1812

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

January 28, 1982 — THIS LICENSE OR PERMIT EXPIRES

Jack Spahn — LICENSEE OR PERMITTEE

1340 Furnas Street, Lincoln, NE 68521 — ADDRESS

T11: R6E: Sec. 23: Lot 6 I.T., 600 McKelvie Rd — NAME OF ESTABLISHMENT, IF ANY

LEGAL DESCRIPTION — ADDRESS

REMARKS: NON-TRANSFERABLE

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

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

SERIAL NO.	DATE	AMOUNT
58656 JA29		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

A

FILING FEE: $ 60.00

FILE NO. 1812

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. 11N ; Range 6 E ; Section 23 ;
   Block _____ : Lot 6 I.T. : Addition _____
   Street Address 600 McKelvie Road

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: 3 mi ft.

Jack Drake
Signature of Applicant (Owner or Lessee)

1340 Furnas St. Lincoln.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/27/81 . Date Frwd. 7/28/81 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____ . Date Frwd. 7/28/81 . ACTION: Approved ☒ Disapproved ☐ Signature: Glenn N. Stewart

3. City or County Engineer: Date Rec'd. _____ . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Lyman Wilson

REMARKS OR REASONS FOR DISAPPROVAL Deeded in 1978 to Spam

Site Visits:
Date: 9/16/81 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/16/81 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: 474-1541

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 11 ; Range 6 ; Section & ¼ Section 23 .
Property Dimensions: 475 ft. x 650 ft. Area: 7.4 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: 7-25 to 7-26 . Weather: Precip. .50 Temp. 70° .

OWNER: Jack SPahn.

Address: 1340 Furnas 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				
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		7/25	1PM	7/25	5PM	7/26	3PM	6	7PM	4 3/4	60		
								6PM	Telt				
2		↓	↓	↓	↓	↓	↓	6	"	4 3/8	60		
3								6	"	4	60		
4								6	"	5	60		
5								6	"	5 1/4	60		
6								6	"	4 3/4	60		

Jack SPahn
Signature of Person Conducting Test

Address 1340 Furnas Phone 475 4652

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

(Do not write below this line) 7/26/81 J.T.L.

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: July 27, 1981
Confirmed. 9/16/81

Approved Percolation Rate (a)
A. 48 min./inch
B. _____ min./inch
C. _____ min./inch

