Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008257

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 05380310201

Issued 09/23/05
Expires 09/23/06
Revenue Code 3157

Establishment:
RICK L HARVEY
T7N R7E SEC 10 QTR SE
LOT 30
8000 OLIVE CREEK RD-FIRTH

FEES: $275.00

Permittee:
RICK L HARVEY
3611 SALINE CIR
LINCOLN NE 68504

TOTAL: $275.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

SEP 20 2005

A

Permit Number: 05380310201

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☐ Septic System ☑ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 8000 Olive Creek Rd. (no rural route) City Firth Ne. NE, Zip 68358

Legal Description (S½) (SE¼) 10 7N 7E 30 T.
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude Deg 96 min. 36 Sec. 50.2 Latitude Degree 40 minute 34 Second 55.1

☑ Check if system mail address is not the same as the owner's address

B. Owner

Name Rick L. Harvey Signature Rick L. Harvey

Address 3611 Saline Circle City/State/Zip Lincoln Ne. 68504

☐ Check if owner designed system Home Phone (402) 499-1260 Work Phone

C. Contractor

Name Kurt T. Virgil Company Name Kurt T. Virgil Excavating

Address 437 NW 165th City/State/Zip Lincoln Ne. 68528

☑ Check if contractor designed system Work Phone (402) 525-6681

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Kurt T Virgil Firm Work Phone (402) 525-6681

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify

Design flow in gallons per day 500 Type of Wastewater: ☑ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 9/23/05 Date frwd 9/26/05 ACTION ☒ Approved ☐ Disapproved Signature Gerald C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9-26-05 Date frwd 9-26-05 ACTION ☒ Approved ☐ Disapproved Signature Shawn Johnson
3. **City or County Engineer** Date rec'd 09/26/2005 Date frwd ACTION ☒ Approved ☐ Disapproved Signature

