LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1966-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

09/25/83 — THIS PERMIT EXPIRES

GARY WARE — ISSUED TO

5950 PRINCESS MARGARET DRIVE LINCOLN NE 68516 — ADDRESS

T11N, R5E, SECTION 18, LOT 31 IRREGULAR TRACT

LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE NEW

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
EB	3/21/83	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

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

20109-0977

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. 1966-C

DATE: 3-25-83

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. 11 N ; Range 5 E ; Section 18 ; Block _____ : Lot 31 I.T. : Addition _____
   Street Address _____

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: N/A ft. WILL INSTALL WHATEVER PERCOLATION TEST INDICATES

Gary Rehbein, Builder
Signature of Applicant (Owner or Lessee)

5950 Princess Margaret Dr. Lincoln 68516
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/25/83. Date Frwd. 3/25/83. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 3-25-83. Date Frwd. 3-25-83. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bouma

3. City or County Engineer: Date Rec'd. 3/25/83. Date Frwd. 11. ACTION: Approved ☑ Disapproved ☐ Signature: Don Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6/24/83 by: L.C.H. tank, line & distribution box
Date: 7/6/83 by: L.C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7/11/83 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: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 11N ; Range 5E ; Section & ¼ Section 18 .
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 4/18 to 4/19 . Weather: Precip. NO Temp. 50 .

OWNER: Brechel

Address: 901 E Mulder Dr 68510

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	18"	4/18	5AM	4/18	9AM	4/19	6AM	6	10AM	4 7/8	1 Hr.	1 1/8	51 min/in
2	18	"	"	"	"	"	"	6	"	4 7/8	"	"	
3	18	"	"	"	"	"	"	6	"	4 7/8	"	"	
4	18	"	"	"	"	"	"	6	"	4 7/8	"	"	
5	18	"	"	"	"	"	"	6	"	4 7/8	"	"	
6	18	"	"	"	"	"	"	6	"	4 7/8	"	"	

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

Sinclair Inc. Co.
Signature of Person Conducting Test

Address 6716 N 07 Phone 475-1486

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): Burchard Clay Loam

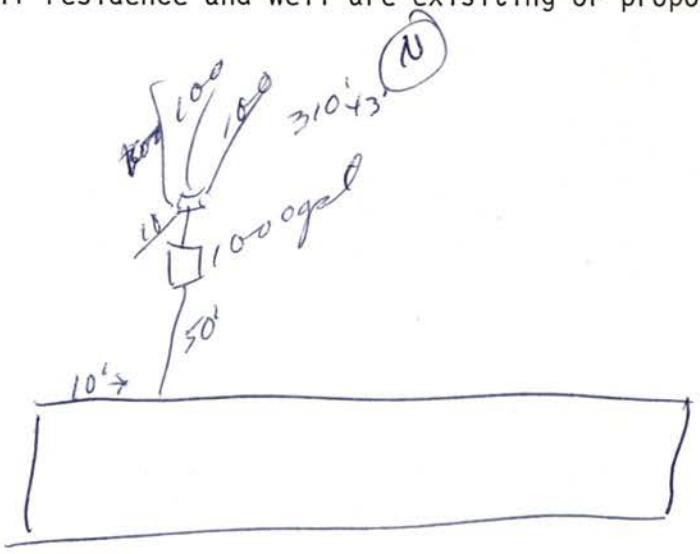
Date: April 27, 1983

Approved Percolation Rate (a)
A. 51 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold 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.	FILE NO._____

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



REVIEWING ACTION

Remarks :_____

_____

Date:_____

Minimum Design Requirement

1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed_____sq.ft.