Gerald 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 ☐

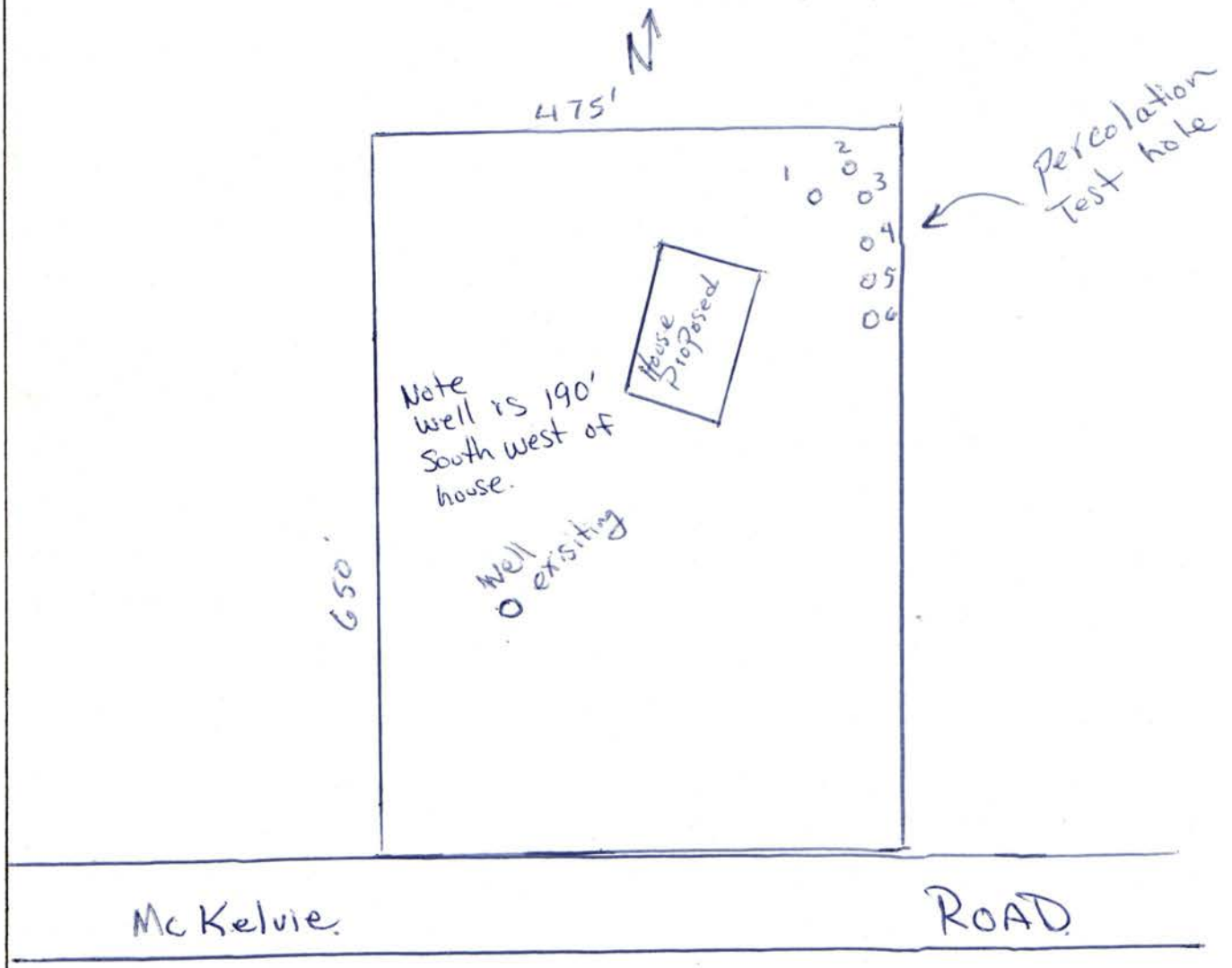
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

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: July 27, 1981

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 229 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 916 sq.ft.

Jerrold C. Hood
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: _____

FILE NO. _____

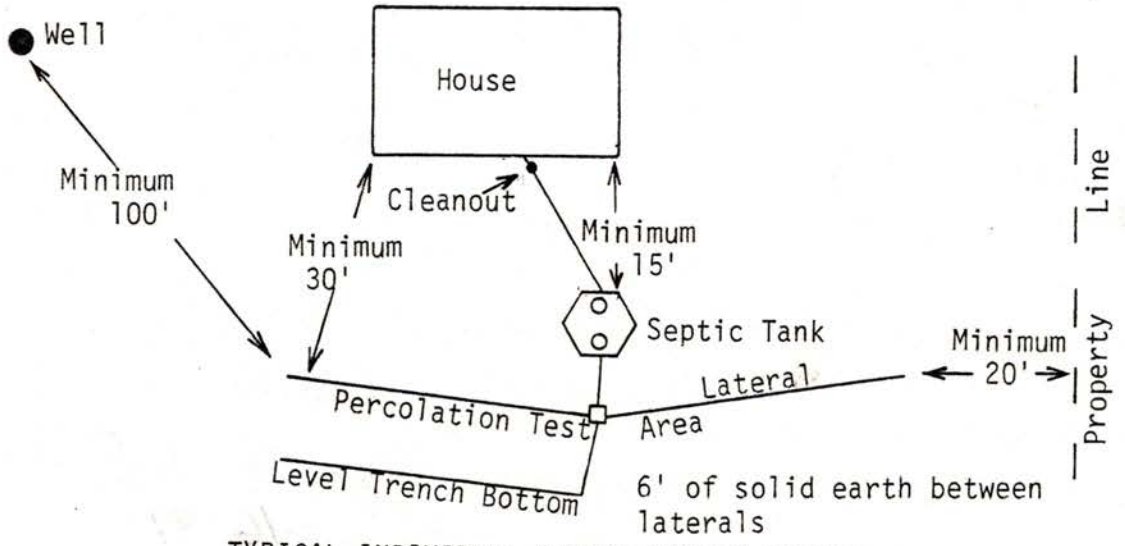
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Pla; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 18 in.
3. Distance between dwelling and septic tank 60 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 Conc; No. of compartments ____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
4. Manholes: Over Inlet; diam. 6 in. cast
Over Outlet; diam. 4 in. 24
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 over 100 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

