FILE #2488

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

OCTOBER 28, 1987 — THIS LICENSE OR PERMIT EXPIRES

THOMAS STAACK — LICENSEE OR PERMITTEE

5501 HILLSDALE — ADDRESS

LINCOLN, NE 68504

T10N, R7E, Sec. SW¼ 14; 8900 Holdrege — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON TRANSFERABLE

NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 60.00	018754	$ 60.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. — Date and Amount

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

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: 471-7800

A

FILING FEE: $60.00

FILE NO. 2488

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. 10 NORTH; Range 7E; Section 14 SW. 1/4
   Block _____: Lot _____: Addition _____
   Street Address 8900 HOLDREGE
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.

Thomas Hood
Signature of Applicant (Owner or Lessee)

5501 HILLSDALE
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/27/87. Date Frwd. 4/28/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 4/28/87. Date Frwd. 4/28/87. ACTION: Approved ☒ Disapproved ☐ Signature: _____
3. City or County Engineer: Date Rec'd. 4/28/87. Date Frwd. 4/28/87. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6/30/87 by: J. C. Hood
Date: 6/30/87 by: J. C. Hood
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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
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B

FILE NO. 2488

PROPERTY WHERE SOIL TESTED:

Location: Township 10 NORTH; Range 7; Section & ¼ Section 14 SW 1/4.
Property Dimensions: _____ ft. x _____ ft. Area: 5 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: _____ to _____. Weather: Precip. _____ Temp. _____.

OWNER: THOMAS STAACK
ACREAGE 8900 HOLDREGE
Address: 5501 HILLS DALE 68504

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		4-25	3 PM	4-25	7 PM	4-26	3:00	6"	3:30	5"	30	1"	
2		↓	↓	↓	↓	↓	3:01	6"	3:31	5 5/8	30	5/8"	
3							3:02	6"	3:32	5 1/2	30	1/2"	
4							3:03	6"	3:33	5 3/8	30	5/8	
5							3:04	6"	3:34	5 1/2	30	1/2	
6							3:05	6"	3:35	5 3/8	30	5/8	

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

_____
Signature of Person Conducting Test

Address _____ Phone _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): ~~MAYBERRY~~ CLAY LOAM
Date: _____

SHARPSBURG SILTY CLAY LOAM VERY NEAR

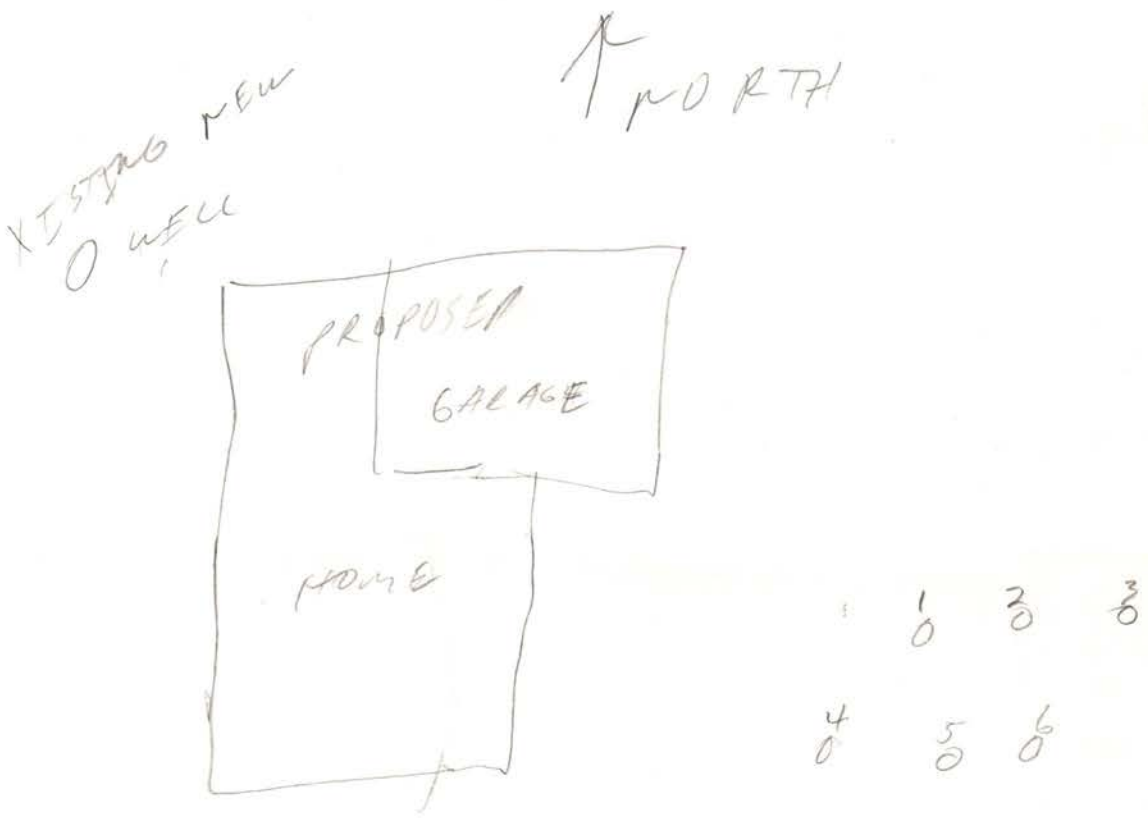
Approved Percolation Rate (a)
A. 37 min./inch
B. _____ min./inch
C. _____ min./inch

