Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

GARY L HAMILTON
T9N R5E SEC 2 QTR NW
MEADOW VIEW ESTS BLK 1 LOT 1
8301 W VAN DORN ST

Permittee

GARY L HAMILTON
6235 S 34 ST
APT 264
LINCOLN NE 68516

Permit # 01380231901

Issued 05/23/01
Expires 11/23/01
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

[redacted] Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

015729

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

A

Permit Number: 0138 02319

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 8301 W. Van Dorn (no rural route) City Lincoln NE, Zip 68532

Legal Description Lot 1 Block 1 2 Meadow View Estates 9N 5E MEADOW VIEW EST. 1 1
(1/4 · 1/4 · Section · Township · Range · 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

Name Gary + Carol Hamilton Signature Gary Hamilton Carol Hamilton

Address 6235 S. 34th St. #264 City/State/Zip Lincoln NE 68516

☐ Check if owner designed system Home Phone 402 420-5842 Work Phone 402 489-3462 Ext. 107

C. Contractor

Name _____ Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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 5/23/01 Date frwd 5/23/01 ACTION ☒ Approved ☐ Disapproved Signature Jerold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5/23/01 Date frwd 5/23/01 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 5-23-01 Date frwd 5-23-01 ACTION ☒ Approved ☐ Disapproved Signature Chase Baker

11/6/01 received, drawn Linc + Lagoon – need fence d.f.

Installation Final Written Approval

By _____

Date 6/26/02

Business Office Use Only

Date Rec'd 05/23/01
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 1664

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

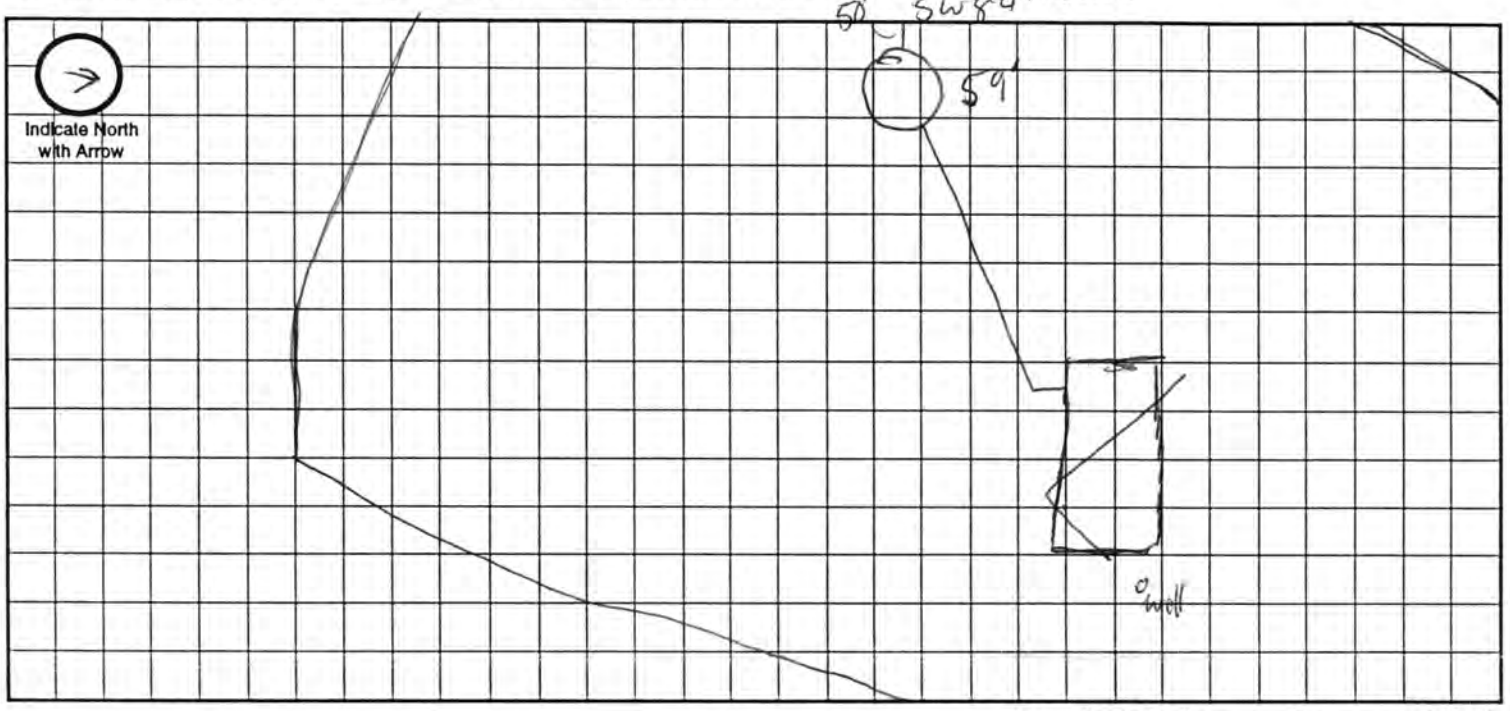
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 013802319

