FILE # 2729

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

6 MONTHS — THIS LICENSE OR PERMIT EXPIRES

JOHN E. SCHROEDER — LICENSEE OR PERMITTEE

3600 CARNELIAN #12 LINCOLN, NE 68516 — ADDRESS

T9N; R6E; Sec 16; Blk 3; Lot 4; Equestrian Estates Addition — 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

471-8000 Hood

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. 2729

DATE: 9/7/88

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 3 : Lot 4 : 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: _____ ft.

John E. McCaughey
Signature of Applicant (Owner or Lessee)

3600 Carnellian #12 Lincoln NE
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/7/88. Date Frwd. 9/8/88. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9/8/88. Date Frwd. 9/8/88. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer : Date Rec'd. 9/8/88. Date Frwd. 9/8/88. ACTION: Approved ☒ Disapproved ☐ Signature: B.D. Mahan

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10/24/88 by: J.C. Hood
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/24/88 By: Jerrold C. Hood

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

FORM 23-43

214 916

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

471-8000
FILE NO. _____

PROPERTY WHERE SOIL TESTED: Lot 4 of Block 3

Location: Township 9 North; Range 6 East; Section & ¼ Section NE corner of NW ¼
Property Dimensions: 310 ft. x 430 ft. Area: 3.06 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐; Silt Loam ☐; Clay Loam ■.
Dates of Tests: 7-9-88 to 7-10-88. Weather: Precip. 0 Temp. 70°.
Test taken at Equestrian Estates So. Connington Ave.

OWNER: John E. Schroeder
Address: 6140 Princcess Margaret Dr Lincoln NE. 68516 423-0780

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"	7-9	1:00 pm	7-10	6:30 Am	7-10	6:30 Am	6"	10:30 Am	4 1/8"	30m	7/8"	
2	36"	7-9	1:00 pm	7-10	6:30 Am	7-10	6:30 Am	6"	10:30 Am	5 3/4"	"	1/4"	
3	36"	7-9	1:00 pm	7-10	6:30 Am	7-10	6:30 Am	6"	10:30 Am	5"	"	1"	
4	36"	7-9	1:00 pm	7-10	6:30 Am	7-10	6:30 Am	6"	10:30 Am	5 3/4"	"	1/4"	
5	36"	7-9	1:00 pm	7-10	6:30 Am	7-10	6:30 Am	6"	10:30 Am	5 1/2"	"	1/2"	
6	36"	7-9	1:00 pm	7-10	6:30 Am	7-10	6:30 Am	6"	10:30 Am	5 1/4"	"	3/4"	

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

Mike Hoagland
Signature of Person Conducting Test

Address 2700 Dan Ave Phone 464-0638

Pre-Cast Step Co.

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: JULY 15, 1988

Approved Percolation Rate (a)
A. 48 min./inch
B. _____ min./inch
C. _____ min./inch