_____
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. 2488

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

HOUSE IS MIN. 100 FT. FROM ALL PROPERTY LINES



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 832 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. _____

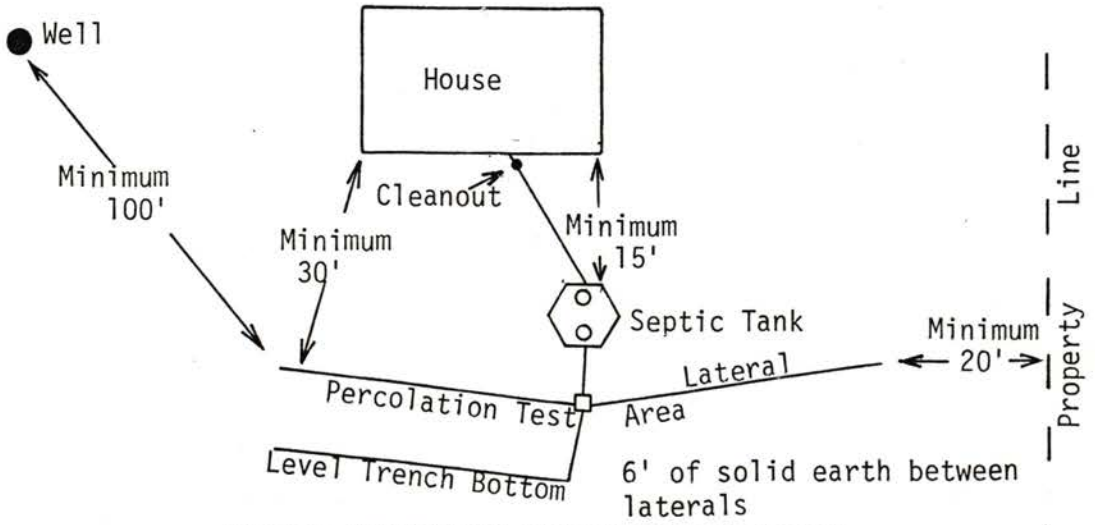
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Class 160; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 14 in.
3. Distance between dwelling and septic tank 60' 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 Pre-Cast; 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 1' in.
8. Distances to:
Well or Suction Line 110' 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 8' ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 20" or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 3 ; Length of each line 100, 100, 68, _____, _____ ft.;
Total length of laterals 268 ft.;
Distance between lateral lines 15 ft.
3. Trench dimensions: Width 4 ft.; Slope 4" in/100 ft.; Average Depth 38" in.
4. Filter Material: Road Gravel
Depth of Material _____ in.
5. Distances to:
Well or Suction Line 130 ft.; Stream 50 ft.; Pressure Line 32 ft.; Property Line - ft.