6/7/06 Need signs & lock. DGH
11/7/05 Need ~~Revised Drawing~~ letter. DGH

Installation Final Written Approval

By Doug Ahlers

Date 6/14/06

Business Office Use Only

Date Rec'd 09/23/05

Amt Paid 200.00 + 75.00

Rec'd By cs Cash/Check No. 575 + 576

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

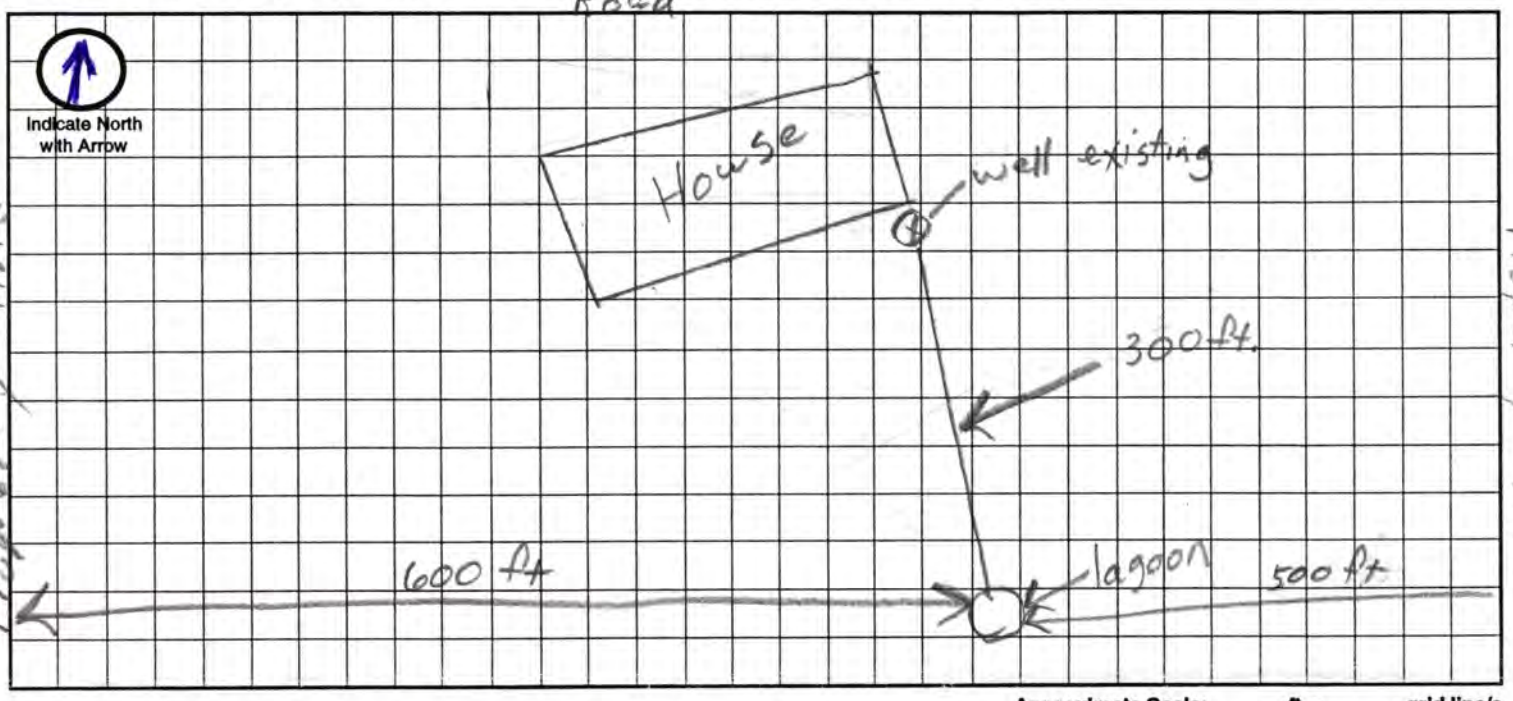
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 053803102

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 8000 Olive Creek Rd. City Firth Ne. NE, Zip 68358