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

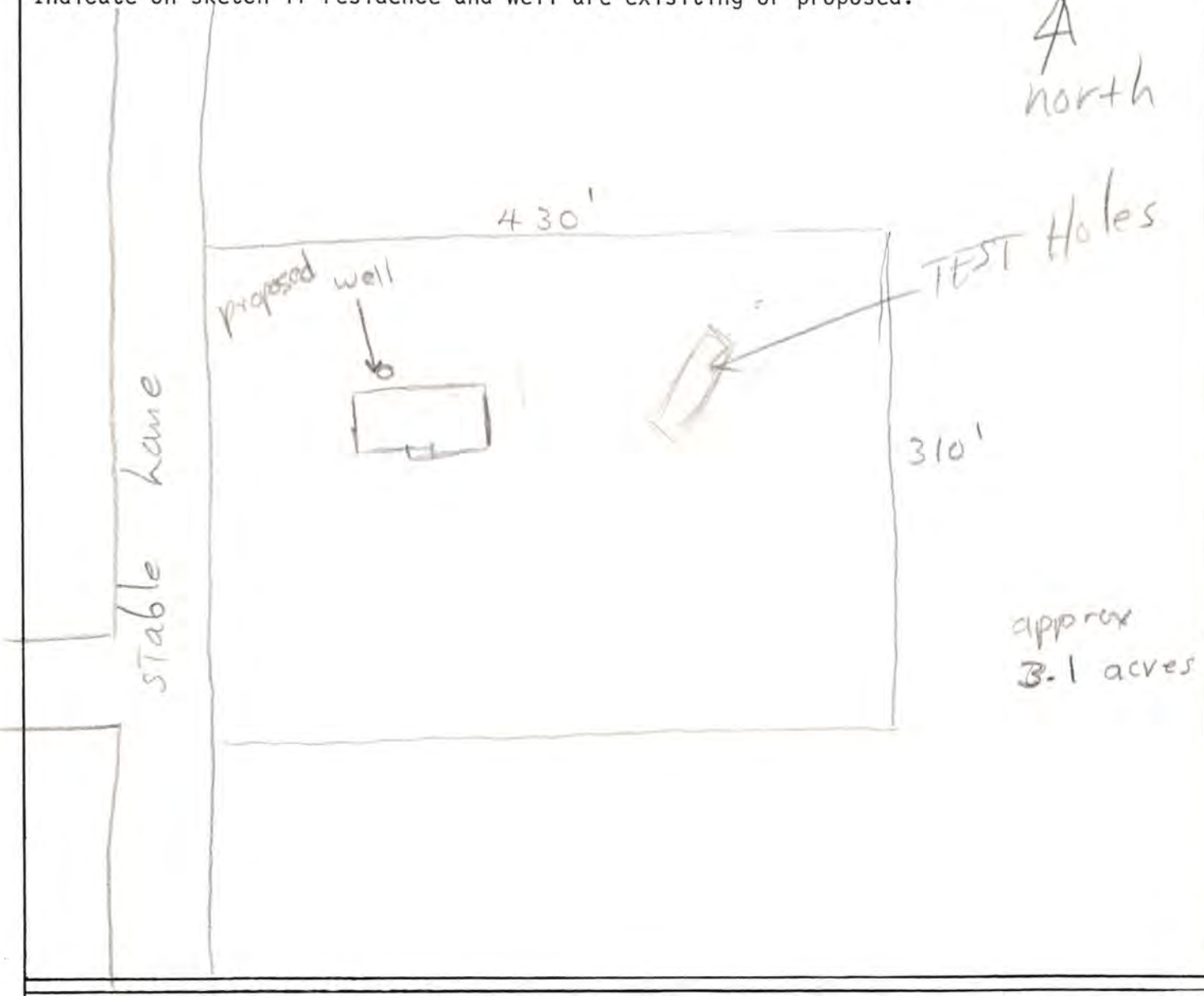
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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:_____

