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. 90380010101

Issued 03/13/90
Expires 09/13/90

ESTABLISHMENT

STEPHEN ALLEN
T9N R6E SEC 16
EQUESTRAIN ESTATES BLK 4 LOT 4

FEES: Permit 016754 $150.00

Total $150.00

Issued By COUNTY HEALTH

PERMITTEE

STEPHEN ALLEN
2711 S 11 ST
LINCOLN NE 68502

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

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

9038001Q

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: 3-26-90

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 4 : Addition EQUESTRIAN ESTATES
   Street Address 2500 WEST STIRRUP DRIVE

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe RANCH

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

4. Distance to public sewer: NONE ft.

Signature of Applicant (Owner or Lessee)

2711 SOUTH 11TH
Address

438-1288

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/2/90. Date Frwd. 3/14/90. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☑ Disapproved ☐ Signature: Mel Goddard

3. City or County Engineer: Date Rec'd. 3-14-90. Date Frwd. 3-14-90. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL WELL IN.

Site Visits:
Date: 4/9/90 by: J. C. Wood
Date: 4/11/90 by: J. C. Wood
Date: 4-23-90 by: rm need drawing 3rd visit in

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/14/98 By: Jerrold C. Wood

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
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: Lot 4 Blk 4

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: 300 ft. x 400 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: 5-4 to 5-5-88. Weather: Precip. — Temp. 65°.

OWNER: Steve Allen

Address: 3000 So 17 68502

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
Hold No.	Hole Depth (in.)	Pre-Saturation Period Start Date (Mo./Day)	Start Time (Hr./Min.)	End Date (Mo./Day)	End Time (Hr./Min.)	Percolation Readings Start Date (Mo./Day)	Start Time (Hr./Min.)	Start Water Level (in.)	End Time (Hr./Day)	End Water Level (in.)	Elapsed Time (Min.)	Results Water Level Drop (in.)	Percolation Rates (Min./in.)
1	30	5-4	2:30	5-5	9:10 am	5-5	12:10	8 1/2	12:40	8 5/8	30	1/8	
2	11							6 1/4		6 3/8		1/8	
3								7 1/4		7 1/2		1/4	
4								15 1/4		16		3/4	
5								16		18 1/4		2 1/4	
6								8		8 3/4		3/4	
7								10 1/4		10 3/4		1/2	
8								8 1/2		9		1/2	
9								6 1/2		6 1/2		—	

Larry Schwarck Trenching
Signature of Person Conducting Test

Address 8200 old cheney Phone 489-7294

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: March 26, 1990

Approved Percolation Rate (a)
A. 53 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Wood
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 ☒

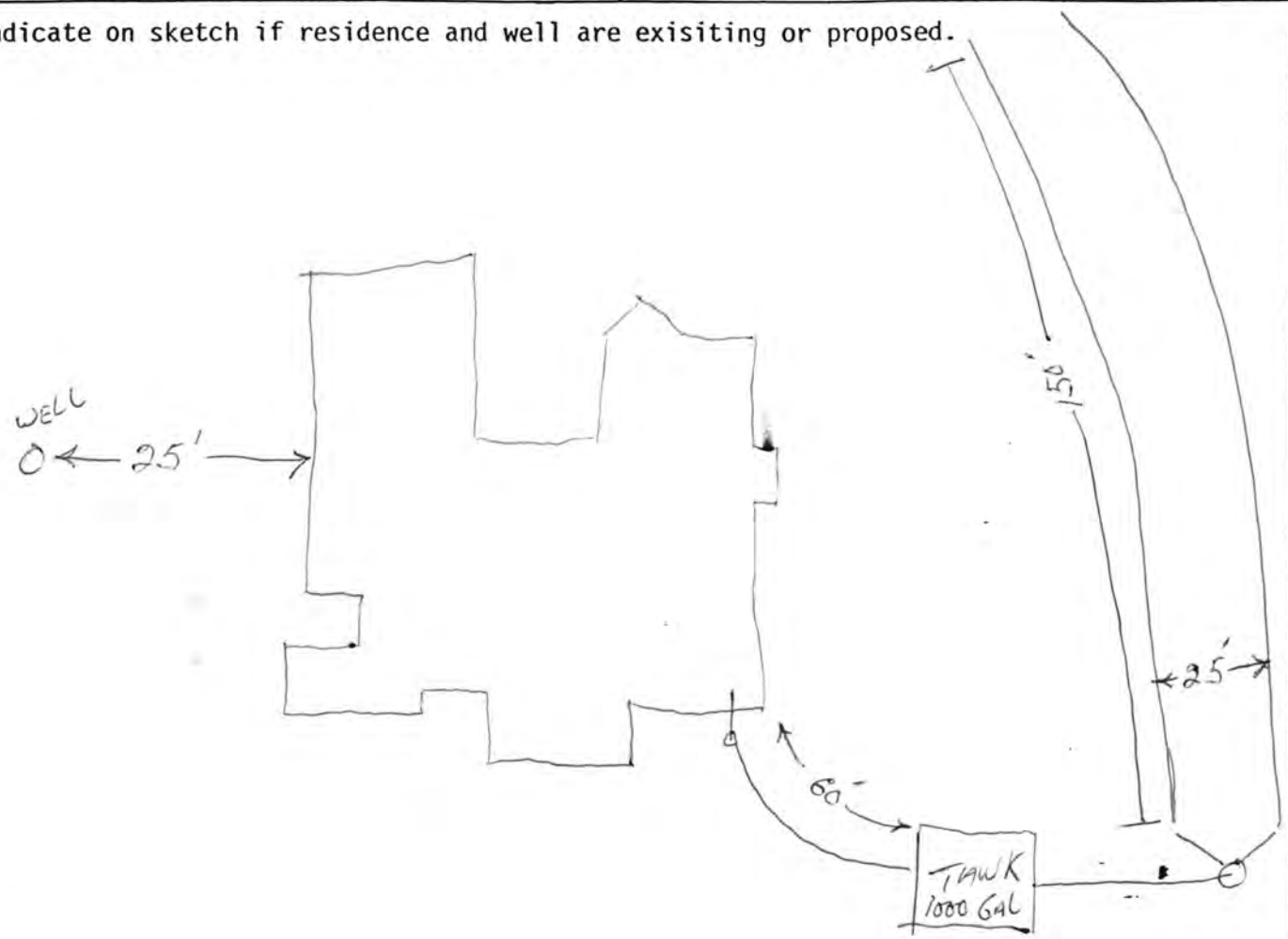
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C