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☑ Other Lagoon

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

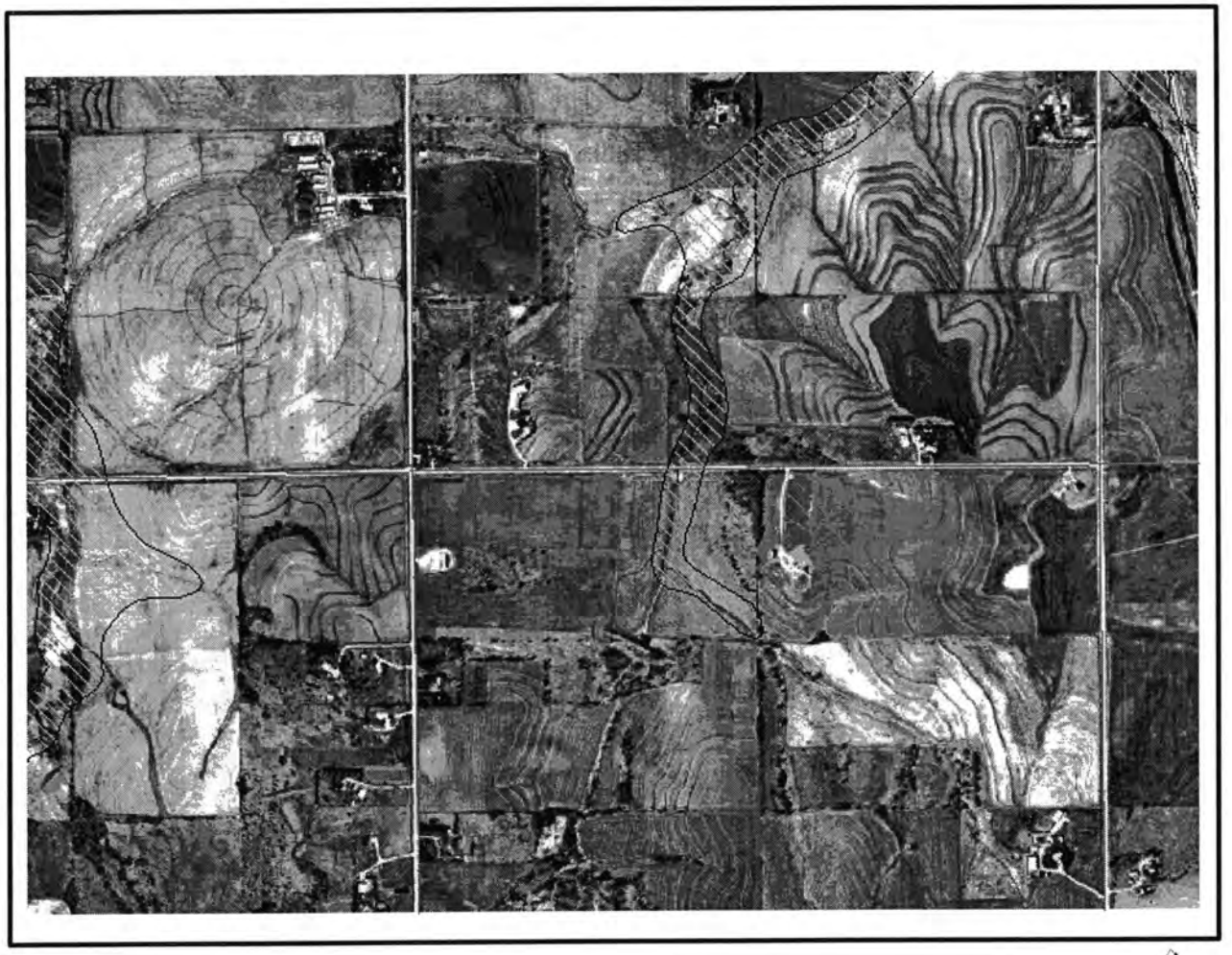
Home Building Contractor Kevin Lockhart Lockhart Homes Date 9/16/05

Installer KT V (Kurt T. Virgil Excavating) # P1725 Date 9/16/05

FORM 23-102 10-96

ESRI ArcExplorer 2.0

8000 Olive Creek Road



streets

flood1

N

Friday, Sep 23 2005

Statement

Moser Well Drilling & Service Inc.
P.O. Box 308
Hickman, NE 68372-0308
Local - 792-2515, Lincoln - 477-7291
www.moserwell.com

DATE	Statement #
6/13/2005	5863

BILL TO
MR. BILL BECK 8000 ROCA ROAD ROCA, NE 68430

TERMS	JOB DATE
Due on Receipt;1.33% p/m;16%APR	5/18/2005

ITEM	DESCRIPTION	AMOUNT
215'	4" PVC Deluxe well at $2.00 p/ft	430.00T
215'	Well drilling at $12.00 p/ft	2,580.00
10'	4" PVC Deluxe sand screen	250.00T
3	4" PVC casing fittings	36.00T
	Deluxe gravel and sealer	530.00T
	Nitrate test	30.00
	State well registration	110.00
	Non tax items - $2,720.00	
	5.5% Tax on $1,246.00	
	Sales Tax	68.53

We appreciate your prompt payment.

Total $4,034.53

Moser Well Drilling and Service Inc.

Marvin Moser
Hickman, NE

Allen Moser
Hickman, NE

Bill Moser
Roca, NE

Chris Thornton
Hickman, NE

Hickman, Nebraska 68372
Phone: (402)792-2515
Lincoln: 477-7291
Fax# 792-2922
www.moserwell.com

Pumps and Well Supplies - Trenching - Drilling

Date: 5/18/05 Well # 36-05 Driller: Bill NRD Lower Platte South

Owner/Builder: Bill Beck, 8000 Roca Rd. Roca, NE 68430 Phone # 792-3003

Location:
7900 Olive Creek Rd., Firth, NE. From 68th & Olive Creek Rd go about 3/4 mile east on north side.

