LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION
SEPTIC TANK

No. 893800005O1

Issued 07/20/89
Expires 01/20/90

ESTABLISHMENT

WILLIAM S STONER
T9N R6E SEC 16
EQUESTRIAN ESTATES BLK 3 LOT 5

FEES: Permit 01-754 $60.00

Total $60.00

Issued By COUNTY HEALTH

PERMITTEE

WILLIAM S STONER
6100 VINE ST
APT V139
LINCOLN NE 68505

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

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. (2868) 89380000501

DATE: 7/19/89

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 5 : Addition EQUESTRIAN ESTATES
   Street Address 6000 STABLE LANE

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.

Signature of Applicant (Owner or Lessee)

6100 Vine St. Apt. #V-139
Address
Lincoln, NE 68505

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/19/89. Date Frwd. 7/20/89. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7/20/89. Date Frwd. 7/20/89. ACTION: Approved ☐ Disapproved ☐ Signature:

3. City or County Engineer: Date Rec'd. 7-20-89. Date Frwd. 7-20-89. ACTION: Approved ☒ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL

Site Visits:
Date: 9-20-89 by: mm, kkl needs drawing
Date: 9-21-89 by: mm 2nd look.
Date: by:

EXPERIMENTAL
PROVISIONAL

INSTALLATION ~~FINAL~~ WRITTEN APPROVAL
Date: 10-20-89 By:

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 9N ; Range 6E ; Section & ~~¼~~ Section 16 ?.
Property Dimensions: 342 ft. x 400± ft. Area: 3.13 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☑ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 7/1/89 to 7/2/89. Weather: Precip. 0 Temp. 80°±.

OWNER: Bill & Sue Stonen

Address: 6000 Stable Lane (Equestrian Estates)

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
Hole No.	Hole Depth (in.)	Pre-Saturation Period Start Date (Mo./Day)	Pre-Saturation Period Start Time (Hr./Min.)	Pre-Saturation Period End Date (Mo./Day)	Pre-Saturation Period End Time (Hr./Min.)	Percolation Readings Start Date (Mo./Day)	Percolation Readings Start Time (Hr./Min.)	Percolation Readings Start Water Level (in.)	Percolation Readings End Time (Hr./Day)	Percolation Readings End Water Level (in.)	Elapsed Time (Min.)	Results Water Level Drop (in.)	Percolation Rates (Min./in.)
1	30	7/1	6:10 p.m.	7/2	7:00	7/2	7:12 p.m.	15½	7:42	15 7/8	30	3/8	80
2	30	7/1	6:10 p.m.	7/2	7:00	7/2	7:12 p.m.	14	7:42	14 1/4	30	1/4	120
3	30	7/1	6:11 p.m.	7/2	7:00	7/2	7:13 p.m.	17	7:43	17 1/4	30	1/4	120
4	30	7/1	6:11 p.m.	7/2	7:00	7/2	7:13 p.m.	12½	7:43	12 7/8	30	3/8	80
5	30	7/1	6:12 p.m.	7/2	7:00	7/2	7:14 p.m.	14 5/8	7:44	15	30	3/8	80
6	30	7/1	6:12 p.m.	7/2	7:00	7/2	7:14 p.m.	11	7:44	11½	30	1/2	60
7	30	7/1	6:13 p.m.	7/2	7:00	7/2	7:15 p.m.	12	7:45	14	30	2	15
8	30	7/1	6:13 p.m.	7/2	7:00	7/2	7:15 p.m.	13¾	7:45	14½	30	3/4	40
9	30	7/1	6:13 p.m.	7/2	7:00	7/2	7:15 p.m.	12	7:45	12 3/8	30	3/8	80

Sum of Percolation Rates: 675
Average of Rates: 75.0
Mean of Rates: 75.0

Bill Stonen
Signature of Person Conducting Test

Address 6100 Vine St. Dr. + V-139 Phone 474-6311

(Do not write below this line)

