LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 96380139401

Issued 01/18/96
Expires 07/18/96
Revenue Code 18754

Establishment
MUEHLING HOMES
T10N R7E SEC 23
SUNRISE ESTATES 1ST BLK 1 LOT 2
9340 DUANE LANE

FEES: $150.00

TOTAL $150.00

Permittee
MUEHLING HOMES
4710 N 25 ST
LINCOLN NE 68521

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

A

FILING FEE: $_____

FILE NO._____

DATE: January 17, 1996

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. 10N ; Range 7E ; Section 23 ;
   Block 1 : Lot 2 : Addition Sunrise Estates 1ST Add
   Street Address 9340 Duane Lane (Parcel "B")

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe Single Family Residence

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

4. Distance to public sewer: _____ ft. WILL INSTALL WHATEVER NEEDED SOIL PERCOLATION TEST INDICATES

Robin Jansma for Muehling Homes
Signature of Applicant (Owner or Lessee)

4710 No 25th 68521
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 1/17/96. Date Frwd. 1/17/96. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hoel

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 1/17/96. Date Frwd. 1/17/96. ACTION: Approved ☒ Disapproved ☐ Signature:

3. City or County Engineer: Date Rec'd. 1-17-96. Date Frwd. 1-17-96. ACTION: Approved ☒ Disapproved ☐ Signature: RD McKean

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 4-5-96 by: sm Sewer line trunk + lower lateral
Date: 4-8-96 by: PD
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-8-96 By: Paul D Jansma

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

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: 1-15 to 1-16-96. Weather: Precip. _____ Temp. _____.

9340 Ducane Lane

X OWNER: _____

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		Elapsed	Water	Percolation
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.)	Time (Min.)	Level Drop (in.)	Rates (Min./in.)
1	30	1-15	2:30	1:20	1-16	1-16	3:20	3	3:50	~~3½~~	30	½	60
2								4¼		5¼		1	30
3								12½		13½		1	30
4								9⅛		10½		1⅜	22
5								13		14		1	30
6								12		13½		1½	20

Larry Schwarck Trenching
Signature of Person Conducting Test

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

Address 8200 old cheney Rd Phone 489-7294

>20 min difference

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: January 17, 1996

Approved Percolation Rate (a)
A. 30 min./inch
B. 60 min./inch
C. _____ min./inch

Gerrold C. Hood
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
3140 N Street
Lincoln NE 68510
(402)-441-8022