0- 15 Red/brown clay
15- 60 Very fine tan sand
60- 95 Coarse brown sand
95-120 Medium fine to medium coarse brown sand
120-130 Fine to medium fine light gray sand
130-175 Very fine silty light gray sand, some silty clay
175-195 Very fine to fine light gray sand
195-215 Fine to medium coarse light gray sand
215-220 Fine gray sand

Depth: 215' Elevation

Casing Information

Type: pvc Thicknes 200#
Length 205' Diameter: 4"
Bore Size 8.5" SWL: 62'
PWL: Est. 65'
GPM: 200 w/air

Filler Pack: 25-200'
Grout: 6-25'

Screen

Length: 10' Diameter 4"
Type: pvc wop
Slot: .020
Area of Screen: 205-215'
Pack: 200-216'
Type of Pack: 16/30 Badger Sand

Chemical Analysis

Total Chlorides
Sodium:
Hardness:
Nitrates: .1 ppm
Bacteria:
Iron:

Lat. Degrees 40 Minutes 34 Seconds 55.1
Long. Degrees 96 Minutes 36 Seconds 50.2

CTY/TN Lancaster/South Pass

T.N. 7 R.E. 7 SECT. 10

State sent 6/13/05

Reg

COPY

Nebraska Health and Human Services
Regulation and Licensure - Laboratory Services
3701 South 14th Street
Lincoln, NE 68502
(402) 471-2122
(402) 471-2080 (fax)

MOSERWLDRL
MOSER WELL DRILLING

P O BOX 308
HICKMAN, NE 68372

Laboratory Report Printed on: MAY-31-05

Laboratory Analysis for: PRIVATE NITRATE

Sample Comments:

Laboratory Number: **P27259-30**
Sampled By: **MOSER WELL**
Location: **BILL BECK**
Well ID:

Date Collected: **27-May-2005 08:10 AM**
Date Received: **27-May-2005**

Parameters	Test Results	Qual	Report Level	Units	Method	Prep Date	Analysis Date	Analyst
Nitrate+Nitrite (As N)	.1		.05	mg/l	353.2		05/27/05	km

Note: see reverse side of report for description of acronyms and data qualifiers
For inquiries on result interpretation call: (402) 471-2541

From the desk of ...

Byron Yurth

FAX: (402) 434-3801
Cellular (402) 430-8021
Office (402) 434-3800
Desk (402) 434-3830
Toll (800) 820-4309

WOODS BROS REALTY

Lincolnshire Office
7141 "A" Street
Lincoln, NE 68510

email: *By@ByKnowsRealEstate.com*

FAX

To: Jerry Hood Date: 6-7-06

FAX: 441-3890 No. of Pages: 10

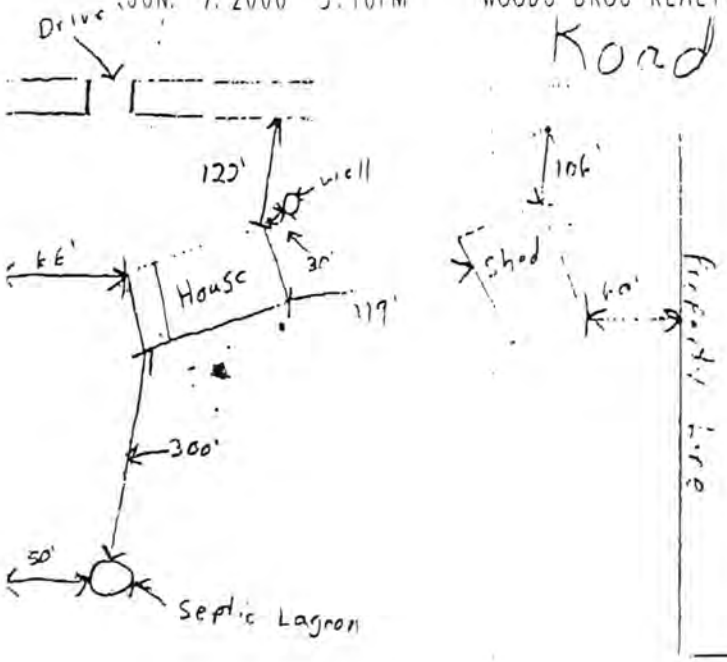
Please deliver this transmission: ✓ ASAP ____ At earliest convenience.

