Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

011028

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit #: 07380335101

Issued: 06/18/07
Expires: 06/18/08
Revenue Code: 3157

Establishment: DAN RICE
T7N R8E SEC 30
27300 S 110 ST-FIRTH

FEES: $290.00

Permittee: DAN RICE
27300 S 110 ST
FIRTH NE 68358

TOTAL: $290.00

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

A

Permit Number: 07380335101

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:

10.23 acres

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 27300 S. 110 (no rural route) City Firth NE, Zip 68358

Legal Description LCR 5988 — 1/4 — 1/4 — Section 30 — Township 7 — Range 8 — Subdivision — Addition — Block — Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

NOR 71670

Name Don Rice Signature _____

Address 27300 S. 110 City/State/Zip Firth Ne 68358

☐ Check if owner designed system Home Phone 791 2183 Work Phone _____

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 105 P.O. Box 191 City/State/Zip Hickman Ne 68372

☐ Check if contractor designed system Work Phone 420-7606

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

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ 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 6/18/07 Date frwd 6/18/07 ACTION ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6/18/07 Date frwd 6/18/07 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 6-19-07 Date frwd 6-19-07 ACTION ☒ Approved ☐ Disapproved Signature Jim Flanagan

Installation Final Written Approval

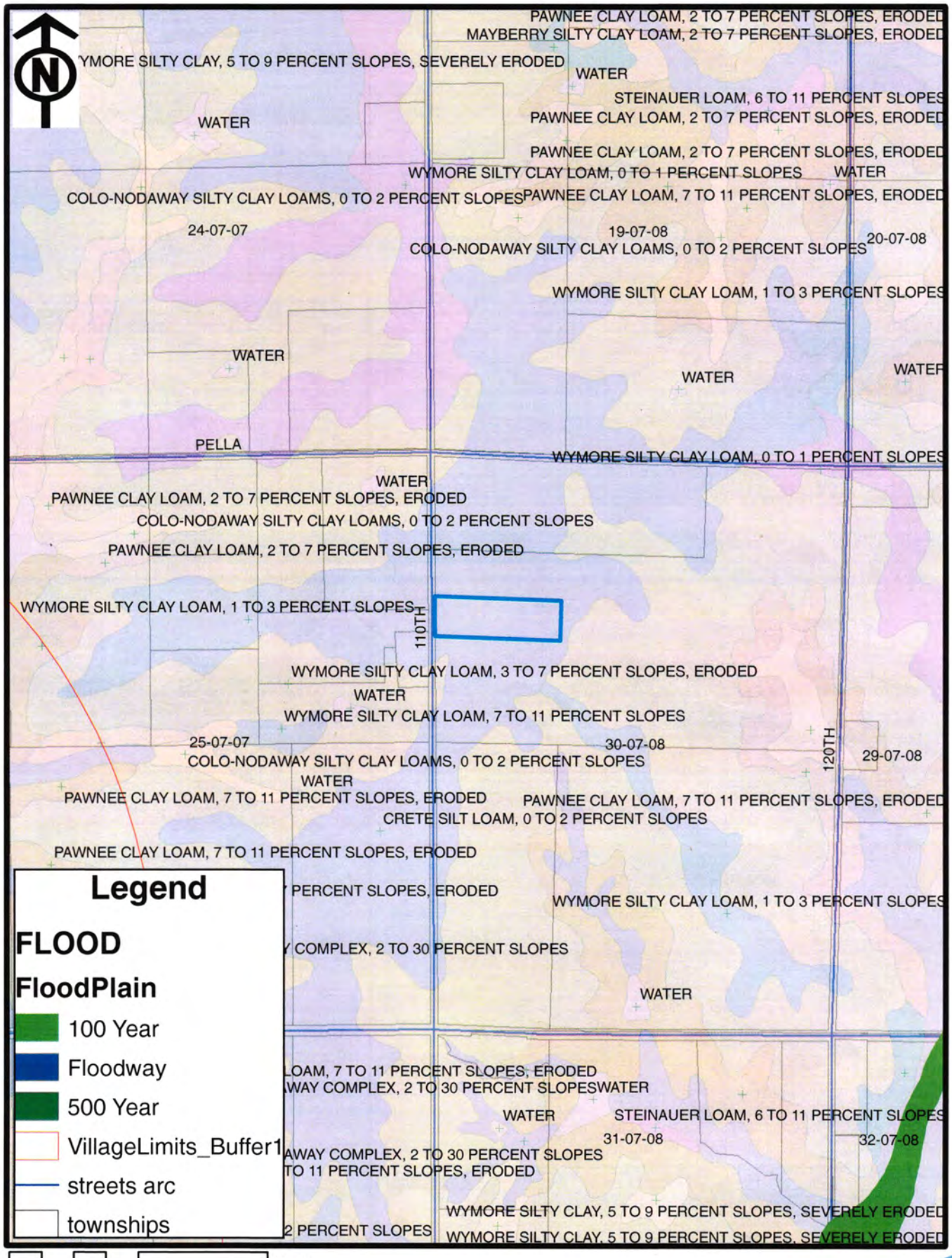
By _____

Date 7/1/07

Business Office Use Only

Date Rec'd 6/18/07
Amt Paid 290.00
Rec'd By aw Cash/Check No. 1180

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


PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
YMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
WATER
STEINAUER LOAM, 6 TO 11 PERCENT SLOPES
WATER
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
WYMORE SILTY CLAY LOAM, 0 TO 1 PERCENT SLOPES
WATER
COLO-NODAWAY SILTY CLAY LOAMS, 0 TO 2 PERCENT SLOPES
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
24-07-07
19-07-08
20-07-08
