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. 91380075101

Issued 09/06/91
Expires 03/06/92

ESTABLISHMENT

VICKI CHRISTO
641 S 21 ST
LINCOLN NE 68510

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

VICKI CHRISTO
641 S 21 ST
LINCOLN NE 68510

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
9/6/91	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: $_____

FILE NO._____

DATE: 8/21/91

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 7E ; Section 13 ; Block 3 : Lot 3 : Addition Hidden Valley Acres
   Street Address_____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe 1½ story

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

4. Distance to public sewer: _____ft.

Owners: Stephen Steinkuehler
Vicki Christo, Christo Constr.
Signature of Applicant (Owner or Lessee)

641 So. 21st
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/5/91 . Date Frwd. 9/6/91 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9/6/91 . Date Frwd. 9/6/91 . ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer : Date Rec'd. 9-6-91 . Date Frwd. 9-6-91 . ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL WELL ? = rural water district

Site Visits:
Date: Oct 7-91 by: Chris Morgan Septic tank system approved
Date:_____ by:_____
Date:_____ by:_____

INSTALLATION FINAL WRITTEN APPROVAL
Date: Oct 7-91 By: Chris Morgan

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

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 9 ; Range 7 ; Section & ¼ Section 13 SE/4.
Property Dimensions: _____ ft. x _____ 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: 8-20 to 8-21. Weather: Precip. 0 Temp. 90's

Hidden Valley Estates

OWNER: Christo Const.

Address: 641 So. 21 68510

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	8/20	8:00	8/21	9:30	8/21	11:30	28 3/4	12:00	30 1/4	30	1 1/2	
2	36		A		A		A	29 1/8	noon	30		1 3/8	
3	36							27 3/8		29 1/8		1 3/4	
4	31							27 1/8		29		1 3/8	
5	31							25 3/8		27		1 5/8	
6	30							25		26 5/8		1 5/8	
												9 3/4	

Sum of Percolation Rates: 9.75
Average of Rates: _____
Mean of Rates: _____

Brad Southwick
Signature of Person Conducting Test

Address 701 E 4 Hickman Phone 792-2462

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

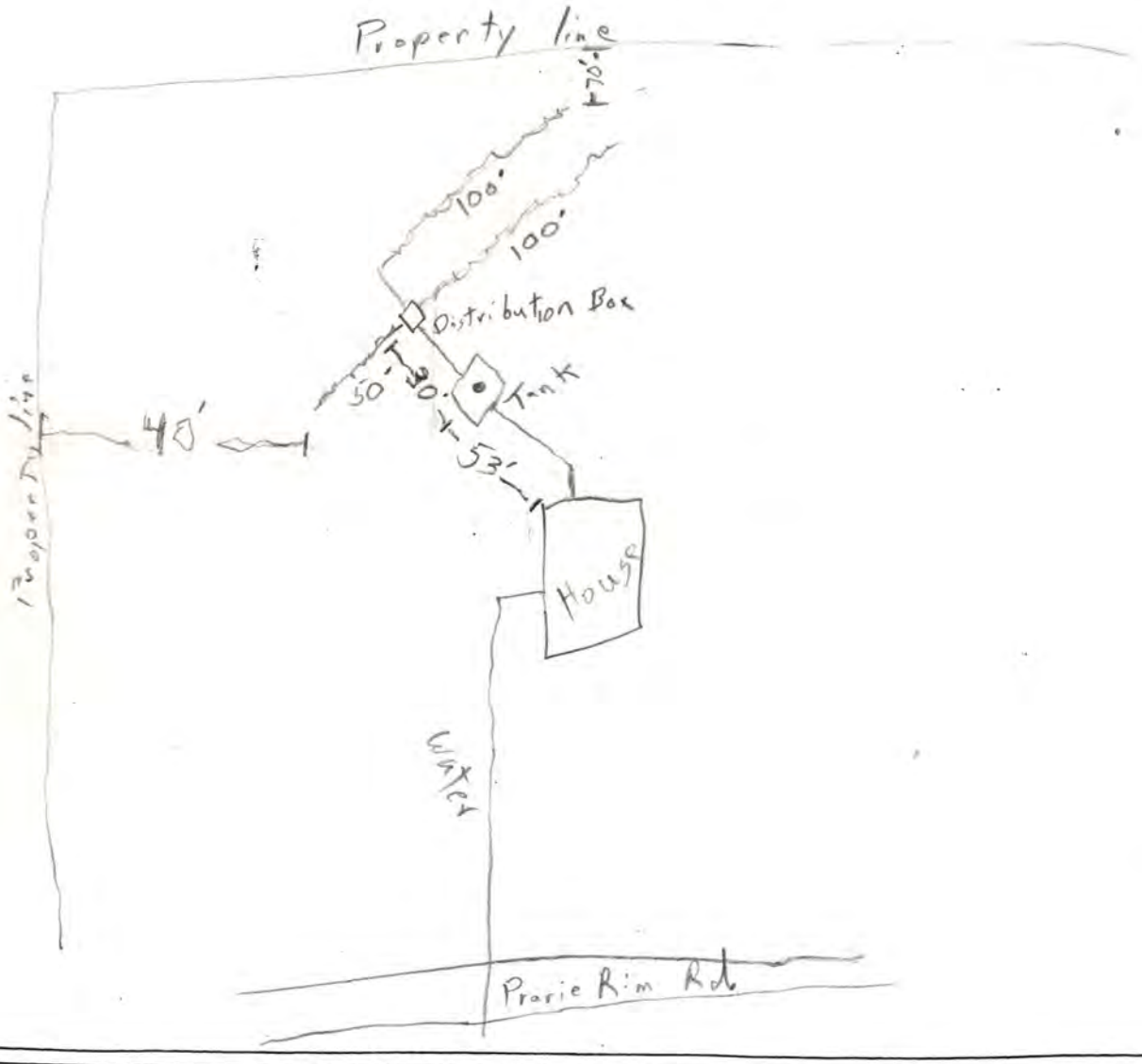
Date: _____

Approved Percolation Rate (a)
A. 18 min./inch
B. _____ min./inch
C. _____ min./inch