(If you do not receive all pages indicated, please call the sender to re-transmit.)

8000 Olive Creek Road

Please Call TO Verify iF You Have all You Need. I Will Need an approval Form from You. also, I will Call you When Fence Lock + Signs are posted. I am Sorry For The Miscommunication By

www.ByKnowsRealEstate.com



AG Front 50'
Side 100'
Rear 100'

Lot 51

APPROVED
BUILDING DEPARTMENT

THIS APPROVED DRAWING SHALL BE KEPT ON THE CONSTRUCTION PREMISES AT ALL TIMES DURING WHICH THE WORK AUTHORIZED IS IN PROGRESS AND SHALL BE OPEN TO INSPECTION BY PUBLIC OFFICIALS.

DATE _____

REVIEWER _____

PERMIT # _____

Property line

Rick Harvey

Property line

and Human Services
Regulation and Licensure - Laboratory Services
3701 South 14th Street
Lincoln, NE 68502
(402) 471-2122
(402) 471-2080 (fax)

MOSERWLDRL
MOSER WELL DRILLING

P O BOX 308
HICKMAN, NE 68372

Laboratory Report Printed on: MAY-31-05

Laboratory Analysis for: PRIVATE NITRATE

Sample Comments:

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Sampled By: MOSER WELL
Location: BILL BECK
Well ID:

Date Collected: 27-May-2005 08:10 AM
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Note: see reverse side of report for description of acronyms and data qualifiers
For inquiries on result interpretation call: (402) 471-2541

ACRONYMS

MCL – Maximum Contaminant Level The concentration of the analyte which has been determined to put the public health at risk. The EPA sets standards. Concentrations below this level are considered acceptable.

AL – Action Level The concentration of the analyte which has been determined to put the public health at risk. The EPA sets standards. Concentrations below this level are considered acceptable.

RL – Reporting Limit The lowest amount of the analyte that can be accurately reported by the method used.

Analyst – The initials of the laboratory staff member who performed the test or contract lab used.

<RL – Less than Reporting Limit.

NG – Not Given. The information was not supplied by the collector on the request form or the information was not readable.

ND or NT – Not determined or not tested.

DATA QUALIFIERS

A – The Value given is an average value; determined by analyzing aliquots of the same sample two or more times.

B – The results are based upon colony counts outside the optimum range.

C – The result given is a calculated value, it was not determined by direct analysis.

D – Unable to Count (UTC) due to confluent growth of mold or bacteria.

E – Indication of possible interference.

F – The sample was received in an improper condition (container, temperature, preservative, sample container broken, paperwork discrepancies, air bubbles, insufficient amount of sample to analyze, excess turbidity, chlorine smell, etc.).

H – The sample was beyond the maximum holding time when received by the laboratory. It was therefore not analyzed.

J – The analyte was positively identified or below the report level. The associated numerical value is an estimated quantity.

K – The actual value is less than the value given.

L – The actual value is greater than the value given.

M – The analysis was inconclusive due to matrix interference. The sample needs to be recollected.

P – Too numerous to count (TNTC). The microbial growth was too heavy to count the individual colonies. The actual value is greater than the value given.

Q – The sample was beyond the maximum holding time prior to analysis.