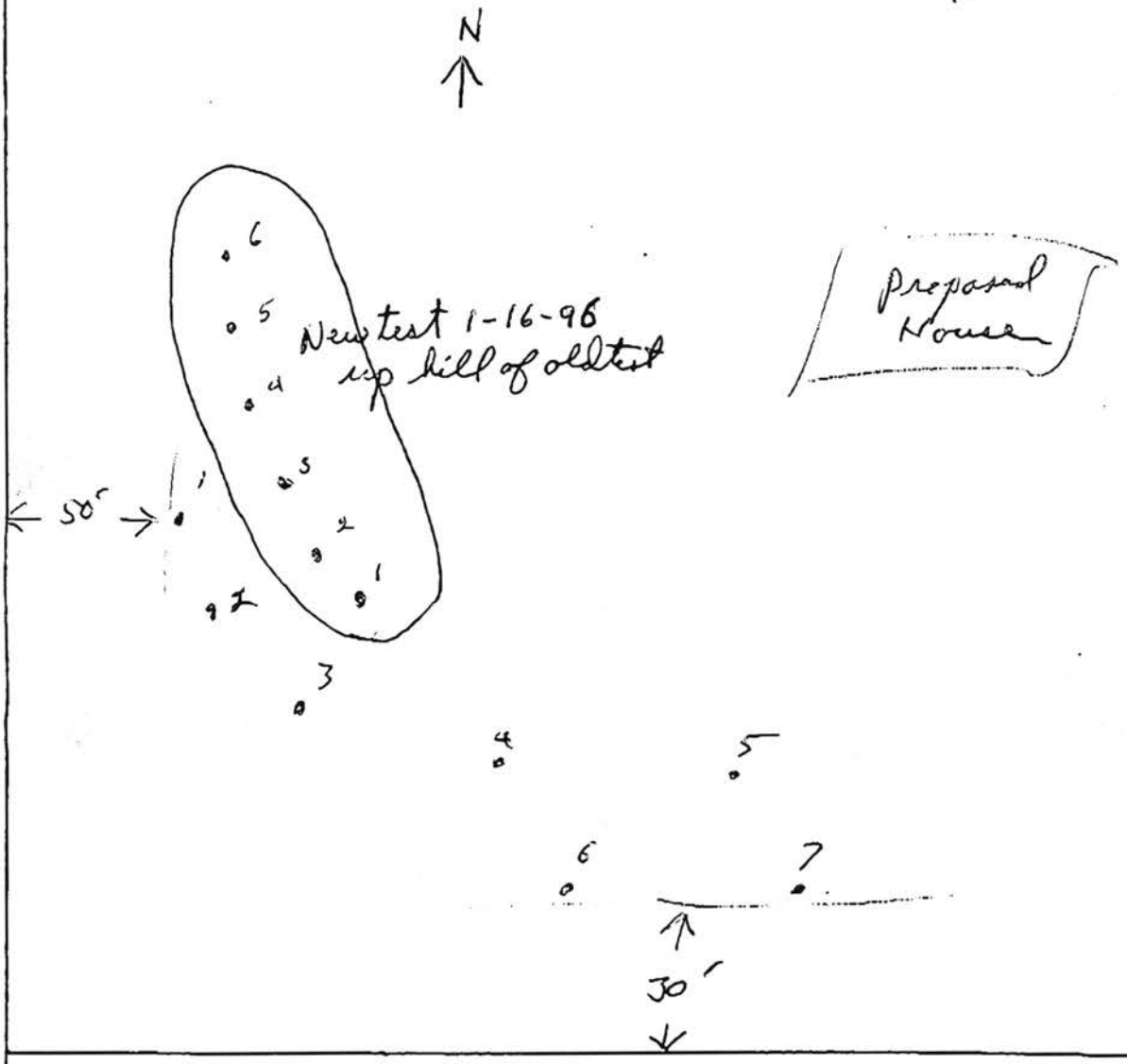
C

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.

9340 Pioneer Lane



REVIEWING ACTION

Remarks :_____

Date: January 17, 1996

Minimum Design Requirement
1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed ~~1033~~ 1290 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

FROM : Panasonic FAX SYSTEM PHONE NO. : Dec. 18 1995 12:40PM P1

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 10N ; Range 7E ; Section & ¼ Section 23 . Blk 1 Lot 2
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property). Sunrise 1st Add.
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 12-15 to 12-16-95 . Weather: Precip. — Temp. 30-50°

OWNER: John Lionberger

Address: 9340 Duane Lane

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings							
		Start		End		Start			End			Results	
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	24	12-15	4:00	12-16	9:30	12-16	11:20	6	11:50	6 1/2	30	1/2	60 MIN/IN
2								12 1/4		13 1/4		1	30 MIN/IN
3								6 1/2		7		1/2	60 MIN/IN
4								7 1/2		8 3/4		1 1/4	34 MIN/IN
5								8 1/4		8 5/8		3/8	80 MIN/IN
6								6 7/8		7 1/4		3/8	80 MIN/IN
7								12 1/2		13		1/2	60 MIN/IN

Larry Schwanke
Signature of Person Conducting Test

Address 8200 old cheney Phone 489-7294

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

Approved Percolation Rate (a)
A. 58 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 ☐

