CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE # 2852

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — 6 MONTHS

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

RICHARD L. YOUNG — 12200 SO. 162ND — BENNET, NE 68317

LICENSEE OR PERMITTEE — ADDRESS

T9N; R6E; Sec. 15; Blk 3; Lot 2; Equestrian Estates Add

NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 60.00	018754	$ 60.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. — Date and Amount

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

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: $ 60.00

FILE NO. 2852

DATE: June 9, 1989

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 2 : Addition Equestrian Estates
   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.

Richard J Young DBA Young's Plbg.
Signature of Applicant (Owner or Lessee)

12200 So 162nd Bennet, Ne
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/9/89. Date Frwd. 6/9/89. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6-9-89. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer : Date Rec'd. 6-9-89. Date Frwd. 6-9-89. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL WELL THERE BUT DON'T KNOW WHEN IT WAS DRILLED.

Site Visits:
Date: 8/17/89 by: L.C. Hood
Date: 8/18/89 by: L.C. Hood
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/18/89 By: Jerrold 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 _____; 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: 6-7-89 to 6-8-89. Weather: Precip. 0 Temp. 65°.

OWNER: Young's Plumbing Co.
Address: 12200 S. 162 Bennet
782-6600

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"	6-7	6:00 Am	6-8	5:00 pm	6-8	5:00 pm	6"	9:00 pm	5 1/2"	30m	1/2"	
2	36"	6-7	6:00 pm	6-8	5:00 pm	6-8	5:00 pm	6"	9:00 pm	5 1/2"	"	1/2"	
3	36"	6-7	6:00 pm	6-8	5:00 pm	6-8	5:00 pm	6"	9:00 pm	5 1/2"	"	1/2"	
4	36"	6-7	6:00 pm	6-8	5:00 pm	6-8	5:00 pm	6"	9:00 pm	5 3/8"	"	5/8"	
5	36"	6-7	6:00 pm	6-8	5:00 pm	6-8	5:00 pm	6"	9:00 pm	5 3/4"	"	1/4"	
6	36"	6-7	6:00 pm	6-8	5:00 pm	6-8	5:00 pm	6"	9:00 pm	5 1/4"	"	3/4"	

Mike Hoagland
Signature of Person Conducting Test

Address 3833 NW. 52 Phone 464-0638

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

(Do not write below this line)

60 min/in

REVIEWING ACTION

Remarks: Wymore Silty Clay Loam

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

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: June 9, 1989

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 247 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 990 sq.ft.

Gerrold C. Hood
Signature of Reviewing Official

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: 474-1541

D

DATE: _____

FILE NO. _____

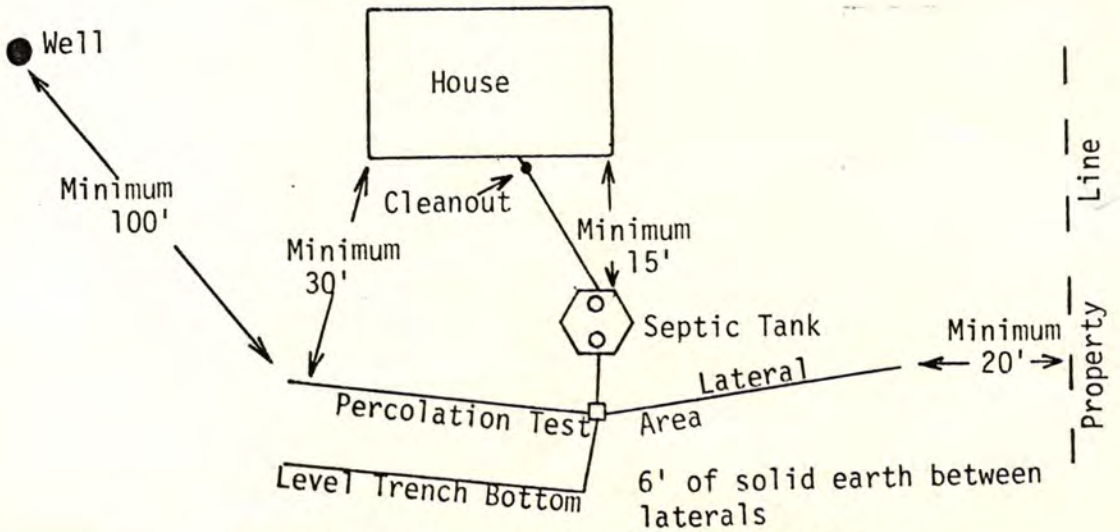
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Pvc ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank _____ 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 _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets 5 .
2. Factory Built: Yes ☑ No ☐
(Company Pre Cast)
3. Distance from Septic Tank 6 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☑ Perforated Pipe ☐
Diameter of Half Round 24 or
Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☑ ; other _____.
2. Lateral Lines:
Number 3 ; Length of each line 100 , 100 , 48 , _____ , _____ ft.;
Total length of laterals 248 ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 4 ft.;
Slope — in/100 ft.; Average Depth 42 in.
4. Filter Material: Gravel
Depth of Material 24 in.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

++ closing 9-30++

007

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 5945 EQUESTRIAN DR - W SIDE OF EQUESTRIAN

Twp 9N Range 6E Section 18 1/4 ____ 1/4 ____ Block 3 Lot 2 Addition EQUESTRIAN ESTATES

Directions to Property 2½ MILES SOUTH OF PIONEERS PARK OF CODDINGTON. TURN RIGHT ONTO ARABIAN GO TO T-INTERSECTION - RT EQUESTRIAN DR

Location of Well SW OF HOUSE ALMOST TO LOT LINE Tap Location: Inside ☐ Outside ☑

Location of Sewage System NW OF HOUSE, WHITE STACK - BY FENCED GARDEN STEEL POLE STICKING UP Year Installed 1989

	NAME	ADDRESS	PHONE
Present Owner:	JEROME ETHRAEN	5945 EQUESTRIAN DR LINCOLN 68523	421-1737
Tenant/Buyer:	SAME		
Return to:	1st mortgage		

Signature of Applicant Jerome Ethraen Address 5945 EQUESTRIAN DR Date 9/23/93

HEALTH DEPARTMENT USE ONLY

Date Received 9/24/93 Received $150.00 Check ☐ Cash ☐

PRELIMINARY STATUS--By Gerald "Hood" **DATE:** 9/27/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☑	☐	Approved ☑	Date___/___/___by___
Bacteria	☑ 0 /ml	☐ ____ /ml	Provisional ☐	Date___/___/___by___
Nitrate	☑ 1.1 ppm	☐ ____ ppm	Disapproved ☐	Date___/___/___by___

Comments: IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED.

See Attached Letter ☐

FINAL STATUS

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

Approved by Gerald C. Hood R.E.H.S. Date 9/30/93

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.

084

AS BUILT DRAWING OF SYSTEM

DATE 8-16-89 INSTALLER Capital City Trenching

5945 Equestrian Dr.

