LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 94380116001

Issued 04/22/94
Expires 09/22/94
Revenue Code 18754

Establishment
MANN CUSTOM HOMES INC
T8N R5E SEC 17
ELSNER LAKESIDE EST BLK 2 LOT 2

FEES: $150.00

TOTAL $150.00

Permittee
MANN CUSTOM INC
6101 S 25 ST
LINCOLN NE 68512

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 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: $ 150.00

FILE NO. _____

DATE: 4-21-94

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. 8N ; Range 5E. ; Section 17 ;
Block 2 : Lot 2 : Addition ELSNER LAKESIDE ESTATES 1ST ADD.
Street Address 15600 BOBWHITE TRAIL

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. ~~WILL INSTALL WHATEVER SOIL PERCOLATION TEST INDICATES~~
EXPERIMENTAL SYSTEM

MANN CUSTOMS INC.
Signature of Applicant (Owner or Lessee)

610 So 25th
Address
Lincoln, NE 68512

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/21/94. Date Frwd. 4/22/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4/22/94. Date Frwd. 4/22/94. ACTION: Approved ☒ Disapproved ☐ Signature: Harry Spier

3. City or County Engineer: Date Rec'd. 4/22/94. Date Frwd. 4/22/94. ACTION: Approved ☒ Disapproved ☐ Signature: Don R. Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5-9-94 by: P.D.
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-10-94 By: Paul D[illegible]

* provisional approval only - Experimental System

FORM 23-43

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: 8/9/94

FILE NO. _____

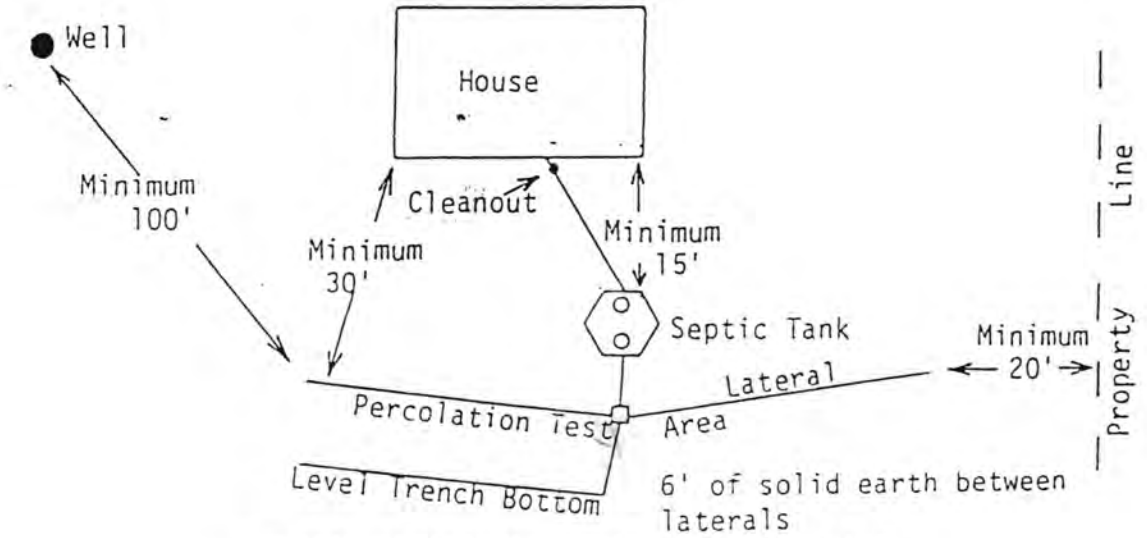
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Plastic ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 30 in.
3. Distance between dwelling and septic tank 100 ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line 250' ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments 1 .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
4. Manholes: Over Inlet; diam. no in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade 12 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 250 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets _____ .
2. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
3. Distance from Septic Tank 6' 8" 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 _____ .
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____ .
2. Lateral Lines:
Number 2 ; Length of each line 100 , 100 , _____ , _____ , 200 ft.;
Total length of laterals 200 ft.;
Distance between lateral lines 12 ft.
3. Trench dimensions: Width 8 ft.; Slope 4 in/100 ft.; Average Depth 36 in.
4. Filter Material: Sand & Gravel
Depth of Material 6" Sand in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

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

Test Location Lakeside Estates
15600 Bob white Trail

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
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: 5-11-94 to 5-12-94. Weather: Precip. 0 Temp. 75°.

