LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 94380114201

Issued 03/28/94
Expires 09/28/94
Revenue Code 18754

Establishment
CHRIS GRABENSTEIN
T9N R6E SEC 16
EQUESTRIAN ESTATES 1 BLK 3 LOT 7
6300 STABLE LANE

FEES: $150.00

TOTAL $150.00

Permittee
CHRIS GRABENSTEIN
4630 ANTELOPE RD
APT 110
LINCOLN NE 68506

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

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: _____

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. 9 N ; Range 6E ; Section 16 ;
   Block 3 : Lot 7 : Addition Equestrian Estates 1st Addition
   Street Address 6300 STABLE LN
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: MILES ft. ~~PERC TEST TO DOUBLE~~ (Preliminary is Good)

Chris E Lubben
Signature of Applicant (Owner or Lessee)

4630 Antelope Creek Dr
Address
Lincoln Nebr. 68506

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/25/94. Date Frwd. 3/28/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 3/28/94. Date Frwd. 3/28/94. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Spurr
3. City or County Engineer: Date Rec'd. 3-28-94. Date Frwd. 3-28-94. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7/28/94 by: J.C.H. ~~Need drawing~~
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1/19/96 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

6300 Stable LN

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: 3/22/94 to 3/23/94. Weather: Precip. 0 Temp. 60°.
7/20/94 — 7/21/94 OWNER: Steve & Mary Loos
Address: 6300 STABLE LANE

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"	3/22	12 pm	3/23	12:30	3/23	12:30	6"	4:30	5"	30"	1"	
2	"	"	"	"	"	"	"	"	"	5 3/4"	"	1/4"	
3	"	"	"	"	"	"	"	"	"	5 5/8"	"	3/8"	
4	"	"	"	"	"	"	"	"	"	5 1/4"	"	3/4"	
5	"	"	"	"	"	"	"	"	"	5 1/8"	"	7/8"	
6	"	"	"	"	"	"	"	"	"	5 1/2"	"	1/2"	
7	"	7/20	1 pm	7/21	2 pm	7/21	2 pm	"	6:30	5"	"	1"	
8	"	7/20	"	"	"	"	"	"	"	5 5/8"	"	3/8"	
9	"	7/20	"	"	"	"	"	"	"	5 1/4"	"	3/4"	
10	"	7/20	"	"	"	"	"	"	"	5 3/8"	"	5/8"	

Dennis E Gabe
Signature of Person Conducting Test

Address 1201 D St Apt D Phone 476-0116 (460-0495)

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: July 27, 1994

Approved Percolation Rate (a)
A. 44 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold 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: July 27, 1994

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 893 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

6300 Stable Lot

JAN 18 1996

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

Lincoln-Lancaster County Health Dept.
3140 "N" Street
Lincoln, NE 68510

D

DATE: _____

FILE NO: _____

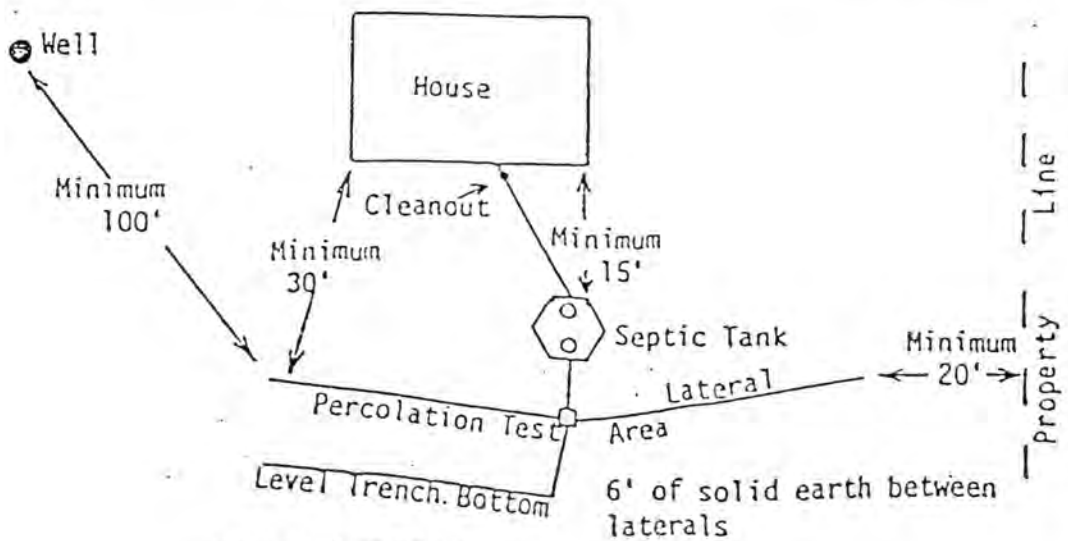
SPECIFICATIONS AS BUILT

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

B. SEPTIC TANK:
1. Material Precast; 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 15 in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Precast; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 5 ft.

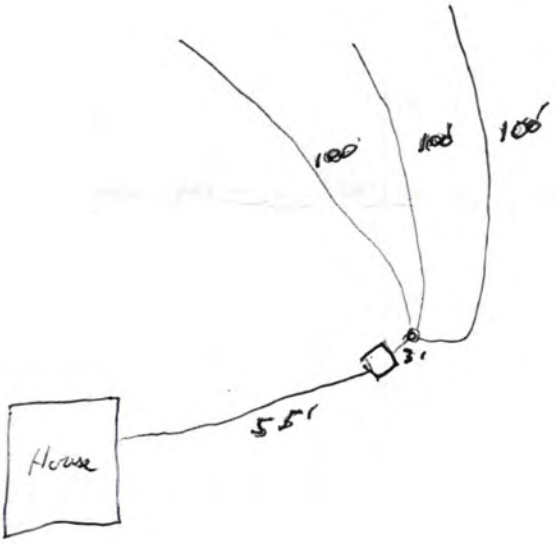
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒
Diameter of Half Round _____ or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 3 ; Length of each line _____, _____, _____, _____, _____ ft.;
Total length of laterals 300 ft.;
Distance between lateral lines 6+ ft.
3. Trench dimensions: Width 3 ft.;
Slope 6 in/100 ft.; Average Depth 12 in.
4. Filter Material: Road Gravel
Depth of Material 14 in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



Larry Schwarck

7-28-94

6300 Stable LN



Grabenstein Const
w Pleasant Hill Rd. & Stable La.