FILE #2196

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

NOVEMBER 7, 1985 — THIS LICENSE OR PERMIT EXPIRES

JOHN M. MORRISSEY — LICENSEE OR PERMITTEE

1609 SO. 23rd STREET — ADDRESS

LINCOLN, NE 68502

T9N; R6E; Sec 16; Pk 5; Lot 2; Equestrian Estates; — NAME OF ESTABLISHMENT, IF ANY

5801 Stable Lane — 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. — Date and Amount

APPLICATION

HEALTH

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. 2196

DATE: 5-7-85

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 5 : Lot 2 : Addition EQUESTRIAN ESTATES
   Street Address 5801 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. ~~SUBJECT TO PERCOLATION TEST~~

John M. Marrissey
Signature of Applicant (Owner or Lessee)

1609 S 23RD
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/7/85. Date Frwd. 5/8/85. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 5/8/85. Date Frwd. 5/8/85. ACTION: Approved ☒ Disapproved ☐ Signature: Gary N. Sherwood

3. City ~~or County~~ Engineer: Date Rec'd. 5-8-85. Date Frwd. 5-8-85. ACTION: Approved ☒ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL ~~SEWAGE~~ WELL PERMIT RECIEVED.

Site Visits:
Date: 7-12-85 by: Dave read drawing ok. received
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-2-85 By: Ron Maynard

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

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: 350 ft. x 380 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: 6/18/85 to 6/19/85. Weather: Precip. — Temp. 85.

OWNER: JOHN M. MORRISSEY

Address: 5801 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"	6/8	1300	6/9	1000	6/9	1530	0	1600	1 1/8"	30	1 1/8"	26.67
2	36"	6/8	1300	6/9	1000	6/9	1530	0	1600	1 3/8"	30	1 3/8"	21.82
3	36"	6/8	1300	6/9	1000	6/9	1530	0	1600	1/2"	30	1/2"	60.00
4	36"	6/8	1300	6/9	1000	6/9	1530	0	1600	5/8"	30	5/8"	48.00
5	36"	6/8	1300	6/9	1000	6/9	1530	0	1600	5/8"	30	5/8"	48.00
6	36"	6/8	1300	6/9	1000	6/9	1530	0	1600	7/8"	30	7/8"	34.29
7	36"	6/8	1300	6/9	1000	6/9	1530	0	1600	1"	30	1"	30.00
8	36"	6/8	1300	6/9	1000	6/9	1530	0	1600	1"	30	1"	30.00

John M. Morrissey
Signature of Person Conducting Test

Address 1609 S 23RD Phone 476-9700

Sum of Percolation Rates: 298.78
Average of Rates: 37.35
Mean of Rates: _____

(Do not write below this line) calculate on 4' wide 3 bd rm.

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: June 14, 1985

Approved Percolation Rate (a)
A. 34 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 ☐

