LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2467-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

SEPTEMBER 27, 1987 — THIS PERMIT EXPIRES

DAN LOECK — ISSUED TO

4730 COOPER AVE. LINCOLN, NE 68506 — ADDRESS

T11N; R5E; Sec 20; S½ of NE¼; 9901 N.W. 112 Street — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

R. J. NUERNBERGER, Lancaster County Treasurer

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH — ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

MAR 2 7 1987

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. 2467-C

DATE: MARCH 16, 1987

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: SOUTH 1/2 OF THE NORTHEAST QUARTER

1. Legal description of property: Twp. 11 N ; Range 5 E ; Section 20 ;
~~Block~~ _____ : ~~Lot~~ _____ : ~~Addition~~ (80 ACRES)
Street Address 9901 NW 112 ST

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: NONE ft.

Donald Rolek - BUILDER
Signature of Applicant (Owner or Lessee)

4307 COOPER AVE
Address

OWNER- LEN STAUDINGER

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/27/87. Date Frwd. 3/27/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____. Date Frwd. 3-25-87. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 3-27-87. Date Frwd. 3-27-87. ACTION: Approved ☒ Disapproved ☐ Signature: David E. Hoffman

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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. 2467-C

PROPERTY WHERE SOIL TESTED: SOUTH 1/2 OF THE NORTHEAST QUARTER

Location: Township 11N; Range 5E; Section ~~& ¼ Section~~ 20.
Property Dimensions: _____ ft. x _____ ft. Area: 80 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐; Silt Loam ☑; Clay Loam ☐.
Dates of Tests: 11-4 to 11-5-86 Weather: Precip. _____ Temp. 60.

OWNER: LEN STAUDINGER

Address: EXISTING. 3044 'S' ST.
NEW 9901 NYYIIR ST.

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	30"	11-4	10:15	11-5	10:00	11-5	1:30	21 1/4	2:00	23 5/8	30	1 5/8	
2	"							21 3/4		22 3/4		1	
3	"							20 1/8		21 5/8		1 1/2	
4	"							21		21 3/4		3/4	
5	"							17 1/2		18 3/4		5/8	
6	"							22 1/4		23 1/2		1 1/4	
7	"							20		21 3/4		1 3/4	

Larry Schwarck
Signature of Person Conducting Test

Address 8200 Old Cheney Phone 423-7294

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

(Do not write below this line)

REVIEWING ACTION

Remarks: STAY OUT OF NEARBY FLOOD AREA
Soil Type (SCS): JUDSON SILT LOAM
Date: FEBRUARY 24, 1987

Approved Percolation Rate (a)
A. 24 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 ☐

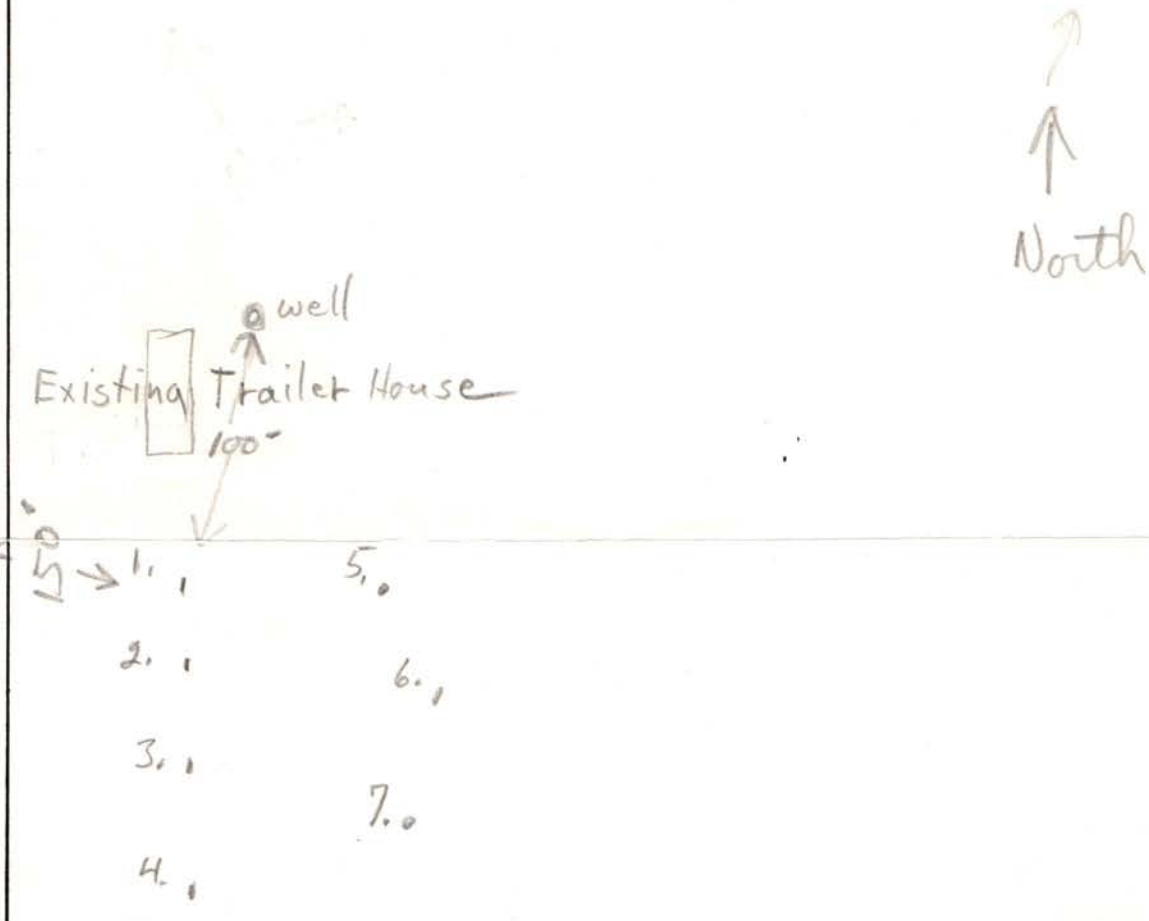
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