REVIEWING ACTION

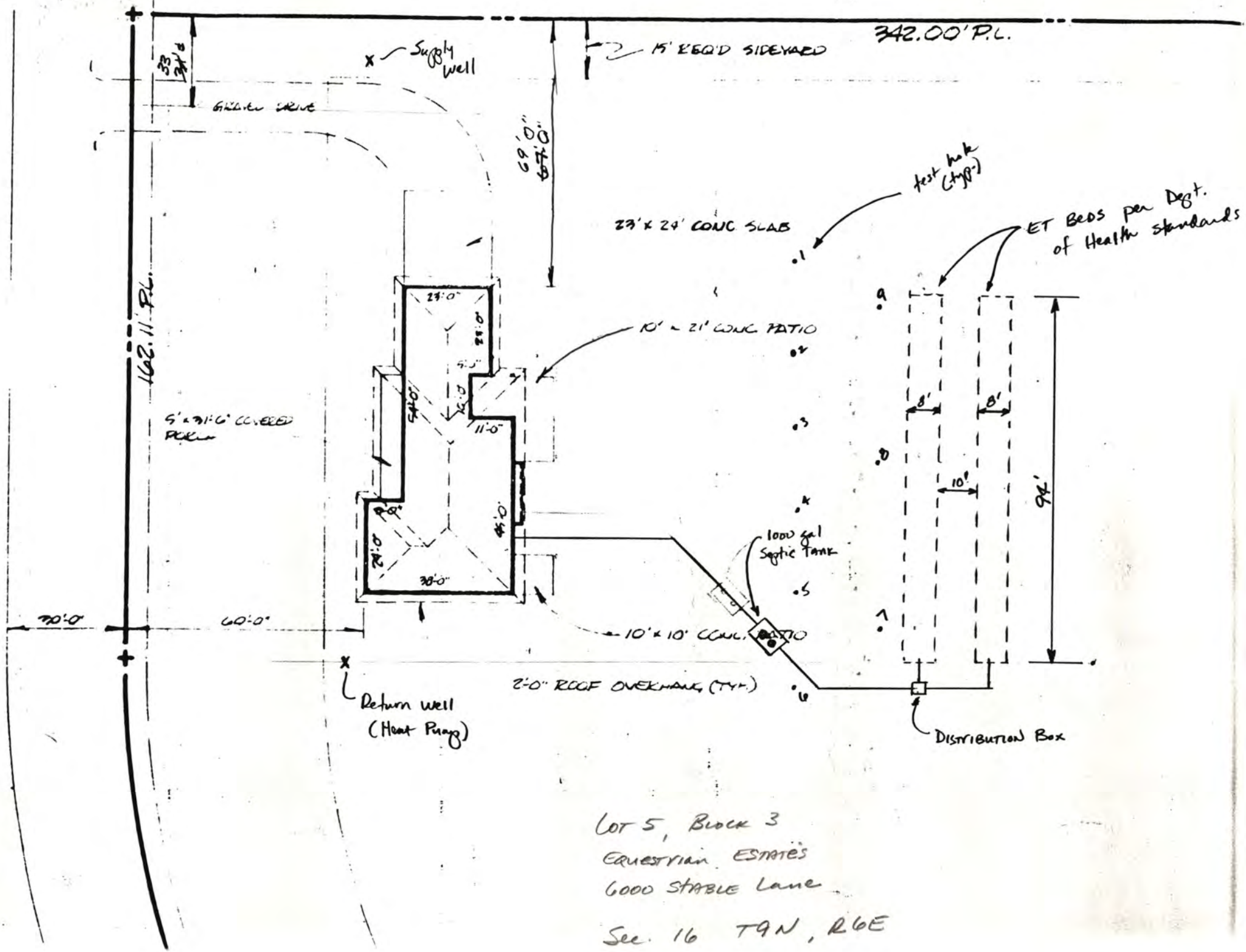
Remarks: _____

Soil Type (SCS): _____

Date: _____

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

_____
Signature of Reviewing Official



Lot 5, Block 3
Equestrian Estates
6000 Stable Lane

See 16 T9N, R6E

002

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 6000 Stable Lane
Twp 9N Range 6E Section 16 1/4 ___ 1/4 ___ Block 3 Lot 5 Addition EQUESTRIAN ESTATES
Directions to Property W Coddington to Arabian Lane to Stable Lane

Location of Well ___ Tap Location: Inside ☐ Outside ☐
Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Susan Stoner	6000 Stable Lane Lincoln, NE 68522	
Tenant/Buyer:	David & Karen Hansel	1218 W. Park Ave Lincoln, NE 68522	476-2006
Return to:			

Signature of Applicant David B. Hansel Address 1218 W Park Ave. Lincoln NE 68522 Date 1/15/96

HEALTH DEPARTMENT USE ONLY

Date Received 1/16/96 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Paul D. Hoffmann **DATE:** 1/17/96

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 1.1 ppm	☐ ___ ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☒
Disapproved ☐

Additional Site Visits
Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: Current septic system is considered to be an experimental sewage disposal system. No visible signs of malfunction at time of inspection. Recommend that the septic tank be pumped if not done in the past two years See Attached Letter ☐

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

Approved by Paul D. Hoffmann Date 1/24/96

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.

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 6000 STABLE LANE.

Twp 9N Range 6E Section 16 1/4 ___ 1/4 ___ Block 3 Lot 5 Addition ACREAGE EST.

Directions to Property SOUTH ON CODINGTON

Location of Well 1 WELL NO OF DRIVWAY 10 FT SW CORNER OF HOUSE Tap Location: Inside ☐ Outside ☐

Location of Sewage System SOUTH EAST FROM BACK OF HOUSE Year Installed 1996

	NAME	ADDRESS	PHONE
Present Owner:		6000 STABLE LANE	
Tenant/Buyer:	MAURICE VOWASEK	RR1 BOX 10 CORTLAND NE	798-7623
Return to:	WAYNE LARSON	225 NO CATHEDRAL HOME BANKERS	436 3332 430 8352

Signature of Applicant _____ Address _____ Date ___/___/___

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 1/10/00

Initials _____

Amount $150.00

Check No. 9424

DATA ENTRY

Date ___/___/___

Case No. _____

Initials _____

PRELIMINARY STATUS--By Jerrold Wood **DATE:** 1/10/00

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ ____/ml	☐ ____/ml
Nitrate	☒ 1.4 ppm	☐ ____ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: SEPTIC TANK PUMPED IN NOVEMBER.

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Wood R.E.H. Date 1/12/00

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