COLO-NODAWAY SILTY CLAY LOAMS, 0 TO 2 PERCENT SLOPES
WYMORE SILTY CLAY LOAM, 1 TO 3 PERCENT SLOPES
WATER
WATER
WATER
PELLA
WYMORE SILTY CLAY LOAM, 0 TO 1 PERCENT SLOPES
WATER
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
COLO-NODAWAY SILTY CLAY LOAMS, 0 TO 2 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
WYMORE SILTY CLAY LOAM, 1 TO 3 PERCENT SLOPES
110TH
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
WATER
WYMORE SILTY CLAY LOAM, 7 TO 11 PERCENT SLOPES
25-07-07
30-07-08
120TH
29-07-08
COLO-NODAWAY SILTY CLAY LOAMS, 0 TO 2 PERCENT SLOPES
WATER
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
CRETE SILT LOAM, 0 TO 2 PERCENT SLOPES
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
PERCENT SLOPES, ERODED
WYMORE SILTY CLAY LOAM, 1 TO 3 PERCENT SLOPES
COMPLEX, 2 TO 30 PERCENT SLOPES
WATER
LOAM, 7 TO 11 PERCENT SLOPES, ERODED
WAY COMPLEX, 2 TO 30 PERCENT SLOPESWATER
WATER
STEINAUER LOAM, 6 TO 11 PERCENT SLOPES
31-07-08
32-07-08
AWAY COMPLEX, 2 TO 30 PERCENT SLOPES
TO 11 PERCENT SLOPES, ERODED
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
2 PERCENT SLOPES
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
Legend
FLOOD
FloodPlain
100 Year
Floodway
500 Year
VillageLimits_Buffer1
streets arc
townships
Feet
0
600
1,200
2,400

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

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 6-25-07 Legal Description ____ 1/4 ____ 1/4 30 7N 8E Section Township Range

Onsite System Location

Address (no rural route) 27300 S. 110 City Firth NE, Zip 68358

Owner Dave Rice Address 409 Nemaha Firth

A. Sewer Pipe

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

❑ Label with Manufacturer, address and gallon capacity

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ❑ Yes ❑ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ❑ above ❑ below grade _____ in.
5. Inlet: ❑ baffle ❑ tee ❑ 6" dia. inspection pipe
6. Outlet: ❑ baffle ❑ tee ❑ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. ❑ Distribution Box ❑ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: _____
   Number available outlets: _____
2. Factory built: ❑ Yes ❑ No
3. Distance from septic tank: _____ ft.