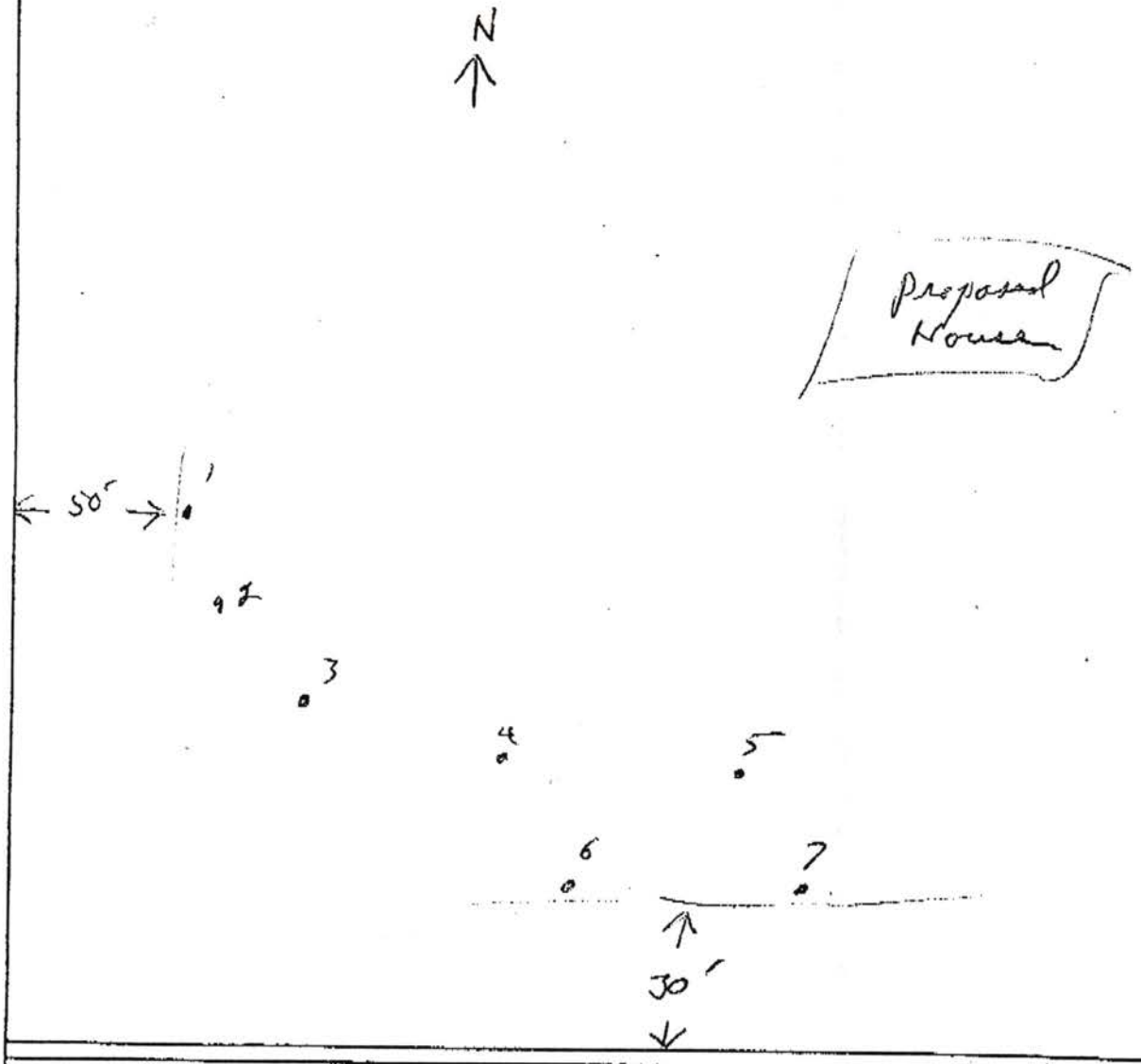
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

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 : _____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank _____ gals.
2. Total Length of Laterals 430 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 1290 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 Dept.
3140 "N" Street
Lincoln, NE 68510

