LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 94380119201

Issued 06/30/94
Expires 12/30/94
Revenue Code 18754

Establishment
DAVID GRABENSTEIN
T9N R7E SEC 29
KENSINGTON ESTATES BLK 7 LOT 4
5300 CARLISLE COURT

FEES: $150.00

TOTAL $150.00

Permittee
DAVID GRABENSTEIN
4926 W PARTRIDGE LN
LINCOLN NE 68528

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: $ 150.00

FILE NO. _____

DATE: 6/30/94

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 29 ;
   Block 7 : Lot 4 : Addition KENSINGTON ESTATES
   Street Address 5300 CARLISLE COURT

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

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

4. Distance to public sewer: MORE ft.

Denis E Gilbert / GRABENSTEIN CONST.
Signature of Applicant (Owner or Lessee)

4926 W. PARTRIDGE LN.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/30/94. Date Frwd. 7/5/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 7-5/94. Date Frwd. 7-5/94. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

3. City or County Engineer: Date Rec'd. 7-5-94. Date Frwd. 7-5-94. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11/11/95 by: J.C.H. Need perc test results
Date: 11/11/95 by: J.C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1/27/95 By: Jerrold C. Hood

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

FORM 23-43

RECEIVED JAN 25 1995

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 T. 9 N; Range R. 7E; Section & ¼ Section 29 NE 1/4
Property Dimensions: 400 ft. x 250 ft. Area: 3.5 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐; Silt Loam ☐; Clay Loam ☒
Dates of Tests: 11/30/94 to 12/1/94. Weather: Precip. 0 Temp. 40°

5300 CARLISLE COURT
LOT 7 BLOCK 4 KENSINGTON ESTATES

OWNER: GRABENSTEIN CONST.
Address: 2546 So. 48th Suite #5

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.)
2	36"	11/30/94	10am	12/1	12pm	12/1/94	12pm	6"	4pm	5½"	30min	½"	
3	"	"	"	"	"	"	"	"	"	5¼"	"	¾"	
5	"	"	"	"	"	"	"	"	"	5½"	"	½"	
6	"	"	"	"	"	"	"	"	"	5"	"	1"	
7	"	"	"	"	"	"	"	"	"	4⅞"	"	1⅛"	
8	"	"	"	"	"	"	"	"	"	5"	"	1"	

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

Signature of Person Conducting Test

Address 2546 So 48th Suite 5 Phone 488 3221

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: _____

Approved Percolation Rate (a)
A. 37 min./inch
B. _____ min./inch
C. _____ min./inch

Signature of Reviewing Official

FORM 20F14-0477

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. _____

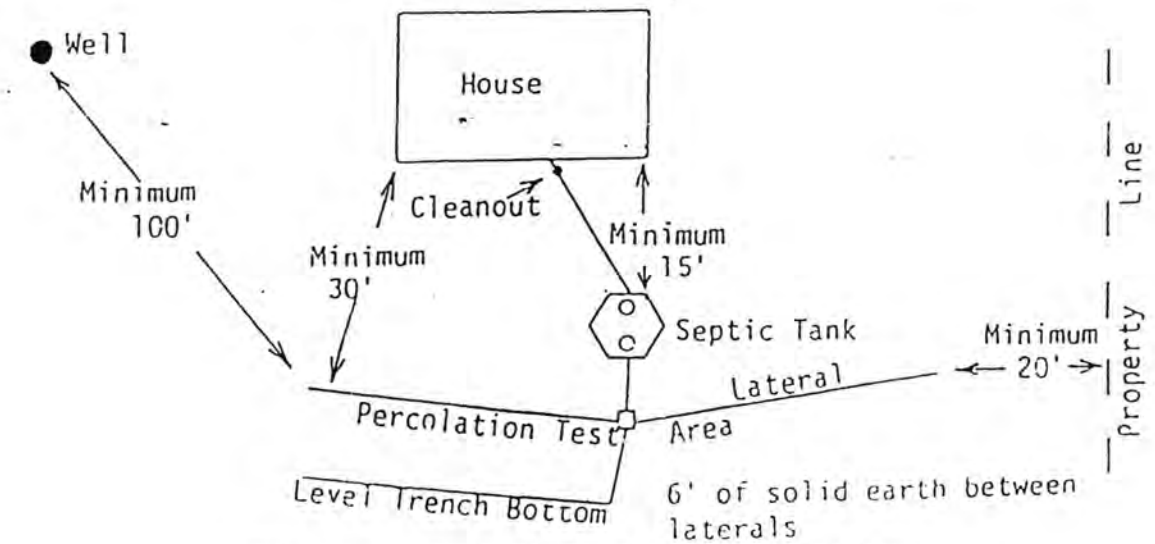
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC 160 ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 20" in.
3. Distance between dwelling and septic tank 75 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 Precast ; No. of compartments _____.
2. Capacity 1250 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 8"-10" in.
8. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Precast ; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 10 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 10 ft.
3. Trench dimensions: Width 3 ft.;
Slope 6 in/100 ft.; Average Depth 34 in.
4. Filter Material: Road Gravel
Depth of Material 14 in.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