D. Drainfield Absorption

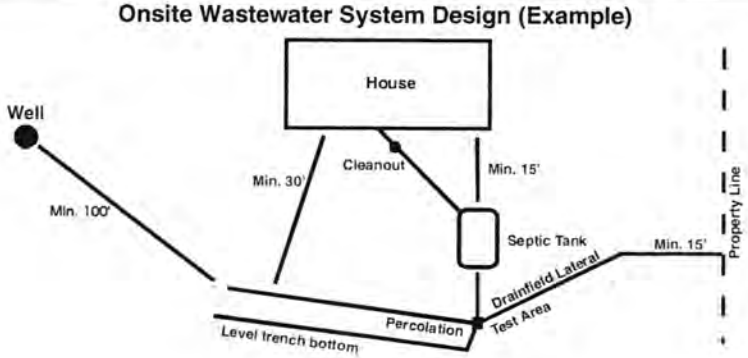
❑ Trench ❑ Bed ❑ Level Bottom

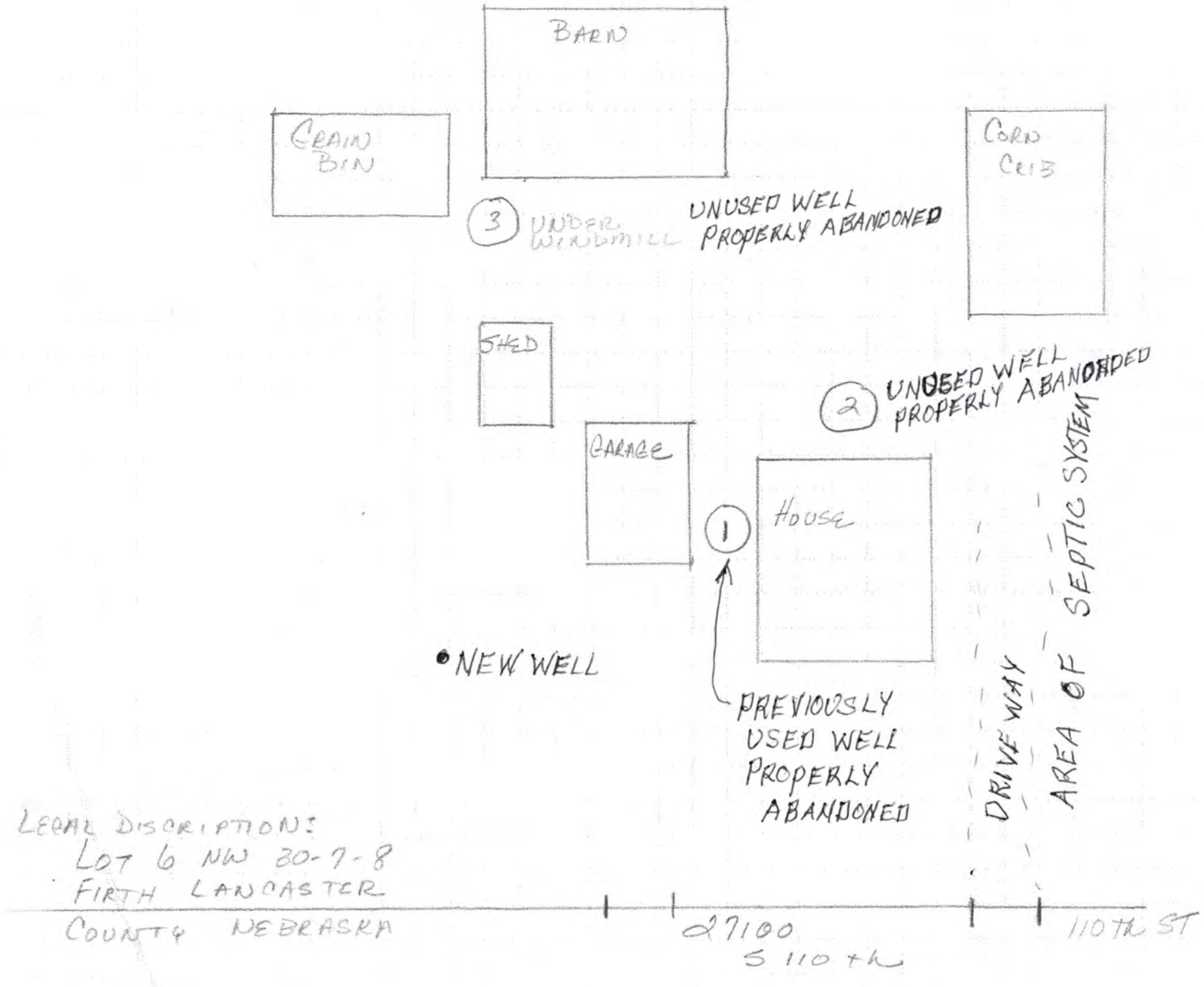
1. Type: ❑ Half rounds ❑ Perforated pipe ❑ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ❑ fiberglass ❑ plastic ❑ concrete
   ❑ other _____
2. Drainfield Laterals: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width _____ ft.
   Distribution Pipe Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   House or building _____ ft.
   Lake or Stream _____ ft.

