LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 471-8000

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 92380091101

Issued 09/09/92
Expires 03/09/93
Revenue Code 18754

Establishment
MARY KINNING
T9N R7E SEC 20
COUNTRY ACRES SOUTH BLK 2 LOT 2
5401 BRIDLE LANE

FEES: $150.00

TOTAL $150.00

Permittee
MARY KINNING
BOX 06554
LINCOLN NE 68506

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"

Attn: Terry Hood

RECEIVED SEP 0 8 1992

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: 9-3-92

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 20 ;
   Block 2 : Lot 2 : Addition Country Acres South 1st Add.
   Street Address 5401 Bridle Lane

2. Property Use: Residential ☑ ; Commercial ☐ ; Other Use ☐
   No. of Bedrooms 4 . Describe 2595 sqft ranch

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

4. Distance to public sewer: — ft.

Mary Kinning
Kinning-Sydow Builders, Inc.
Signature of Applicant (Owner or Lessee)

P.O. Box 6554
Lincoln, NE 68506
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/8/92 . Date Frwd. 9/9/92 . ACTION: Approved ☑ Disapproved ☐ Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 9/9/92 . Date Frwd. 9/9/92 . ACTION: Approved ☑ Disapproved ☐ Signature:

3. City or County Engineer: Date Rec'd. 9-9-92 . Date Frwd. 9-9-92 . ACTION: Approved ☑ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 10/7/92 by: L.C.H.
Date:_____ by:_____
Date:_____ by:_____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/9/92 By: Jerrold Wood

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~~ 5022

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: Country Acres

Location: Township 9N ; Range 7E ; Section & ¼ Section 29
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 ☐ ; SHO Clay Loam ☐ .
Dates of Tests: 7-1 to 7-2 . Weather: Precip. Tr Temp. 90 .

OWNER: Robert Jones

Address: 6231 Princess Margaret Dr. Lincoln, Ne 68516

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	28	7-1	8:30	7-2	8:00	7-3	11:30	20	12:00	20 3/4	30	3/4	
2		8:30	P		A		A	18 1/4	NOON	18 1/2		1/4	
3		"						19 7/8		20 1/8		3/4	
4								16 7/8		17 1/4		3/8	
5								20 1/8		20 3/8		1/4	
6								19		20 1/8		1 1/8	
											6	3.5	

Brad Smithwick
Signature of Person Conducting Test

Address 1010 CH-4 Henderson Phone 792-2462

Sum of Percolation Rates: .58
Average of Rates: _____
Mean of Rates: _____

4 Bdrm – 1250 gallon Tank
4' wide 313'
3' wide 417'

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: SEPTEMBER 2, 1992

Approved Percolation Rate (a)
A. 53 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrald C. Hood
Signature of Reviewing Official

Wellmann Plumbing 5401 Bridle Lane

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: 10-7-92

FILE NO. _____

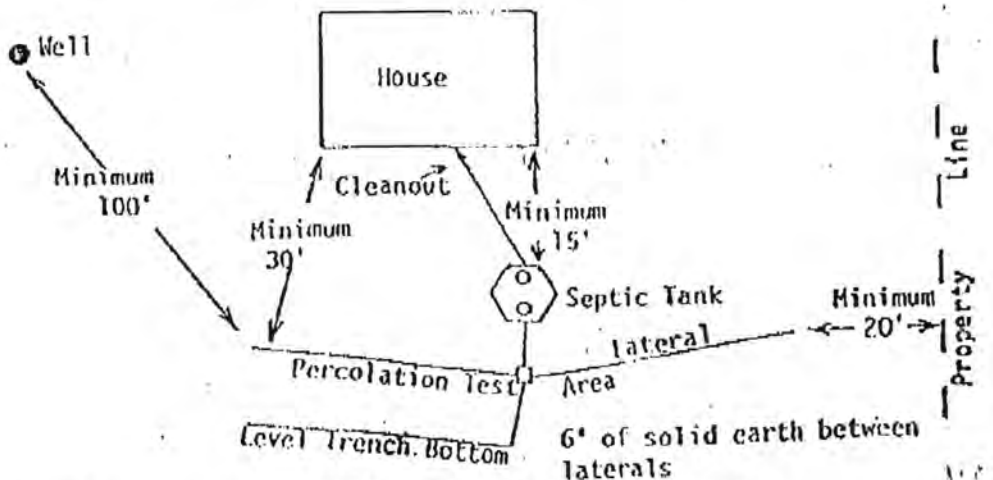
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Scaled 40; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 42 in.
3. Distance between dwelling and septic tank 20 ft.
4. Number of clean-outs 1
5. Distances to:
Well or Suction Line — ft.; Stream — ft.; Pressure Line 147 ft.; Property Line 105 ft.

B. SEPTIC TANK:
1. Material concrete; No. of compartments 3
2. Capacity 1250 gals.;
3. Factory Built: Yes ☑ No ☐
(Company precast)
4. Manholes: Over Inlet; diam. — in.
Over Outlet; diam. — in.
Riser Above ☐ Below ☐ Grade 3 in.
5. Inlet: Baffle ☑; or Tee ☐
6. Outlet: Baffle ☑; or Tee ☐
7. Depth of top of tank below finished grade 10 in.
8. Distances to:
Well or Suction Line — ft.; Stream — ft.; Pressure Line 165 ft.; Property Line 75 ft.

C. DISTRIBUTION BOX:
1. Material plastic; Number - available outlets 5
2. Factory Built: Yes ☑ No ☐
(Company ?)
3. Distance from Septic Tank 15 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 5; Length of each line 100, 100, 100, 100, 30 ft.;
Total length of laterals 420 ft.; Distance between lateral lines 8 ft.
3. Trench dimensions: Width 36 ft.; Slope 4 in/100 ft.; Average Depth 30 in.
4. Filter Material: Gravel
Depth of Material 12 in.
5. Distances to:
Well or Suction Line — ft.; Stream — ft.; Pressure Line 185 ft.; Property Line 25 ft.



