Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 02380252201

Issued 08/15/02
Expires 02/15/03
Revenue Code 3157

FEES: $200.00

Establishment

L SUE GABRIEL
T9N R5E SEC 2 Lot 3
MEADOW VIEW BLK 1 LOT 2
8101 W VAN DORN ST

Permittee

possibly 8101 ??
L SUE GABRIEL
515 ROCKHURST DR
LINCOLN NE 68510

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002848

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

A

Permit Number: 02380252201

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 8109 SW Van Dorn (no rural route) City Lincoln NE, Zip Ne.

Legal Description 2 (1/4) 9N (1/4) 5E (Section, Township, Range) MEADOW VIEW (Subdivision) 1 (Addition) 2 (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 L. Sue Gabriel Signature L Sue Gabriel

Address 515 Rockhurst Drive City/State/Zip Lincoln Ne. 68510

☐ Check if owner designed system Home Phone (402) 489-5009 Work Phone (402) 643-4557

C. Contractor

Name STAN KROESE Company Name DIRTWORKS PLUS INC

Address 7324 BALLARD City/State/Zip LNK NE 68507

☑ Check if contractor designed system Work Phone 560 1208

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 8/15/02 Date frwd 8/16/02	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 8/16 Date frwd 8/16	**ACTION** ☒ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 8-19-02 Date frwd 8-19-02	**ACTION** ☒ Approved ☐ Disapproved Signature	

12/16/02 Line + Lagoon, need drawing 12/19/02 + fence D.C.

Installation Final Written Approval

By Doug Farber

Date 5/6/03

Business Office Use Only

Date Rec'd 08/15/02
Amt Paid 200.00
Rec'd By us Cash/Check No. 5117

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

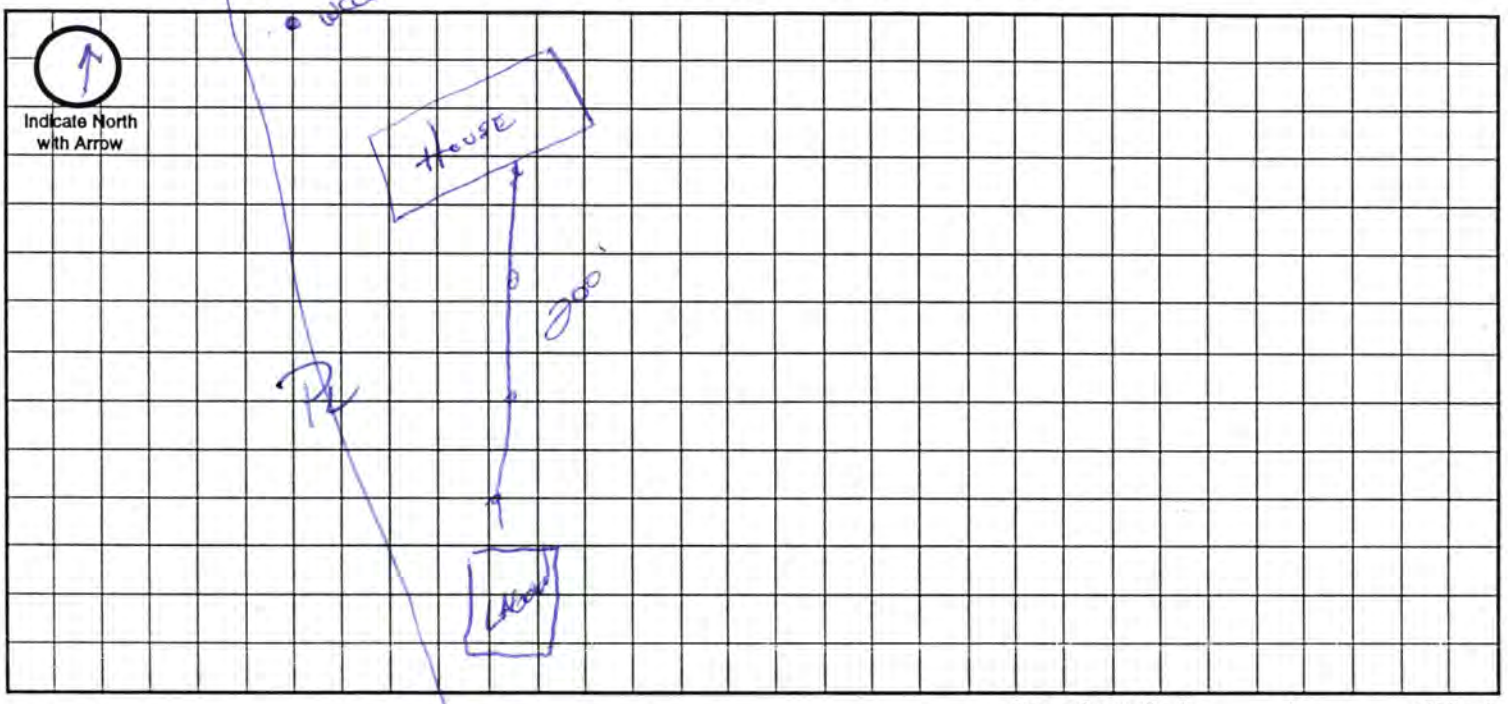
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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) 8109 SW VANDORN City LINCOLN NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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 _____ Date 8/7/02

