FILE #2200

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

NOVEMBER 8, 1985 — THIS LICENSE OR PERMIT EXPIRES

DENNIS W. MILLER — LICENSEE OR PERMITTEE

6411 OLD LODGE CT. — ADDRESS

LINCOLN, NE 68516

T9N; R6E; Sec 16; Bk 6; Lot 1; Equestrian Estates; 6001 Stable Lane — NAME OF ESTABLISHMENT, IF ANY / 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. 2200

DATE: 5-8-85

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 6 : Lot 1 : Addition EQUESTRIAN ESTATES
   Street Address 6001 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.

Dennis W. Mills
Signature of Applicant (Owner or Lessee)

5411 Old Lodge Ct
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/8/85 . 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:

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 _____

Site Visits:
Date: 10-16-85 by: rmm
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-17-85 By: Ron Maynard

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. 2200

PROPERTY WHERE SOIL TESTED:

Location: Township 9 ; Range 6 ; 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: 5-5-95 to 5-6-95 . Weather: Precip. — Temp. 80 .

OWNER: Dennis Miller
Address: 6001 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	5/5	1500	5/5	1900	5/6	1820	15 3/8	1900	20 3/8	30	5	
2	"	"	"	"	"	"	"	11 1/2	"	15 1/16	"	3 9/16	
3	"	"	"	"	"	"	"	15 1/2	"	17 13/16	"	2 5/16	
4	"	"	"	"	"	"	"	20 1/8	"	22 5/16	"	2 3/16	
5	"	"	"	"	"	"	"	19 1/2	"	20 13/16	"	1 5/16	
6	"	"	"	"	"	"	"	10 1/4	"	13 7/8	"	3 5/8	
7	"	"	"	"	"	"	"	18 3/4	"	21 7/16	"	2 3/16	
8	"	"	"	"	"	"	"	14 1/4	"	16 3/16	"	2	
9	"	"	"	"	"	"	"	10 1/2	"	14 9/16	"	4 1/16	

Dennis W. Miller
Signature of Person Conducting Test

Address 5411 Old Lodge Ct Phone 423-2167

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. 10 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold 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 ☐

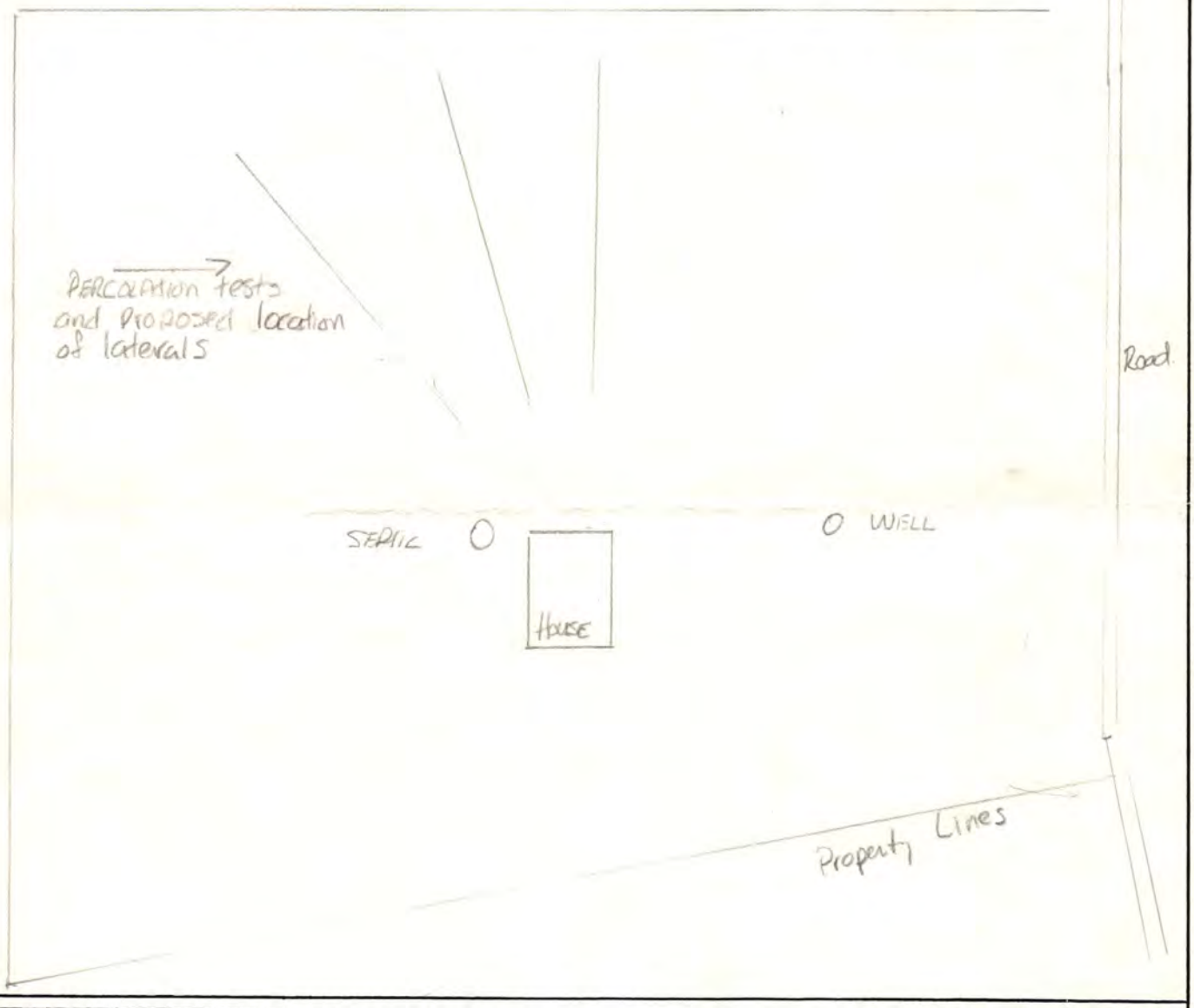
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 2200

