FILE #2296

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

SEPTEMBER 11, 1986 — THIS LICENSE OR PERMIT EXPIRES

ROBERT P. MC CLELLAN — LICENSEE OR PERMITTEE

4601 MANDARIN CIR. — ADDRESS

LINCOLN, NE. 68516

T9N; R7E; Sec 10; Bk 1; Lot 4; Mar-Ma-Pa-Lo Heights — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON TRANSFERABLE ALTER, EXTEND OR REPAIR

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 30.00	018754	$ 30.00

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

MAR 11 1986

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

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

FILE NO. 2296

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: _____

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 9N ; Range 7E ; Section 10 ;
Block 1 ; Lot 4 ; Addition MAR-MA-RA-LO HEIGHTS
Street Address _____

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms 3 Describe _____
Other Use ☐
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☒; Other ☐

4. Description of proposed alteration, extension or repair: ADD MORE WIDE LATERAL TO EXPERIMENTAL SYSTEM.

5. Work to be done by: Owner ☐ ; or Contractor ☒, LARRY SCHWARCK
Contractor's Name

6. Estimated cost of project:

a. Materials	$	700 00
b. Labor	$	300 00
c. Other	$	
TOTAL	$	1000 00

Robert P Mueller
Signature of Applicant (owner or lessee)

4601 Mandarin Circle Lincoln 68516
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 30.00

2. Site Visits:
Date: 1/14/86 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL X
Date: 3/11/86 by: J.C. Hood

* PROVISIONAL, EXPERIMENTAL SYSTEM.

REC'D JAN 29 1986

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: 474-1541

D

DATE: _____

FILE NO. 2296

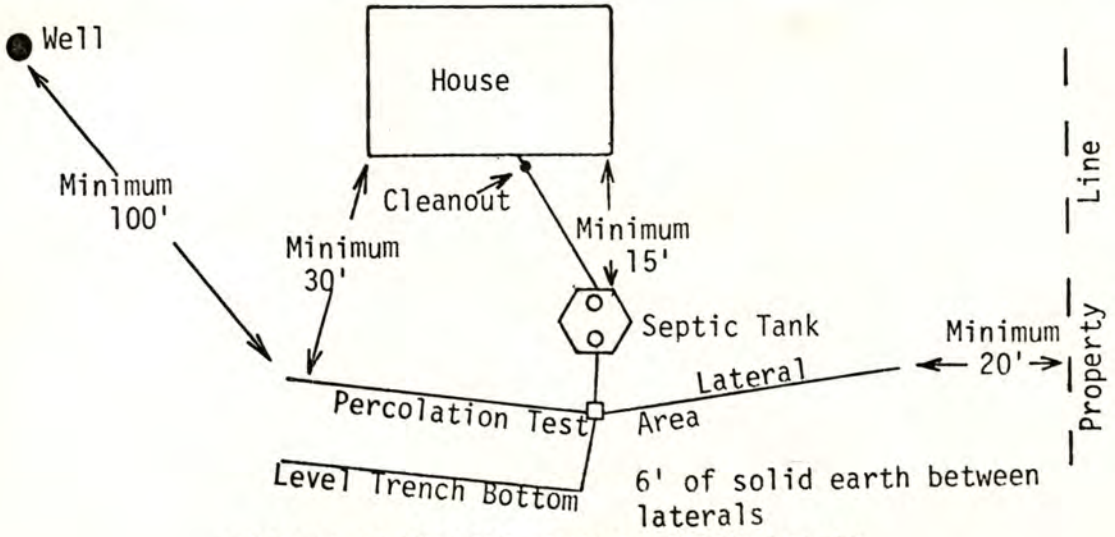
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material_____; Diameter_____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_____; No. of compartments_____.
2. Capacity_____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_____in.
8. Distances to:
Well or Suction Line_____ft.; Stream_____ft.; Pressure Line _____ft.; Property Line_____ft.

C. DISTRIBUTION BOX:
1. Material_____; Number - available outlets_____.
2. Factory Built: Yes ☐ No ☐
(Company_____)
3. Distance from Septic Tank_____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__;Length of each line_____, _____,_____,_____,_____ft.;
Total length of laterals_____ft.;
Distance between lateral lines____ft.
3. Trench dimensions: Width_____ft.;
Slope_____in/100 ft.; Average Depth_____in.
4. Filter Material:_____
Depth of Material_____in.
5. Distances to:
Well or Suction Line_____ft.; Stream_____ft.; Pressure Line _____ft.; Property Line_____ft.



