LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

P E R M I T

Permit

SEWAGE INSTALLATION

No. 94380114101

Issued 03/28/94
Expires 09/28/94
Revenue Code 18754

Establishment

MARK RESSEGUIE
T9N R7E SEC 15
STEVENS RIDGE ESTATE BLK 1 LOT 2

FEES: $150.00

TOTAL $150.00

Permittee

MARK RESSEGUIE
7200 TWIN OAKS RD
LINCOLN NE 68516

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

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: 3/25/94

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 15 ;
   Block 1 : Lot 2 : Addition STEVENS RIDGE ESTATES
   Street Address 6201 OAKS HOLLOW

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4-3. Describe_____

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

4. Distance to public sewer: 421 ft. WILL INSTALL WHATEVER PERCOLATION TEST INDICATES

Signature of Applicant (Owner or Lessee)

7200 TWIN OAKS ROAD
Address
LINCOLN, NEBRASKA 68516

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/25/94. Date Frwd. 3/28/94. ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 3/28/94. Date Frwd. 3/28/94. ACTION: Approved ☒ Disapproved ☐ Signature:
3. City or County Engineer: Date Rec'd. 3-28-94. Date Frwd. 3-28-94. ACTION: Approved ☐ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL HAVE WELL ALREADY UNDER PERMIT.

Site Visits:
Date: 5-12-94 by: P.D
Date:_____ by:_____
Date:_____ by:_____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-26-94 By:

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: 6201 Oaks Hollow

Location: Township _____; Range _____; Section & ¼ Section _____.
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: _____ to _____. Weather: Precip. _____ Temp. _____

OWNER: David Stull

Address: _____

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)
											30	6"	5
1												1"	30
2												5/8	48
3												1/8	240
4												1/2	60
5												1 1/8	26.7
6													

Sum of Percolation Rates: ~~107.7~~
Average of Rates: ~~17.95~~
Mean of Rates: _____

Matt Breen Wellmann Plang.
Signature of Person Conducting Test

Address _____ Phone 434-2400

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 44 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: May 18, 1994