990723001

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.

reversed ?

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.

old LCR 2585

Legal Description of Property: Street Address 5300 CARLISLE CT

Twp 9 Range 7 Section 29 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition KENSINGTON ESTATES BLK 4 LOT 7

Directions to Property _____

Location of Well NORTH OF GARAGE Tap Location: Inside ☐ Outside ☒

Location of Sewage System 75' EAST OF HOUSE Year Installed 1994

	NAME	ADDRESS	PHONE
Present Owner:	WALT & JANET CONARD	5300 CARLISLE CT LINCOLN NE 68516	420-5533
Tenant/Buyer:	RICH & JOYCE LEWIS	1886 FAIRWAY DR UNIONTOWN OH 44685	330-699-1217
Return to:	CAPITAL TITLE	4645 NORMAL BLVD SUITE 150 LINCOLN NE 68506	434-3737

Signature of Applicant [signature] Address 3737 So 27 LINCOLN NE 68502 Date 7/9/99

HEALTH DEPARTMENT USE ONLY

RECEIVED		DATA ENTRY	
Date	07/09/99	Date	___/___/___
Initials	[initials]	Case No.	
Amount	150	Initials	
Check No.	156		

PRELIMINARY STATUS--By John Chen **DATE:** 7/15/99

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM		Additional Site Visits
Construction	☑	☐	Approved	☑	Date 7/19/99 by JC
Bacteria	☐ ___/ml	☐ ___/ml	Provisional	☐	Date ___/___/___ by ___
Nitrate	☑ 4 ppm	☐ ___ppm	Disapproved	☐	Date ___/___/___ by ___

Comments: If the septic tank has not been pumped recently it should be checked to see if it is necessary.

See Attached Letter ☐

FINAL STATUS

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

Approved by John J Hess Jr. Date 7/22/99

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

COLI 4 NO3
6/5/03

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

Legal Description of Property: Street Address 5300 Carlisle Ct

Parcel ID 16-29-206-007-000 (i.e. 99-99-999-999-999)

Twp 9N Range 7E Section 29 1/4 ___ 1/4 ___ Block 4 Lot 7 Addition Kensington Estates

Directions to Property From 56th & Hwy 2 GO South to Yankee Hill Rd turn right go to So. 52nd Turn left onto So. 52nd - Turn left onto Carlisle Ct

Location of Well 40 Ft NW of House (Approx) Tap Location: Inside ☒ Outside ☒

Location of Sewage System East of House Year Installed 1996

Site Hazards (dogs, etc.) ___

	NAME	ADDRESS	PHONE
Present Owner:	Richard & Joyce Lewis	5300 Carlisle Ct Lincoln NE 68516	402 420 2321
Tenant/Buyer:	Jon & Linda Whitmire	4215 Browning St Lincoln NE 68516	402 421 3226
Return to:	Jon Whitmire	4215 Browning St Lincoln NE 68516	402 434 6141 / 402 434 6151 (Fax)

Signature of Applicant Jon Whitmire Address 4215 Browning St Lincoln NE 68516 Date 6/01/03

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 6/4/03 Amount $200.00 Check No. 2572 Initials ___

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

PRELIMINARY STATUS--By Jerrold C. Hood R.E.H.S. **DATE:** 6/5/03

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM		Additional Site Visits
Construction	☒	☐	Approved	☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional	☐	Date ___/___/___ by ___
Nitrate	☒ 0.2 ppm	☐ ___ ppm	Disapproved	☐	Date ___/___/___ by ___

Comments: WOULD BE WISE TO FILL IN ANY LOW SPOTS OVER THE SEPTIC LATERALS TO PREVENT SURFACE WATER FROM STANDING ON THEM.