D

DATE: 4-8-96

FILE NO. 96380139401

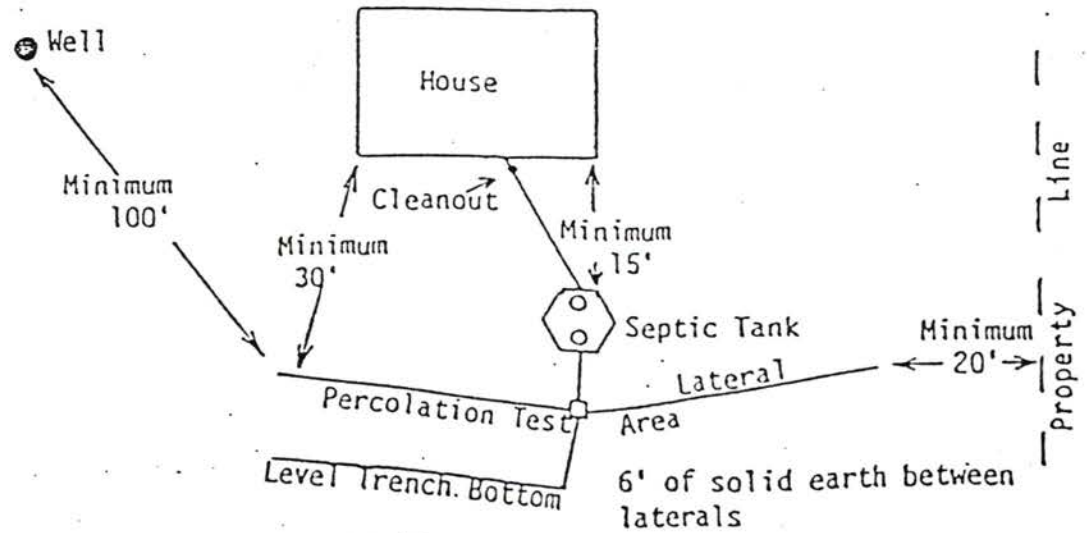
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Class 160 ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 14 in.
3. Distance between dwelling and septic tank 115 ft.
4. Number of clean-outs 2 .
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 15" 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 8' ft.