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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 677 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. _____

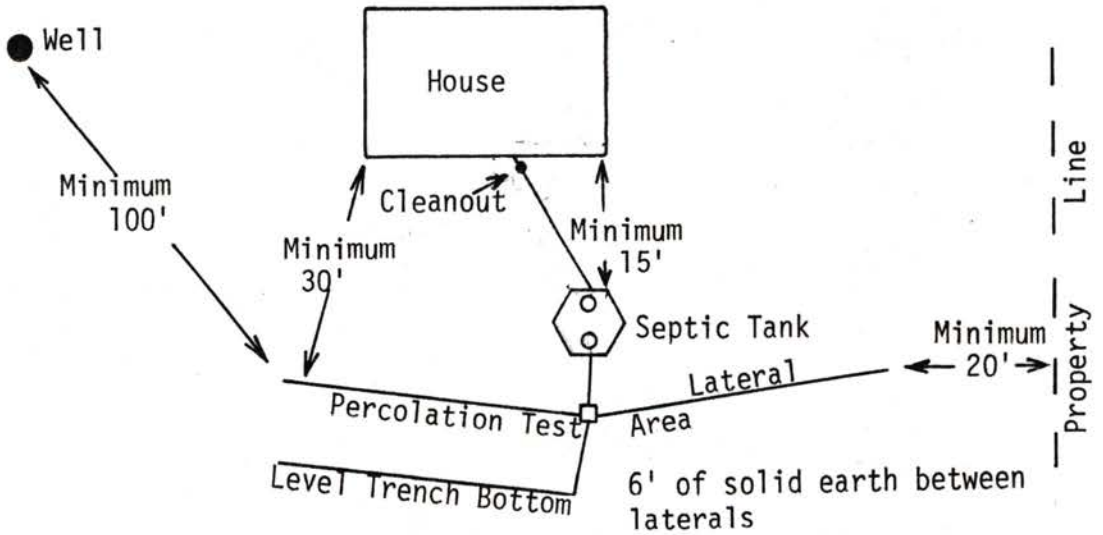
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material ± 40 ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12" in.
3. Distance between dwelling and septic tank 170 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 Precast ; 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 6" in.
8. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Plastic ; Number - available outlets 7 .
2. Factory Built: Yes ☒ No ☐
(Company Carraglass)
3. Distance from Septic Tank 10 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 100 , 90 , 40 , _____ , _____ ft.;
Total length of laterals 230 ft.;
Distance between lateral lines 10 ft.
3. Trench dimensions: Width 3 ft.;
Slope 3 in/100 ft.; Average Depth 30-32 in.
4. Filter Material: Road Gravel
Depth of Material 14" in.
5. Distances to:
Well or Suction Line 100+ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