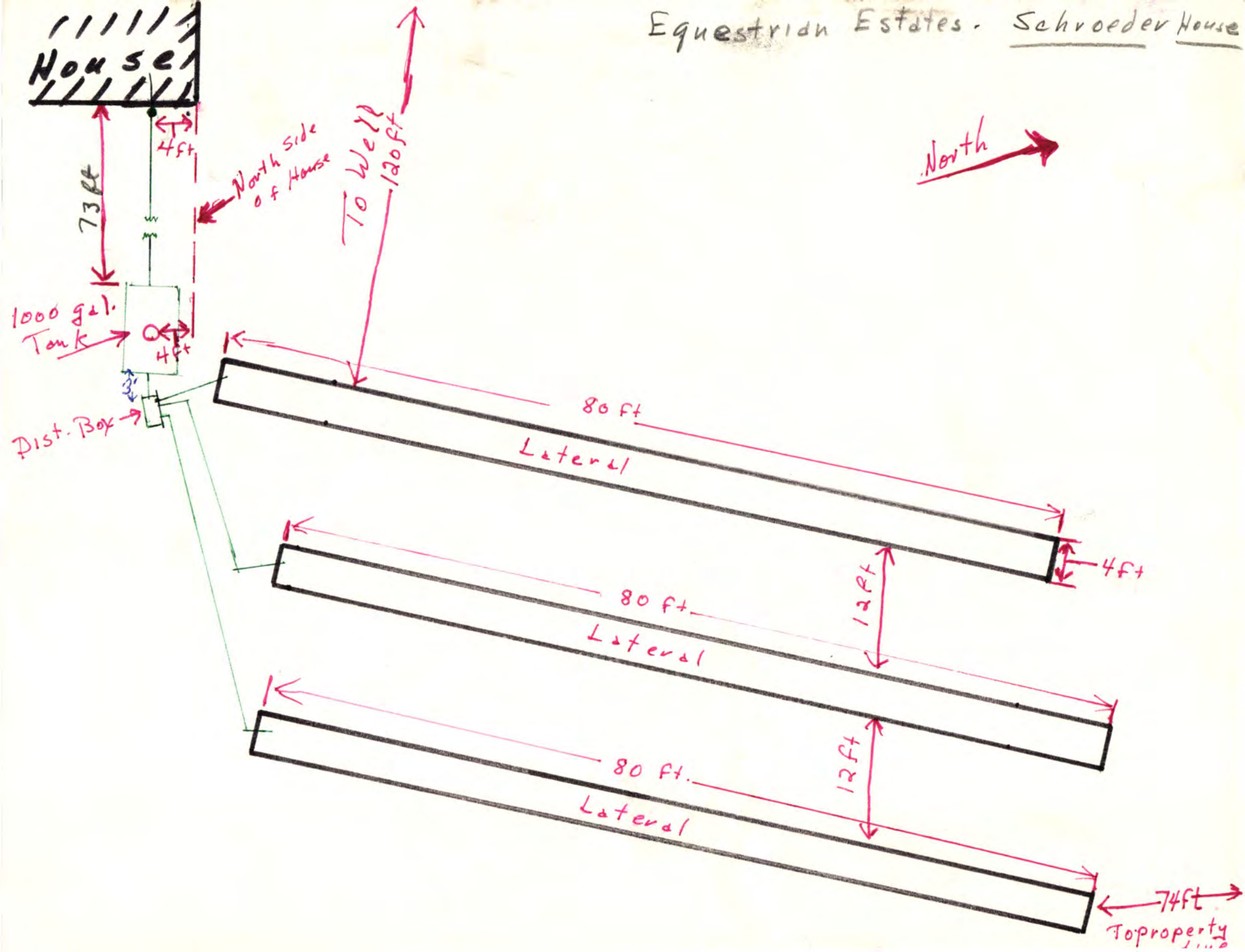
_____

Date:_____

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 916 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

Equestrian Estates. Schroeder House



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7800 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: _____

☐ Evaluation of the Sewage Disposal System ☐ Enclosed is $75.00 150.00

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

LOT ____; ADDITION _____; Street Address _____

Directions to Property _____

_____

Location of Well Ask owner Tap Location: Inside ☐ Outside ☐

Location of Sewage System Ask owner Year Installed 1989

	NAME	ADDRESS	PHONE
Present Owner:	John & Catherine Schroeder	5940 Stable Lane Lincoln	wk# 473-3382 (Catherine's)
Tenant/Buyer:	Same		hm# 423-0780
Return to:	Vista Bank	1440 'O' St Lincoln NE 68505	465-7505

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

Signature of Applicant Cindy Mueller Address Vista Bank

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HEALTH DEPARTMENT USE ONLY

Date Received NOVEMBER 20, 1991 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 11/21/91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 11/21/91 by LCH
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate 0.9 ppm	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: _____

_____

_____ See Attached Letter ☐

FINAL STATUS

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

APPROVED BY [illegible] DATE NOVEMBER 25, 1991

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