Holes 1-2-3-4-5-6
had water in. From Pre-Test

OWNER: Mann Custom Homes
Address: 6101 So 75th 68512

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	36"	5-11	6:00 pm	5-12	5:00 pm	5-12	5:00 pm	6"	5:30 pm	5 7/8"	30m	1/8"	
2	36"	5-11	6:00 pm	5-12	5:00 pm	5-12	5:00 pm	6"	5:30 pm	5 3/4"	30m	1/4"	
3	36"	5-11	6:00 pm	5-12	5:00 pm	5-12	5:00 pm	6"	5:30 pm	5 7/8"	30m	1/8"	
4	36"	5-11	6:00 pm	5-12	5:00 pm	5-12	5:00 pm	6"	5:30 pm	5 7/8"	30m	1/8"	
5	36"	5-11	6:00 pm	5-12	5:00 pm	5-12	5:00 pm	6"	5:30 pm	5 3/4"	30m	1/4"	
6	36"	5-11	6:00 pm	5-12	5:00 pm	5-12	5:00 pm	6"	5:30 pm	5 7/8"	30m	1/8"	

Mike Haugland
Signature of Person Conducting Test

Address 2700 Dan Ave Lincoln, NE Phone 464-0638

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

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

_____
Signature of Reviewing Official

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 15600 BOBWHITE TRAIL

Twp 8N Range 5E Section 17 1/4 ___ 1/4 ___ Block 2 Lot 2 Addition ELSNER LAKESIDE ESTATES 1ST ADD

Directions to Property APPROXIMATELY 5 MILES EAST OF CRETE NE ON HIGHWAY 33 NORTH SIDE - ELSNER LAKESIDE ESTATES - WEST ROCK ROAD.

Location of Well NORTH SIDE OF HOME. Tap Location: Inside ☑ Outside ☐

Location of Sewage System _____ Year Installed 1994

	NAME	ADDRESS	PHONE
Present Owner:			
Tenant/Buyer:	EDWARD A WRIGHT	1117 "L" ST LINCOLN, NE 68508	476-2935
Return to:	EDWARD A WRIGHT	1117 "L" ST. LINCOLN, NE 68508	476-2935

Signature of Applicant Edward A Wright Address 1117 L' STREET LINCOLN, NE 68508 Date 10/06/94

HEALTH DEPARTMENT USE ONLY

Date Received 10/___/94 Received $150.00 Check ☑ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 10/11/94

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☒ 2 /ml
Nitrate	☒ <0.1 ppm	☐ ____ ppm

SEWAGE SYSTEM

Approved ☒

Provisional ☒

Disapproved ☐

Additional Site Visits

Date 11/7/94 by L.C.H.

Date 11/8/94 by L.C.H.

Date ___/___/___ by ____

Comments: PROVISIONAL APPROVAL ON SEWAGE SYSTEM BECAUSE INSTALLATION IS OF AN EXPERIMENTAL TYPE.

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 11/14/94

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.