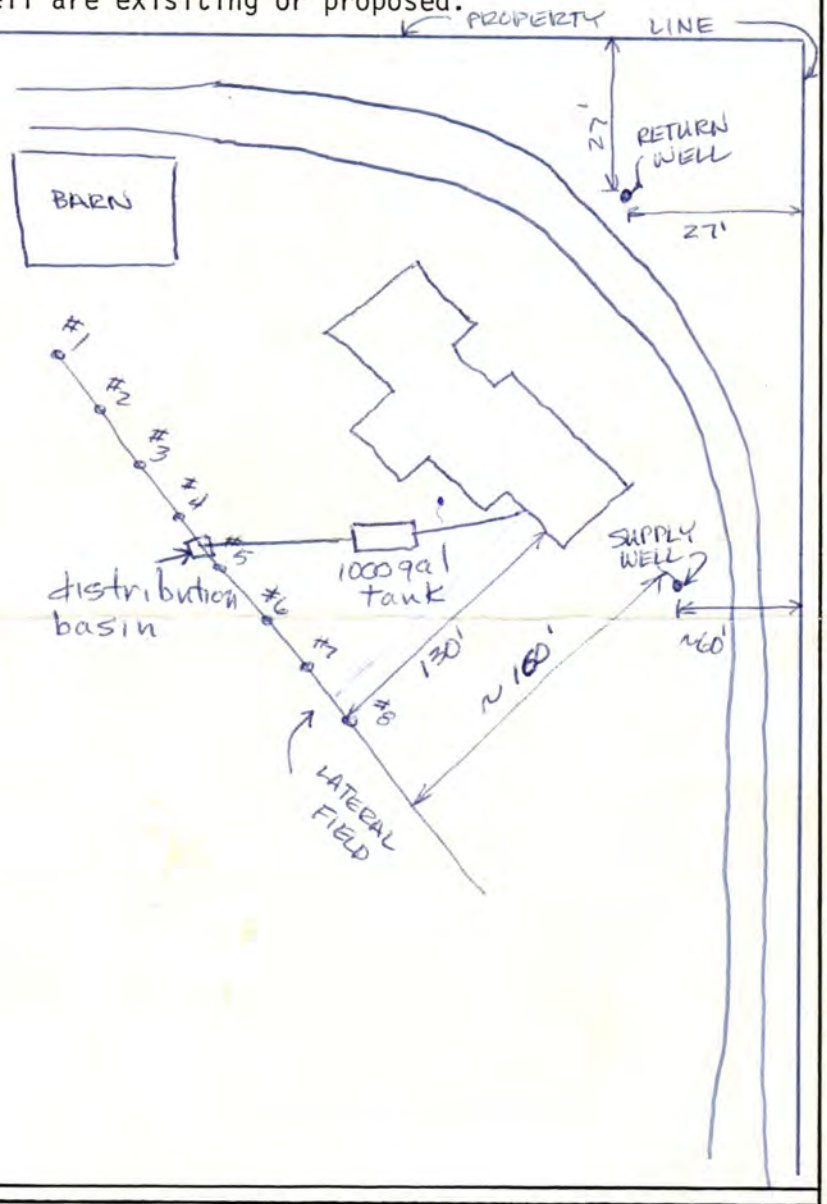
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed____sq.ft.

_____
Signature of Reviewing Official

009

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: 9-8-92

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

Legal Description of Property: TWP. 9N; RANGE 8 6E; SECTION ~~10S~~ 16; BLOCK 5

LOT 2; ADDITION Equ. Est; Street Address 5801 Stable Lane

Directions to Property South on Coddington, West on Pleasant Hill Road, North on Stable Lane, 2nd to last house on West side of Stable Lane

Location of Well Northeast ℄ house Tap Location: Inside ☐ Outside ☑

Location of Sewage System ℄ of house Year Installed 85

	NAME	ADDRESS	PHONE
Present Owner:	Matt Morrissey	5801 Stable Lane	476-9700
Tenant/Buyer:	—		
Return to:	Matt Morrissey	5801 Stable Lane	476-9700

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

Signature of Applicant Matt Morrissey Address 5801 Stable Lane

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HEALTH DEPARTMENT USE ONLY

Date Received SEPTEMBER 9, 1992 Received $150.00 Check ☒ Cash ☐

Coliform 0 Chloride 320 Nitrate 1.2

PRELIMINARY STATUS--DATE 9-11-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☑	Date 9-11-92 by JC
Bacteria	☒	☐	Provisional:	☐	Date ____ by ____
Nitrate	☒	☐	Disapproved:	☐	Date ____ by ____

Comments: On 9-14-92, talked w/ Mr Morrissey concerning placing a cap on the return well electric conduit pvc. If the TANK has NOT been pumped in the last several years it should be checked See Attached Letter ☐

FINAL STATUS

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

APPROVED BY John J Chesnut DATE 9-16-92

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

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 5801 STABLE LANE

Twp 9N Range 6E Section 16 1/4 ___ 1/4 ___ Block 5 Lot 2 Addition EQUESTRIAN ESTATES

Directions to Property WEST OFF ~~WEST CLAIRE~~ AVE TO WEST STALLION Rd. PLEASANT HILL ROAD

