LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Lincoln, NE 68502-3785 (402) 471-8000

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE SYSTEM REPAIR

No. 92390029101

Issued 08/12/92
Expires 02/12/93
Revenue Code 18754

Establishment
FRIESEN EXCAVATING
T10N R8E SEC 18
AL LARSEN BLK 3 LOT 1
1640 KALEE DRIVE

FEES: $50.00

TOTAL $50.00

Permittee
FRIESEN EXCAVATING
RR0001
LINCOLN NE 68502

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

FORM HD-41(73) APPLICATION ☐ PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

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

1640 Kalbach

FILE NO. _____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 8-11-92

The undersigned hereby applies for a permit to ALTER ☒, EXTEND ☐, or REPAIR ☒ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 10N ; Range 8E ; Section 18 ;
Block 3 ; Lot 1 ; Addition Al Larsen Subdivision
Street Address 1640 Kalee Dr.

2. Property Use: Residential _____ ☑; Commercial _____ ☐
No. Bedrooms _____ Describe _____
Other Use ☐
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☒; Other ☐

4. Description of proposed alteration, extension or repair: 100 x 8' Wide Lateral excavated all laterals + replaced in same area with wide scrape bed.

5. Work to be done by: Owner ☐ ; or Contractor ☒ ; FRIESEN
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 1500

Friesen Excavating
Rt #1
Lincoln, NE 68503

DeWayne Friesen
Signature of Applicant (owner or lessee)

Address

(Do not write below this line)

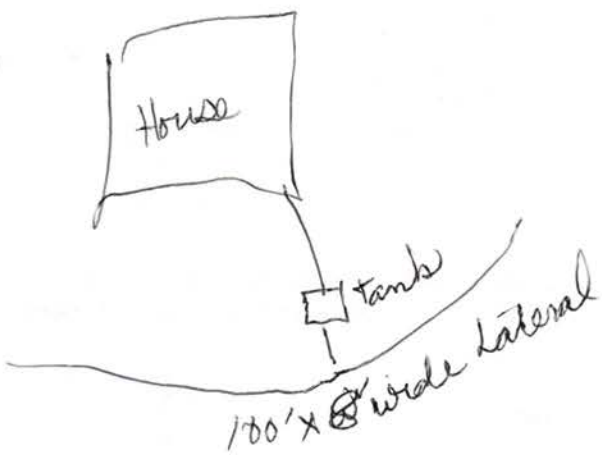
REVIEWING ACTION

1. Date Rec'd: 8-11-92
Filing Fee: $ 50.00

2. Site Visits:
Date: 8-11-92 by: Ron
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Ron Morgan
PROVISIONAL Expires 6-1

4. INSTALLATION ~~FINAL~~ WRITTEN APPROVAL
Date: 8-11-92 by: Ron Morgan


House
tank
100' x 8' wide lateral

FILE NO. 165

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

January 31, 1971 — THIS LICENSE OR PERMIT EXPIRES

Roger K. & Janet P. LaPage — LICENSEE OR PERMITTEE

2624 Worthington — ADDRESS

T10; R 8; Section 18; Block 3; Lot 1; Al Larson Addition — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: Non-Transferable

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624-1535	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION

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

INTER-DEPARTMENT COMMUNICATION

TO Charles Seale

DEPARTMENT Building Inspections

ATTENTION

CARBONS TO

DATE **July 31, 1970**

FROM Jerrold C. Hood

DEPARTMENT Health

SUBJECT Individual Sewage System Construction - File No. **165**
(**Roger and Janet LaPage**

The application and plans have been reviewed and approved for the construction of an individual sewage disposal system on property legally described as:

T10; Range 8; Section 18; Block 3; Lot 1; Al Larson Addition.

Jerrold C. Hood, R. S., Chief
Section of General Sanitation
Division of Environmental Health

JCH: **ch**

FORM HD-30(67) REQUEST FOR SITE CLEARANCE INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 165

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described herein:

1. Legal description of property: Twp. 10N; Range 8E; Section 18;
Block 3; Lot 1; Addition Al Tarson
Street Address _____.