_____

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 ☒

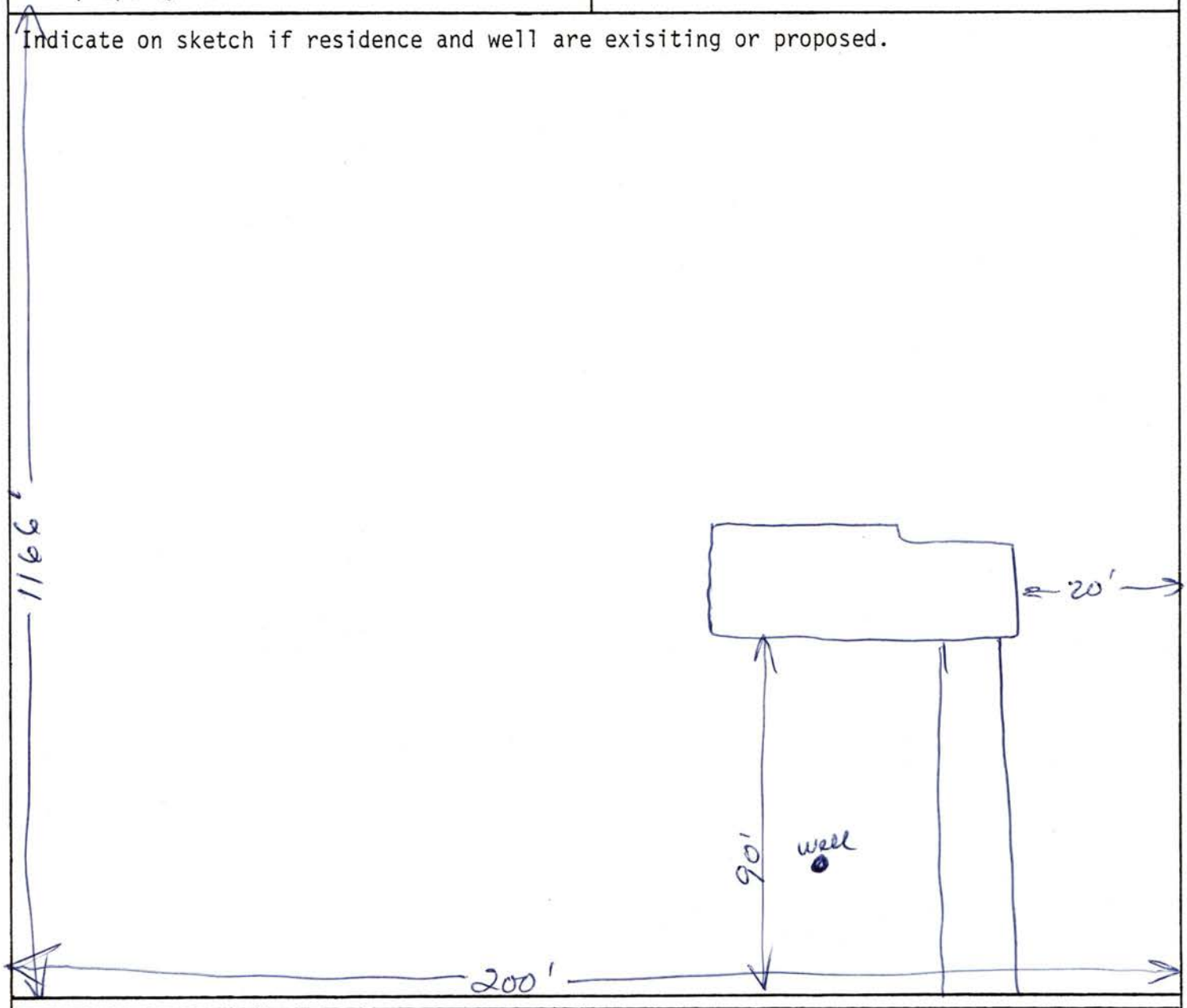
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

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: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 310 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 929 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 ☐