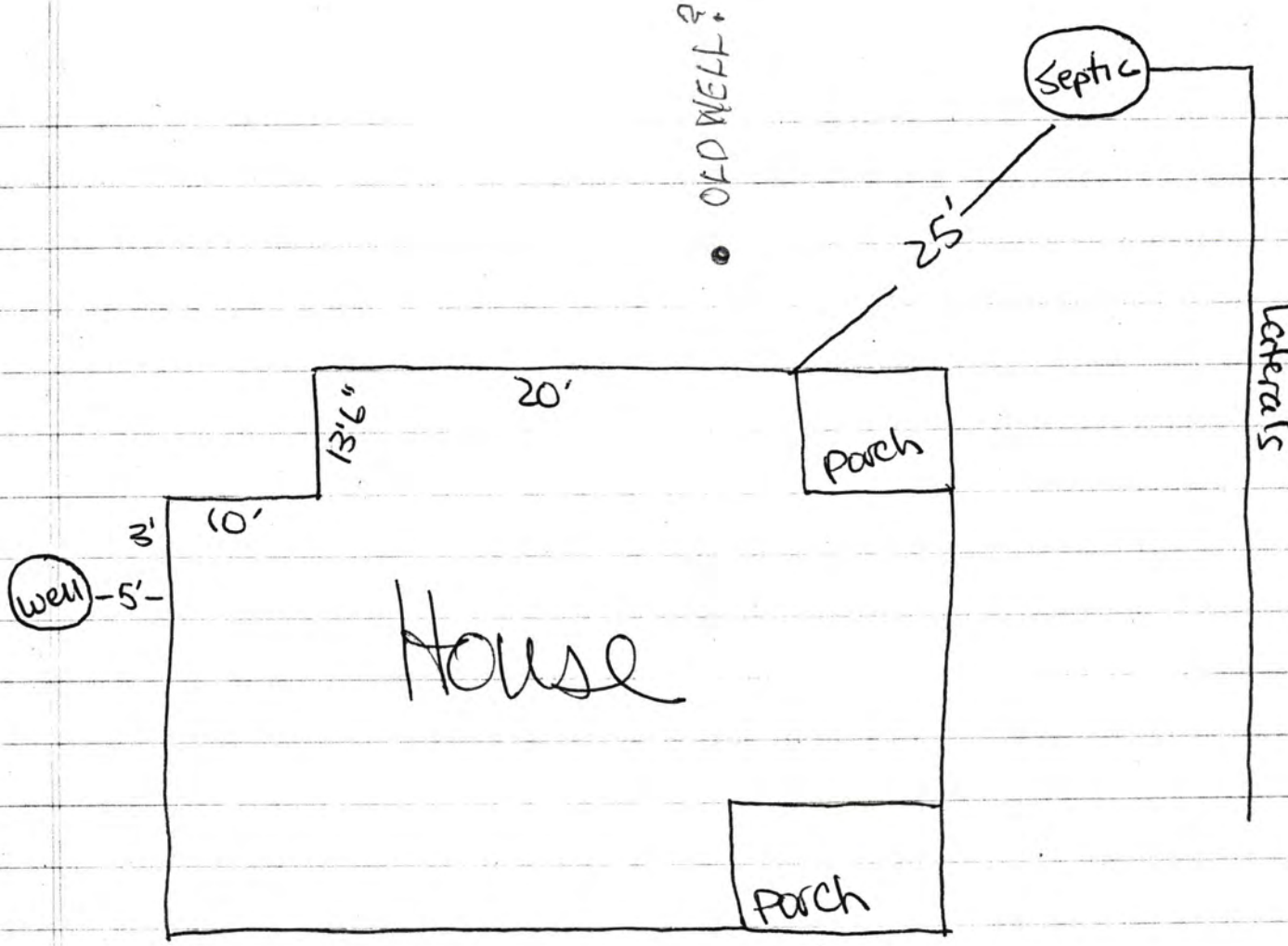
Complete As-Built drawing on the back fo this form.