Installer _____ Date 8/12/02

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 12/17/02 DJANT GABERAL

System Location (Indicate correct number and street)

Address 8301 W VANDORN (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: CLS 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and ~~septic tank~~ GARAGE 185 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line 60 ft.
   stream 60 ft.
   pressure line 50 ft.
   property line 70 ft.

B. ~~Septic Tank~~ NA

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 NA

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

D. Absorption Field NA

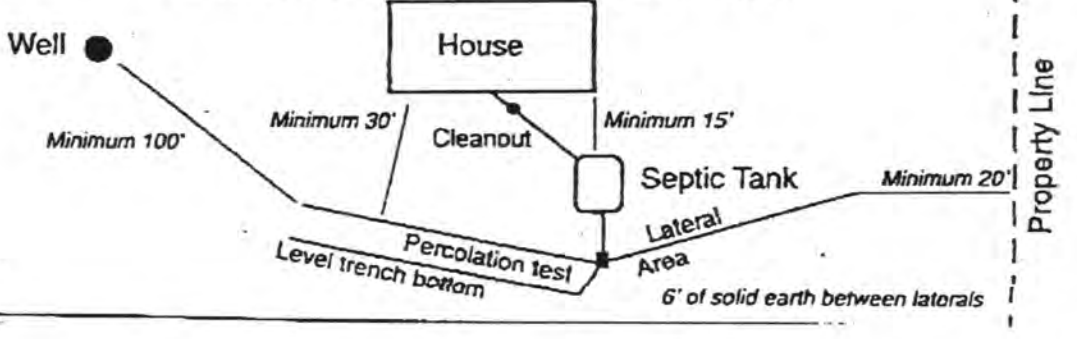
(Provide as-built drawings on back of this form)