R – The sample was delivered to the lab, but due to laboratory accident, it was unable to be analyzed.

S – Not all the associated quality control criteria were met for this analyte.

*Name and addresses of contracted labs appear on the front of the report.

Maximum Contaminant Levels or Action Levels for the Common analyte

If your result is below the following levels, your sample is considered safe for that analyte. Please call the Drinking water program at 402-471-2541, with questions regarding further testing. If additional test kits are needed please call the laboratory at 402-471-3935.

Antimony 6 µg/L	Cadmium 5 µg/L	Fluoride 4 mg/L	Nickel 100 µg/L	Sodium 500 mg/L	Chromium 100 µg/L
Iron 300 µg/L	Thallium 2 µg/L	Barium 2000 µg/L	Copper 1300 µg/L	Lead 15 µg/L	Beryllium 4 µg/L Cyanide 0.2 mg/L
Mercury 2 µg/L	Selenium 50 µg/L	Nitrite 1 mg/L	Nitrate+Nitrite(as N) 10 mg/L		Arsenic 50 µg/L (10µg/L effective 2006)

printed on recycled paper

DNR
P.O. Box 94676
Lincoln, NE 68509-4676
Phone (402) 471-2363

STATE OF NEBRASKA
DEPARTMENT OF WATER RESOURCES
WATER WELL REGISTRATION

06/5/2005-168380-WWRFQ

Department of Natural Resources

DNR Form 145
October 2001

Registration Date 6/5/2005 Sequence No. 168380 Registration No. G-134217
Owner Code No. 13344 Receipt No. R8187 Lower Platte South NRD

1. a. Well Owner's First Name BILL Last Name BECK
   b. Company Name
   c. Correspondent Name
   Address 8000 ROCA ROAD
   City ROCA State NE Zip 68430 Telephone 792-3003

2. a. Contractor's License No 19033 Contractor's Name BILL MOSER
   Contractor's Email Address
   b. Drilling Firm Name MOSER WELL DRILLING & SERVICE, INC.
   Address P. O. BOX 308
   City HICKMAN State NEBRASKA Zip 68372-0308 Telephone 402/792-2515
   Drilling Firm's Email Address water@moserwell.com

3. a. Well Location SE 1/4 of the SE 1/4 of Section 10 Township 7 North, Range 7 (East)/West, LANCASTER County,
   b. Natural Resources District LOWER PLATTE SOUTH
   c. The well is 118 feet from the (North)/South (circle one) section line and 899 feet from the (East)/West (circle one) section line
   or Latitude Degree 40 Minute 34 Second 55.1
   Longitude Degree 96 Minute 36 Second 50.2 Differential Correction ____ Yes XX No
   d. Street address and subdivision, if applicable 7900 OLIVE CREEK RD., FIRTH, NE. FROM 68TH & OLIVE CREEK RD, GO ABOUT 3/4 MILE EAST ON NORTH SIDE. Block ____ Lot ____
   e. Location of water use, if applicable (give legal descriptions)
   f. If for irrigation, the land to be irrigated is ____ acres.
   g. Well reference letter(s), if applicable

4. Permits
   Management Area Permit Number
   Geothermal Permit Number
   Municipal Permit Number
   Well Spacing Permit Number
   Surface Water Permit Number
   Industrial Permit Number
   Transfer Out-Of-State Permit Number
   Conduct Permit Number
   Other Permit Number

5. Purpose of well (indicate one) ____ Aquaculture ____ Commercial/Industrial ____ Dewatering (over 90 days)
   XX Domestic ____ Ground Heat Exchanger ____ Groundwater Source Heat Pump ____ Irrigation ____ Injection
   ____ Livestock ____ Monitoring ____ Observation ____ Public Water Supply (with spacing 46-638)
   ____ Public Water Supply (without spacing) ____ Recovery ____ Other ____ (indicate use)

6. Wells in Series.
   a. Is this well a part of a series? ____ Yes go to part b of this section XX No go to part 7 of this application
   b. If one or more of the wells in the series is currently registered, give the well registration number
   c. How many wells in the series are you registering at this time?

