FILE # 2784

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — 6 MONTHS

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

DAVID ZEILINGER — 2101 WEST WINFIELD CT. — LINCOLN, NE 68523

LICENSEE OR PERMITTEE — ADDRESS

T9N; R6E; Sec. 21; Bk 7; Lot 6

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. 2784

DATE: Nov 24th 1988

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 21 ;
   Block B17 : Lot 6 : Addition Ridge wood Add.
   Street Address 2000 Dan raven

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: N/A ft.

David M. Gibson
Signature of Applicant (Owner or Lessee)

2101 W. Winfield Lincoln
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 12/19/88. Date Frwd. 12/19/88. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 12/19/88. Date Frwd. 12/19/88. ACTION: Approved ☐ Disapproved ☐ Signature: Mel Goldare

3. City or County Engineer: Date Rec'd. 12/19/88. Date Frwd. 12/19/88. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL

Site Visits:
Date: 5/11/89 by: L.C.H.
Date: by:
Date: by:

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/11/89 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
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9N ; Range 6E ; Section & ¼ Section 21 .
Property Dimensions: 383 ft. x 341 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: 11-23-88 to 11-24-88 . Weather: Precip. fair Temp. 62 .

OWNER: David Zeilinger

Address: 2000 Dunraven

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.)
	36"	11-23	8:00Am	11-24	8:00	11-24	12:00 Am	27"	12:00	29 1/8	30 minutes	2 1/8	
						11-24	11:30	26 1/2	12:00	28 3/8	"	2 3/8	
						11-24	11:30	31	12:00	33 1/8	"	2 1/8	
						11-24	11:30	30	12:00	32 5/8	"	2 5/8	
						11-24	11:30	34	12:00	33	"	1 3/4	
						11-24	11:30	30 1/8	12:00	32 3/4	"	2 5/8	

David M. Zeilinger
Signature of Person Conducting Test

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

Address _____ Phone _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: December 19, 1988

Approved Percolation Rate (a)
A. 13 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: December 19, 1988

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 136 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 543 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: 471-7800

D

DATE: _____

FILE NO. _____

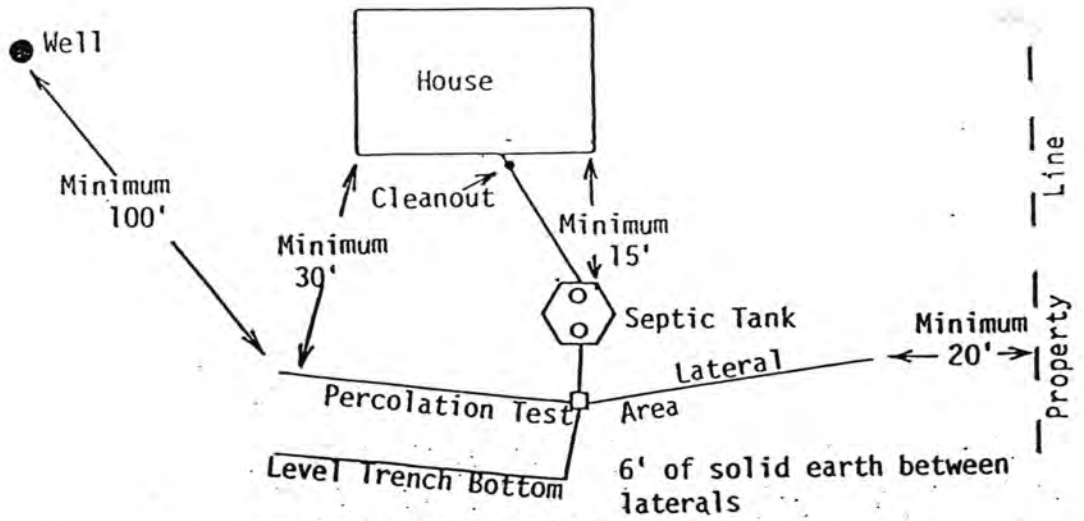
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 18 in.
3. Distance between dwelling and septic tank 55 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 1.
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 5 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 2; Length of each line 100, 36, ____, ____, ____ ft.;
Total length of laterals 136 ft.; Distance between lateral lines ____ ft.
3. Trench dimensions: Width 4 ft.; Slope ____ in/100 ft.; Average Depth 24 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