WATER CHEMISTRY

STATE LAB NO. 15 17609

COMPLETE INFORMATION BELOW

DATE COLLECTED 10 (MO) 11 (DAY) 94 (YEAR) 11:42 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION EDWARD WRIGHT

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 17 TWNSHP 8 N RANGE 5 E

REPORTED '94 OCT 13 A9:18

RECEIVED '94 OCT 11 P1:58

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
3140 "N" STREET
LINCOLN, NEBRASKA 68510

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE – N Less than 0.1 mg/l

NOT TESTED BECAUSE OF:
☐ INSUFFICIENT AMOUNT ☐ DAMAGE ☐ IMPROPER CONTAI

TEST(S) BY DLF

FOR ACCOUNTING USE ONLY

WATER MICROBIOLOGY

STATE LAB NO. 1425081

COMPLETE INFORMATION BELOW

DATE COLLECTED 10 (MO) 11 (DAY) 94 (YEAR) 11:42 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION EDWARD WRIGHT

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 17 TWNSHP 8 N RANGE 5 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
3140 "N" STREET
LINCOLN, NEBRASKA 68510

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

FOR LABORATORY USE ONLY

TEST METHOD: [X] MEMBRANE FILTER [ ] MPN

COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS 2 PER 100 ML.

[X] THE WATER MEETS BACTERIOLOGICAL STANDARD

[ ] WATER DOES NOT MEET BACTERIOLOGICAL STANDARD

[ ] RESULTS MAY BE INVALID DUE TO EXCESSIVE AGE*

*SAMPLES RECEIVED BETWEEN 30-48 HRS. AFTER COLLECTION

SAMPLE NOT ANALYZED BECAUSE OF:

[ ] EXCESSIVE AGE [ ] INSUFFICIENT AMOUNT

[ ] DAMAGE [ ] IMPROPER CONTAINER

TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY CC

FOR ACCOUNTING USE ONLY

LWB 91

RECEIVED '94 OCT 11 P1:58

REPORTED '94 OCT 11 P1:58

WATER MICROBIOLOGY

STATE LAB NO. 1427767

REPORTED 94 NOV -8 P1:00

RECEIVED 94 NOV -7 P3:44

COMPLETE INFORMATION BELOW

DATE COLLECTED 11 (MO.) 7 (DAY) 94 (YEAR) 3:15 PM (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION EDWARD WRIGHT

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR S.E. SECT 19 TWNSHP 8 N RANGE 5 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
3140 "N" STREET
LINCOLN, NEBRASKA 68510

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

FOR LABORATORY USE ONLY

TEST METHOD: ☒ MEMBRANE FILTER ☐ MPN

COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS 0 PER 100 ML.

☒ THE WATER MEETS BACTERIOLOGICAL STANDARD

☐ WATER DOES NOT MEET BACTERIOLOGICAL STANDARD

☐ RESULTS MAY BE INVALID DUE TO EXCESSIVE AGE*

*SAMPLES RECEIVED BETWEEN 30-48 HRS. AFTER COLLECTION

SAMPLE NOT ANALYZED BECAUSE OF:

☐ EXCESSIVE AGE ☐ INSUFFICIENT AMOUNT

☐ DAMAGE ☐ IMPROPER CONTAINER

TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY CC

FOR ACCOUNTING USE ONLY

LWB 91

'94 NOV -9 P2:30

'94 NOV -8 P2:54

REPORTED

RECEIVED

COMPLETE INFORMATION BELOW

WATER MICROBIOLOGY

STATE LAB NO. 14 28002

DATE COLLECTED 11 (MO.) 8 (DAY) 94 (YEAR) 1:19 p.m. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION EDWARD WRIGHT

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 17 TWNSHP 8 N RANGE 5 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
3140 "N" STREET
LINCOLN, NEBRASKA 68510

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

FOR LABORATORY USE ONLY

TEST METHOD: ☒ MEMBRANE FILTER ☐ MPN

COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS 1 PER 100 ML.

