LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. P0390010501

Issued 04/06/90
Expires 10/06/90

ESTABLISHMENT

CHERRY HILL
TWN R6E SEC 16
EQUESTRIAN ESTATES BLK 3 LOT 1

FEES: **Permit** 013754 $150.00

Total $150.00

PERMITTEE

CHERRY HILL
301 P ST
LINCOLN NE 68508

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE AMOUNT

Paid

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

9038 00105

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: $_____

FILE NO._____

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. 9N ; Range 6E ; Section 16 ;
   Block 3 : Lot 1 : Addition EQUESTRIAN ESTATES
   Street Address 2300 W. STACCION RD.

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. EXPERIMENTAL SYSTEM

Landy Langfitt CHERRY HILL CO.
Signature of Applicant (Owner or Lessee)

301 "P" LINCOLN, NEBR.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/26/90 . Date Frwd. 4/9/90 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4/9/90 . Date Frwd. 4/9/90 . ACTION: Approved ☑ Disapproved ☐ Signature: Dale
3. City or County Engineer : Date Rec'd. 4-9-90 . Date Frwd. 4-9-90 . ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 6/22/90 by: J.C.H. tank & one large seepage bed.
Date: 7-6-90 by: rm
Date: 7-9-90 by: rm

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/18/92 By: Jerrold C. Hood

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

* PROVISIONAL APPROVAL EXPERIMENTAL SYSTEM

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
Phone: 471-7800

B

Test Taken At 2300 W. STALLION Rd.

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: 3-19-90 to 3-20-90. Weather: Precip. 0 Temp. 60°.

Hole's 2-3-4-5 had water in From Pre-test

OWNER: Dick + June Klein

Address: _____

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"	3-19	6:00 pm	3-20	4:00 pm	3-20	4:00 pm	6"	4:30 pm	5 5/8"	30m	3/8"	
2	36"	3-19	6:00 pm	3-20	4:00 pm	3-20	4:00 pm	6"	4:30 pm	5 7/8"	30m	1/8"	
3	36"	3-19	6:00 pm	3-20	4:00 pm	3-20	4:00 pm	6"	4:30 pm	5 7/8"	30m	1/8"	
4	36"	3-19	6:00 pm	3-20	4:00 pm	3-20	4:00 pm	6"	4:30 pm	6"	30m	0	
5	36"	3-19	6:00 pm	3-20	4:00 pm	3-20	4:00 pm	6"	4:30 pm	5 3/4"	30m	1/4"	
6	36"	3-19	6:00 pm	3-20	4:00 pm	3-20	4:00 pm	6"	4:30 pm	5 3/4"	30m	1/4"	

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

Mike Hoogland
Signature of Person Conducting Test

Address 2700 Dawn Ave Lincoln Phone 464-0638

(Do not write below this line) Pre-Cast Step Co.