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: 5-12-94

FILE NO: _____

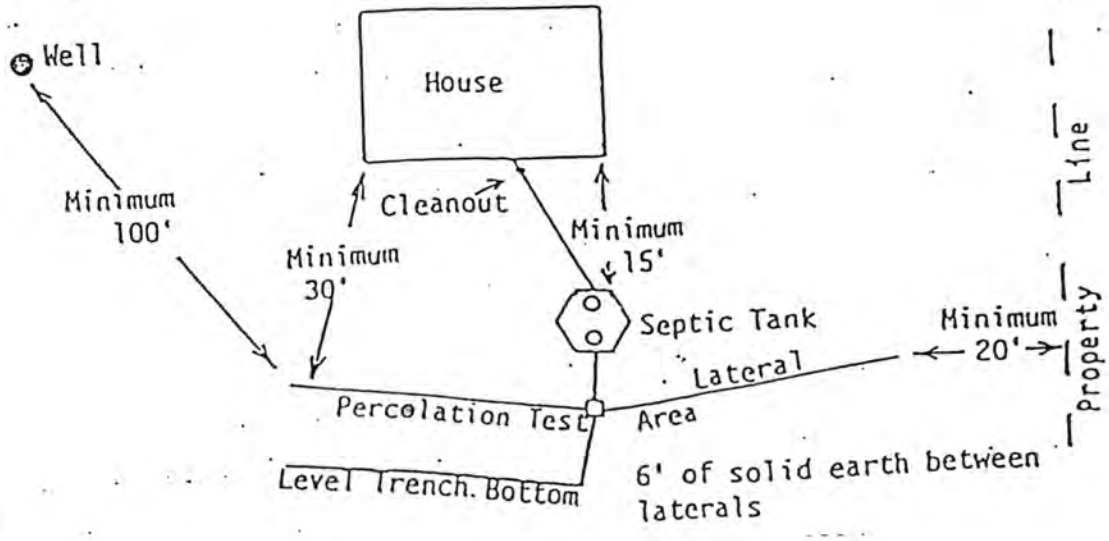
SPECIFICATIONS AS BUILT

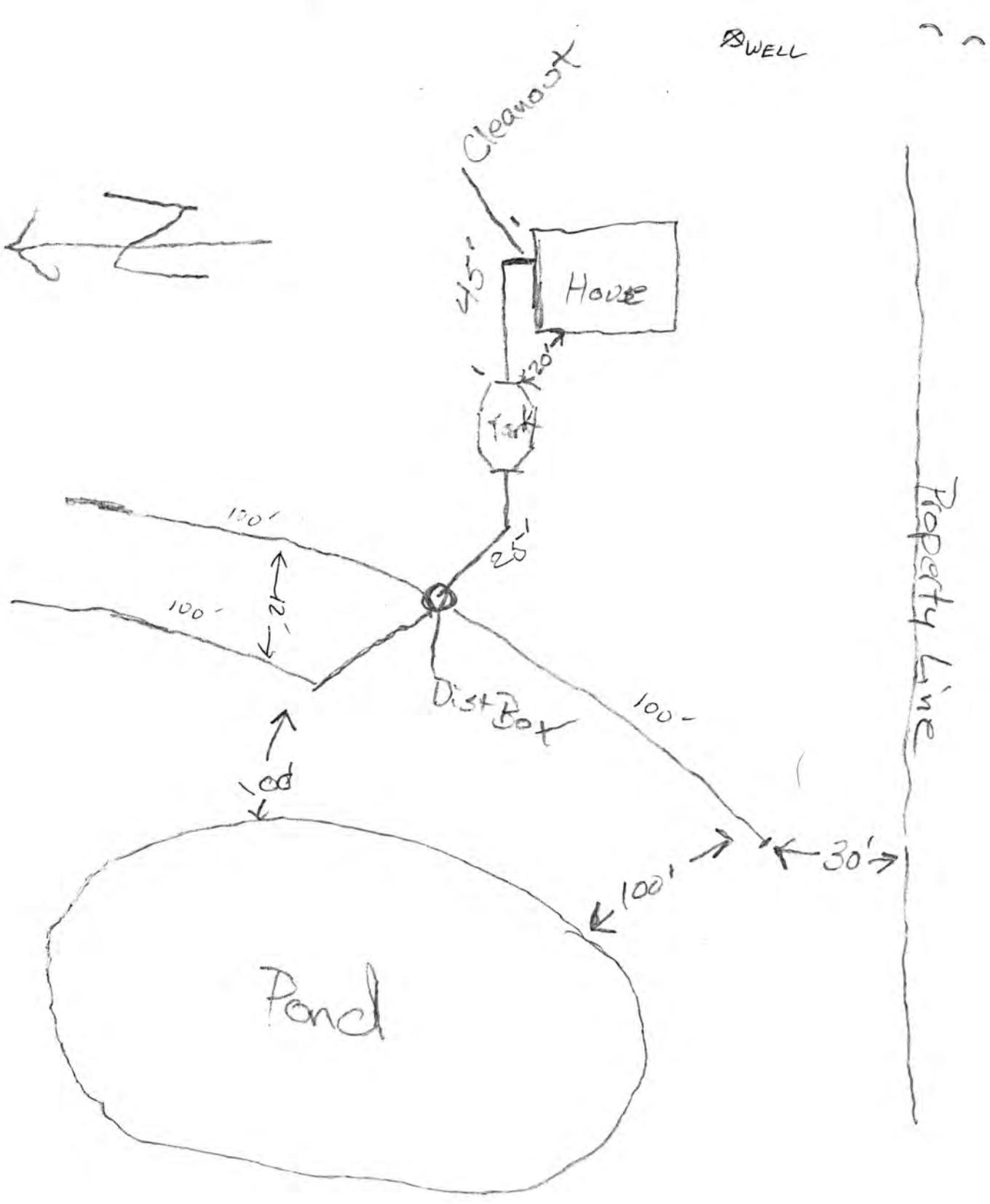
A. BUILDING SEWER:
1. Material PVC ; Diameter 4" in.
2. Distance above basement floor ____ in., or below basement floor 16 in.
3. Distance between dwelling and septic tank 20' ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line no ft.; Stream no ft.; Pressure Line ____ ft.; Property Line 150 ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Riser Above ☐ Below ☑ Grade 2 in.
5. Inlet: Baffle ☑ ; or Tee ☐
6. Outlet: Baffle ☑ ; or Tee ☐
7. Depth of top of tank below finished grade 20 in.
8. Distances to:
Well or Suction Line no ft.; Stream no ft.; Pressure Line ____ ft.; Property Line 150 ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number available outlets 5.
2. Factory Built: Yes ☑ No ☐
(Company _____)
3. Distance from Septic Tank 25 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, 100, ____, ____ ft.;
Total length of laterals 300 ft.;
Distance between lateral lines 12 ft.
3. Trench dimensions: Width 3' ft.;
Slope 0 in/100 ft.; Average Depth 3' in.
4. Filter Material: Gravel
Depth of Material 12 in.
5. Distances to:
Well or Suction Line no ft.; Stream 100 ft.; Pressure Line no ft.; Property Line 30' ft.




WELL
Cleanout
45'
House
20'
Tank
25'
170'
100'
21'
Dist Box
100'
10d
100'
30'
Property Line
Pond

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 COH 5/29/01

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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 6201 Oaks Hollow, Lincoln NE 68516

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 9N Range 7E Section 15 1/4 ___ 1/4 ___ Block 1 Lot 2 Addition STEVEN RIDGE ESTATES

Directions to Property Just off of Stevens Ridge Road in Edenton - South Addition from South of Old Cheney & 70th Street.

Location of Well Approx 20 feet in from SE corner of property Tap Location: Inside ☐ Outside ☐

Location of Sewage System Chute - Seller will flag location Year Installed 1995 approx.

Site Hazards (dogs, etc.) none

	NAME	ADDRESS	PHONE
Present Owner:	Mrs Norma Stull	6201 Oaks Hollow Lincoln NE 68516	483-0005 (H) 436 1212 (W)
Tenant/Buyer:	Dr. David Hathaway Home Real Estate	226 Lancaster Ct. Belle Mead, NJ 08502	908 281 5597
Return to:	Attn: Steve Thelen	3910 South Street Lincoln, NE 68506	436 4663 436-3199 (Fax)

Call if more directions

Signature of Applicant Steve Thelen for Dr. David Hathaway Address 3910 South St. Lincoln NE Date 05/04/01

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 5/4/01 Amount $150.00 + $50.00 Check No. 149 + 161 Initials ____

DATA ENTRY Date ____/____/____ Case No. ____ Initials ____

PRELIMINARY STATUS--By Gerald C. Hood **DATE:** 5/7/01

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 0.1 ppm	☐ ____ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits

Date 5/29/01 by J.C.H.

Date ____/____/____ by ____

Date ____/____/____ by ____

Comments: SHALLOW DEPRESSION NEAR WELL. LOWER LATERAL TO NORTH HAS SOME WATER SURFACING. IF SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. Depression filled. 5/29/01 J.C.H. See Attached Letter ☐

FINAL STATUS

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

Approved by Gerald C. Hood R.E.H.S. Date 10/17/01

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: 9-00