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: 7/18/91

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

Legal Description of Property: TWP. 9N ; RANGE 6E ; SECTION 21 ; BLOCK 7

LOT 6 ; ADDITION Ridgewood ; Street Address 1900 West Dunraven Lane

Directions to Property off of SW27th Street South of West Denton Road

Location of Well ~~East~~ of house Tap Location: Inside ☐ Outside ☑ 5/11/89

Location of Sewage System west of house Year Installed ~~1990~~

	NAME	ADDRESS	PHONE
Present Owner:	Thomas Grossman	1900 West Dunraven Lane	421-2962
Tenant/Buyer:	David & Darlene Carden	4630 Elk Ridge Cr	421-1508
Return to:	Ken Kuta First Federal Loan Center	3901 Normal Blvd	473-6104

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

Signature of Applicant David E Carden Address 4630 Elk Ridge Cr Lincoln NE 68516

==========

HEALTH DEPARTMENT USE ONLY

Date Received JULY 19, 1991 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 7/22/91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 7/22/91 by J.C.H.
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 Jerrold C. Hook R.S. DATE JULY 25, 1991

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

008

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 471-8022

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 1900 W. Dunraven Lane

Twp 9N Range 6E Section 21 1/4 ___ 1/4 ___ Block 7 Lot 6 Addition Ridgewood

Directions to Property off of SW 27th Street

Location of Well East of House Tap Location: Inside ☐ Outside ☑

Location of Sewage System ~~East~~ West of House Year Installed ~~1990~~ 1989

	NAME	ADDRESS	PHONE
Present Owner:	David E. Carden	1900 W. Dunraven Lane Lincoln, NE 68523	421-1508
Tenant/Buyer:			
Return to:	Karen Hart	First Federal Lincoln	

Signature of Applicant David E. Carden Address 1900 W. Dunraven Lane Lincoln, NE 68523 Date 4/1/93

HEALTH DEPARTMENT USE ONLY LH Vistar V# 3276

Date Received 4/1/93 Received $150.00 Check ☑ Cash ☐

PRELIMINARY STATUS--By Jerrold Hood **DATE:** 4/2/93

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☒	Date ___/___/___ by ___
Bacteria	☒ .0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 3.9 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: WHERE THE SEPTIC LATERALS HAVE SUNKEN SHOULD BE FILLED IN WITH DIRT SO THAT SURFACE WATER WILL NOT STAND ON THE LATERALS. See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒ **SEWAGE DISPOSAL SYSTEM** Approved: ☒

Provisional Approval: ☐

Approved by Jerrold C. Hood R.E.H.S. Date 4/8/93

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.

062

001

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 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

818

Legal Description of Property: Street Address 1900 W. DUNRAVEN LN.

Twp 9N Range 6E Section 21 1/4 SW 1/4 SW Block 7 Lot 6 Addition RIDGEWOOD

Directions to Property HWY 77 TO W. OENTON RD, TO S.W. 27 - TURN LEFT (SOUTH) GO 1/3 MILE TO W. CARDWELL & TURN LEFT (EAST) WHEN BLACKTOP TURNS TO GRAVEL, CONTINUE SOUTH - TO DUNRAVEN & TURN LEFT.

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed 1989

	NAME	ADDRESS	PHONE
Present Owner:	DAVID & CARLENE CARDEN	1900 W. DUNRAVEN LN. LINCOLN, NE. 68523	421-6616
Tenant/Buyer:	TIM & AMY FRANUS	2400 SURREY CT. LINCOLN, NE. 68512	421-3448
Return to:	TIM & AMY FRANUS	2400 SURREY CT. LINCOLN, NE. 68512	421-3448

Signature of Applicant Tim W. Franus Address 2400 SURREY CT. LINCOLN, NE. 68512 Date 3/24/97

HEALTH DEPARTMENT USE ONLY

Date Received 04/01/97 Received $150.00 Check ☑ #3224 Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 4/3/97

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 3.6 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