REVIEWING ACTION

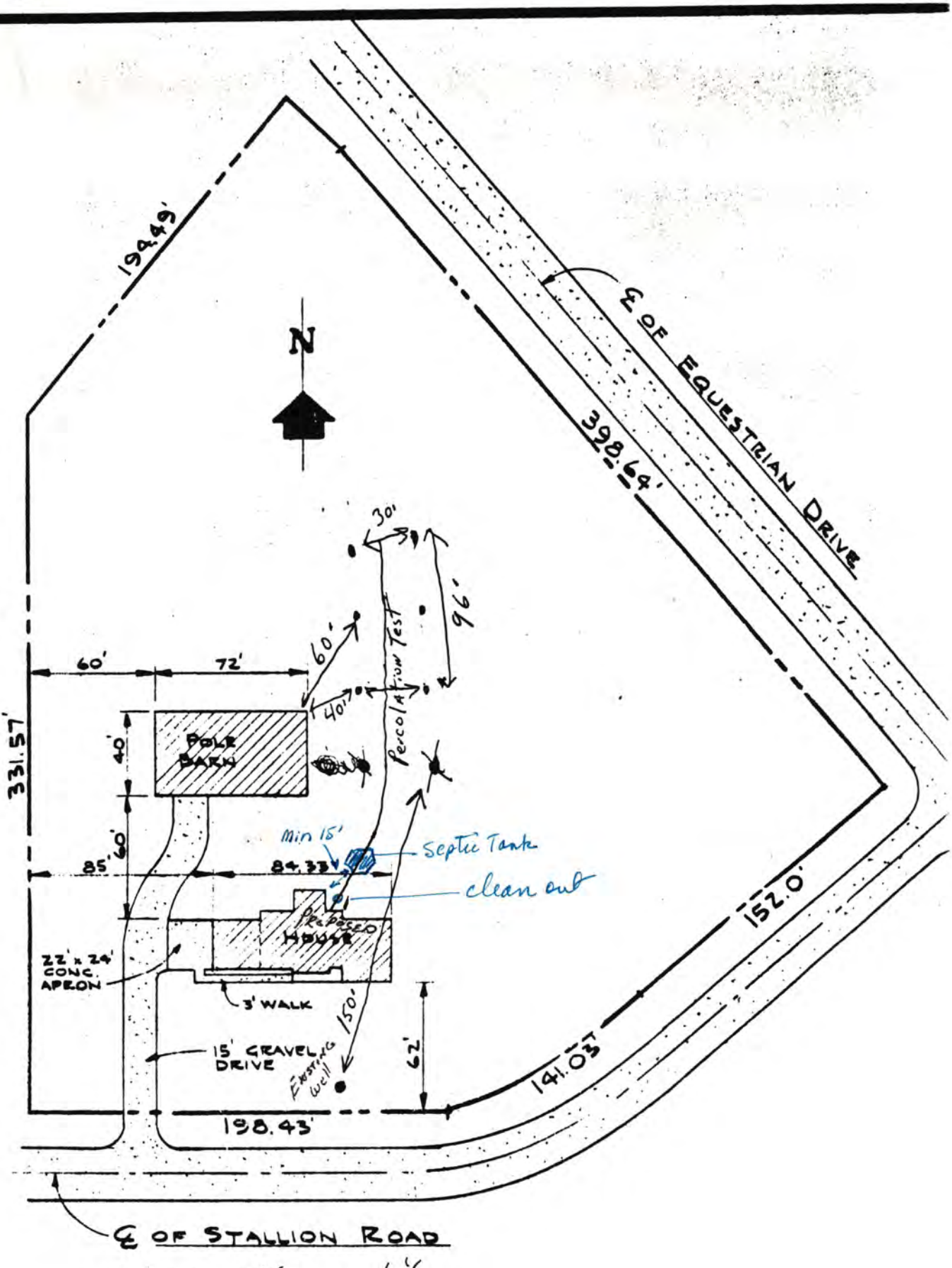
Remarks: _____

Soil Type (SCS): _____

Date: _____

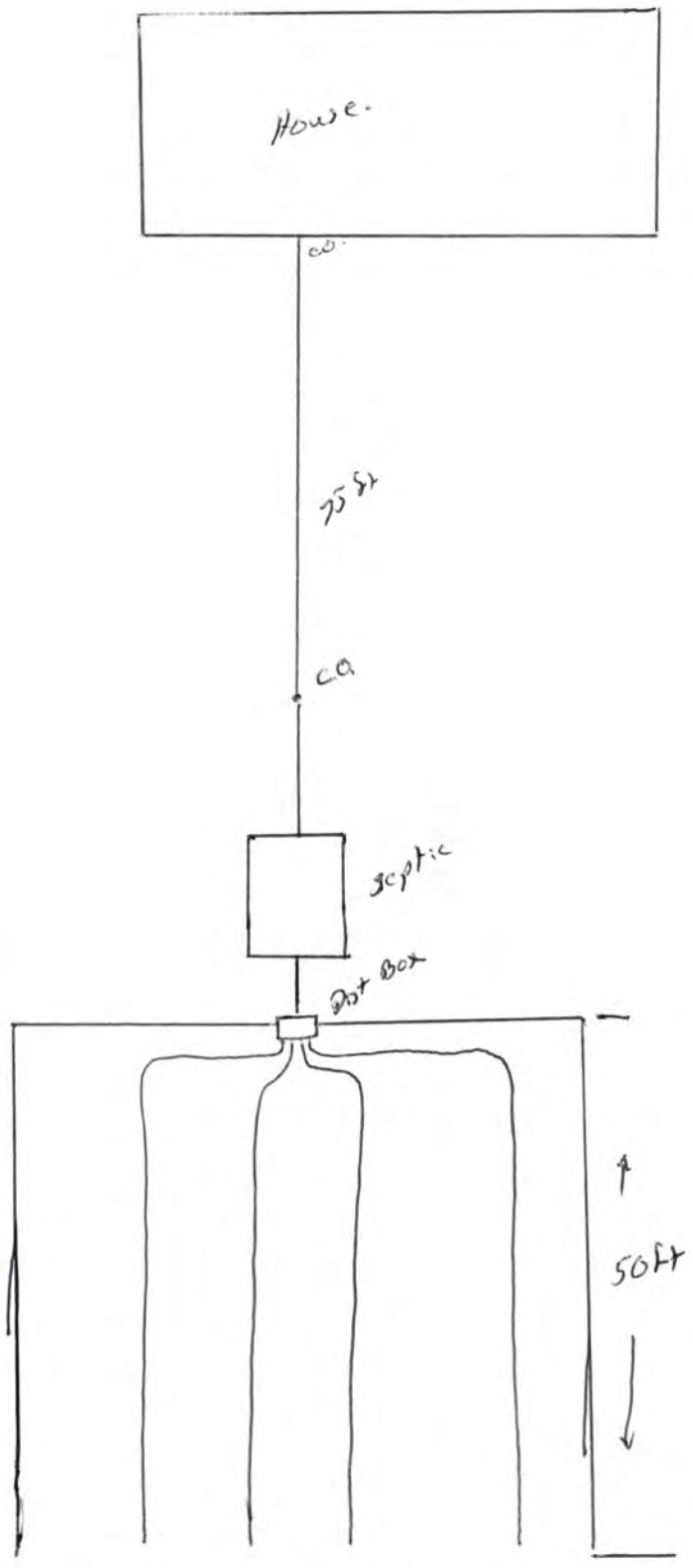
Approved Percolation Rate (a)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official



2300 W ccc 1 ½

PLOT PLAN


House.
75 ft
septic
Dist Box
50ft

* Please have back to us before 12-24-92. Thank you. 004

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-8000 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: 12-11-92

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

Legal Description of Property: TWP. 9N ; RANGE 6E ; SECTION 16 ; BLOCK 3

LOT 1 ; ADDITION Equestrian Estates ; Street Address 2300 W. Stallion Rd., Lincoln NE

Directions to Property _____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Richard + Beverly Klein	(same)	423-7179
~~Tenant/Buyer~~:	work #'s: Richard 441-8374	Beverly 436-1301	
Return to:	Security Federal Savings	P.O. Box 80609, Lincoln 68501-0609	474-4444

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

Signature of Applicant Pamela S. Kemper Address Security Federal Savings

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HEALTH DEPARTMENT USE ONLY

Date Received 12 15 92 Received $150.00 Check ☑ Cash ☐

#26535 L.C.

PRELIMINARY STATUS--DATE DECEMBER 16, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 12/16/92 by J.C.H.
Bacteria	☒	☐	Provisional:	☒	Date _____ by ____
Nitrate 4.4 P.P.M.	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: SEWAGE SYSTEM IS OF EXPERIMENTAL VARIETY HENCE PROVISIONAL APPROVAL. NO EVIDENCE OF MALFUNCTION.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold E. Hood R.E.H.S. DATE DECEMBER 21, 1992

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