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 6/6/03

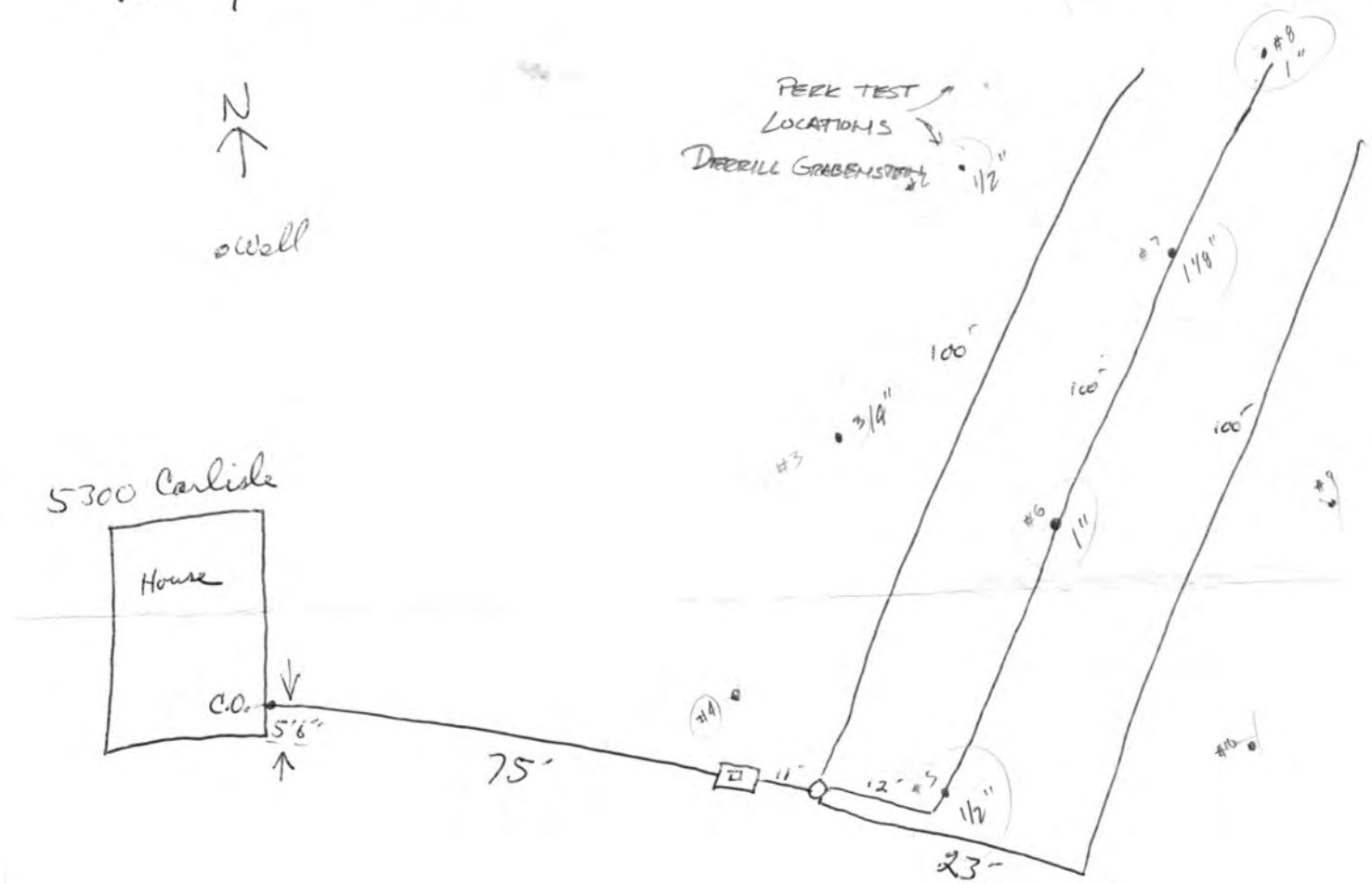
Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