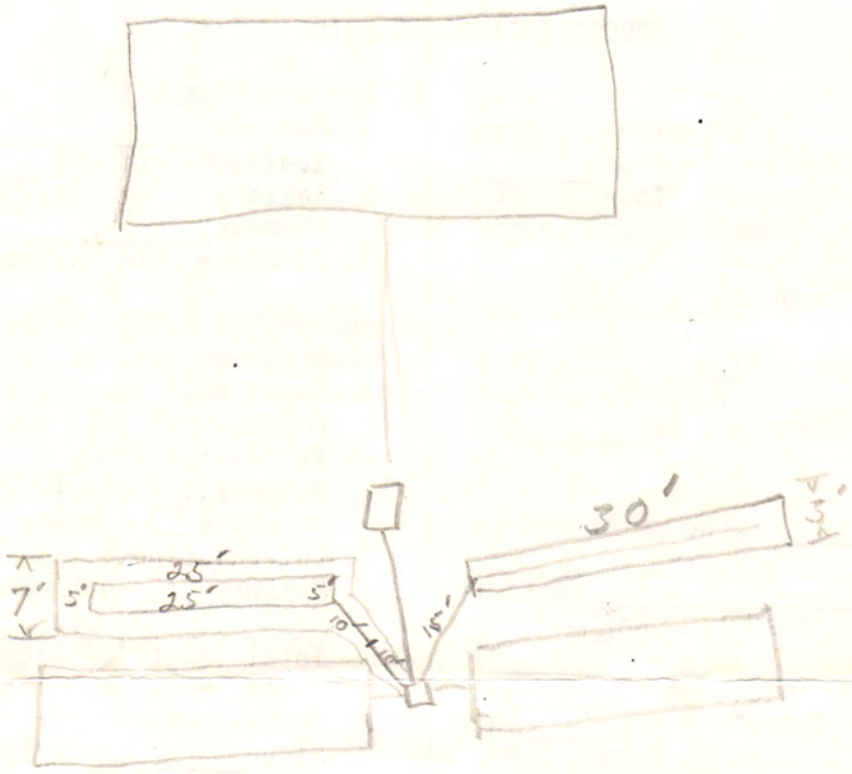
TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

2296

BUILT DRAWING OF SYSTEM

DATE 1-14-86 INSTALLER Larry Schwarek

4601 Mandrea Ct.



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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: 2-19-92

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

Legal Description of Property: TWP. 9N ; RANGE 7E ; SECTION 10 ; BLOCK 1

LOT 4 ; ADDITION MAR-MA-RA-20, LLCN ; Street Address 4601 Mandarin circle

Directions to Property _____

Location of Well South West corner of home Tap Location: Inside ☐ Outside ☒

Location of Sewage System To So of Home Year Installed 78

	NAME	ADDRESS	PHONE
Present Owner:	Robert M & Clellan	4601 Mandarin Circle 68516	483 2617
Tenant/Buyer:	Robert M & Clellan	4601 Mandarin Circle 68516	483 2617
Return to:	Robert M & Clellan	4601 Mandarin Circle 68516	483 2617

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

Signature of Applicant Robert O McClellan Address 4601 Mandarin Circle 68516

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HEALTH DEPARTMENT USE ONLY

Date Received FEBRUARY 21, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 2/24/92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☒	☐	Approved:	☐	Date 2/24/92	by L.C.H.
Bacteria	☒	☐	Provisional:	☒	Date _____	by ____
Nitrate 2.7 PPM	☒	☐	Disapproved:	☐	Date _____	by ____

Comments: SEWAGE SYSTEM IS OF AN EXPERIMENTAL VARIETY HENCE APPROVAL IS PROVISIONAL. NO EVIDENCE OF MALFUNCTION. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerold C. Hood R.E.H.S. DATE FEBRUARY 25, 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

JUN 1 0 1987

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

FILE NO._____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 06/08/87

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Block 1 ; Lot 4 ; Addition MAR-MA-RA-LO HEIGHTS
Street Address 4601 Mandarin Circle Lincoln Ne 68516

2. Property Use: Residential ☒; Commercial ☐
No. Bedrooms 3
Describe
Other Use ☐
Describe

3. Type of existing Individual Sewage Disposal System: Septic Tank ☒; Other ☐

4. Description of proposed alteration, extension or repair: Replace Sewer Line From house to Septic Tank

5. Work to be done by: Owner ☐ ; or Contractor ☒, Larry Schwarck
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 300 00

Robert B McClellan
Signature of Applicant (owner or lessee)

4601 Mandarin Circle Lincoln Ne 68516
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd:
Filing Fee: $ NO FEE

2. Site Visits:
Date: 6/8/87 by: J.C.H
Date: by:
Date: by:

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hoob

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/10/87 by: J.C. Hoob