_____
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: Wellman Plumbing Clint

Date: 10-7-91

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 250 ft.
3. With a Trench Width of 36" in.
4. Total Area of Lateral needed ____ sq.ft.

_____
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: 10-7-91

FILE NO. _____

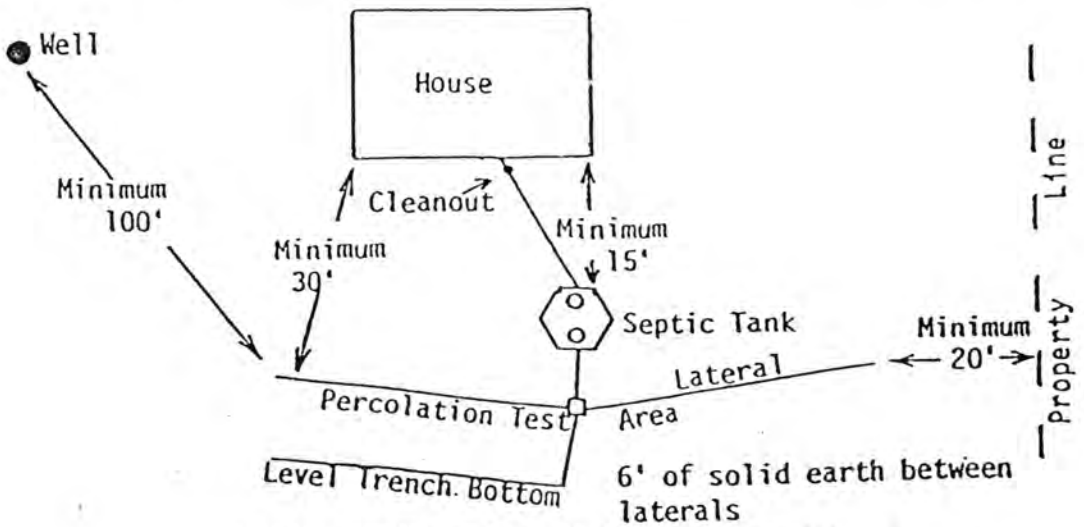
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Sch. 40 PVC; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 53 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line 50' ft.; Property Line 100 ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments 3.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Precast)
4. Manholes: Over Inlet; diam. 24 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 24" in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line 75 ft.; Property Line 150 ft.

C. DISTRIBUTION BOX:
1. Material Plastic; Number - available outlets 7.
2. Factory Built: Yes ☑ No ☐
(Company ?)
3. Distance from Septic Tank 30 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 4".
Material: fiberglass ☐; plastic ☑; concrete ☐; other _____.
2. Lateral Lines:
Number 3; Length of each line 100', 100', 50', _____, _____ ft.;
Total length of laterals 250 ft.;
Distance between lateral lines 12 ft.
3. Trench dimensions: Width 3 ft.;
Slope 0 in/100 ft.; Average Depth 36 in.
4. Filter Material: Gravel
Depth of Material 18 in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line 70 ft.; Property Line 40 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

005

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 6321 PRAIRIE RIM RD. 68526

Twp 9N Range 7E Section 13 1/4 ___ 1/4 ___ Block 3 Lot 3 Addition HIDDEN VALLEY ACRES

Directions to Property FINE LAKE ROAD TO HIDDEN VALLEY GOLF COURSE TURN LEFT .5 MILE

Location of Well NORTHWEST CORNER FROM DECK UNDER BIRD BATH Tap Location: Inside ☐ Outside ☒

Location of Sewage System ___ Year Installed 1991

	NAME	ADDRESS	PHONE
Present Owner:	STEVE STEINKUEHLER ELLEN	6321 PRAIRIE RIM RD LINCOLN NE 68526	H - 402 434 4474 W - 402 483 8900
Tenant/Buyer:			
Return to:	STEVE STEINKUEHLER		

Signature of Applicant S. Steven Steinkuehler Address 6321 PRAIRIE RIM RD LINCOLN NE 68526 Date 3/13/96

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 03/18/96

Initials ES

Amount $ 150.00

Check No. # 3296

DATA ENTRY

Date ___/___/___

Case No. ___

Initials ___

PRELIMINARY STATUS--By ___ **DATE:** ___/___/___

WATER SYSTEM: Rural Water

	Approved	Disapproved
Construction	☐	☐
Bacteria	☐ ___/ml	☐ ___/ml
Nitrate	☐ ___ppm	☐ ___ppm

SEWAGE SYSTEM

Approved	☐
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: 3-20-96 - NO VISIBLE EVIDENCE OF MALFUNCTION NOTED. IF THE SEPTIC TANK HAS NOT BEEN PUMPED IN RECENT YEARS IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED.

See Attached Letter ☐

FINAL STATUS (Rural Water System)

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

Approved by John Johnson Jr. Date 3/20/96

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