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) 8301 W. Van Dorn City Lincoln NE, Zip 68532

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 150+ (min. per inch) Soil Type: PAC 2 Land Slope: 2 6 %

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 Mike Goings Homes

Home Building Contractor _____ Date _____

Installer Brad Southwick Date 5-22-01

FORM 23-102 10-96

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 11-6-01

Sewage Lagoon

System Location (Indicate correct number and street)

Address 8301 W. VanDorn (no rural route) City Lincoln NE, Zip 68522

A. Building Sewer

1. Material: Sch 40 PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 11 in.
3. Distance between dwelling and ~~septic tank~~ Lagoon 265 ft.
4. Number of clean-outs: 5
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

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. Outlet: ☐ baffle ☐ tee
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

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

D. Absorption Field

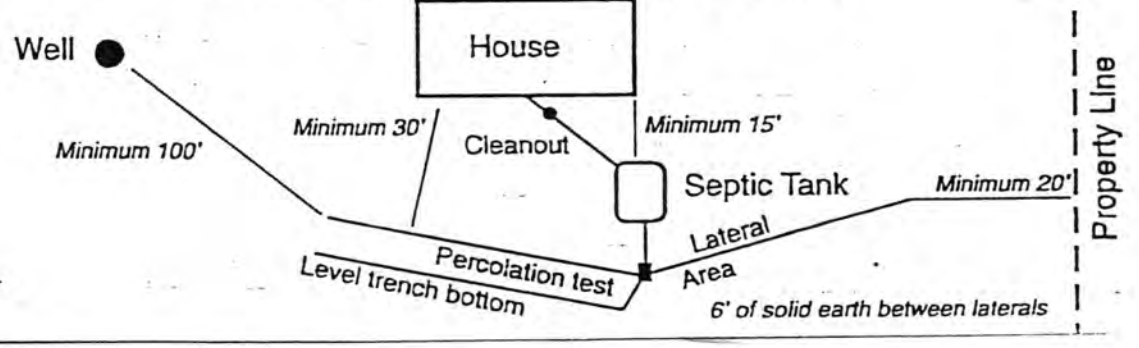
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

WATER WELL
NEW WATER WELL CONSTRUCTION

Establishment

GARY L HAMILTON
T9N R5E SEC 2 QTR NW
MEADOW VIEW ESTS BLK 1 LOT 1
8301 W VAN DORN ST

Permittee

GARY L HAMILTON
6235 S 34 ST
APT 264
LINCOLN NE 68516

Permit # 01400095601

Issued 05/23/01
Expires 11/23/01
Revenue Code 3162

FEES: $100.00

TOTAL: $100.00

[redacted] Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

015728

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

Permit No. 01400956

Request for Site Clearance and Permit for Individual Water Well

The undersigned hereby requests:

- ☒ Site Clearance and Permit to construct a new individual water well - $100
- ☐ Bi-Annual Permit for an existing well - $100 (Renewed every 2 years)
- ☐ Permit to repair or alter existing well involving opening of well - $50

