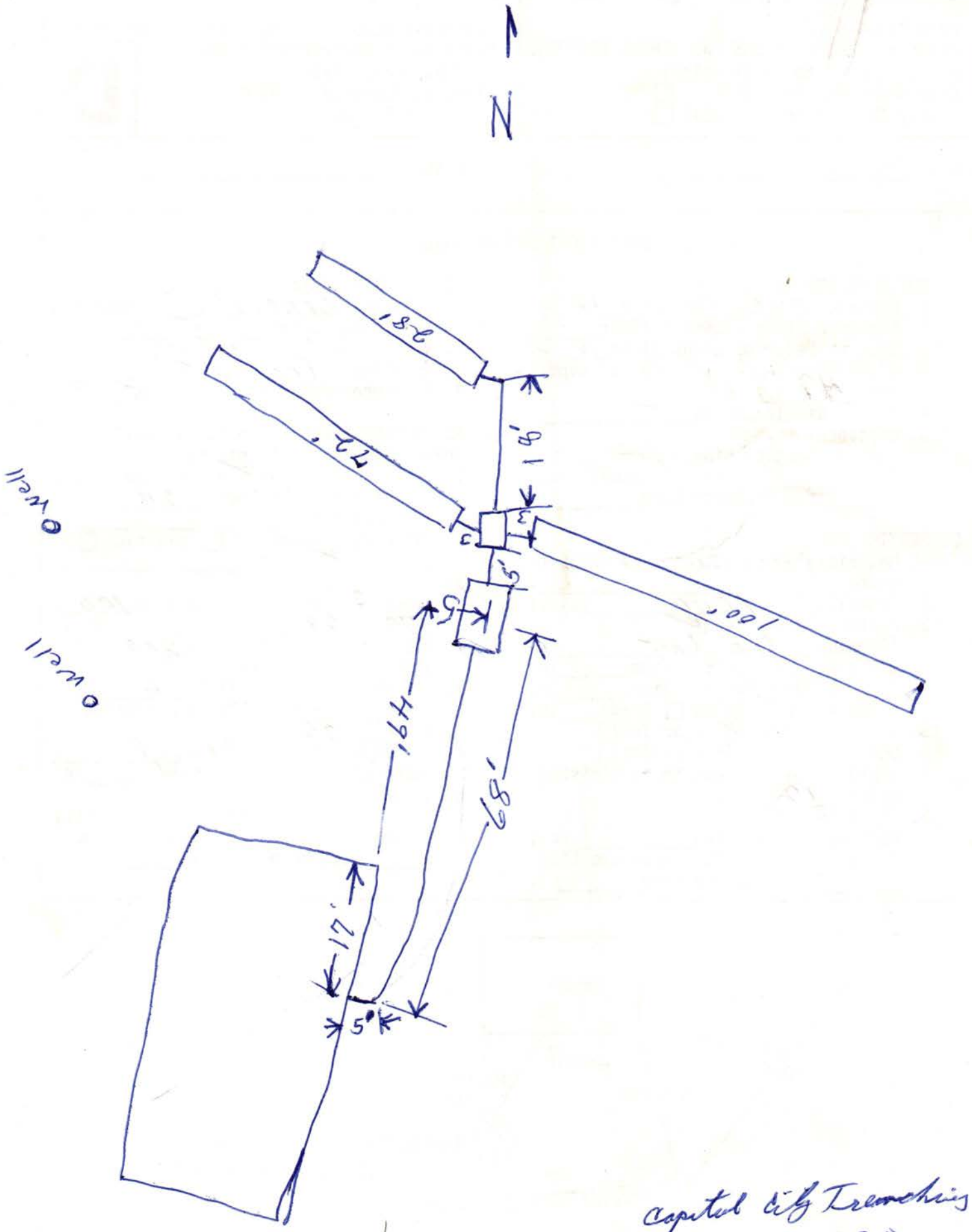
B. SEPTIC TANK:
1. Material Concrete; No. of compartments ____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Pre Cast)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☑ ; or Tee ☐
6. Outlet: Baffle ☑ ; or Tee ☐
7. Depth of top of tank below finished grade 12 in.
8. Distances to:
Well or Suction Line ____ ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets 5.
2. Factory Built: Yes ☑ No ☐
(Company Pre Cast)
3. Distance from Septic Tank 5 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☑ Perforated Pipe ☐
Diameter of Half Round 24 or Perforated Pipe ____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☑ ; other ____.
2. Lateral Lines:
Number 3 ; Length of each line 100, 72, 28, ____, ____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width 4 ft.;
Slope — in/100 ft.; Average Depth 36 in.
4. Filter Material: Gravel
Depth of Material 24 in.
5. Distances to:
Well or Suction Line ____ ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN



capitol city Trenchless
10-25-90

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: 2-12-92

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

Legal Description of Property: TWP. 10N ; RANGE 7E ; SECTION 14 ; BLOCK ____

LOT 39I; ADDITION _____ ; Street Address 9340 HOLDREGE

Directions to Property _____

Location of Well W of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System N of House Year Installed 1990

	NAME	ADDRESS	PHONE
Present Owner:	Timothy L. STARK	9340 HOLDREGE LINCOLN NE 68505	489-1252
Tenant/Buyer:			
Return to:	FIRST FEDERAL SAVINGS ATTN: KEN KUTA	3901 NORMAL BLVD. LINCOLN 68506	

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

Signature of Applicant Timothy L Stark Address 9340 HOLDREGE Lincoln NE 68505

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HEALTH DEPARTMENT USE ONLY

Date Received FEBRUARY 12, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 2-12-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 2-12-92 by [illegible]
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate	☒ 6.4	☐	Disapproved:	☐	Date _____ by ____

Comments: Recommend checking to see if septic tank needs pumping every 2-3 years

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Mangold RS DATE 2-18-92

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