FILE ~~#2930~~ #2030

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

FEBRUARY 16, 1984 — THIS LICENSE OR PERMIT EXPIRES

ELGIN E. KUHLMAN — LICENSEE OR PERMITTEE

4201 SO. GATE BLVD. — ADDRESS

LINCOLN, NE 68506

T9N; R6E; Sec. 16; Bk 3; Lot 3; Equestrian Estates — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NONTRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 60.00	$	$	$	$ 60.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
019815	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
65315	2/16/83	60.00

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

HEALTH APPLICATION

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: 474-1541

A

FILING FEE: $ 60.00

FILE NO. 2030

DATE: 10 AUG 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. 9N ; Range ~~E. of Sixth P.M.~~ 6E ; Section 16 ;
   Block 3 : Lot 3 : Addition EQUESTRIAN ESTATES
   Street Address 5900 STABLE LANE

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____

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

4. Distance to public sewer: _____ ft.

Elgin E Hubbard
Signature of Applicant (Owner or Lessee)

4201 SOUTHGATE BLVD
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/15/83. Date Frwd. 8/15/83. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. _____. Date Frwd. 8/16/83. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Thomas

3. City ~~or County~~ Engineer: Date Rec'd. 8-16-83. Date Frwd. 8-16-83. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL ~~WELL PERMIT STILL COMING~~

Site Visits:
Date: 7/13/84 by: J. C. N.
Date: 7/16/84 by: J. C. N.
Date: 7/16/84 by: J. C. N.

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7/16/84 By: J. C. Nood

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: 8-8-83 to 8-9-83. Weather: Precip. 0 Temp. 95°.

OWNER: Bill Kuhlmann

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		Elaps-	Water	Perco-
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.)	ed Time (Min.)	Level Drop (in.)	lation Rates (Min./in.)
1	36"	8-8	6:00 pm	8-9	4:30 pm	8-9	4:00 pm	6"	8:00 pm	5"	30m	1"	
2	"	"	"	"	"	"	"	"	"	4 3/4"	"	1 1/4"	
3	"	"	"	"	"	"	"	"	"	4 1/2"	"	1 1/2"	
4	"	"	"	"	"	"	"	"	"	4 7/8"	"	1 1/8"	
5	"	"	"	"	"	"	"	"	"	5"	"	1"	
6	"	"	"	"	"	"	"	"	"	5"	"	1"	

William Hoagland
Signature of Person Conducting Test

Address 2701 N 27th Lot 22 Phone _____

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

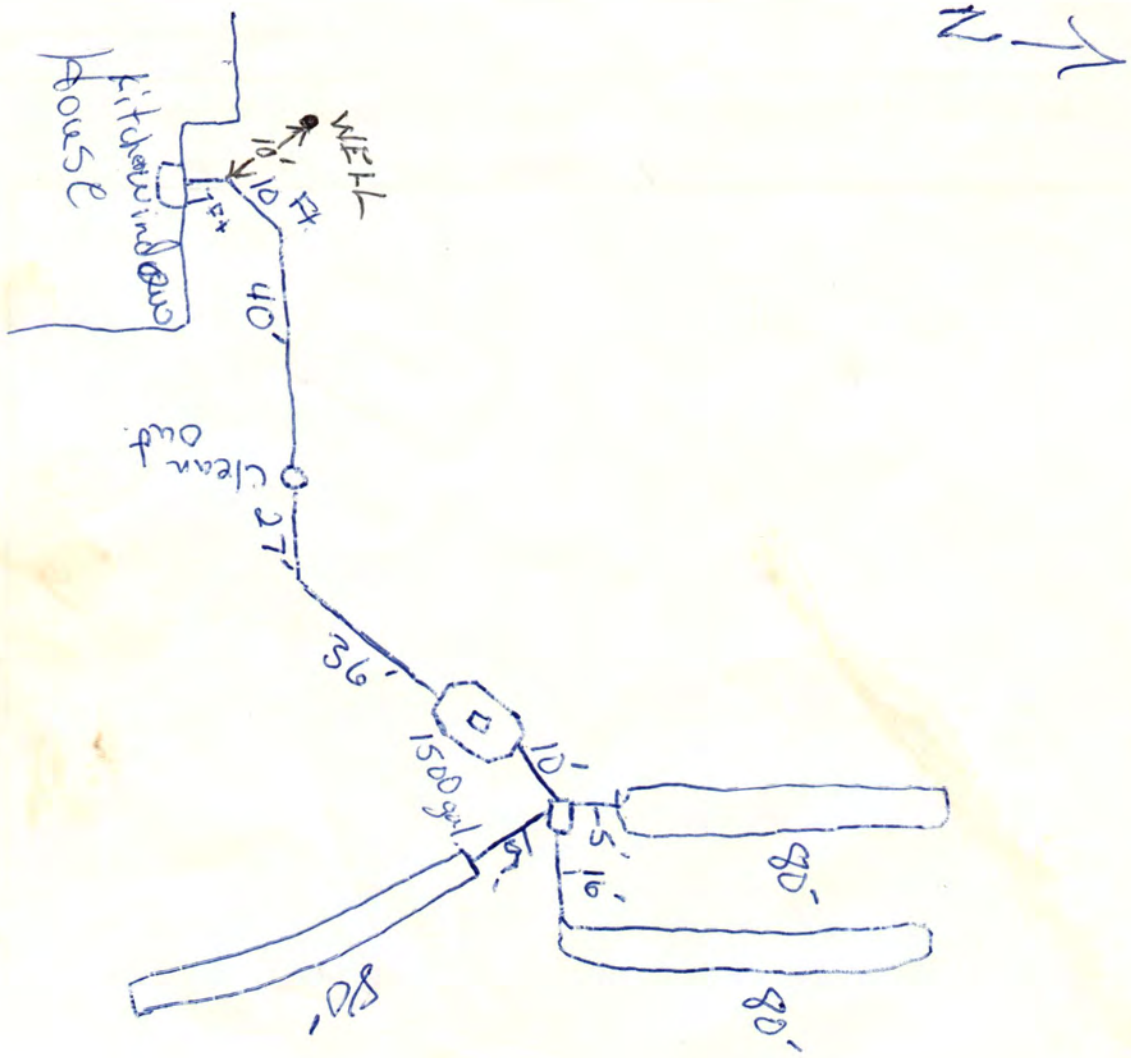
(Do not write below this line)

