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. 90380058001

Issued 06/27/90
Expires 12/27/90

ESTABLISHMENT

MUEHLING CONSTRUCTION
T9N R6E SEC 16
EQUESTRIAN ESTATES BLK 4 LOT 1

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

MUEHLING CONSTRUCTION
4710 N 25 ST
LINCOLN NE 68521

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

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: 6-26-90

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 1 : 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: 3 mi ft.

Signature of Applicant (Owner or Lessee)
Mueller Const Co.
4710 No 25 Zip 68521
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/26/90. Date Frwd. 6/27/90. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6/27/90 Date Frwd. 6/27/90 ACTION: Approved ☐ Disapproved ☐ Signature: _____
3. City or County Engineer : Date Rec'd. 6-26-90 Date Frwd. 6.26.90. ACTION: Approved ☒ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/11/90 By: Jerrold C. Hood

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:

Location: Township 9 ; Range 7 ; 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: 6-25 to 6-26-90. Weather: Precip. 74 Temp. 95.

OWNER: DeAhon

Address: _____

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	70	6-25	9A	6-25	1P	6-26	11A	6	12	4⅞	1⅛	6cm	
2	70	↓	↓	↓	↓	↓	↓	↓	↓	5	1	↓	
3	70									4⅞	1⅛		
4	70									4½	1½		
5	70									4⅜	1⅝		
6	70									4⅞	1⅛		

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

Scott Lamb Co Blake
Signature of Person Conducting Test

Address 6710 No 7th Phone 435-8868

(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: June 26, 1990

Jerrold C. Hoos
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 ☒

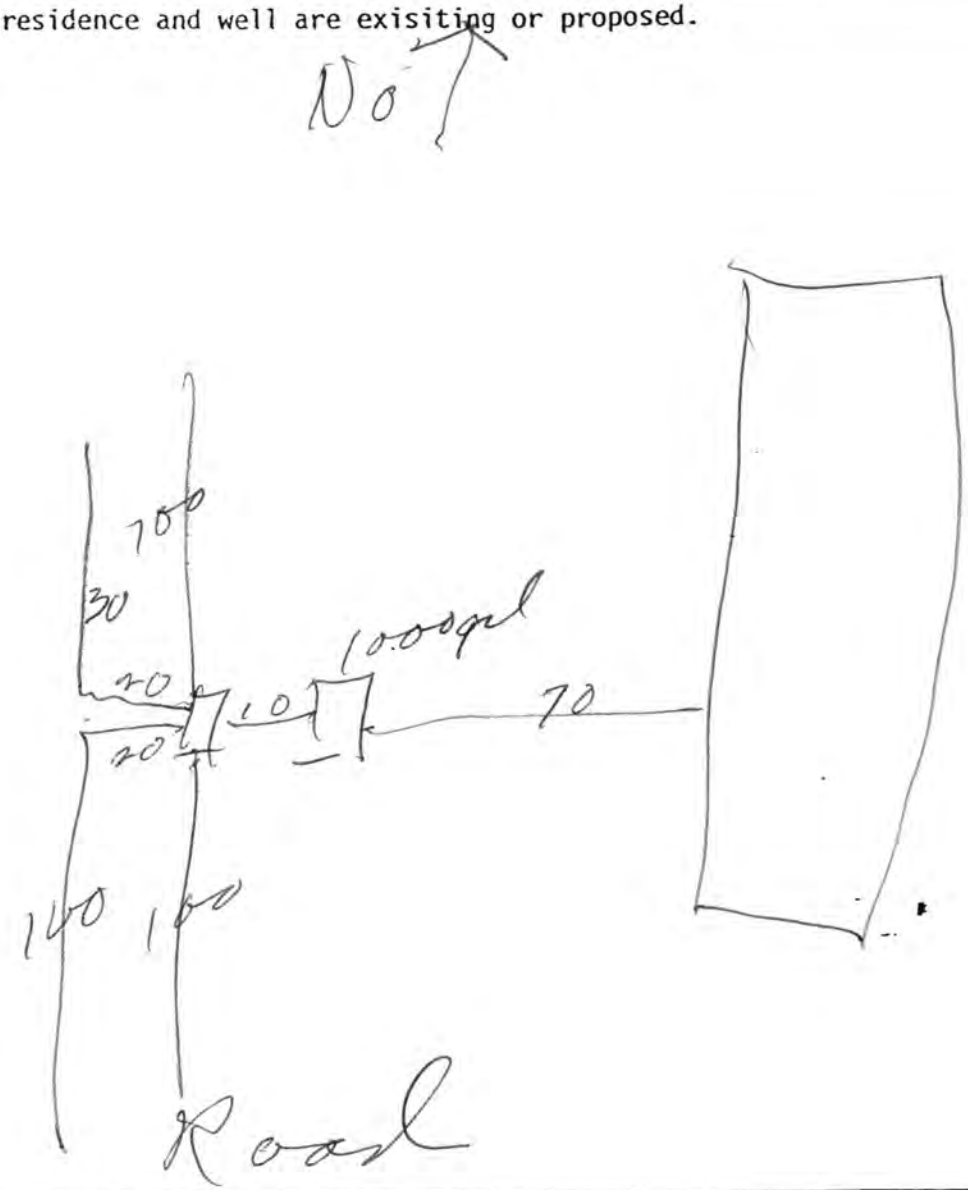
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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:_____