☒ THE WATER MEETS BACTERIOLOGICAL STANDARD

☐ WATER DOES NOT MEET BACTERIOLOGICAL STANDARD

☐ RESULTS MAY BE INVALID DUE TO EXCESSIVE AGE*

*SAMPLES RECEIVED BETWEEN 30-48 HRS. AFTER COLLECTION

SAMPLE NOT ANALYZED BECAUSE OF:

☐ EXCESSIVE AGE ☐ INSUFFICIENT AMOUNT

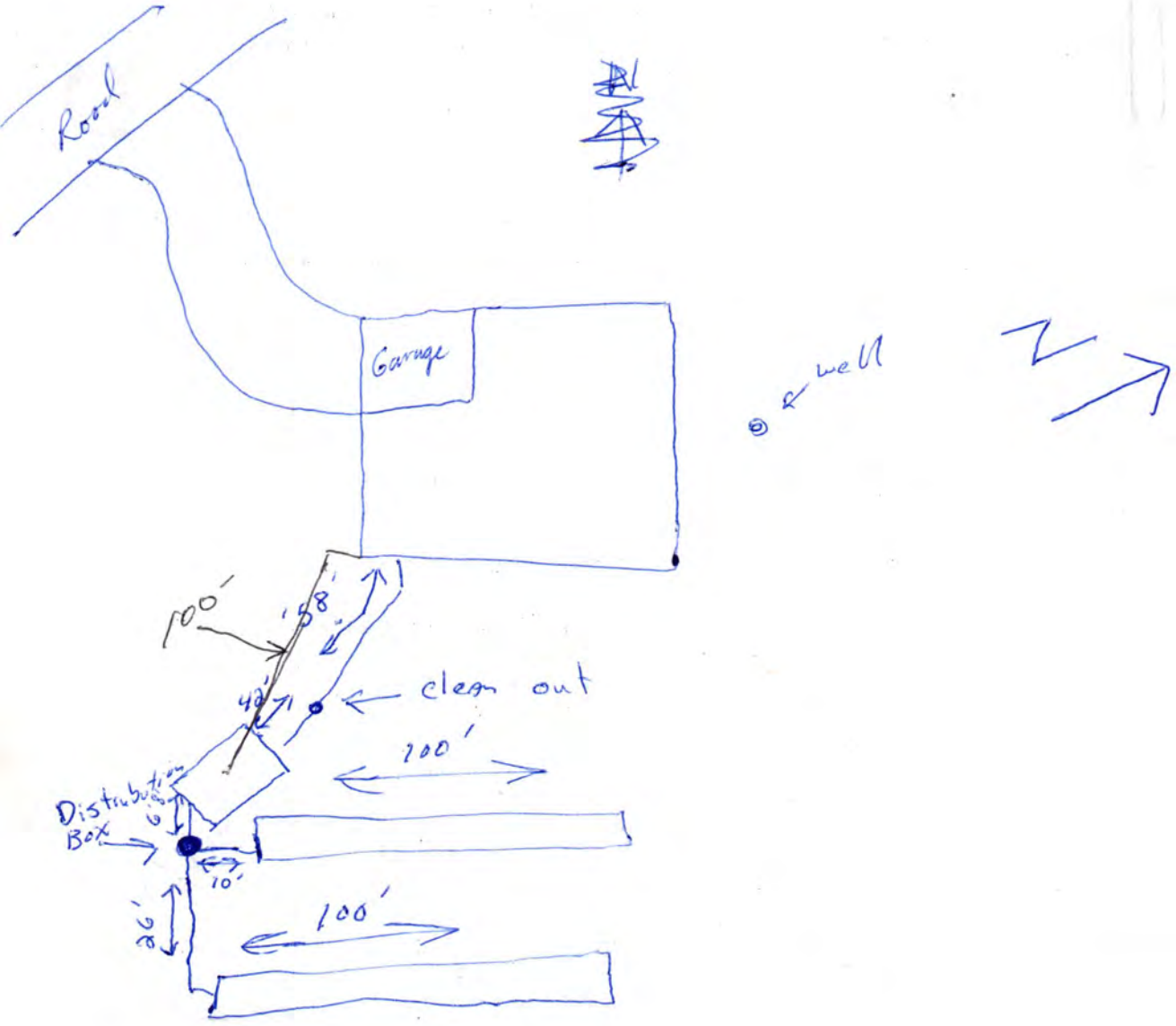
☐ DAMAGE ☐ IMPROPER CONTAINER

TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWB 91



Septic tank is 100' from SE corner of house