7. Replacement and abandoned well information.
   a. Is this well a replacement well? ____ Yes XX No
   b. Registration number of abandoned well ____ If not registered, date abandoned well was constructed (m)____/(d)____/(y)____
   c. Replacement well is ____ feet from abandoned well. d. Abandoned well last operated (m)____/(d)____/(y)____
   e. Original well pump column size ____ inches f. Completion of original well abandonment on (m)____/(d)____/(y)____
   g. Location of water use of abandoned well

6-13421)

8. Pump Information.
   a. Is pump installed at this time XX Yes ____ No
   Is pump installed by well owner in section 1? ____ Yes XX No Is pump installed by contractor in section? XX Yes ____ No
   If pump installed by pump installer, please fill out license number below
   b. Pump Installer's License No. 29202 Pump Installer's Name M. ALLEN MOSER, JR.
   Pump Installer's Email Address ____
   Pump Installer's Firm Name MOSER WELL DRILLING & SERVICE, INC.
   Pump Installer's Firm Address P. O. BOX 308
   City HICKMAN State NE Zip 68372 Telephone 402/792-2515
   Pump Installer's Firm Email Address water@moserwell.com
   c. Pumping rate 15 gallons per minute XX Measured ____ Estimated
   d. Drop pipe diameter 1 1/4" PVC 80 inches e. Length of drop pipe 100' feet
   f. Pumping equipment installed (m) 06 /(d) 05 /(y) 05 g. Pump Brand, Model & H.P. 3/4 H.P. - 15 GPM
   h. This well will be used to pump less than 50 gpm XX Yes ____ No

9. Well Construction Information. Tested capacity of well: (200 gpm w/air) or (test pumped at ____ gpm with a ____ draw down)
   a. Total well depth 215' feet. b. Static water level 62' feet
   c. Pumping water level 65' feet XX Estimated ____ Measured d. Well Construction began (month) 05 /(day) 17 /(year) 05
   e. Well Construction completed (month) 05 /(day) 18 /(year) 05 f. Bore hole diameter in inches Top 8.5" Bottom 8.5"
   g. Casing and Screen Joints are Welded ____ Glued XX Threaded ____ Other ____

10. Well Construction (Casing & Screen) - c, d, e, & g measurements should be in inches to three decimal places.

a		b	c	d	e	f	g	h
Placement Depth in Feet		Casing or Screen	Inside Diameter	Outside Diameter	Wall Thickness	Type of Material	Screen Slot Size	Trade Name
From	To							
6	205	CASING	4.046"	4.5"	.214"	PVC 200#		EAGLE
205	215	SCREEN	4.026"	4.843"	.408"	PVC WOP	.020	JAYCO

11. Grout and Gravel Pack.

Placement Depth in Feet		Grout or Gravel Pack	Material Description
From	To		
6	25	GROUT	HOLEPLUG
25	200	GRAVEL	ROAD GRAVEL
200	216	GRAVEL	"B" PACK FROM GRAND ISLAND

12. Geologic Materials Logged

Depth in Feet		Description	Depth in Feet		Description	Depth in Feet		Description
From	To		From	To		From	To	
0	15	Red/brown clay			sand, some silty clay			
15	60	Very fine tan sand	175	195	Very fine to fine light gray sand			
60	95	Coarse brown sand	195	215	Fine to medium coarse light			
95	120	Medium fine to medium			gray sand			
		coarse brown sand	215	220	Fine gray sand			
120	130	Fine to medium fine light						
		gray sand						
130	175	Very fine to fine light gray						

Additional sheets may be submitted

13. I am familiar with the information submitted on this registration, and to the best of my knowledge it is true.

Water Well Contractor's Signature

13 JUNE 2005
Date