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. 8936D035101

Issued 10/06/89

Expires 04/06/90

ESTABLISHMENT

LINDA COZAD
T9N R6E SEC 16
BLK 3 LOT 4
EQUESTRIAN ESTATES

FEES: Permit 018754 $60.00

Total $60.00

PERMITTEE LINDA COZAD
826 WASHINGTON ST
LINCOLN NE 68502

Issued By COUNTY HEALTH

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: $_____

FILE NO. _____

DATE: _____

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 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.

Linda Conrad
Signature of Applicant (Owner or Lessee)

624 Washington St
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/6/89. Date Frwd. 10/13/89. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10/13/89. Date Frwd. 10/13/89 ACTION: Approved ☒ Disapproved ☐ Signature: M Gilliard

3. City or County Engineer: Date Rec'd. 10-13-89. Date Frwd. 10-13-89. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12/12/89 by: J.C.H.
Date: 12-12-89 by: rms
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-12-89 By: Ron Maynard

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 9 ; Range 6 ; Section & ¼ Section 16 .
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: 10-5-89 to 10-6-89 . Weather: Precip. NO Temp. 65 .

OWNER: Linda Lozoff

Address: 626 Washington

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	10-5	9:AM	10-5	2PM	10-6	10:A	6	11:AM	5	60	1	
	2									5		1	
	3									4 15/16		1 1/16	
	4									4 7/8		1 1/8	
	5									5		1	
	6									5		1	

Linda Lozoff
Signature of Person Conducting Test

Address 6710 N 07 Phone 435-8868

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

Approved Percolation Rate (a)
A. 56 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

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: 10-7-89 to 10-8-89. Weather: Precip. 0 Temp. 52°.

Hole's 3 had water in from Pre-Test

OWNER: Gary D. or Linda L. Cozad
Address: 626 Washington Lincoln NE 477-9172

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

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

Mike Hoagland
Signature of Person Conducting Test

Address 2700 Dan Ave Lincoln Phone 464-0638

Pre-Cast Step Co.

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. 120 min./inch
B. _____ min./inch
C. _____ min./inch

_____
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: October 6, 1989

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 953 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

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: 474-1541

D

DATE: _____

FILE NO. _____

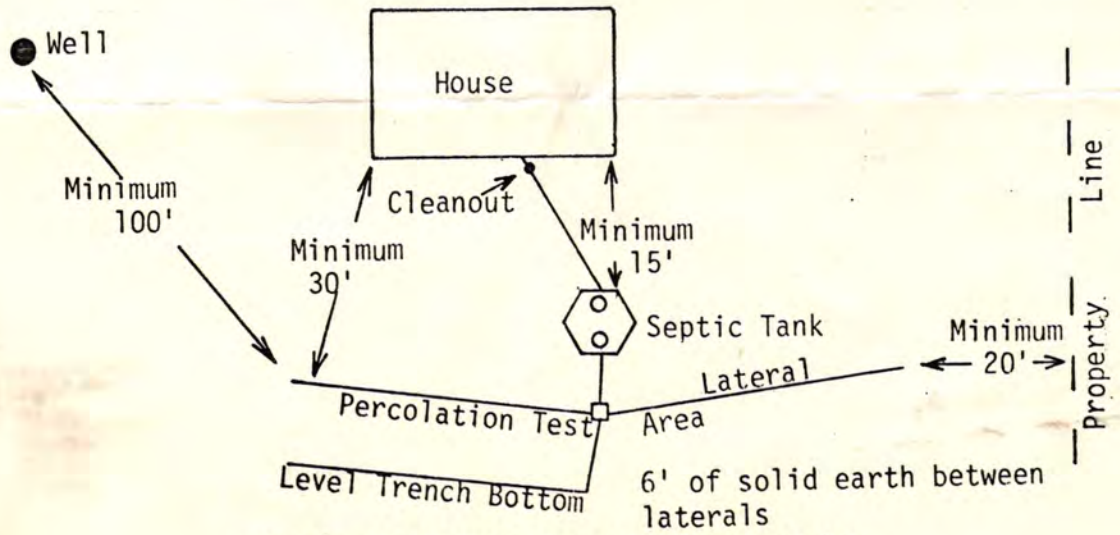
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material _____; Diameter _____ in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 65 ft.
4. Number of clean-outs 0.
5. Distances to:
Well or Suction Line 75 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 100 ft.

B. SEPTIC TANK:
1. Material CONCRETE; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company PRECAST STEP)
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 18 in.
8. Distances to:
Well or Suction Line 105 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 100 ft.

C. DISTRIBUTION BOX:
1. Material PLASTIC; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 24 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 4" .
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 4 ; Length of each line 100, 100, 100, 20, _____ ft.;
Total length of laterals 320 ft.;
Distance between lateral lines 18 ft.
3. Trench dimensions: Width 3 ft.;
Slope 4 in/100 ft.; Average Depth 36 in.
4. Filter Material: GRAVEL
Depth of Material 2 in.
5. Distances to:
Well or Suction Line 105 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 125 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

008

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: 9-29-92

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

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

LOT 4; ADDITION Equestrian Estates; Street Address 6001 Equestrian Dr.

Directions to Property From Coddington ave, go west on West Saddle Horn to Equestrian Dr. go straight to 6001

Location of Well West of house SOUTH Tap Location: Inside ☐ Outside ☒ water pump mail box

Location of Sewage System Northside of house field Year Installed 1989

	NAME	ADDRESS	PHONE
Present Owner:	Gary Cozad	6001 Equestrian Dr.	423-9172
Tenant/Buyer:	Refinance		
Return to:	Gary Cozad	6001 Equestrian Dr	423-9172

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

Signature of Applicant Gary D. Cozad Address 6001 Equestrian Dr.

==========

HEALTH DEPARTMENT USE ONLY

Date Received SEPTEMBER 30, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE ~~SEPTEMBER~~ OCTOBER 1, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☒	Approved:	☒	Date 10/1/92 by J.C.H
Bacteria	☒	☐	Provisional:	☐	Date 10/2/92 by J.C.H
Nitrate 1/1000	☒	☐	Disapproved:	☐	Date ____ by ____

Comments: DEPRESSION AROUND WELL. Corrected 10/2/92 J.C.H.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Gerald C. Hood, R.E.H.S. DATE October 5, 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

AS BUILT DRAWING OF SYSTEM

DATE 12 Dec 89 INSTALLER SINTEK SERVICE

NORTH