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. of Bedrooms 3. Describe: _____
_____
Other Use _____ [ ]
Describe: _____
_____

3. Type of Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Distance to public sewer: 3 Mi' ft.

Roger K & Janet P. La Page
Signature of Applicant (owner or lessee)

2624 Worthington
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 7/30/70. ACTION: Approved ___ [X] Disapproved [ ]
Date Frwd. 7/31/70. Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: Date Rec'd. 7/31/70. ACTION: Approved ___ [X] Disapproved [ ]
Date Frwd. 7/31/70. Signature: Chas Leal, By Bob Hanson

3. City Engineer: Date Rec'd. 7-31-70. ACTION: Approved ___ [X] Disapproved [ ]
Date Frwd. 7-31-70. Signature: J. Blessing

REMARKS OR REASONS FOR DISAPPROVAL _____

FINAL ACTION ON SITE CLEARANCE: Approved [ ] Disapproved [ ]

Date Applicant Notified: _____ Signature _____

FORM HD-32(67) APPLICATION FOR PERMIT
TO CONSTRUCT INDIVIDUAL SEWAGE
DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 165

DATE: 7-30-70

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 10; Range 8; Section 18;
Block 3; Lot 1; Addition Al Tuson
Street Address _____.

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. of Bed Rooms 3 Describe: _____
_____
Other Use _____ [ ]
Describe: _____
_____

3. Type of Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Plans and Specifications of Proposed System. (See FORM HD-32a(67) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT, attached hereto.)

Roger K & Janet P Za Page
Signature of Applicant (owner or lessee)

2624 Worthington
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $30.00 _____

2. Date Site Clearance _____

3. Site Visits:
Date: 10/22/70 by: L.C.H.
Date: 10/23/70 by: L.C.H.
Date: _____ by: _____

4. Date: Approved [X]; Disapproved [ ]: 7/30/70
by: Jerrold C. Hood

5. BUREAU OF LICENSES & PERMITS
Date Notified: _____
Date Issued: _____ Serial _____

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/23/70 by: Jerrold C. Hood

FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 432-7611)

FILE NO. 165

PROPERTY WHERE SOIL TESTED:
Location: Township 10 Sec 18 Range 8
Section & ¼ Sect. ____
Property Dimensions: ____ ft. x ____ ft.
Area: ____ acres. (Attach sketch of property showing hole location).
Owner: Roger Kand Janet P. Zo Page
Address 2624 Worthington
Soil Type: Silty Clay ☐; Silty Clay Loam ☒; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Dates of Tests: 7-29-70 to 7-30-70. Weather: Precip. NO Temp. 100 F.

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
Hole No.	Hole Depth (in.)	Pre-Saturation Period Start Date (Mo. Day)	Start Time (Hr. Min.)	End Date (Mo. Day)	End Time (Hr. Min.)	Percolation Readings Start Date (Mo. Day)	Start Time (Hr. Min.)	Start Water Level (in.)	End Time (Hr. Min.)	End Water Level (in.)	Results Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	32	7-29	6 PM	7-29	10 PM	7-30	10:45A	6	11:54		30	3/4	60 = 1½
2	32	"	"	"	"	"	"	"	"		"	¾	60 = 1¾
3	32	"	"	"	"	"	"	"	"		"	1	60 = 2
4	32	"	"	"	"	"	"	"	"		"	1	60 = 2
5	32	"	"	"	"	"	"	"	"		"	1¼	60 = 2½
6	32	"	"	"	"	"	"	"	"		"	1¼	60 = 3

Sum of Percolation Rates 12½
Average of Rates: 2½
Mean of Rates: 27.2 = 1

Linteb Pumping Sr. T. J. Linteb
Signature of Person Conducting Test

Address 3800 No 27
Phone: 434-7393

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 27.2 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: July 30, 1970