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.

Gerrold C. Hoos
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
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D

DATE: _____

FILE NO. _____

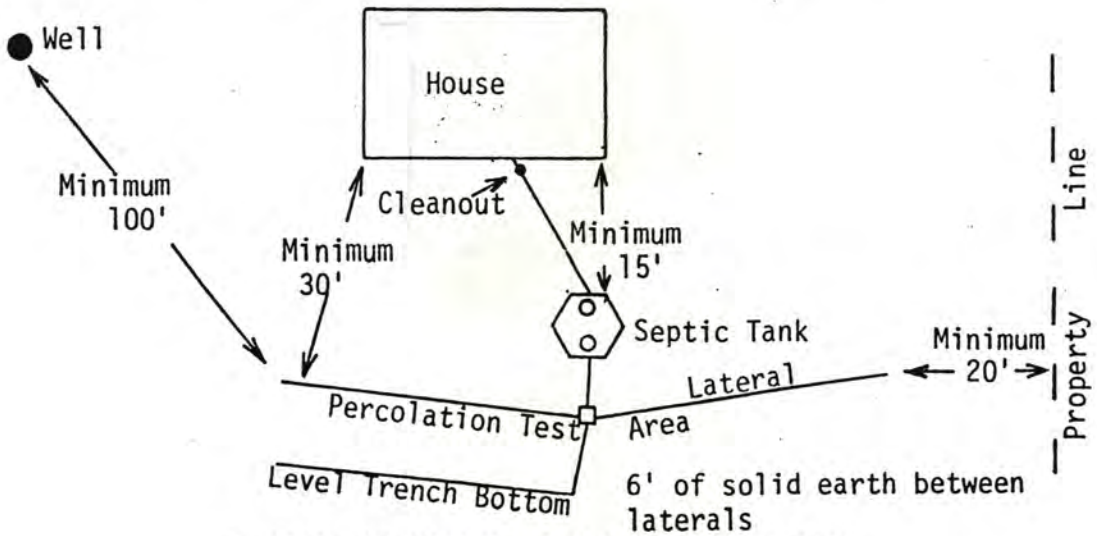
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 74' 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 CONCRETE; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Pre CAST)
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 CONCRETE ; Number - available outlets 5 .
2. Factory Built: Yes ☑ No ☐
(Company Pre CAST)
3. Distance from Septic Tank 7 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☑ Perforated Pipe ☐
Diameter of Half Round 24 or
Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☑ ; other _____.
2. Lateral Lines:
Number 3 ; Length of each line 80, 80, 80, _____, _____ ft.;
Total length of laterals 240 ft.;
Distance between lateral lines 24 ft.
3. Trench dimensions: Width 48 ft.;
Slope 0 in/100 ft.; Average Depth 36 in.
4. Filter Material: Gravel
Depth of Material 24 in.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

001

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: 12-1-1992

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

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

LOT 1; ADDITION EQUESTRIAN ESTATES; Street Address 2400 W. STIRRUP Rd

Directions to Property So on Coddington to ARABIAN DR - R. on EQUESTRIAN DR - R. on W. STIRRUP

Location of Well Behind the house No. Tap Location: Inside ☐ Outside ☐

Location of Sewage System East West - Year Installed 1990

(W & Sewage System)

	NAME	ADDRESS	PHONE
Present Owner:	Don D. Dishon	2400 W. STIRRUP Rd	421-8510 560-8500
Tenant/Buyer:	DONNA MOORE, 2604 Ridge CREST Rd, FT. COLLINS, COLO 80524		303-224-9964
Return to:	SANDRA HARDER, WOODS BROS, 3201 Pioneer Blvd, LINCOLN 68502		483-4151

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

(X) Signature of Applicant Donna J Moore Address 2604 Ridgecrest Rd FT. Collins, Colo 80524