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

Revised/Reprint: 9-00

Larry Schwarck

1-11-95



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
WATER WELL

No. 94400044001

Issued 06/30/94
Expires 12/30/94
Revenue Code 19851

Establishment
DAVID GRABENSTEIN
T9N R7E SEC 29
KENSINGTON ESTATES BLK 7 LOT 4
5300 CARLISLE COURT

FEES: $75.00

TOTAL $75.00

Permittee
DAVID GRABENSTEIN
4926 W PARTRIDGE LN
LINCOLN NE 68528

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: 20222-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502
PHONE: 471-7800

FILING FEE $ 75.00

FILE NO. _____

DATE: 6/30/94

The undersigned hereby requests: Site Clearance and Permit to construct a new individual water well ☒ ; Permit existing well ☐ ; well repair or alteration involving opening of well ☐ ; in conformance with appropriate ordinance, as described herein:

1. Legal description of property: Twp. 9N : Range 7E : Section 29
   Block 4 : Lot 7 : Addition KENSINGTON ESTATES
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe MAIN Supply 5300 CARLISLE COURT.
3. Distance to Public Water Supply: ____ Ft. HOME
4. Intended use of well MAIN H2O Supply FOR RESIDENCE

Daniel E Gulenta / GRABENSTEIN CONST
Signature of Applicant (owner or lessee)

4926 W. PARTRIDGE
Address

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 6/30/94. Date Frwd. 7/5/94. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 7/5/94. Date Frwd. 7/15/94. Action: Approved ☒ Disapproved ☐ Signature: [signature]
3. City or County Engineers: Date Rec'd 7/5/94. Date Frwd. _____. Action: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 2/1/95 by Hendrickson - Work Finished
Date: _____ by _____
Date: _____ by _____

Nitrate Level < 0.1 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7/7/95 By: J. C. Hood

Health Department copy: White
Engineers Copy: Light Green
Building Inspectors Copy: Light Blue

FORM 23-13

RECEIVED SEP 29 1994

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13553
FILE NO. _____

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN NE 68502
Phone: 471-7300

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 29 T. 9 R. 7 Block ___ Lot ___ Addition _____

Builder GRABENSTEIN CONSTRUCTION Address 5300 CARLISLE

LOG OF WELL	
	Description
0- 20	YLW & BRN CLAY
20- 25	SOME YLW SAND
25- 50	YLW CLAY
50- 55	SOME YLW SAND
55- 65	YLW CLAY
65- 70	SOME YLW SAND
70- 80	YLW CLAY
80-105	BLUE CLAY
105-125	YLW SHALE
125-145	BLUE & BLACK SHALE
145-165	YLW SHALE & FINE SNDSTN
165-220	FINE SANDSTONE
220-234	MED FINE SANDSTONE
234-240	RED SHALE
240-245	BLUE SHALE

WELL COMPLETION RECORD

Drilling Method: ROTO
Depth (from ground level), Ft. 234
Date Completed 9-6-94

Casing: Length, Ft. 214 ; Dia. In. 4"
Wall Thickness, Inc 200# ; type PVC

Screen: Length, Ft. 20' Dia. In. 4"
Type 10' WOP , slot Size .025
10 SLOTTED .025
Drop Pipe: Length, Ft. ___ Dia. In. _____

Water Level, Surface to top of water, Ft.:
Static 154 , Pumping _____

Yield: 15 ggm, Measured ☐ , Est ☒
Chlorination Completed Yes ☒ No ☐

The above information including "Log of Well" is a true record of the job performed by me.