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

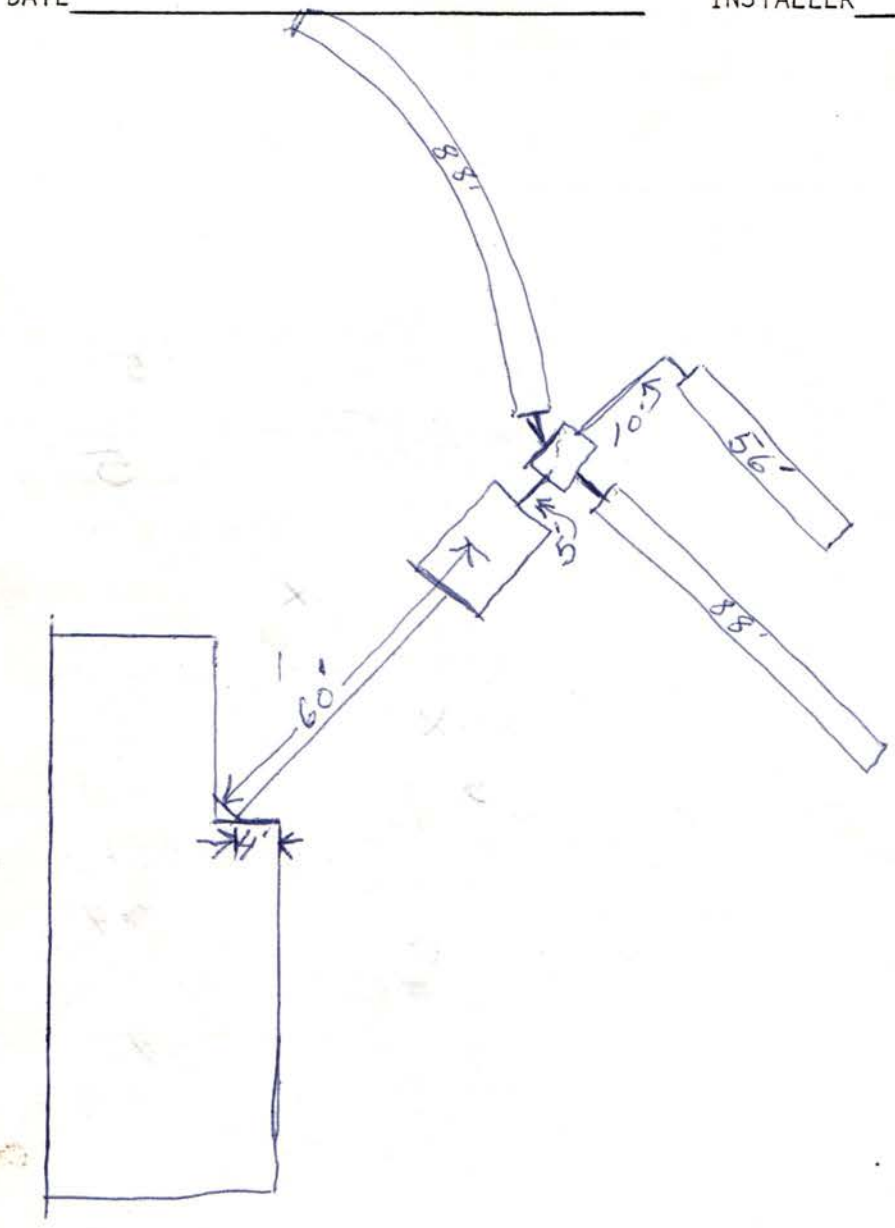
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☒
Diameter of Half Round 24 or Perforated Pipe ____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other ____.
2. Lateral Lines:
Number 3 ; Length of each line 88, 88, 56, ____, ____ ft.;
Total length of laterals 232 ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width 24 ft.; Slope 0 in/100 ft.; Average Depth 42 in.
4. Filter Material: Road Gravel
Depth of Material 24 in.
5. Distances to:
Well or Suction Line over 100 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE _____ INSTALLER _____



well

Capital City Trenchers
9-16-81

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

P5727-4 II

P2885-4 6.2

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: Street Address 600 McKelvie Road