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

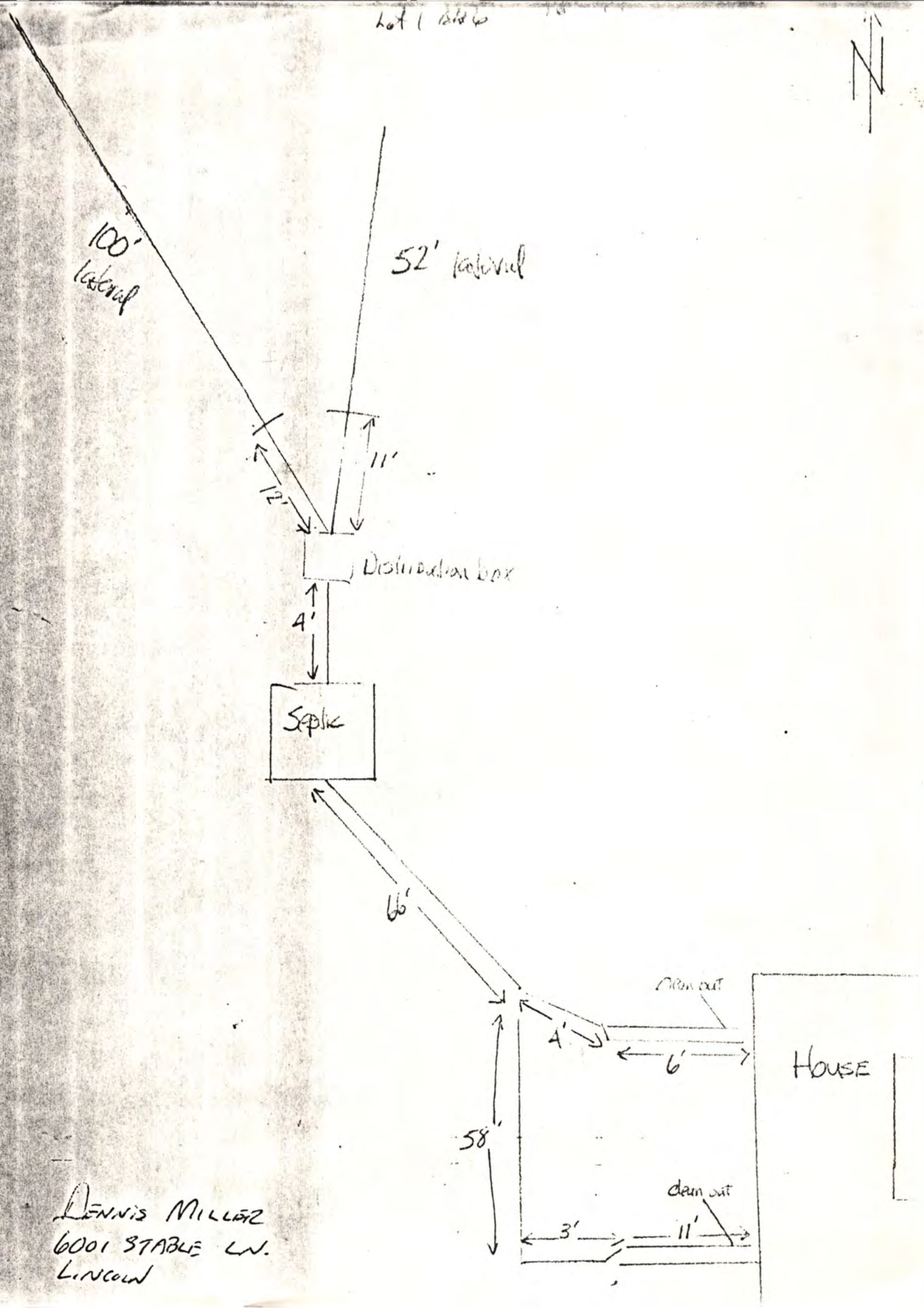
Remarks: _____

_____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 134 ft.
3. With a Trench Width of 18 in.
4. Total Area of Lateral needed 195 sq.ft.

_____
Signature of Reviewing Official


Lot 1 Blk 2
N
100' lateral
52' lateral
11'
12'
Distribution box
4'
Septic
66'
clean out
4'
6'
HOUSE
58'
clean out
3'
11'
DENNIS MILLER
6001 STABLE LN.
LINCOLN

001

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned 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.

☐ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 6001 Stable Lane

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

Directions to Property From South Coddington and Pleasant Hill Rd. ½ West/½ North

Location of Well NORTH SIDE OF DRIVEWAY Tap Location: Inside ☐ Outside ☒

Location of Sewage System NORTHWEST OF RESIDENCE Year Installed 1985

	NAME	ADDRESS	PHONE
Present Owner:	Dennis Miller	6001 Stable Lane Lincoln NE 68523	423-6001
Tenant/Buyer:			
Return to:	Dennis Miller WILL PICK UP	6001 Stable Lane Lincoln NE 68523	423-6001

Signature of Applicant Dennis W Miller Address 6001 Stable Lane Lincoln NE 68523 Date 10/8/93

HEALTH DEPARTMENT USE ONLY

Date Received 10/15/93 Received $150.00 Check ☐ Cash ☒

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 10/19/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 1.4 ppm	☐ ___ ppm	Disapproved ☐	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 10/22/93

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.

080