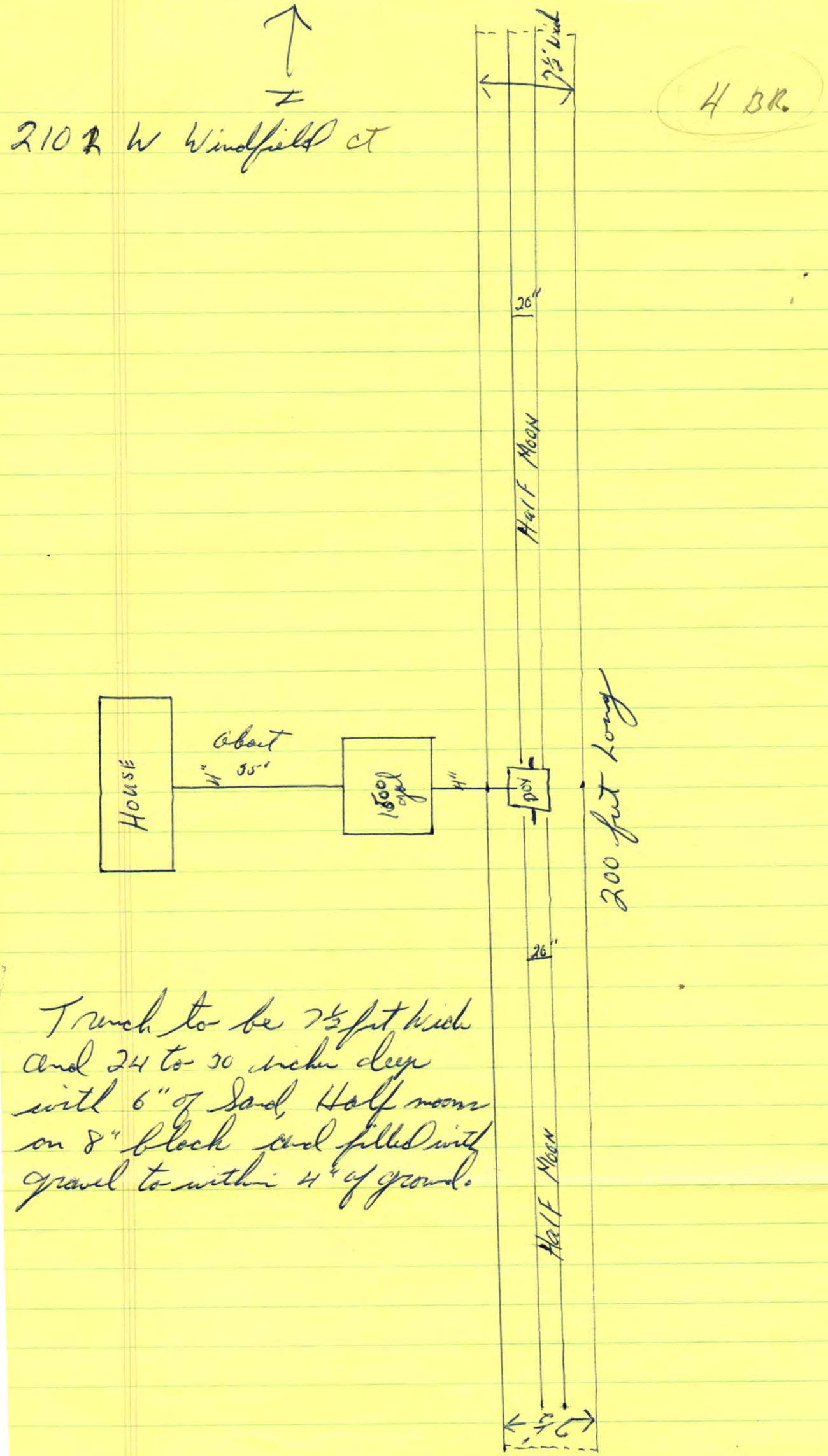
Comments: WHERE THE SEPTIC LATERALS HAVE SUNKEN SHOULD BE FILLED IN WITH DIRT SO THAT SURFACE WATER WILL NOT STAND ON THE LATERALS. (ALSO NOTED IN 1993.) IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. See Attached Letter ☐