REVIEWING ACTION

Remarks: Seems rather fast for Wymore Silty Clay Loam
Soil Type (SCS): _____
Date: August 15, 1983

Approved Percolation Rate (a)
A. 27 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official



Tank is 10" deep

Lateral's are 12" to 20" deep 4' wide

Elbow's are 45°

Closing ASAP

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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 5900 Stable Lane

Twp 9N Range 6E Section 16 1/4 ___ 1/4 ___ Block 3 Lot 3 Addition Equestrian Estates

Directions to Property SE Corner of Stable Lane & W. Stierup

Tap on West side well N. Door - Circle House - Old Shutters

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed ~~1983~~ 84

	NAME	ADDRESS	PHONE
Present Owner:	Elgin E Kuhlman	5900 Stable Lane	477-4200
Tenant/Buyer:	Same - Refinance		
Return to:	First Fed Kearney	Harm 39 a normal	

Signature of Applicant Elgin E Kuhlman Address 5900 Stable Lane Date 11/29/93

HEALTH DEPARTMENT USE ONLY A #3914 1st tier

Date Received 11/29/93 Received $150.00 Check ☑ Cash ☐

PRELIMINARY STATUS--By Gerald C. Hood **DATE:** 11/29/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☐	☐	Approved ☑	Date ___/___/___ by ___
Bacteria	☑ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☑ 0.9 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 12/3/93

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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Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment 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.

Legal Description of Property: Street Address 5900 STABLE LANE

Twp 9N Range 6E Section 16 1/4 ___ 1/4 ___ Block 3 Lot 3 Addition EQUESTRIAN ESTATES

Directions to Property _____

Location of Well North Side of House by Garage Tap Location: Inside ☐ Outside ☒

Location of Sewage System Park Bench Back Yard Year Installed 1986

	NAME	ADDRESS	PHONE
Present Owner:	KUHLMAN	2841 Terra Dr Apt 204	328-8870
~~Tenant~~/Buyer:	BOB KARGO	6810 So 51, Lincoln, 68516	421-6080
Return to:	BOB KARGO	6810 So 51, Lincoln, 68516	421-6080

Signature of Applicant Robert D Karg. Address 6810 So 51 Lincoln Ne 68516 Date 06/30/00

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 06/30/00

Initials ES

Amount 150.00

Check No. 6476

DATA ENTRY

Date ___/___/___

Case No. _____

Initials _____

PRELIMINARY STATUS--By Doug Smith **DATE:** 7/3/00

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 1.9 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date___/___/___by___

Date___/___/___by___

Comments: No visible malfunction noted; recommend that septic tank be checked to see if it needs pumping

See Attached Letter ☐

FINAL STATUS

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

Approved by Doug Smith Date 07/07/2000

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.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95