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	J.M. Morrissey	5801 STABLE LANE. Lincoln Ne. 68523	421-3783
Tenant/Buyer:	Steve & Luz Ducharme	5016 NW 7 Lincoln Lincoln Ne. 68521	477-4034
Return to:	DANE HALVORSEN	8130 DUNDEE Dr. LINCOLN NE 68510	432-9834/486-1168 REALTOR

Signature of Applicant [signature] Address 5016 NW 7 Lincoln Ne. 68521 Date 7/7/96

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 7/8/96
Initials L.C.H.
Amount 150.00
Check No. 9362

DATA ENTRY

Date ___/___/___
Case No. _____
Initials _____

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 7/10/96

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 1.7 ppm	☐ ____ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: SEPTIC TANK SHOULD BE CHECKED TO SEE IF IT IS IN NEED OF PUMPING.

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 7/12/96

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

REC'D AUG 1 1985

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: 7-30-85

FILE NO. _____

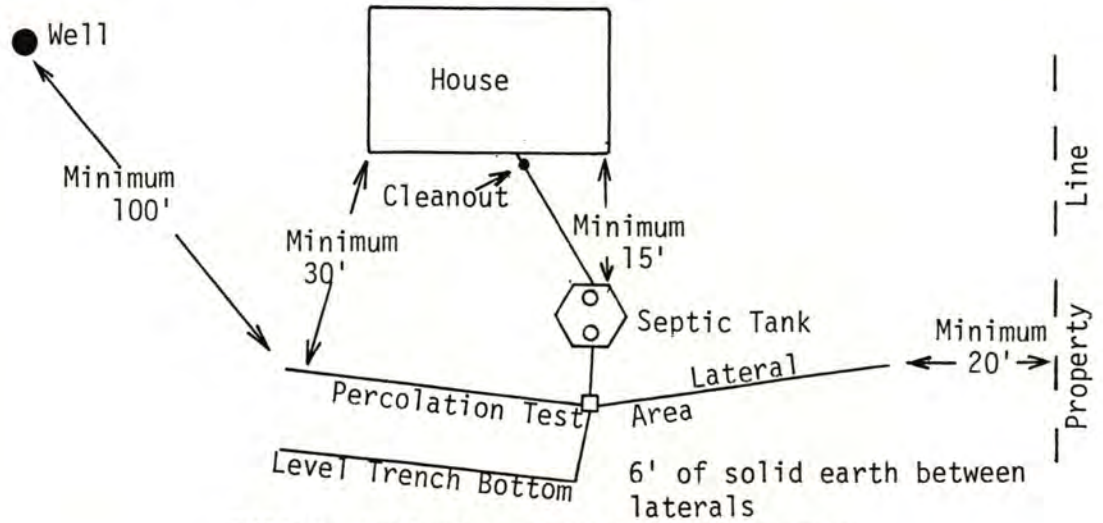
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material SDR 35; Diameter 4 in.
2. Distance above basement floor 24 in., or below basement floor ____ in.
3. Distance between dwelling and septic tank 90 ft.
4. Number of clean-outs TWO.
5. Distances to:
Well or Suction Line 60 ft.;
Stream ——— ft.; Pressure Line 100 ft.; Property Line 130 ft.