Driller BILL MOSER
(Signed)

P. O. BOX 308
Address HICKMAN, NEBRASKA 68372

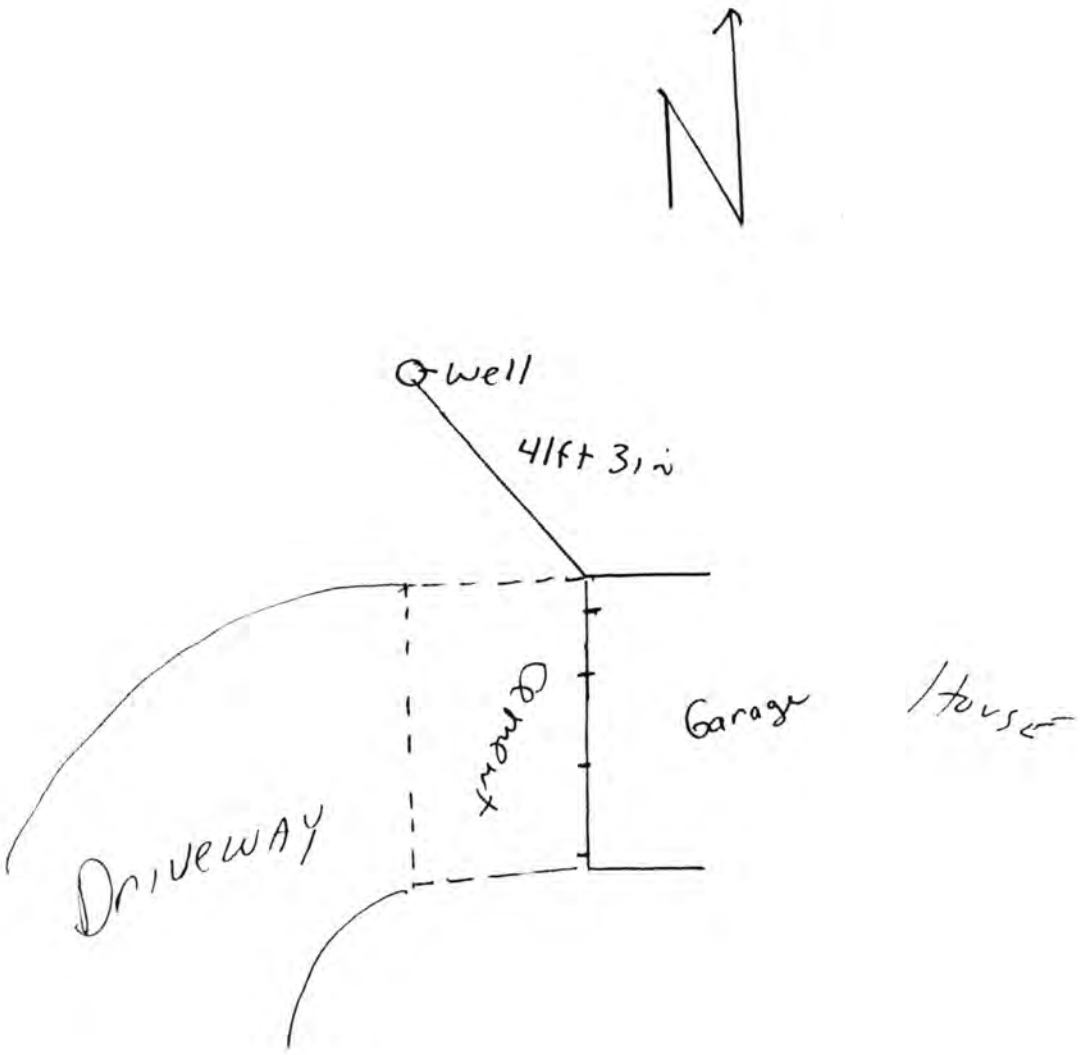
Date 27 SEPTEMBER 1994

REMARKS NITRATE NITROGEN <0.1 PPM
BACTERIOLOGICAL O.K.

DO NOT WRITE BELOW THIS DOUBLE LINE

Health Department forwarded copy of record to Nebraska Conservation and Survey Department for Scientific Record ☒

FORM 23-A



Septic System