REC'D JUL 8 1983
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

D

DATE: July 6, 1983

FILE NO. _____

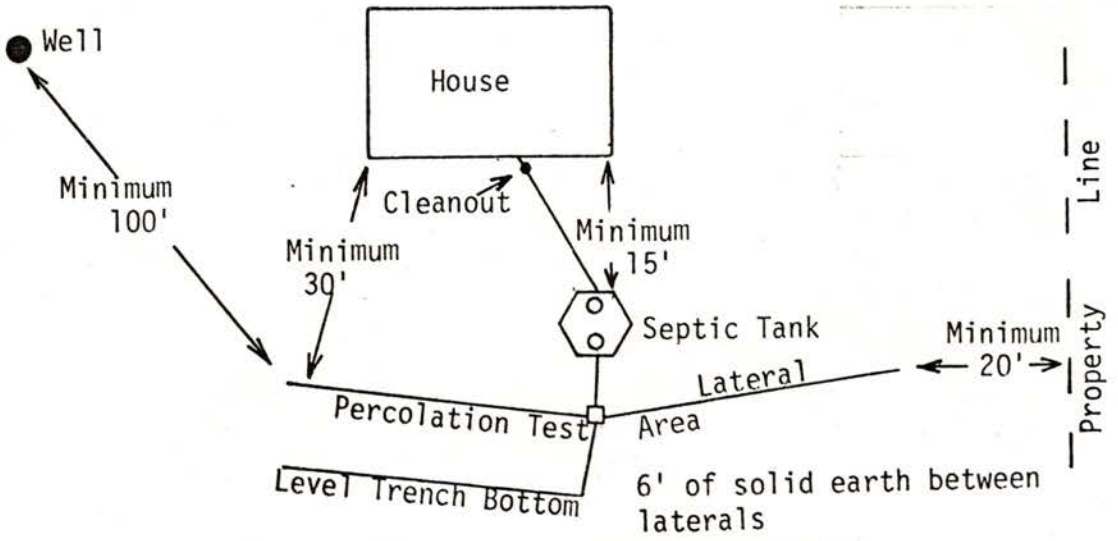
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4" in.
2. Distance above basement floor 38" in., or below basement floor ____ in.
3. Distance between dwelling and septic tank 60' ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line ____ 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 16 in.
8. Distances to:
Well or Suction Line 100+ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

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

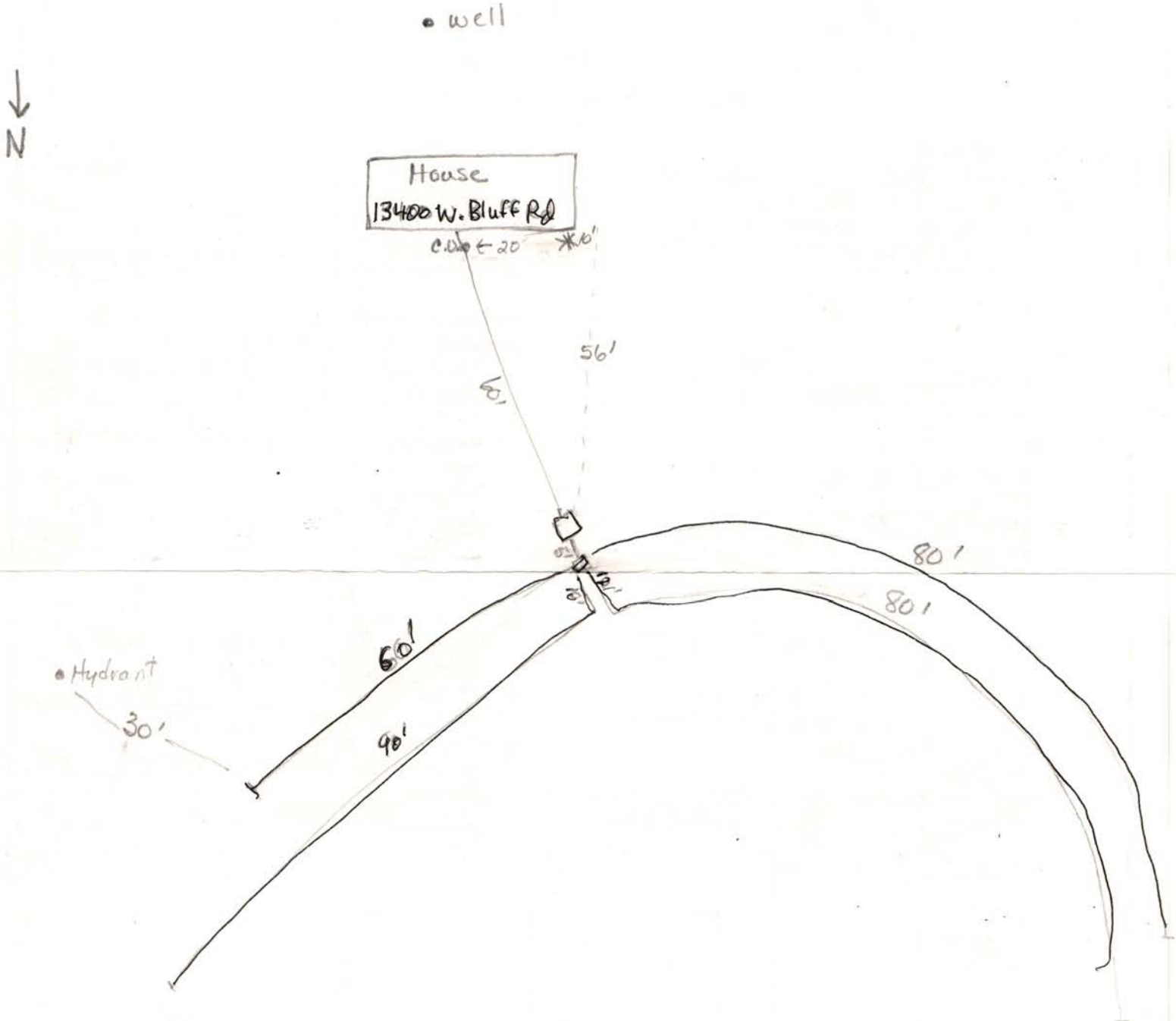
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☐
Diameter of Half Round ____ or Perforated Pipe 4" .
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other ____ .
2. Lateral Lines:
Number 4 ; Length of each line 80 , 80 , 60 , 90 , ____ ft.;
Total length of laterals 310 ft.;
Distance between lateral lines 12' ft.
3. Trench dimensions: Width 3' ft.;
Slope 3" in/100 ft.; Average Depth 32" in.
4. Filter Material: Road Gravel
Depth of Material 18" 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 7-6-83 INSTALLER Larry Schwarek