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

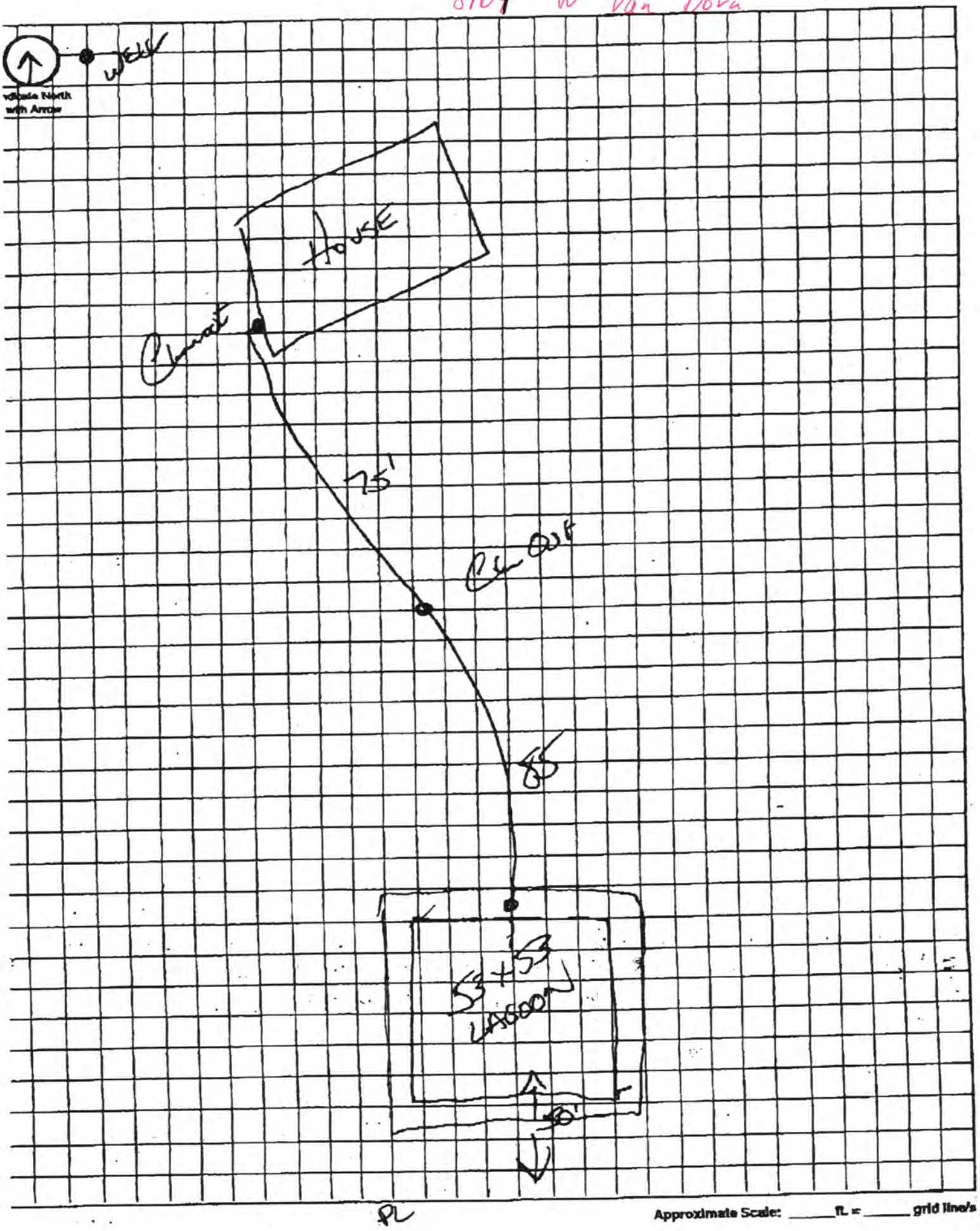
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

8109 W Van Dorn



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

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

Permit # 00400093401

Issued 10/16/00
Expires 04/16/01
Revenue Code 3162

Establishment

SUE GABRIEL
T9N R5E SEC 2
MEADOW VIEW BLK 1 LOT 3
8101 W VANDORN ST

FEES: $100.00

Permitee

SUE GABRIEL
515 ROCKHURST DR
LINCOLN NE 68510

TOTAL: $100.00

Leon F. Vinci, MPH, Health Director

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

Permit No. 0040009 34

Request for Site Clearance and Permit for Individual Water Well

The undersigned hereby requests:

- [X] 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 8101 W VANDORN City LINCOLN, NE Zip 68532
(No Rural Route Please)
Township 9N Range 5E Section 2 1/4 Section
Block 1 Lot 3 Addition MEADOW VIEW
Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

2. Well use: [X] Residential [ ] Commercial [ ] Other Describe

3. Distance to Public Water Supply ____ feet.

Signature of Owner Sue Gabriel Print Name Sue Gabriel
Current Address 515 Rockhurst Dr
Current Home Phone 484-5007 Work Phone 436-1322