Twp 11 Range 6 Section 23 1/4 SW 1/4 Block ___ Lot 6 Addition ___

Directions to Property North of Superior St. 3 mi. ½ mi. west of 14TH St. North Side Berm home

Location of Well S.W. of House Tap Location: Inside ☐ Outside ☐

Location of Sewage System N.E. of House Year Installed E. outside tap Kitchen sink

	NAME	ADDRESS	PHONE
Present Owner:		600 McKelvie Rd.	
Tenant/Buyer:	Gary Luft	6100 Vine St. #Y185	467-5804
Return to:	Gary Luft	6100 Vine St. #Y185 Lincoln, NE 68505	467-5804

Signature of Applicant Gary D. Luft Address 6100 Vine St. #Y185 Lincoln NE 68505 Date 12/29/98

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 12/29/98
Initials ___
Amount 150.00
Check No. 5345

DATA ENTRY

Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Ron Marquart **DATE:** 12/30/98

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 6.2 ppm treated	☒ 11 ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date 1/12/99 by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: Recommend checking to see if septic tank needs pumping.

* Approval is for treated water only. The raw water is not approved for drinking water. the raw water must not be used for infant feeding. Proper maintenance of treatment unit must be monitored because the nitrate level is 6.2 ppm and treatment units should lower the nitrate closer to 1 ppm.

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart R.S. Date 1/14/99

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

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.

[X] Evaluation of the Individual Water System Date: 4-24-90

[X] Evaluation of the Sewage Disposal System [X] Enclosed is $75.00 #130. dc

Legal Description of Property: TWP. 11N; RANGE 6E; SECTION 23; BLOCK SW¼

LOT 6; ADDITION _____; Street Address 6000 McKelvie Rd

Directions to Property Head on 14th to McKelvie Rd; then west ½ mile on North side of Road

Location of Well Approx 150' north and 100' west of house Tap Location: Inside [ ] Outside [X]

Location of Sewage System 360' North east of house Year Installed 1980

	NAME	ADDRESS	PHONE
Present Owner:	Jack Sphan	6000 McKelvie Road	477-7662
Tenant/Buyer:	Jim Petruska	805 Indian Creek Cir	420-7662
Return to:	Jim Petruska	805 Indian Creek Cir	420-7662

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

Signature of Applicant _____ Address _____

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HEALTH DEPARTMENT USE ONLY #150. dc

Date Received APRIL 26, 1990 Received $75.00 Check [ ] Cash [ ]

PRELIMINARY STATUS--DATE 4/27/90

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	[ ]	[X]	Approved:	[X]	Date 4/27/90 by LCH
Bacteria	[X]	[ ]	Provisional:	[ ]	Date 5/23/90 by LCH
Nitrate	[ ]	[X]	Disapproved:	[ ]	Date 6/19/90 by LCH

Comments: DEPRESSIONS AROUND WELL. ELECTRICAL CONDUIT BROKEN. HIGH NITRATE. 5/23/90 Well repaired LCH 6/19/90 R.O. INSTALLED. * APPROVAL FOR THE WATER SUPPLY IS THROUGH THE REVERSE OSMOSIS APPARATUS ONLY AND ONLY AS LONG AS IT IS KEPT IN PROPER OPERATING CONDITION. SAMPLE INDICATIONS ARE THAT NITRATE REMOVAL IS COMPLETE.

See Attached Letter [ ]

FINAL STATUS

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

APPROVED BY Gerald E. Hood R.S. DATE JUNE 26, 1990

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