Onsite Wastewater System Design (Example)

Indicate North with Arrow




BARN
GRAIN BIN
CORN CRIB
3
UNDER WINDMILL
UNUSED WELL PROPERLY ABANDONED
SHED
2
UNUSED WELL PROPERLY ABANDONED
GARAGE
1
HOUSE
NEW WELL
PREVIOUSLY USED WELL PROPERLY ABANDONED
DRIVE WAY
AREA OF SEPTIC SYSTEM
LEGAL DISCRIPTION:
LOT 6 NW 30-7-8
FIRTH LANCASTER
COUNTY NEBRASKA
27100
S 110 th
110TH ST


OLD WELL?
Septic
25'
Laterals
20'
13'6"
Porch
3'
10'
well
-5'-
House
Porch

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

JUN 1 3 2000

Laboratory Report Printed on JUN-12-00

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.
JOHN CHESS
3140 N STREET
LINCOLN, NE 68510

Laboratory Analysis for: PRIVATE NITRATE

Sample Comments:

Laboratory Number: **P15625-13**
Sampled By: **JERROLD HOOD**
Location: **NG**
Well ID:

Date Collected **07-Jun-2000 02:58 PM**
Date Received: **07-Jun-2000**

Parameters	Report Level	Units	Method	Prep Date	Analysis Date	Analyst	Qual	Results
Nitrate+Nitrite (As N)	.05	mg/l	353.2		06/09/00	vr		63

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

20 NO3 6/5/00

NO3 RECHECK 6/7/00

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

0/01/2001 rdf

COLI & NO3 10/17/00

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.

LCR 4507

Legal Description of Property: Street Address 27100 South 110th St. Firth NE 68358

Twp 7N Range 8E Section 30 1/4 ___ 1/4 ___ Block ___ Lot 6 Addition ~~NW Bowl~~

Directions to Property _____

Location of Well See attached map Tap Location: Inside ☐ Outside ☐

Location of Sewage System see attached map Year Installed _____

COLI 1/8/01

	NAME	ADDRESS	PHONE
Present Owner:	Joan E. Mosiman	27100 S. 110th St. Firth, NE 68358	791-5805 791-2158
Tenant/Buyer:	Jay D. Moats	205 N. 30th St. Lincoln, NE 68503	477-4639
Return to:	Douglas Forbes FAX 434-3510	Woods Bros Realty 3737 S. 27th St. Lincoln 68502	434-3500 440-9743 Cell
Signature of Applicant	Douglas Forbes	Address 3737 S. 27th St. Lincoln, NE 68502	Date 6/2/00 FAX 434-3510

SYDNE KNOX 434-3600 FAX 434-3605

COLI 10/20/00

HEALTH DEPARTMENT USE ONLY

RECEIVED		DATA ENTRY	
Date	06/02/00	Date	___/___/___
Initials	~~LS~~	Case No.	
Amount	150 ~~00~~	Initials	
Check No.	1065		

PRELIMINARY STATUS--By Gerald C. Hood **DATE:** 6/5/00

11/9/01 ltr. to Lot

1/8/01 D.C.H.

10/17/00 D.C.H.

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☐	☒	Approved ☐	Date 6/7/00 by LCH
Bacteria	NEW WELL ☒ 0 /ml	☐ ___ /ml	Provisional ☒	Date 7/14/00 by LCH
Nitrate	NEW WELL ☒ 4.7 ppm	☒ ~~35.0~~ 10/17/00 0.6 ppm OLD WELL 63 NITRATE HIGH	Disapproved ☐	Date 7/17/00 by LCH

Comments: SEWAGE SYSTEM PREDATES REGULATIONS & INSPECTION. WASTEWATER LINE (PROBABLY WASH WATER) DISCHARGES ONTO DRIVEWAY. WELL IS IN DUG WELL UNDER WINDMILL MUST BE PROPERLY ABANDONED. WELL EAST OF HOUSE MUST BE PROPERLY ABANDONED. JUNK FORD MUSTANG MUST BE REMOVED FROM PROPERTY AS WOULD INOPERABLE FORD PICKUP. ☐ See Attached Letter

FINAL STATUS

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

Approved by Gerald C. Hood R.E.H.S. Date 1/11/01

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.