Signature of Contractor Mike Ryder Print Name Mike Ryder
Address 140 N 1st
Home Phone 423-2766 Work Phone 477-8844 Cellular Phone 890-3180

Sewage Permit Applied for: [ ] Yes [✓] No [X] 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	10/16/00	ACTION	[X] Approved	[ ] Disapproved
	Date forwarded	10/19/00	Signature:	Gerald C. Hoag	
2. Building & Safety	Date received	10/19/00	ACTION	[X] Approved	[ ] Disapproved
	Date forwarded	10/19/00	Signature:		
3. City Engineer	Date received	10/19/00	ACTION	[✓] Approved	[ ] Disapproved
	Date forwarded	10/19/00	Signature:		

REMARKS OR REASONS FOR DISAPPROVAL:

Site Visits
Date: 4/29/03 By DS
Date: ____/____/____ By
Date: ____/____/____ By

Nitrate Level 0.4 mg/L
Chloride Level — mg/L
Bacteriological Analysis Satisfactory [X] Yes [ ] No
Other

Installation Final Written Approval
Date: 4/8/04 By

Business Office Use Only
Received: Date: 10/16/00 Amount 100.00 Check No. 5423 Initials

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. _____

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

DATA SHEET FOR WATER WELL

Legal Description: Sec. 2 T. 9 R. 5 Block 1 Lot 3 Addition Meadow View Estates 8101 W. Van Dorn

Owner DUANE GABRIEL Address 515 ROCKHURST DR., LINCOLN, NE 68510

LOG OF WELL	
Depth Ft to:	Description
0- 35	YELLOW CLAY
35-100	BLUE CLAY
100-110	YELLOW CLAY
110-130	WHITE SANDY SHALE
130-135	BROWN SANDSTONE
135-145	SANDY GRAY SHALE
145-170	RED SHALE
170-211	GRAY SHALE
211-230+	MEDIUM LIGHT BROWN SS

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level). Ft. 227'

Date Completed 10/18/00

Casing: Length, Ft. 217' :Dia. In. 4"

Wall Thickness, Inc. .214 :Type PVC

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

Type PVC SLOTTED, Slot Size .025

Drop Pipe: Length, Ft. 120' Dia. In. 1 1/4"

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

Static 86' M, Pumping 95' 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 _____ (Signed)

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

Date: 22 AUGUST 01

Remarks _____

DO NOT WRITE BELOW THIS DOUBLE LIN

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

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: 10/18/00 Well # 113-00 Driller: NRD Lower Platte South

Owner/Builder: Duane Gabriel, 515 Rockhurst Drive, Lincoln, NE 68510 Phone # 484-5007

Location:
Block 1 - Lot #3, 8101 W. Van Dorn. About 2 blocks east of S.W. 84th & W. Van Dorn.

0- 35	Yellow clay
35-100	Blue clay
100-110	Yellow clay
110-130	White sandy shale
130-135	Brown sandstone
135-145	Sandy gray shale
145-170	Red shale
170-211	Gray shale
211-230+	Medium light brown sandstone

Depth: 227' Elevation

Casing Information

Type: pvc Thicknes 200#

Length 217' Diameter: 4"

Bore Size 8.5" SWL: 86' M

PWL:

GPM: 130 w/air

Filler Pack: 20-210'

Grout: 6-20'

Screen

Length: 10' Diameter 4"

Type: pvc slotted

Slot: .025

Area of Screen: 217-227'

Pack: 2109-228'

Type of Pack: "B"

Chemical Analysis

Total Chlorides	20 ppm
Sodium:	
Hardness:	273 ppm
Nitrates:	0.05 ppm
Bacteria:	
Iron:	0.42

Lat. Degrees ____ Minutes ____ Seconds ____

Long. Degrees ____ Minutes ____ Seconds ____

CTY/TN LANCASTER/DENTON

State & Cty sent 8/21/01

T.N. 9 R.E. 5 SECT. 2

Reg