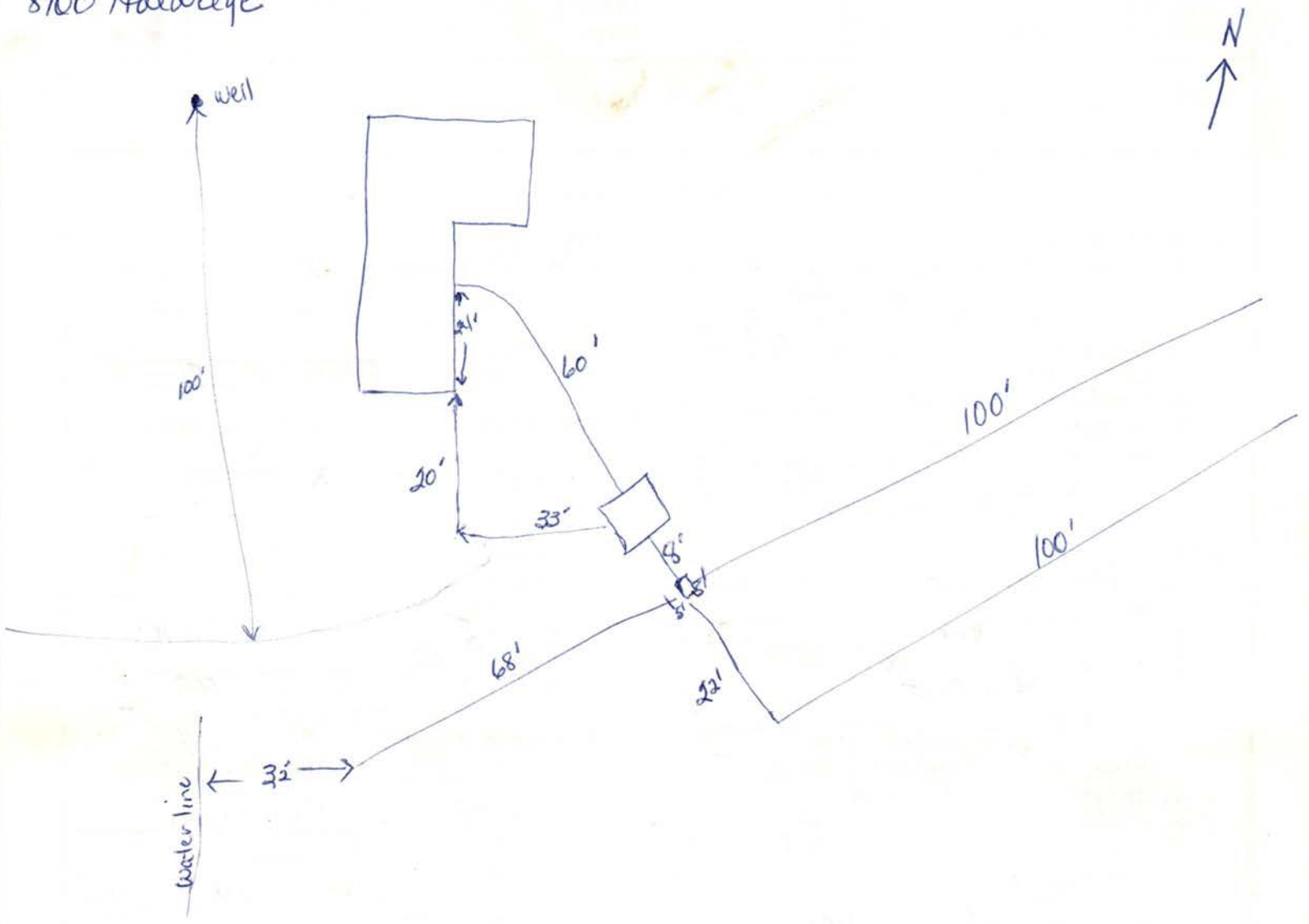


TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

6-30-87

Schwarck

Tom Staack House
8900 Haldrege



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: 10-7-91

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

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

LOT 50; ADDITION _____; Street Address 8900 ~~Holdrege~~ Holdrege

Directions to Property 5 blocks east of 84th & Holdrege

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

Location of Sewage System South of house Year Installed 1987

	NAME	ADDRESS	PHONE
Present Owner:	Thomas Stasch	8900 Holdrege	489-4455
Tenant/Buyer:	Robert Akins	5239 Heyward	464-7846
Return to:	Lois Tasco, Home Real Estates, 3910 South St		489-1463 489-1872

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

Signature of Applicant Lois Tasco Address 3910 South St.

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HEALTH DEPARTMENT USE ONLY

Date Received OCTOBER 8, 1991 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 10-10-91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM: ?		SITE VISIT:	
Construction	☒	☐	Approved:	☐	Date 10-10-91	by rmm
Bacteria	☒ 0	☐	Provisional:	☐	Date 10-15-91	by rmm
Nitrate	☒ <0.1	☐	Disapproved:	☒	Date _____	by ___

Comments: Must check destribution box for level to be certain it is equally distributing effluent to each subsurface laterals. Recommend checking to see if septic tank needs pumping. See Attached Letter ☒

Correction of uneven distribution in distribution box has been made. Recommend periodic inspection of distribution box in the future.

FINAL STATUS

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

APPROVED BY Ron Magnuson DATE 10-16-91

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