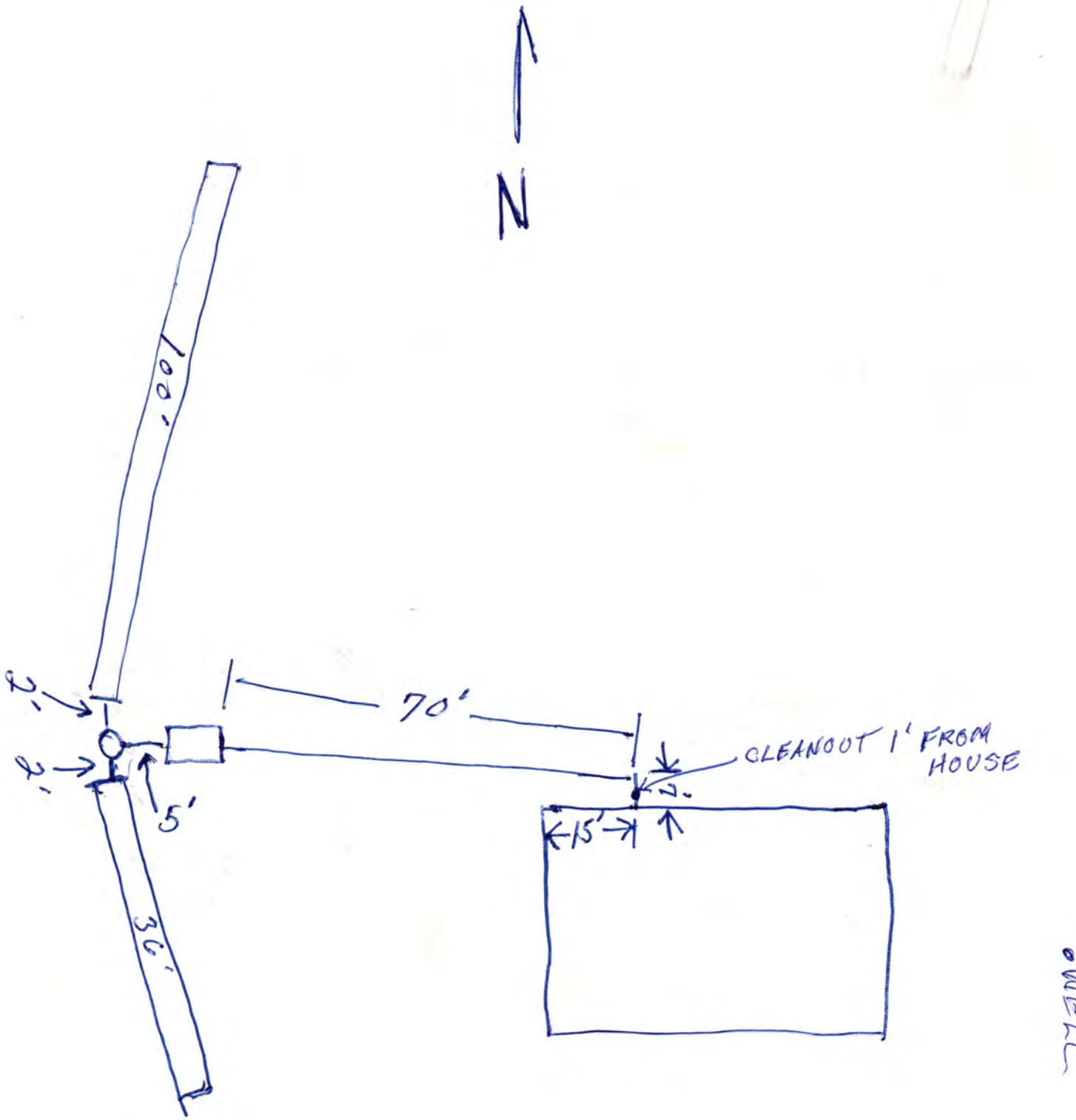
FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 4/7/97

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.


N
2102 W Windfield ct
4 BR.
25' Wide
20"
Half Moon
200 feet Long
House
about 35'
4"
1500 gal
4"
DOX
26"
Half Moon
Trench to be 2½ feet wide and 24 to 30 inches deep with 6" of Sand, Half moons on 8" block and filled with gravel to within 4" of ground.



Capital City Trenchless
5-11-89