Gerrold C. Hood
Signature of Reviewing Official

FORM HD-32a(67) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 165

SPECIFICATIONS

DATE: 7-30-70

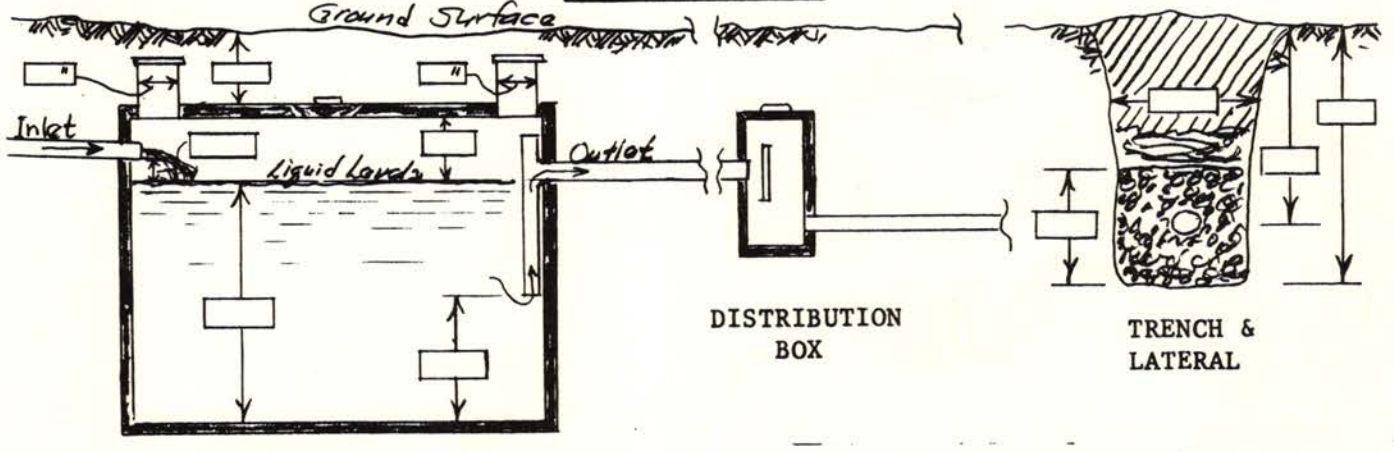
A. BUILDING SEWER:
1. Material cast & Clay; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor ___ in.
3. Distance between dwelling and septic tank 3/4 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line 50 ft.;
Stream — ft.; Pressure Line 50 ft.;
Property Line ___ ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Cement; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 60 in.
3. Factory Built: Yes [X] (Company Precast) No [ ]
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 in.
Below Grade 28 in.
5. Inlet: Baffle [ ]; or Tee [ ]
6. Outlet: Baffle [ ]; or Tee [X]
Depth of outlet below inlet 1 in.
7. Depth of top of tank below finished grade ___ in.
8. Distances To:
Well or Suction Line 50 ft.;
Stream — ft.; Pressure Line 50 ft.;
Property Line 20 ft.

C. DISTRIBUTION BOX
1. Material Cement; No. available outlets 5.
2. Factory Built: Yes [X], (Company Precast) No [ ]
3. Dimension: Length 18 in.; Width 12 in. Depth 8 in.
4. Distance from Septic Tank 3½ ft.
5. Serial Distribution: Yes [X], No [X] (If yes, show detailed plans.)

