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. 91380073201

Issued 07/26/91
Expires 01/26/92

ESTABLISHMENT

RALPH MCCLATCHEY
T9N R6E SEC 16
EQUESTRIAN ESTATES BLK 1 LOT 1
1ST ADDITION

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

RALPH MCCLATCHEY
4040 W A ST
LINCOLN NE 68522

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
7/29/91	PAID

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

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: 4/25/91

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. 9 N ; Range 6 E ; Section 16 ;
   Block 1 : Lot 1 : Addition First
   Street Address 6300 Equestrian Drive

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2 . Describe_____

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

4. Distance to public sewer: 3 Miles ft.

Ralph R McClatchey
Signature of Applicant (Owner or Lessee)

4040 W A ST Lincoln Neb. 68522
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/26/91. Date Frwd. 7/26/91. ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7/26/91. Date Frwd. 7/26/91. ACTION: Approved ☐ Disapproved ☐ Signature:

3. City or County Engineer: Date Rec'd. 7-26-91. Date Frwd. 7-26-91. ACTION: Approved ☒ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL HAS WELL PERMIT

Site Visits:
Date: 8/16/91 by: L.C.H. Need riser on tank
Date: 1/9/92 by: L.C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1/9/92 By: Jerold C. Hood

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

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

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9 N ; Range 6 E ; Section & ¼ Section 16 . NW ¼
Property Dimensions: 316 ft. x 416 ft. Area: 3 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐
Dates of Tests: 7/23/91 to 7/24/91 . Weather: Precip. Sprinkle No. Temp. 85

OWNER: Ralph R McClatchey
Address: 4040 W A St Lincoln 68522

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	37	7/23	4:30 PM	7/24	4:30PM	7/24	4:30PM	6"	5:00PM	5½	30	½	
2	36	7/23	4:30PM	7/24	4:35PM	7/24	4:35PM	6"	5:05PM	5⅝	30	⅜	
3	36	7/23	4:30PM	7/24	4:40	7/24	4:40	6"	5:10PM	5½	30	½	
4	38	7/23	4:30PM	7/24	4:45	7/24	4:45	6"	5:15	5⅜	30	⅝	
5	36	7/23	4:30	7/24	4:50	7/24	4:50	6"	5:20	5⅜	30	⅝	
6	37	7/23	4:30	7/24	4:55	7/24	4:55	6"	5:25	5½	30	½	

Sum of Percolation Rates: _____
Average of Rates: 1½" +
Mean of Rates: _____

Ralph R McClatchey
Signature of Person Conducting Test

Address 4040 W 'A' ST Phone 476-0686

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty clay Loam
Date: July 26, 1991
Confirmed 8/[illegible]/91

Approved Percolation Rate (a)
A. 60 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 ☒

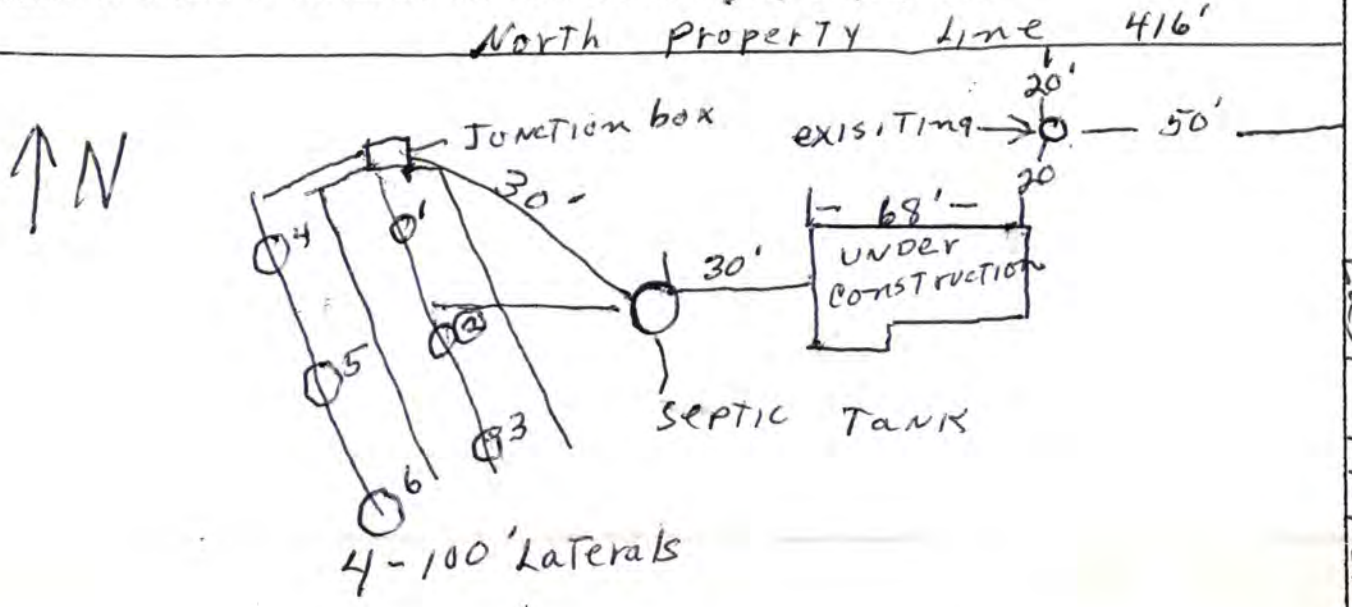
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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C

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.



The holes are approx
20' apart Horizontaly
45' apart vertically

REVIEWING ACTION

Remarks: _____

Date: July 26, 1991

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 660 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

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Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 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 6300 Equestrian Dr

Twp 9N Range 6E Section 16 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition Equestrian Estates

Directions to Property Coffington + Pleasant Hill Rd (First Addition 1 b/K West 1st Drive on East side.

Location of Well North East of House Tap Location: Inside ☑ Outside ☐

Location of Sewage System West of house Year Installed 1991

	NAME	ADDRESS	PHONE
Present Owner:	Ralph R. McClatchey	6300 Equestrian Dr Lincoln, Ne 68523	402-423-3244
Tenant/Buyer:			
Return to:	" " "	" " "	

Signature of Applicant Ralph R McClatchey Address 6300 Equestrian Dr Lincoln Nebr 68523 Date ___/___/___

HEALTH DEPARTMENT USE ONLY

Date Received 05/13/93 Received $150.00 Check ☑ # 5818 Cash ☐

PRELIMINARY STATUS--By Jerrold Hood **DATE:** 5/17/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☑	Date___/___/___by___
Bacteria	☒ ___/ml	☐ ___/ml	Provisional ☐	Date___/___/___by___
Nitrate	☒ 7.7 ppm	☐ ___ppm	Disapproved ☐	Date___/___/___by___

Comments: ___

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 5/21/93

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.

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