1. Well Site Address 8301 W Van Dorn City Lincoln, NE Zip NE 68532
(No Rural Route Please)
Township 9N Range 6E Section 2 1/4 Section NW
Block 1 Lot 1 Addition Meadow View Estates
Parcel ID ___-___-_____-_____-_____ (i.e. 99-99-999-999-999)

2. Well use: ☒ Residential ☐ Commercial ☐ Other Describe _____

3. Distance to Public Water Supply _____ feet.

Signature of Owner Gary L Hamilton Print Name Gary L Hamilton
Current Address 6235 S 34th St #264 Lincoln NE 68516
Current Home Phone 402 420-5842 Work Phone 402 489-3462 X107

Signature of Contractor _____ Print Name Michael Goings, Builder
Address 2801 S.W 72nd St. Lincoln NE 68532
Home Phone 402 477-8881 Work Phone 430-2555 Cellular Phone 430-2555

Sewage Permit Applied for: ☒ Yes ☐ No ☐ Not applicable

Please Submit Permit Fee with This Request

Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

Approval Process: Lincoln Municipal Code 8.44

1. Health Department	Date received Date forwarded	5/23/01 5/23/01	ACTION Signature:	☒ Approved ☐ Disapproved	Gerald C. Hood
2. Building & Safety	Date received Date forwarded	5/23/01 5/23/01	ACTION Signature:	☒ Approved ☐ Disapproved	
3. City Engineer	Date received Date forwarded	5/23/01 __/__/__	ACTION Signature:	☒ Approved ☐ Disapproved	Lee Hobbs

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits
Date: 12/4/01 By L. Hood
Date: __/__/__ By _____
Date: __/__/__ By _____

Nitrate Level 0.0 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory X Yes ____ No
Other _____

Installation Final Written Approval
Date: 12/6/01 By Gerald Hood

Business Office Use Only
Received: Date: 05/23/01 Amount 100.00 Check No. 1664 Initials LS

Also Sewage

Distribution: White - Health Department Lt. Green - Engineer Lt. Blue - Building Inspector

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PREMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. 0140009.56

LINCOLN-LANCASTER COUNTY
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

DATA SHEET FOR WATER WELL 8301 W. VAN DORN

Legal Description: Sec. 2 T. 9 R. 5 Block 1 Lot 1 Addition MEADOW VIEW ESTATES

Owner GARY HAMILTON Address APT#264, 6235 S. 34TH, LINCOLN, NE 68516

LOG OF WELL	
Depth Ft to:	Description
0- 40	YELLOW CLAY
40- 90	BLUE CLAY
90-105	SILTY GRAY CLAY
105-125	SANDY LIGHT GRAY & WHITE
	SHALE
125-135	FINE TO MEDIUM FINE LIGHT
	GRAY SANDSTONE
135-140	GRAY & BROWN SHALE
140-165	RED SHALE
165-205	GRAY SHALE
205-215	MEDIUM LIGHT BROWN SS
215-230+	MEDIUM LIGHT YELLOW
	SANDSTONE

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level). Ft. 220'

Date Completed 10/20/00

Casing: Length, Ft. 210' :Dia. In. 4"

Wall Thickness, Inc. .214" :Type PVC

Screen: Length, Ft. 10' Dia. In. 4"

Type PVC WOP , Slot Size .025

Drop Pipe: Length, Ft. 100' Dia. In. 1 1/4"

Water Level, Surface to top of water, Ft.:

Static 81' M , Pumping 86' EST

Yield: 20 gpm, Measured XX Est.