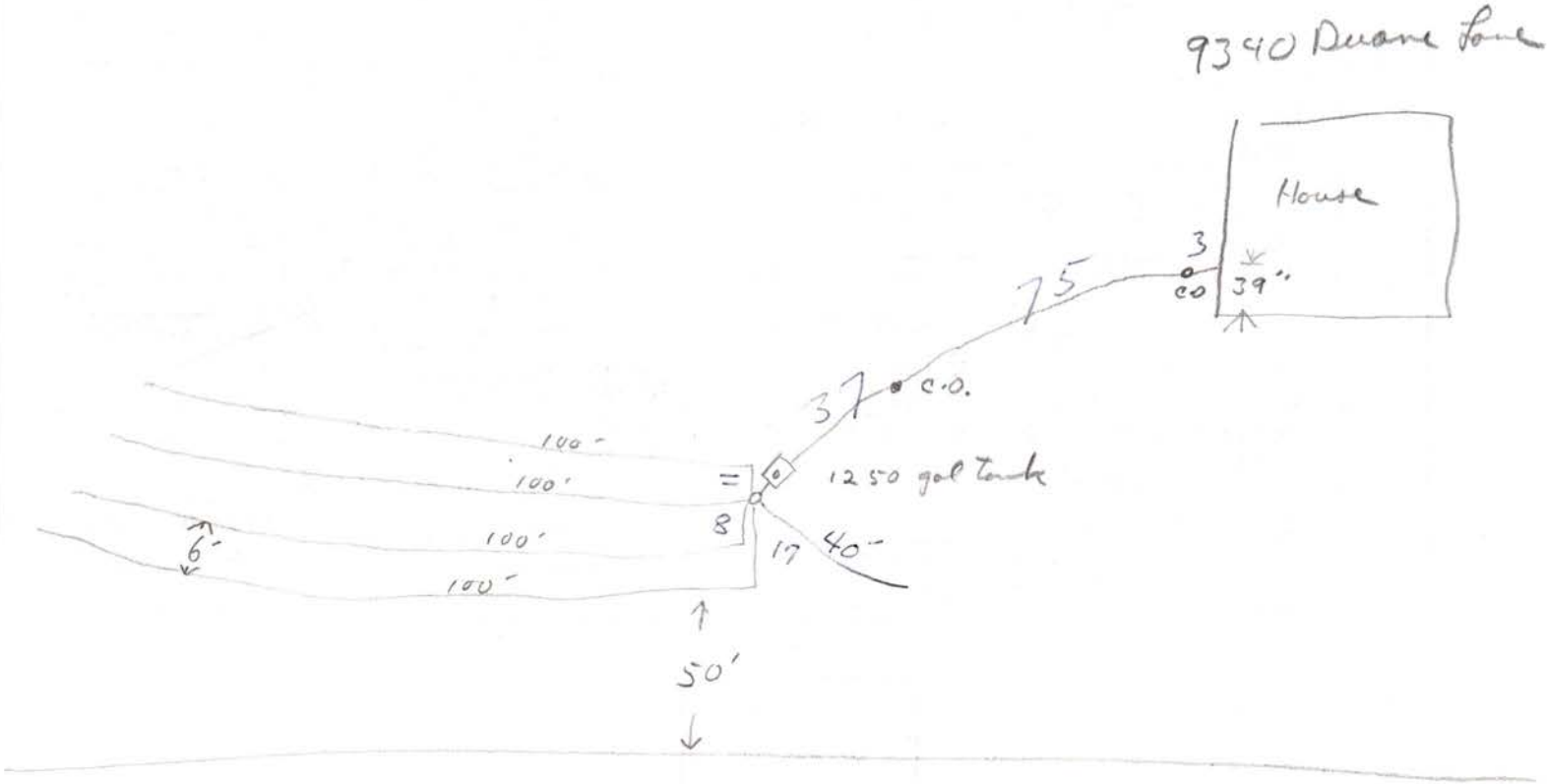
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒
Diameter of Half Round _____ or
Perforated Pipe 4 .
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 5 ; Length of each line 100 , 100 , 100 , 100 , 40 ft.;
Total length of laterals 440 ft.;
Distance between lateral lines 6 ft.
3. Trench dimensions: Width 3 ft.;
Slope 6 in/100 ft.; Average Depth 36-44 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 5-0 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Larry Schwarek

4-8-96



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) ~~471-7800~~ 441-8022 Lincoln, Nebraska 68502

RUSH

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: 7-17-96

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

Legal Description of Property: TWP. 10N ; RANGE 7E ; SECTION 23 ; BLOCK 1

LOT 2 ; ADDITION Sunrise Estates 1st Addition ; Street Address 9340 Duane Lane

Directions to Property

Call builder - Nancy Muehling 432-6061

Location of Well Call builder Tap Location: Inside ☐ Outside ☐

Location of Sewage System " " Year Installed

	NAME	ADDRESS	PHONE
Present Owner:	Nancy Muehling	Muehling Homes	432-6061
Tenant/Buyer:	John & Kaz Lionberger		
Return to:	Community Mortgage Co.	4645 Normal Blvd Lincoln 68506	441-3200

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

Signature of Applicant Cindy Mueller Address Community Mtg. Co. fax# 441-3202

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HEALTH DEPARTMENT USE ONLY

Date Received 7/18/96 JC Received $150.00 Check ☑ Cash ☐ #002107

PRELIMINARY STATUS--DATE

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☐	Date ____ by ____
Bacteria	☐	☐	Provisional:	☐	Date ____ by ____
Nitrate	☐	☐	Disapproved:	☐	Date ____ by ____

Comments:

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☐

SEWAGE DISPOSAL SYSTEM: Approved: ☐ Provisional Approval: ☐

APPROVED BY DATE

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