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.



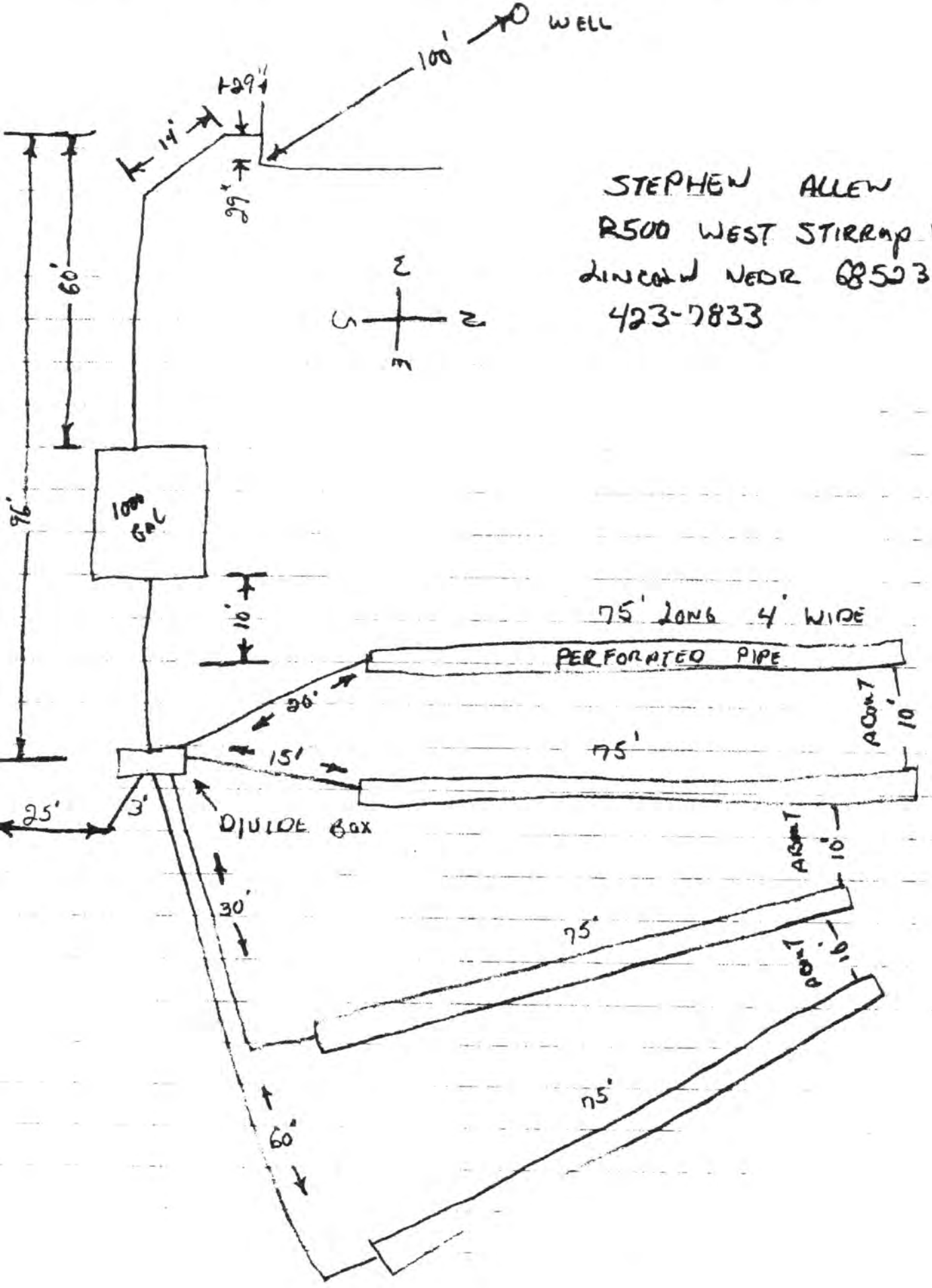
REVIEWING ACTION

Remarks: _____

Date: March 1, 1990

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 313 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 938 sq.ft.

Jerrold C. Wood
Signature of Reviewing Official



STEPHEN ALLEN
R500 WEST STIRRUP DR
LINCOLN NEBR 68523
423-7833