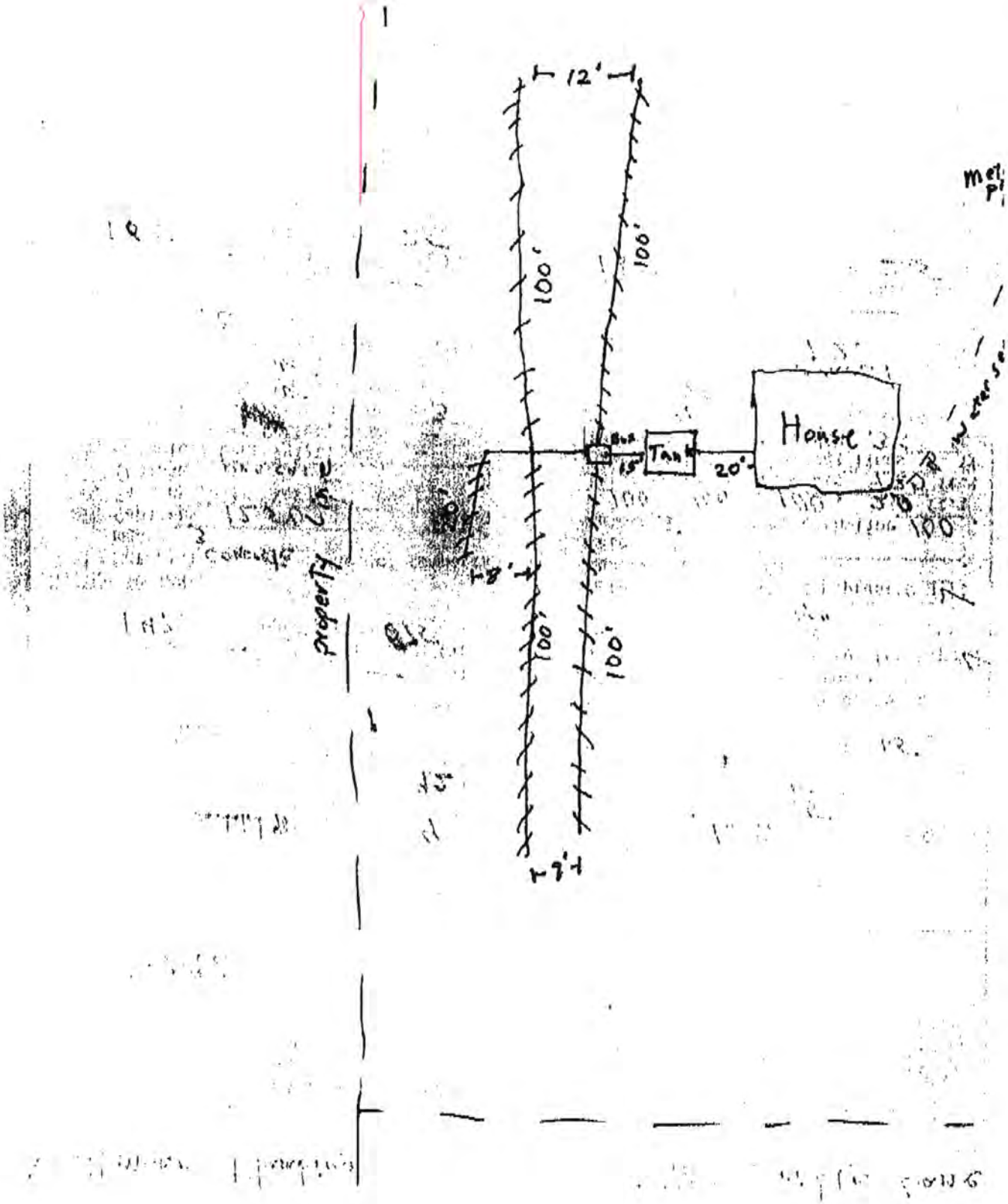
TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

471-8223

Wellmann Plumbing
Attn. Jerry Hood.

N

5401 Bridle Lane



970821 006

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.

1848

Legal Description of Property: Street Address 5401 Bridle LN

Twp 9 Range 7 Section 20 1/4 ___ 1/4 ___ Block 2 Lot 2 Addition 1st / Country Acres South

Directions to Property 3/4 miles south of Pine Lake Rd.

Location of Well County Water Tap Location: Inside ☐ Outside ☒

Location of Sewage System West side of house Year Installed 92

	NAME	ADDRESS	PHONE
Present Owner:	Robert & Patti Jones	above	421-1735
Tenant/Buyer:			
Return to:	Marlin Lyon	3939 South Lincoln 68510	434-4277

Signature of Applicant Patti J. Jones Address above Date 8/13/97

HEALTH DEPARTMENT USE ONLY

RECEIVED		DATA ENTRY	
Date	08/13/97	Date	___/___/___
Initials	lo	Case No.	
Amount	150 ⁼	Initials	
Check No.	4463		

PRELIMINARY STATUS--By PAUL DROTZMANN **DATE:** 8/14/97

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☐
Bacteria	☐ ____/ml	☐ ____/ml
Nitrate	☐ ____ppm	☐ ____ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: Recommend that septic tank be pumped by a licensed liquid waste hauler. Tanks should be pumped every 2-3 years

See Attached Letter ☐

FINAL STATUS

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

Approved by Paul Drotzmann Date 8/14/97

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.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95