Chlorination Completed Yes XX No

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

Driller [signature]
(Signed)

Address: P. O. BOX 308
HICKMAN, NE 68372

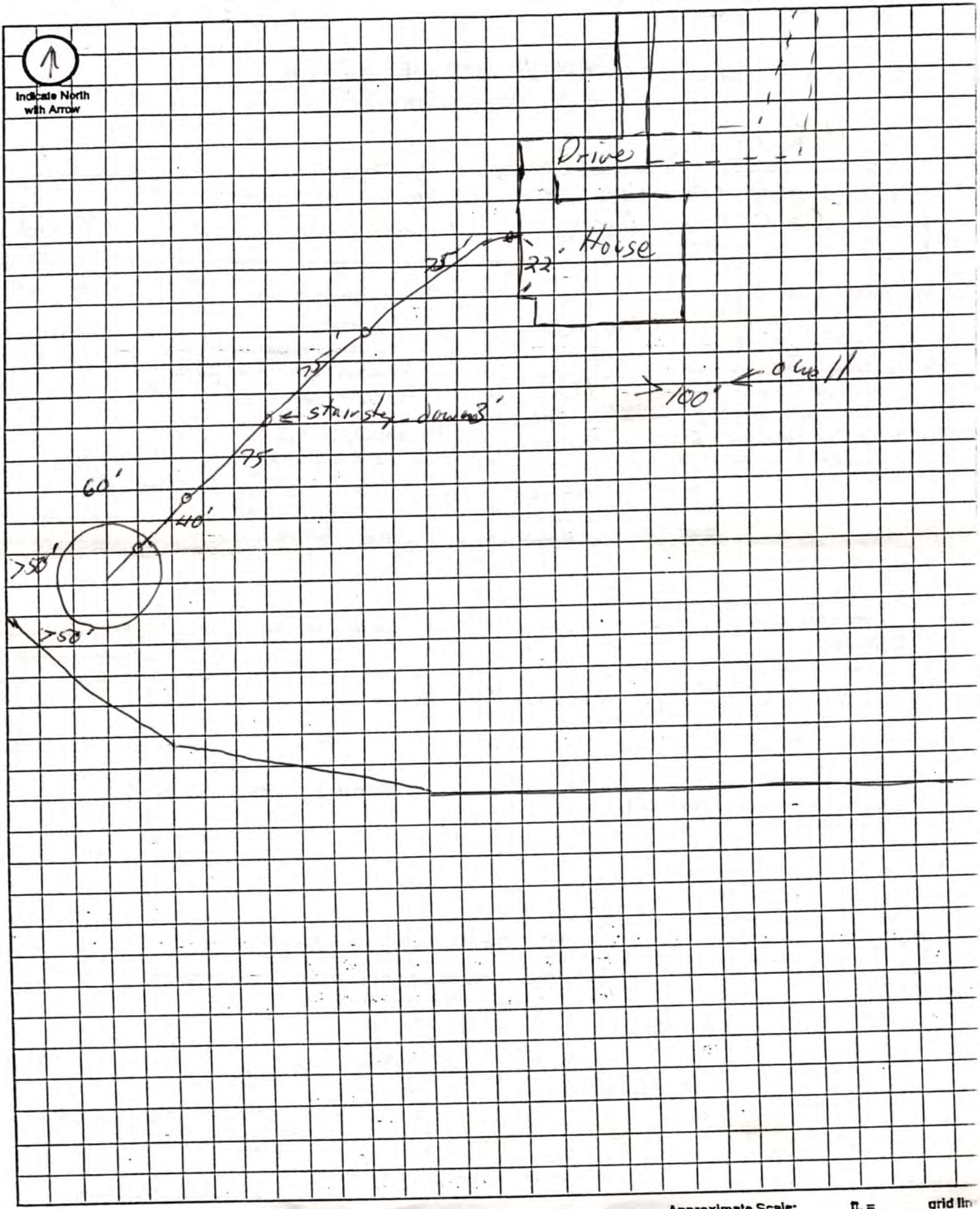
Date: 20 AUGUST 01

Remarks NITRATE NITROGEN 0.0p.p.m.
BACTERIOLOGICAL O.K.

DO NOT WRITE BELOW THIS DOUBLE LIN

Health Department forwarded copy of record to Nebraska Conservatioin and Survey Department for Scientific Record X

As Built Drawing



Approximate Scale: _____ ft. = _____ grid lin