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HEALTH DEPARTMENT USE ONLY

Date Received DECEMBER 10, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE DECEMBER 11, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☒	☐	Approved:	☒	Date 12/11/92	by JCH
Bacteria	☒	☐	Provisional:	☐	Date _____	by ____
Nitrate	☒	☐	Disapproved:	☐	Date _____	by ____

Comments: _____

_____

_____ See Attached Letter ☐

FINAL STATUS

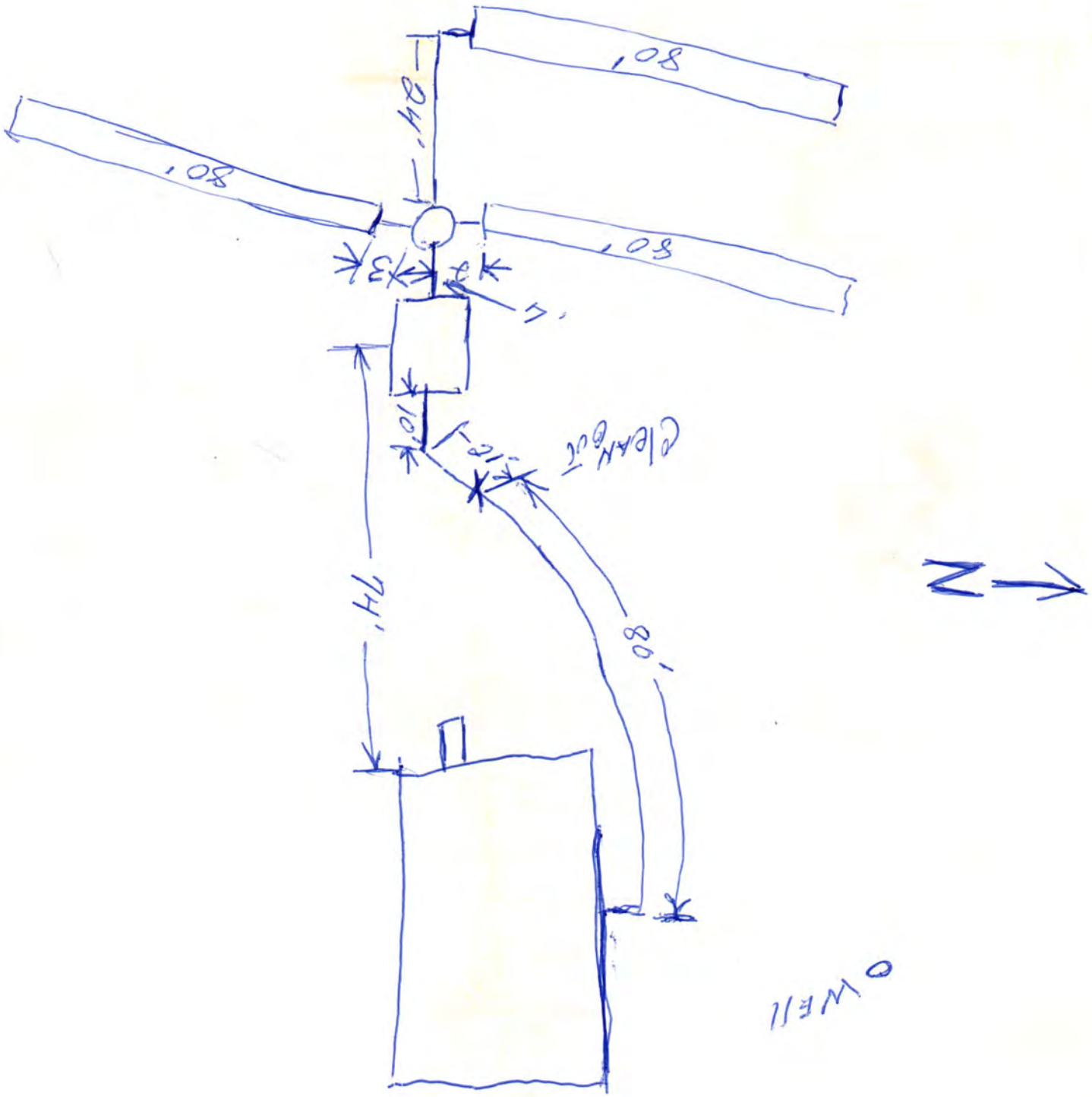
WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
Approved: ☒	Approved: ☒	Provisional Approval: ☐

APPROVED BY Lorrold C. Hood R.E.H.S. DATE DECEMBER 15, 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

2400 W. Fir Road



CAPITAL City Towing