FILE # 2867

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

DONN R. MANN, MANN CUSTOMS, INC. 6101 SO. 25TH LINCOLN, NE 68512 — LICENSEE OR PERMITTEE / ADDRESS

T9N; R6E; Sec. 16; Bk 6; Lot 2; Equestrian Estates — 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. 21405001 — Date and Amount $60.00

APPLICATION

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. 2867

DATE: 7/18/89

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 6 : Lot 2 : Addition EQUESTRIAN ESTATES.
   Street Address 6045 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.

Signature of Applicant (Owner or Lessee)

6101 So. 25th
Address

68512

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/18/89. Date Frwd. 7/19/89. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Ken Hogan

3. City or County Engineer: Date Rec'd. 7-19-89. Date Frwd. 7-19-89. ACTION: Approved ☒ Disapproved ☐ Signature: Bruce Michaelson

REMARKS OR REASONS FOR DISAPPROVAL TOO SLOW FOR CONVENTIONAL SEPTIC SYSTEM.

Site Visits:
Date: 8/17/89 by: L.C.H. Line & Deals one lateral
Date: 8/18/89 by: L.C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/18/89 By: Jerrold C. Hood

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

FORM 23-43

MANN Custom Homes.

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

Test Taken At So. Coddington Equestrian Estates - Lot 2 Block 6

FILE NO: _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: 3 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ■ .
Dates of Tests: 6-17-89 to 6-18-89. Weather: Precip. 0 Temp. 65°

Hole, s- 1-2-3-4-5 Had water in From Pre-test

OWNER: Dennis McClannon
Address: 2210 West Sumner

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"	6-17	1:30 pm	6-18	7:00 Am	6-18	7:00 Am	6"	8:00 Am	5 7/8"	30m	1/8"	
2	36"	6-17	1:30 pm	6-18	7:00 Am	6-18	7:00 Am	6"	8:00 Am	6"	"	0"	
3	36"	6-17	1:30 pm	6-18	7:00 Am	6-18	7:00 Am	6"	8:00 Am	6"	"	0"	
4	36"	6-17	1:30 pm	6-18	7:00 Am	6-18	7:00 Am	6"	8:00 Am	5 7/8"	"	1/8"	
5	36"	6-17	1:30 pm	6-18	7:00 Am	6-18	7:00 Am	6"	8:00 Am	5 7/8"	"	1/8"	
6	36"	6-17	1:30 pm	6-18	7:00 Am	6-18	7:00 Am	6"	8:00 Am	5 3/4"	"	1/4"	

Mike Hoaglund
Signature of Person Conducting Test

Address 2700 Dan Ave Lincoln Phone 464-0638

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

(Do not write below this line) Pre-Cast Step Co.

REVIEWING ACTION Approved Percolation Rate (a)

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: 471-7800

D

DATE: _____

FILE NO. _____

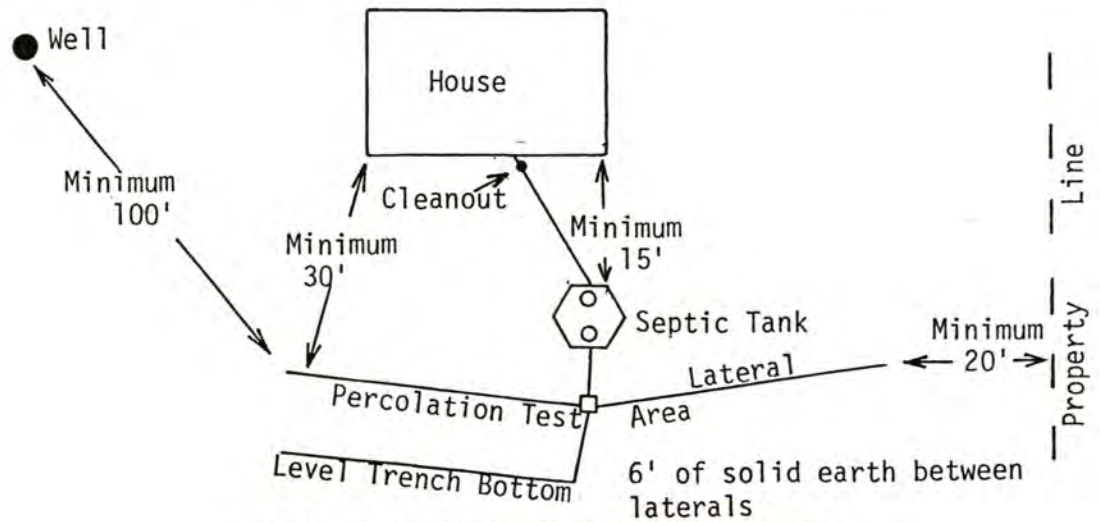
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC 160 ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 16 in.
3. Distance between dwelling and septic tank 132 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 Pre Cast ; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company _____)
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 12" in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Pre Cast ; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 15' ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☐
Diameter of Half Round _____ or Perforated Pipe Experimental.
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 2 ; Length of each line 100 , _____, _____, _____, _____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines 30" ft.
3. Trench dimensions: Width 7½" ft.; Slope — in/100 ft.; Average Depth 36 in.
4. Filter Material: Road Gravel
Depth of Material 200 ton in.
5. Distances to:
Well or Suction Line 100' ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

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 6045 Stable Lane
Twp 9N Range 6E Section 16 1/4 ___ 1/4 ___ Block 6 Lot 2 Addition Equestrian Estates
Directions to Property Lincoln Lancaster County

Location of Well See attachment Tap Location: Inside ☐ Outside ☐
Location of Sewage System See attachment Year Installed 1989

	NAME	ADDRESS	PHONE
Present Owner:	Dennis & Rosanne McClarnon	6045 Stable Lane	(H) 421-3551 (W) 464-5994
Tenant/Buyer:			
Return to:	Janis B. and Robert M. Cristelli	1410 Chickasaw Place Ada, Oklahoma	

Signature of Applicant Rosa M. Cristelli Address 1410 Chickasaw Pl. Date 6/22/00
Janis B. Cristelli Ada, OK. 74820 6-22-00

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 06/30/00
Initials JS
Amount 150 ⁰⁰
Check No. 9307

DATA ENTRY
Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Doug Smith **DATE:** 7/3/2000

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria	☑ 0 /ml	☐ ___ /ml
Nitrate	☑ 2.8 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☑
Disapproved	☐

Additional Site Visits
Date___/___/___by___
Date___/___/___by___
Date___/___/___by___

Comments: Experimental System - No visible malfunction noted - recommend pumping Septic tank if it has not been checked or done recently.
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

Larry Schwarck 8-21-89

