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. 90380009001

Issued 02/28/90
Expires 08/28/90

ESTABLISHMENT

CHRIS RATHMAN
T9N R6E SEC 16
EQUESTRIAN ESTATES BLK 4 LOT 3

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

CHRIS RATHMAN
6101 S 58 ST
APT D
LINCOLN NE 68506

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE AMOUNT

Paid

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

903800090

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: $ 150.00

FILE NO. _____

DATE: 2/13/90

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 4 : Lot 3 : Addition EQUESTRIAN ESTATES
   Street Address 5700 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: _____ ft.

Chris Kathman
Signature of Applicant (Owner or Lessee)

6101 So. 58th SUITE 'D'
Address LINCOLN, NE 68506
421-2342

(Do not write below this double line)

1. Health Department: Date Rec'd. 2/13/90. Date Frwd. 3/2/90. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 3/2/90. Date Frwd. 4/2/90. ACTION: Approved ☒ Disapproved ☐ Signature: Dall
3. City or County Engineer: Date Rec'd. 3-2-90. Date Frwd. 3-2-90. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5/3/90 by: J. C. H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 3/6/92 By: Jerrold 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 _____; 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: 2-3-90 to 2-4-90. Weather: Precip. 0 Temp. 45°.

Hole-4-had water in From Pre-test

OWNER: HALLMARK Homes, INC.

Address: P.O. Box 6906 Lincoln, NE. 68506

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"	2-3	1:00 pm	2-4	8:00 Am	2-4	8:00 Am	6"	12:00 pm	5¼"	30m	¾"	
2	36"	2-3	1:00 pm	2-4	8:00 Am	2-4	8:00 Am	6"	12:00 pm	5½"	30m	½"	
3	36"	2-3	1:00 pm	2-4	8:00 Am	2-4	8:00 Am	6"	12:00 pm	5⅜"	30m	⅝"	
4	36"	2-3	1:00 pm	2-4	8:00 Am	2-4	8:00 Am	6"	12:00 pm	5¾"	30m	¼"	
5	36"	2-3	1:00 pm	2-4	8:00 Am	2-4	8:00 Am	6"	12:00 pm	5¼"	30m	¾"	
6	36"	2-3	1:00 pm	2-4	8:00 Am	2-4	8:00 Am	6"	12:00 pm	5¼"	30m	¾"	

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

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

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: February 13, 1990

Gerrold 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
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: February 13, 1990

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.