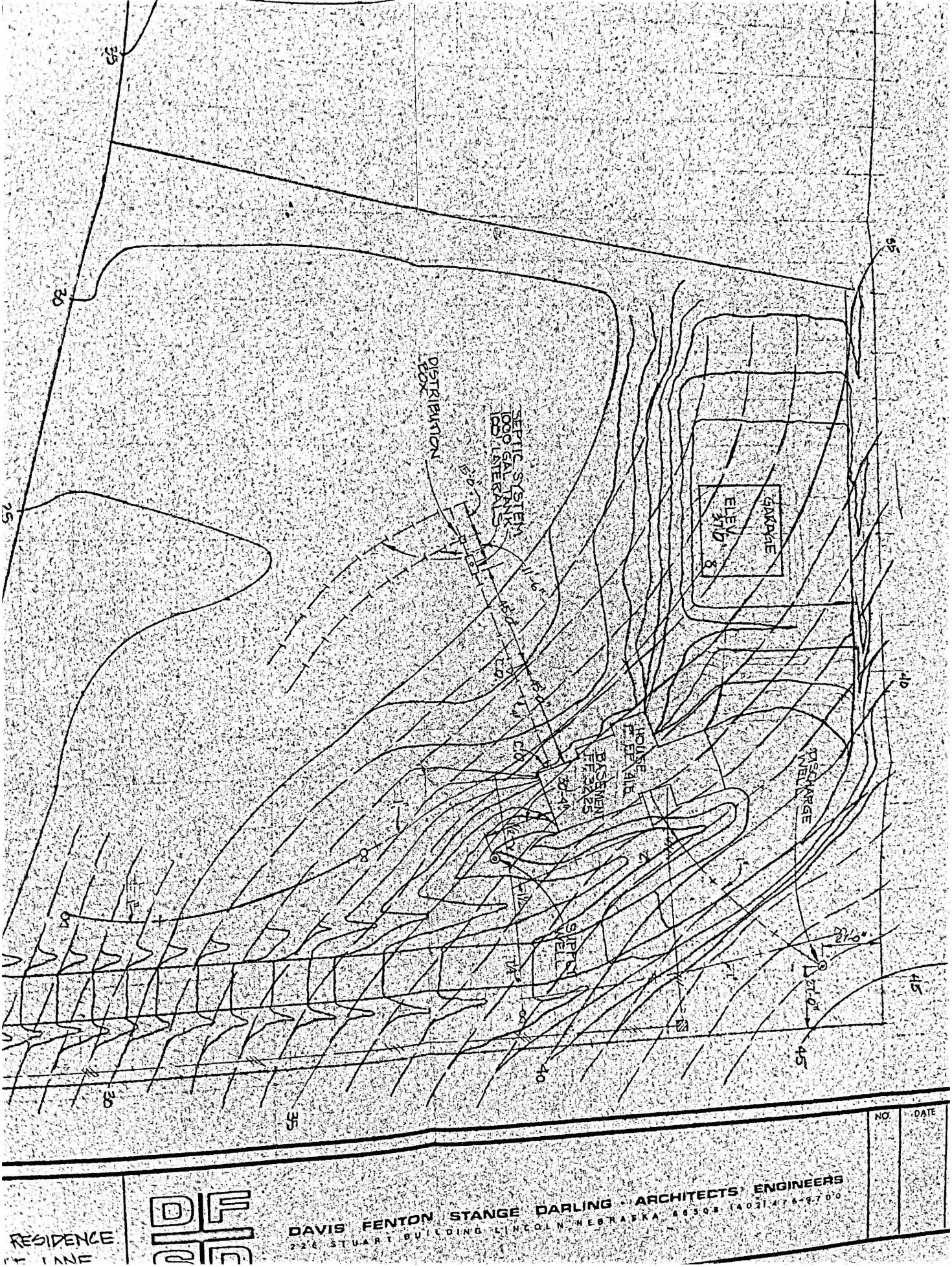
B. SEPTIC TANK:
1. Material CONCRETE; No. of compartments THREE.
2. Capacity 1000 GAL gals.;
3. Factory Built: Yes ☒ No ☐
(Company PRE-CAST STEP)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Riser Above ☐ Below ☒ Grade 6 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 84 in.
8. Distances to:
Well or Suction Line 130 ft.;
Stream ——— ft.; Pressure Line 130 ft.; Property Line 180 ft.

C. DISTRIBUTION BOX:
1. Material CONCRETE; Number - available outlets SIX.
2. Factory Built: Yes ☒ No ☐
(Company PRE-CAST STEP)
3. Distance from Septic Tank 11.5 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 20" or
Perforated Pipe ____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other ____.
2. Lateral Lines:
Number 2 ; Length of each line 100, 100, ____, ____, ____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines 15 ft.
3. Trench dimensions: Width 4 ft.;
Slope 8 in/100 ft.; Average Depth 30 in.
4. Filter Material: ROAD GRAVEL,
Depth of Material 20" in.
5. Distances to:
Well or Suction Line 140 ft.;
Stream ——— ft.; Pressure Line 140 ft.; Property Line 190 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN



Created With Tiny Scanner