INUMBERABLE TIRES MUST BE REMOVED AS WELL AS ALL CANS AND TRASH IN FIRE CORN CRIB WITH LEAN-TO IN BAD SHAPE AND SHOULD BE DEMOLISHED. RING SEPTIC LATERALS MAY BE TOO CLOSE TO WELL. DEFINITELY TH ONE EAST OF HOUSE.

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

Revised/Reprint: 10-95

DWR Form 105

STATE OF NEBRASKA
DEPARTMENT OF WATER RESOURCES
WATER WELL REGISTRATION

JAN 19 2001

FOR DEPARTMENT USE ONLY

Registration Date _____ Sequence No. _____ Registration No. _____
Owner Code No. _____ Receipt No. _____ NRD

1. Well Owner JOAN MOSEMAN Telephone Number (402) 787-2707
Address 300 WALNUT ST
City HALLAM State NE Zip Code 68368 +

2 Drilling Firm HOLLY DRILLING CO Telephone Number (402) 946-3871
Address 634 S. HWY 15 Contractor's License No. 39261
City DORCHESTER State NE Zip Code 68343 +

3. Permit Number(s) NA

4. Purpose of well (indicate one): ___Dewatering (over 90 days) X Domestic ___Ground Heat Exchanger
___Ground Water Source Heat Pump ___Industrial ___Injection ___Irrigation ___Livestock
___Monitoring ___Observation ___Public Water Supply (with spacing (46-638)) ___Public Water Supply (without spacing)
___Recovery ___Aquaculture ___Other _____ (indicate use)

5. Replacement and abandoned well information.
A. Is this well a replacement well? X Yes ___No
B. Registration number of abandoned well: —
If not registered, date of construction completion: —, —
C. Replacement well is ~50 feet from abandoned well.
D. Abandoned well last operated 07 13 00
E. Original well pump column size: 1 inches.
F. Completion of original well abandonment on —, —
G. Location of water use of abandoned well: SAME AS NEW WELL

6. A. Well location SW ¼ of the NW¼ of Section 30, Township 7 North, Range 8 East/West, LANCASTER County.
B. The well is 1390 feet from the (North/South) section line and 105 feet from the (East/West) section line.
(circle one) (circle one)
C. Street address or block, lot and subdivisions, if applicable: _____
D. Location of water use, if applicable (give legal descriptions): _____
E. If for irrigation, the land to be irrigated is _____ acres.
F. Well reference letter(s), if applicable: _____

7. Pump Information.
Is pump installed at this time: X Yes ___No
If yes, complete items A through F.
If no, complete items A and D with estimated information for those wells in which pump will be installed.
A. Actual pumping rate, if applicable: 15 gallons per minute. Measured ☐ or Estimated ☒
B. Pump column diameter: 1 inches. C. Length of pump column: 160 feet.
D. Pumping equipment installed: (month) 07 (day) 13 2000. E. Brand/Type: SVB
F. Pump installed by: Contractor ☒ Owner ☐ Pump Installer ☐ License No. 39261

printed on recycled paper

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO._____

Lincoln-Lancaster County
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 30 T. 7N R. 8E Block ____ Lot 6 II Addition SW¼ OF NW¼
Owner JAY MOATS Address 27,100 SOUTH 110TH STREET

LOG OF WELL	
	Description
Depth Ft. to	

WELL COMPLETION RECORD

Drilling Method: ROTARY
Depth (from ground level), Ft. 238
Date Completed JULY 11, 2000

Casing: Length, Ft. 221 ; Dia. In. 5.033
Wall Thickness, Inc. .265 ; type PVC

Screen: Length, Ft. 17 Dia. In. 5.033
Type PVC , slot Size .016

Drop Pipe: Length, Ft. 160 Dia. In. 1

Water Level, Surface to top of water, Ft.:
Static 102 , Pumping 120

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 HOLLY DRILLING CO.
(Signed)

Address 634 SOUTH HWY 15, DORCHESTER, NE.

Date _____

REMARKS NITRATE NITROGEN 0.6 p.p.m.
BACTERIOLOGICAL O.K.
NITRATE NITROGEN OF WELL
BEING REPLACED 63.0 p.p.m.