Sintek Service Co.
6710 No. 7
Lincoln, Ne 68521

April 11, 1983

REF: Misc. JOb #66
Soil Testing Lab
139 KEim Hall

PARTICLE SIZE ANALYSIS RESULTS

SAMPLE ID	PERCENT SAND	PERCENT COARSE SILT	PERCENT FINE SILT	PERCENT VERY FINE SILT	PERCENT CLAY	TEXTURAL CLASS NAME
18 WBR	30.83	14.41	18.52	03.60	32.64	CLAY LOAM
22 WBR	20.12	14.58	20.30	03.64	41.36	CLAY

These are for 18" West Bluff Rd and 22" West Bluff Rd.

Brecks
Kel

Richard Perrin Dean
Extension Agronomist

Tol Mulder
to Ds

930209003

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 471-8022

Need By Dec-7-92

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 13400 W. Bluff Rd

11 Twp 5~~7~~ Range 5 Section 18 1/4 ___ 1/4 ___ Block ___ Lot 31 Addition ___

Directions to Property

1½ m. W. of Malcolm, on West Bluff Rd.

Location of Well S of Home Tap Location: Inside ☐ Outside ☐

Location of Sewage System N. of House Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Mike/Maggie Breckel	13400 West Bluff Rd Malcolm, Ne. 68402	796-2534
Tenant/Buyer:	FAX 473-0802		
Return to:	Nancy Russo	Com. Ed. 56th & "O" Lincoln, Ne.	473-0800

437-5131

Signature of Applicant Margaret L. Breckel Address Rt 1 - Bx 158C Malcolm, Ne. 68402 Date 12/2/92

HEALTH DEPARTMENT USE ONLY

Date Received 12/2/92 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By rm **DATE:** 12/3/92

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 continuing to check septic tank every 2-3 years to see if it needs pumping.

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Margenet, RS. Date 12/7/92

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.