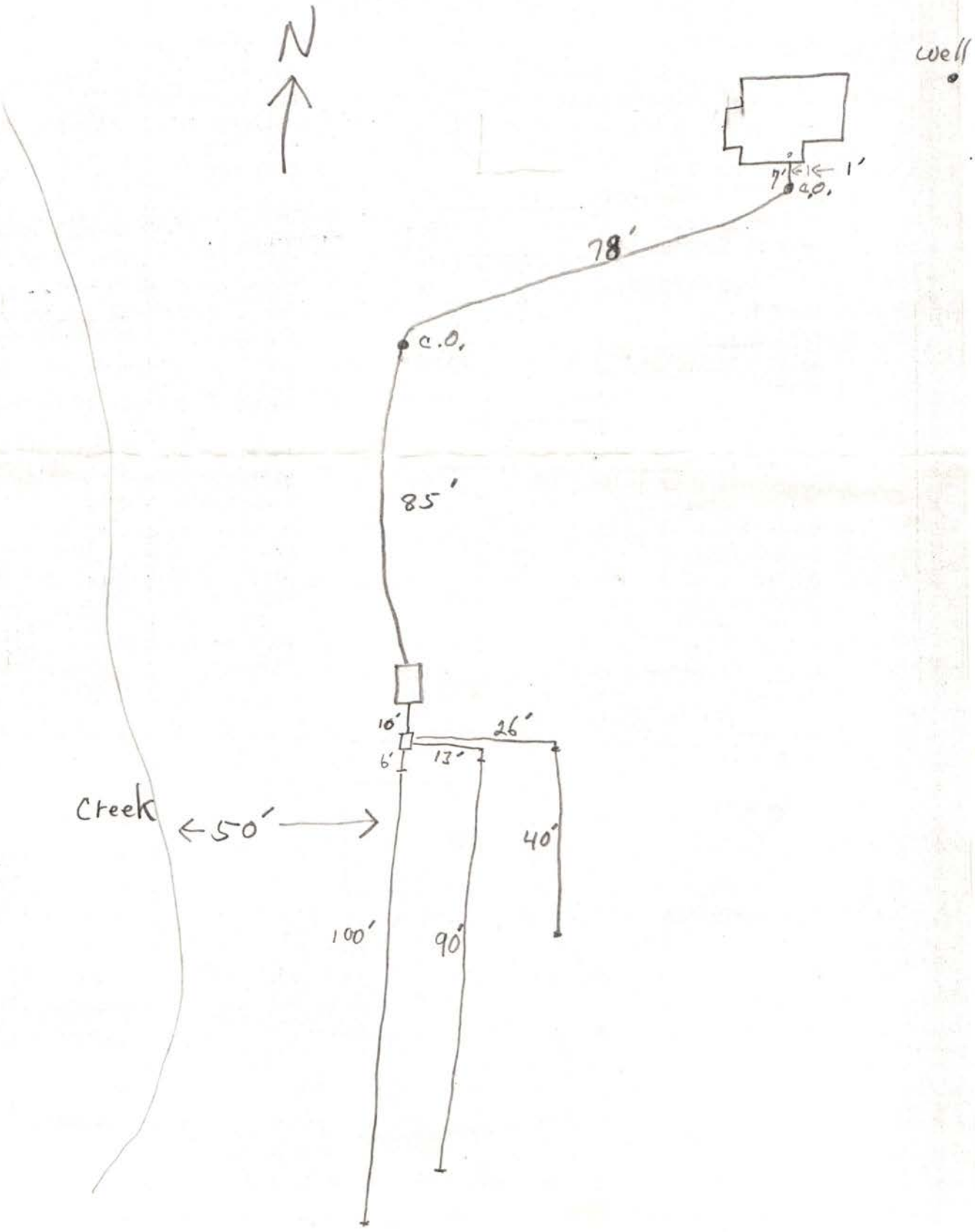


TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 4-20-87 INSTALLER Larry Schwarck

Don Loeck home in Flood plane



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

RECEIVED MAR 2 2 1988

REAL ESTATE TRANSFER

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: 3-15-88

☐ Evaluation of the Sewage Disposal System — ☐ Enclosed is ~~$45.00~~ 75.00 gl

Legal description of property: TWP. 11 North ; RANGE 5 East ; SECTION 20
BLOCK ; LOT ; ADDITION
Street Address 9901 NW 112th Street, Lincoln, Nebraska
Directions to Property West on US 34 to 112th, North 2 miles
Mailbox with STAUDINGER ON West SIDE Lane about 0.3 Miles
Location of Well about 150 ft N of house front Tap Location: Inside ☒ Outside ☒
Location of Sewage System about 100 yards S of house Year Installed 1987

	NAME	ADDRESS	PHONE
Present Owner:	Wilbur & Sarmite Staudinger	9901 NW112th Street, Lincoln	796 2276
Tenant/Buyer:			
Return To:	Provident Federal Savings Bank attn: Lori Duffek	P.O. Box 95043 Lincoln, NE 68509	474-5559

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

Signature of Applicant Wilbur L Staudinger Address RR1, Box 1. Malcolm, NE

HEALTH DEPARTMENT USE ONLY

Date Received MARCH 21, 1988 Received ~~$45.00~~ 75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☐	Date by
Bacteria	☐	☐	Provisional:	☐	Date by
Nitrate	☐	☐	Disapproved:	☒	Date by

Comments:

See Attached Letter ☒

FINAL STATUS

WATER SYSTEM: Approved: ☐

SEWAGE DISPOSAL SYSTEM: Approved: ☐ Provisionsal Approval: ☐

APPROVED BY DATE

FN 20215-1079R
FORM 23-9