DO NOT WRITE BELOW THIS DOUBLE LINE

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

FORM 23-4

7/11/00

Joan Mosiman
300 Walnut Street
Hallam, NE 68368

Dear Joan Mosiman:

This is to inform you that the Nemaha NRD has approved your Abandoned Well Program application for the closure of the two cased wells & one hand dug well located on the SW1/4 of NW1/4 of Section 30, Township 7 North, Range 8 East of Lancaster County. You are eligible to receive 75 percent cost-share assistance up to a maximum of $300 for each cased well and $700 for each hand-dug well. ***Please Note: Eligible cost-share does not include payment for removing any exposed or buried pipes, tanks, pumps or any tower, wellhouse, or other apparatus.***

You now have **90** days from the approval date to hire a licensed well person to properly abandon the well according to the Department of Health & Environmental Control Council regulations governing well abandonment.

I am also enclosing a Well Abandonment Form that must be completed by the licensed well driller, describing how the well was plugged. This form must be submitted to the District along with a copy of the well closure bill before any payment will be made. The bill must give an itemized cost breakdown of materials and labor.

Your concern and action toward protecting our groundwater resource is greatly appreciated by the Nemaha NRD. If you have any questions, please contact me.

Sincerely,

Chuck Wingert
Water Quality Specialist

Enclosure

Abandoned Well Program Application

1. Landowner's Name: JOAN MOSIMAN
2. Mailing Address: 300 WALNUT
3. City, State, Zip: HALLAM, NE 68368
   CALL AGENT - SydneKNOX
4. Phone #: 499-2578 5. Social Security #: 507 54 0655
6. Well location(s): Legal Description (¼, ¼ Section-Township-Range, County)
   LOT 6 NW 30-7-8 FIRTH LANCASTER COUNTY NEBRASKA
7. Describe well(s) to be abandoned: (Hand Dug or Cased, Depth, Diameter, etc.)
   #1 CASED ? DEPTH 4" DIAMETER
   #2 CASED ? DEPTH 6" DIAMETER
   #3 HAND DUG 37' DEPTH 48" DIAMETER
8. An aerial photo of the mile section with the location(s) of the well(s) marked is also **required** along with this form. (*see your county NRCS or FSA office)*

Additional Requirements:

a. NNRD approval is required before the well abandonment procedures begin.

b. According to the Department of Health & Environmental Control Council regulations governing water well abandonment standards, a licensed well driller must abandon the well.

c. The NNRD will pay 75 percent cost-share assistance on approved well abandonment costs up to a maximum of $300.00 for each cased well and $700.00 for each hand dug well.
   Note: Eligible cost-share does not include payment for removal of any exposed or buried pipes, tanks, pumps, tower, wellhouse or other apparatus.

d. The landowner has **90 days** to complete work after receiving an approval letter from the NNRD.