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 6001 Stable Lane LLCN

Twp 9N Range 6E Section 16 1/4 ___ 1/4 ___ Block 6 Lot 1 Addition ___

Directions to Property E Equestrian Estates 1st ADDITION

¾ M/c west of Coddington on pleasant Hill then no 9th 4/c

Location of Well West of House Tap Location: Inside ☒ Outside ☐

Location of Sewage System ___ Year Installed 1985

	NAME	ADDRESS	PHONE
Present Owner:	Miller	6001 Stable Ln LLCN	423-6001
Tenant/Buyer:	Todd Hildebrand	637 Barfield LLCN	477-9601
Return to:	Capital Title	Landi - 4645 Normal Blvd Suite 150 - LLCN 68506	434-3500

Signature of Applicant [signature] Address 637 Barfield LLCN Date 4/9/99

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 4/9/99
Initials [illegible]
Amount #150
Check No. 160

DATA ENTRY

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

PRELIMINARY STATUS--By John Chun **DATE:** 4/12/99

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☐ 4-13-99	☒ 4-12	Approved ☐	Date 4/13/___ by JC
Bacteria	☐ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 9 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: IF The septic tank hasn't been pumped recently, it should be checked to see if it is necessary. Weed needs to have some soil added to prevent or eliminate soil depressions

See Attached Letter ☐

FINAL STATUS

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

Approved by John Chun Date 4/20/99

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

☆ Talked w mr. miller, the depressions around the well needed to be filled in with dirt. will be ready for inspection 4-13-99