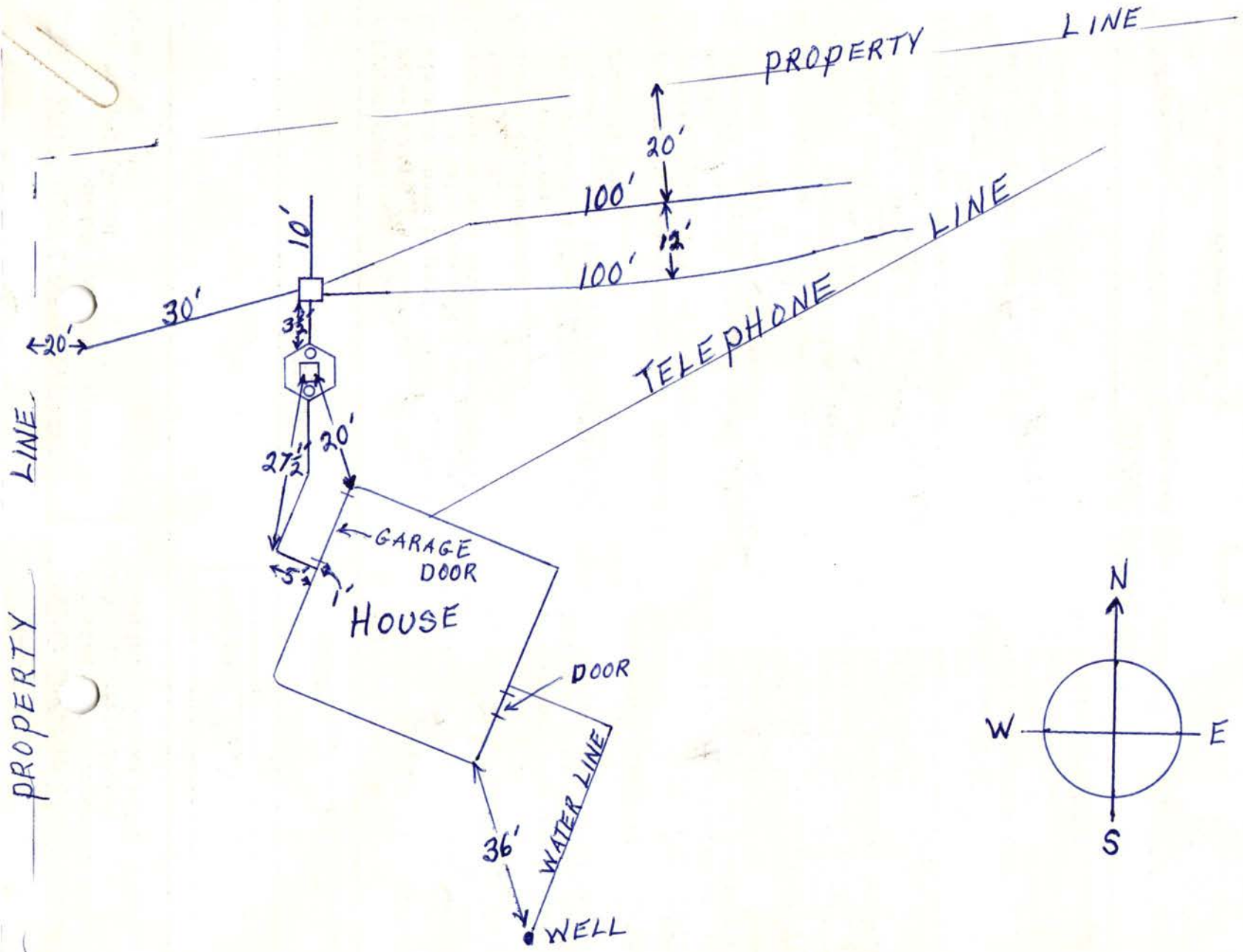
D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Orangeburg
2. Lateral Lines: Depth below grade ___ in. Number 4; Length of each line 100 ft Total length of Laterals 240 ft.; 10 & 20 Slope 4 in/100 ft. Diameter of pipe 4 in.; Shape pipe Material: concrete [ ]; fiber asbestos [X]; clay [ ]; other ___ Distance between lateral lines ___ ft.
3. Trench Dimensions: Depth 36 in.; Width 36 in.
4. Filter Material: gravel. Depth of material from trench bottom ___ in.
5. Distances To:
Well or Suction Line ___ ft.;
Stream — ft.; Pressure Line ___ ft.
Property Line 20 ft.
6. Percolation Rate: ___ minutes/inch

TYPICAL SKETCHES



SEPTIC TANK

Roger K & Janet P. La Page
Signature of Applicant


PROPERTY LINE
20'
100'
12'
100'
LINE
10'
30'
20'
3½'
TELEPHONE
27½'
20'
GARAGE DOOR
5½'
1'
HOUSE
DOOR
4'
WATER LINE
36'
WELL
PROPERTY LINE
N
W
E
S

001

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned 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.

☐ Evaluation of the Individual Water System ☐ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 1640 Karlee Dr 1806

Twp 10N Range 8E Section 31 1/4 ___ 1/4 ___ Block 3 Lot 1 Addition Al Larsen Sub 18

Directions to Property East on Holdrege past 112 to Karlee North on Karlee

Location of Well See Attached Tap Location: Inside ☐ Outside ☐

Location of Sewage System See Attached Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Jamie & Kathleen Sheard	1640 Karlee Dr	483 6149
Tenant/Buyer:	Scott and Lori Frazier	2200 N. 60	441-0925
Return to:	Nebr Title Co	5635 O St (67)	

Signature of Applicant Lori Frazier Address 2200 N 60 Lincoln, NE 68505 Date 3/9/97

HEALTH DEPARTMENT USE ONLY

Date Received 03/11/97 LS Received $150.00 Check ☒ #4732 Cash ☐

PRELIMINARY STATUS--By Ron Marquart **DATE:** 3/12/97

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☐	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☒	Date ___/___/___ by ___
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: Recommend checking to see if septic tank needs pumping. The original septic system was extended with an experimental wide seepage bed. Thus, a provisional approval. There was no visible malfunction at the time of inspection. See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart, R.S. Date 3/17/97

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.