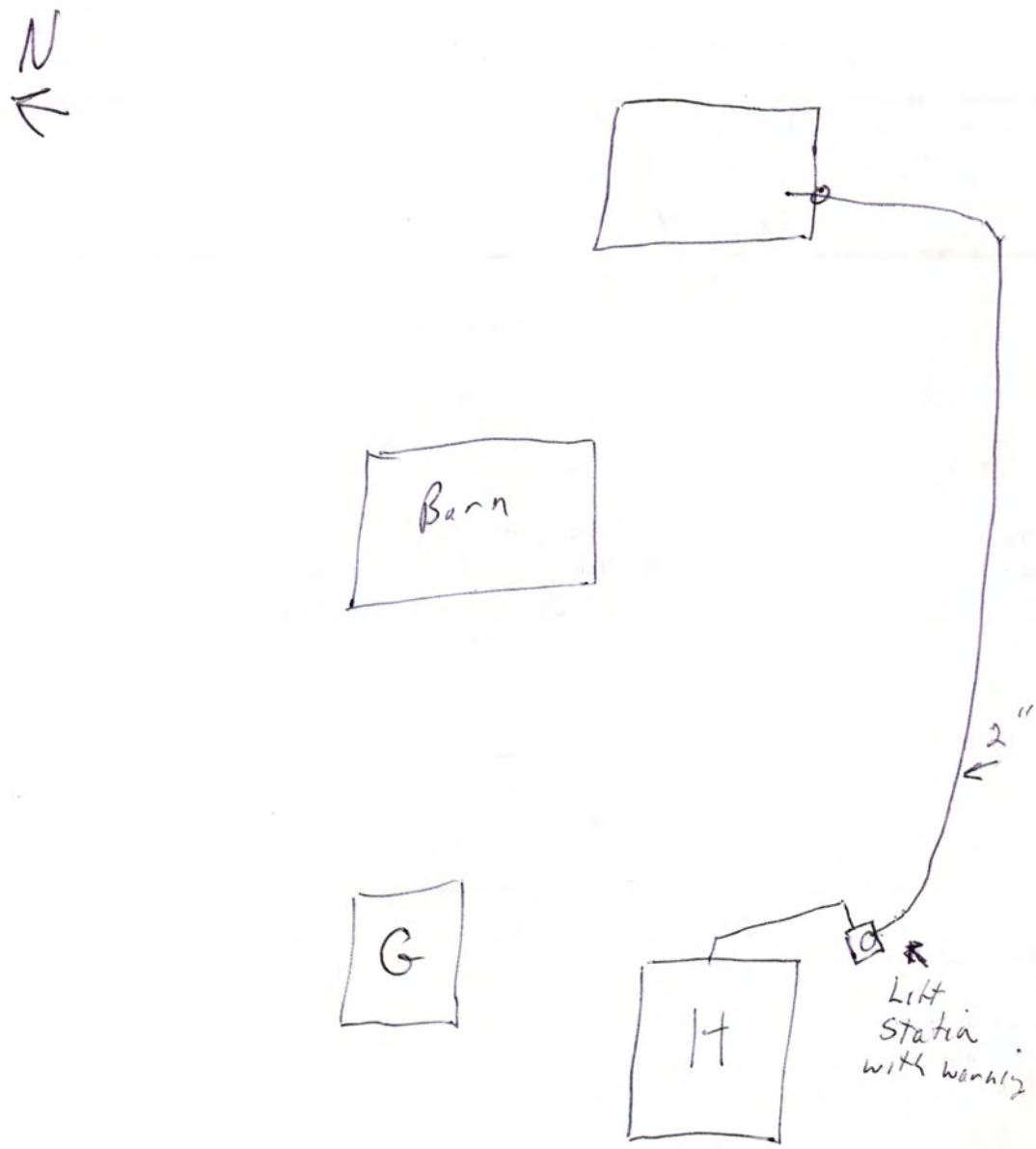
e. The NNRD may spot check the well(s) prior to, during, or after proper well abandonment.

f. A description of the abandonment process and a copy of the bill listing the materials used must be submitted prior to payment.

I understand these requirements:

Joan Mosiman
(Signature)

7-10-00
(Date)



S 110

Well Construction Information.

A. Total well depth: 238 feet. B. Static water level: 102 feet.

C. Pumping water level: 120 feet ☒ Estimated or ☐ Measured (at what gallons per minute rate 15

D. Well Construction began: (month) 07 (day) 10 [illegible] E. Well Construction completed: (month) 07 (day) 11 2000

F. Bore hole diameter: 10 inches.

G. Plain Casing: Diameter 5.033 ID 5.563 OD inches. Type of material: PVC

Wall thickness: .265 inch(es). Joints—Welded/Glued/Threaded/Other: _____

Length(s) and placement(s) depth from +1 ft. to 228 ft. from _____ ft. to _____ ft.

H. Screen: 5.033 ID 5.563 OD in.; Type of material PVC

Screen openings (slot size): .016 Trade name: CREESLINE

Length(s) and placement(s) depth from 228 ft. to 238 ft. from _____ ft. to _____ ft. Guides at 233 ft.

I. Gravel pack interval(s) from 164 ft. to 238 ft. from 13 ft. to 164 ft. Grade size: 4/8

J. Grouted/Sealed from 164/5 ft. to 169/13 ft., with BENTONITE (type)

from 0 ft. to 5 ft., with CLAY (type)

K. Drilling method: ROTARY L. Drilling fluid: WATER

M. Well development technique (total time and method): 2 HRS AIR

N. Will chemicals, fertilizer or antifreeze be injected or utilized in the system? ___ Yes X No

If yes, what will be used: _____

O. Geologic Materials Logged

DEPTH IN FEET FROM	TO	DESCRIPTION
0	1	TOPSOIL
1	65	CLAY, BROWN & TAN
65	130	CLAY, BLUE
130	142	CLAY, BLUE & SAND
142	179	CLAY, BLUE
179	240	SAND, BLUE FINE TO COARSE

DEPTH IN FEET FROM	TO	DESCRIPTION

(Additional sheets may be submitted)

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

[signature] 12/8/00

Water Well Owner's Signature Date