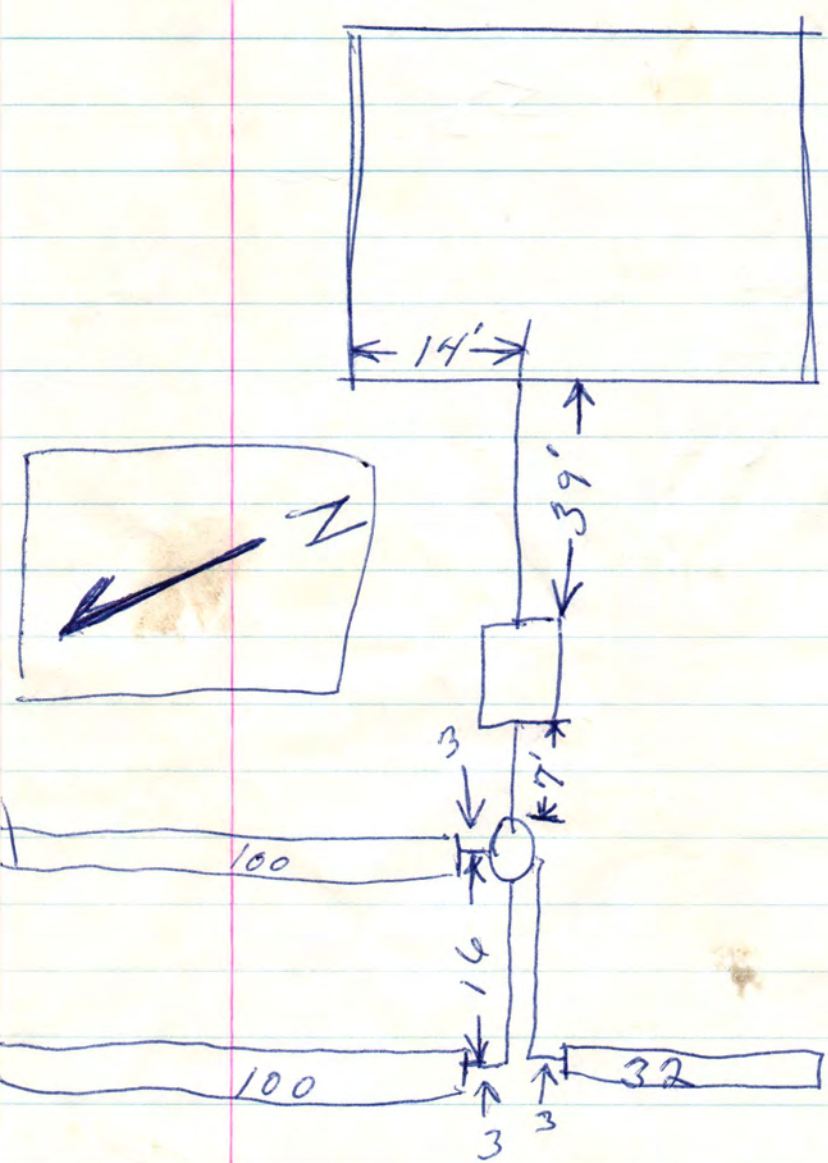
2294

Jerrold C. Hood
Signature of Reviewing Official

Well

Kevin Bredthauer
5700 Stable Lane

421-6263



012

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: 2-21-92

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 9N ; RANGE 6E ; SECTION 16 ; BLOCK 4

LOT 3 ; ADDITION Equestrian Estates ; Street Address 5700 Stable Lane

Directions to Property Van Dorn to Coddington Coddington south to Pleasant Hill Rd turn right, go to Stable Lane, take right to dead end, last house on right side

Location of Well back yard Tap Location: Inside ☐ Outside ☒

Location of Sewage System directly in front of house Year Installed 1990

	NAME	ADDRESS	PHONE
Present Owner:	Kevin Bredthauer	5700 Stable Lane	421-6263
Tenant/Buyer:	Same	Same	Same
Return to:	Marla Stahl First Mortgage Corp.	7501 O Street Suite 100 Lincoln	483-0000

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

Signature of Applicant Kevin Bredthauer Address 5700 Stable Lane

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HEALTH DEPARTMENT USE ONLY

Date Received FEBRUARY 25, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 2/26/92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 2/26/92 by J.C.H.
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate 0.4 PPM	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: DRAWING OF SYSTEM? Retrieved 3/6/92 J.C.H

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold C. Hood R.E.H.S. DATE MARCH 6, 1992

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

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 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 5700 Stable Lane

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

Directions to Property _____

Location of Well behind house Tap Location: Inside ☐ Outside ☒

Location of Sewage System in front of house Year Installed 1990

	NAME	ADDRESS	PHONE
Present Owner:	Kevin Bredthauer	5700 Stable Lane	421-6263
Tenant/Buyer:	John Hendricks	632 Oregon Trail Lincoln, NE 68521	474-5688
Return to:	Kevin Bredthauer	5700 Stable Lane Lincoln Ne 68523	435-4386

Signature of Applicant John Hendricks Address 632 Oregon Trail Lincoln, Ne 68521 Date 5 / 1 / 95

HEALTH DEPARTMENT USE ONLY

Date Received 5 / 1 / 95 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Wood **DATE:** 5 / 2 / 95

CHLORIDE 160 p.p.m.

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. PROBABLY WOULD BE WISE TO FILL IN THE PLACES OVER THE LATERALS WHERE THE TRENCH HAS SUBSIDED. See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Wood R.E.H.S. Date 5 / 4 / 95

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

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 5700 Stable Lane, Lincoln, NE 68523

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

Directions to Property ___

Location of Well 20ft off porch in back Tap Location: Inside ☒ Outside ☐

Location of Sewage System - 50ft west of front door - Laterals run NW/SE Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	John Hendricks	5700 Stable Lane Lincoln, NE 68523	467-1627 (w) 421-6632 (h)
Tenant/Buyer:	Arnold Talero	5519 So. 31st #3 Lincoln, NE 68516	423-6192 (w) 421-4517 (h)
Return to:	Capitol Title Attn: Marilyn Wimer	P. O. Box 6577, Lincoln, NE 68506-6577	434-3737

Signature of Applicant Arnold Talero Address 5519 So. 31st #3 Lincoln, NE 68516 Date 2/26/97

HEALTH DEPARTMENT USE ONLY

Date Received 03/03/97 Received $150.00 Check ☑ #516 Cash ☐

PRELIMINARY STATUS--By Gerald C. Wood **DATE:** 3/4/97

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. WATCH SEPTIC LATERAL THEY ARE SETTLING. WHEN DEPRESSIONS APPEAR OVER THE LATERALS FILL THE DEPRESSIONS WITH EARTH. See Attached Letter ☐

FINAL STATUS

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

Approved by Gerald C. Wood R.E.H.S. Date 3/7/97

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.