LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET ENVIRONMENTAL HEALTH DIVISION (402) 441-8000
NON TRANSFERABLE Lincoln, NE 68510-1514
PERMIT

Permit No. 97380167201

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 10/16/97
Expires 04/16/98
Revenue Code 18754

Establishment

JONI PAULEY
T9N R5E SEC 2
RIDGE PARK BLK 1 LOT 1
2801 SW 74 STREET

FEES: $150.00

Permittee

JONI PAULEY
4101 D ST
LINCOLN NE 68510

TOTAL $150.00

Gregg Wright MD.
Issued By ~~M. Jane Ford~~
Health Director

5337

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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

A

Permit Number:

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 2801 SW 7th (no rural route) City Lincoln NE, Zip 68532

Legal Description 2 (1/4) 9N (Section) SE (Township) Ridge Park (Range) 1 (Subdivision) 1 (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 Joni Pauley Signature Joni A. Pauley

Address 4101 D St City/State/Zip Lincoln NE 68510

☐ Check if owner designed system Home Phone 483-1987 Work Phone 483-4199

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 17201 S. 72nd City/State/Zip Hickman, NE 68372

☐ Check if contractor designed system Work Phone 430-7606 475-2462

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 10/16/97 Date frwd 10/16/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10.16.97 Date frwd 10.16.97 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10-16-97 Date frwd 10-16-97 ACTION ☒ Approved ☐ Disapproved Signature _____

4-14-98 mm

Installation Final Written Approval

By Ron Mayfield

Date 6-9-98

Business Office Use Only

Date Rec'd 10/09/97

Amt Paid 150 ck

Rec'd By _____ ~~Cash~~/Check No. 507

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

489-6161 450-4525

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 2801 SW 74th (no rural route) City Lincoln NE, Zip 68532

Owner Joni Pawley Addresss 4141 O st Lincoln, Ne 68510

Soil Type (SCS): ~~BPF~~ SCH Percolation Rate: _____ min./inch

Date of Tests 8/26 to 8/27/97 Weather: Precipitation 0 Temperature 80-90

483-4199/499-2914 Call

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	32	8/26	8:00	8/27	8:00	8/27	11:30	21 7/8	8/27	12:00	30	3/4	40
2			AM		AM		Am	20 5/8		NOON		5/8	48
3								21 1/8				5/8	48
4								22 1/8				5/8	48
5								20 3/4				3/4	40
6								20 1/4				5/8	48

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 475-2462 / 430-7606
Address 17201 So 72
Hickman, Ne 68372

Sum of Percolation Rates: 272
Average of Rates: 46
Rate Used for Calculation: Suggest 55

(Perc Rate faster than expected)
3Bdrm - 1,000 gallon Septic Tank w/990 Ft² of Lateral area

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date OCTOBER 16, 1997

FORM 23-101 10-96

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

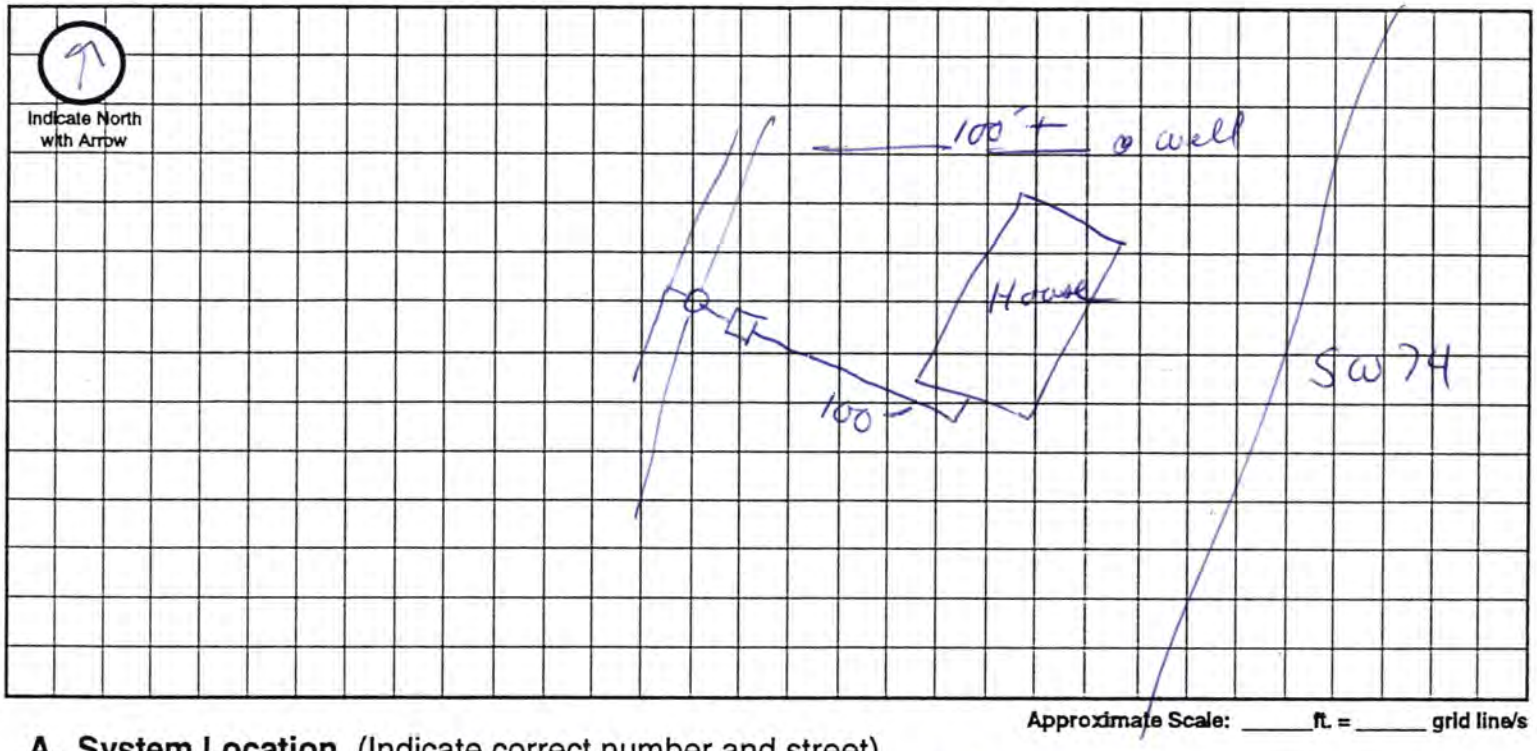
C

Permit Number:

Michael Bidgs
Joanie Pauly

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) SW 74 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 46 (min. per inch) Soil Type: _____ Land Slope: 2-5 %

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

Total Square Feet of Field Required: 990 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 330 ft. Number of Trenches 4 Trench Width 3

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 _____

Installer Larry Schewack Date 4-17-98

FORM 23-102 10-96

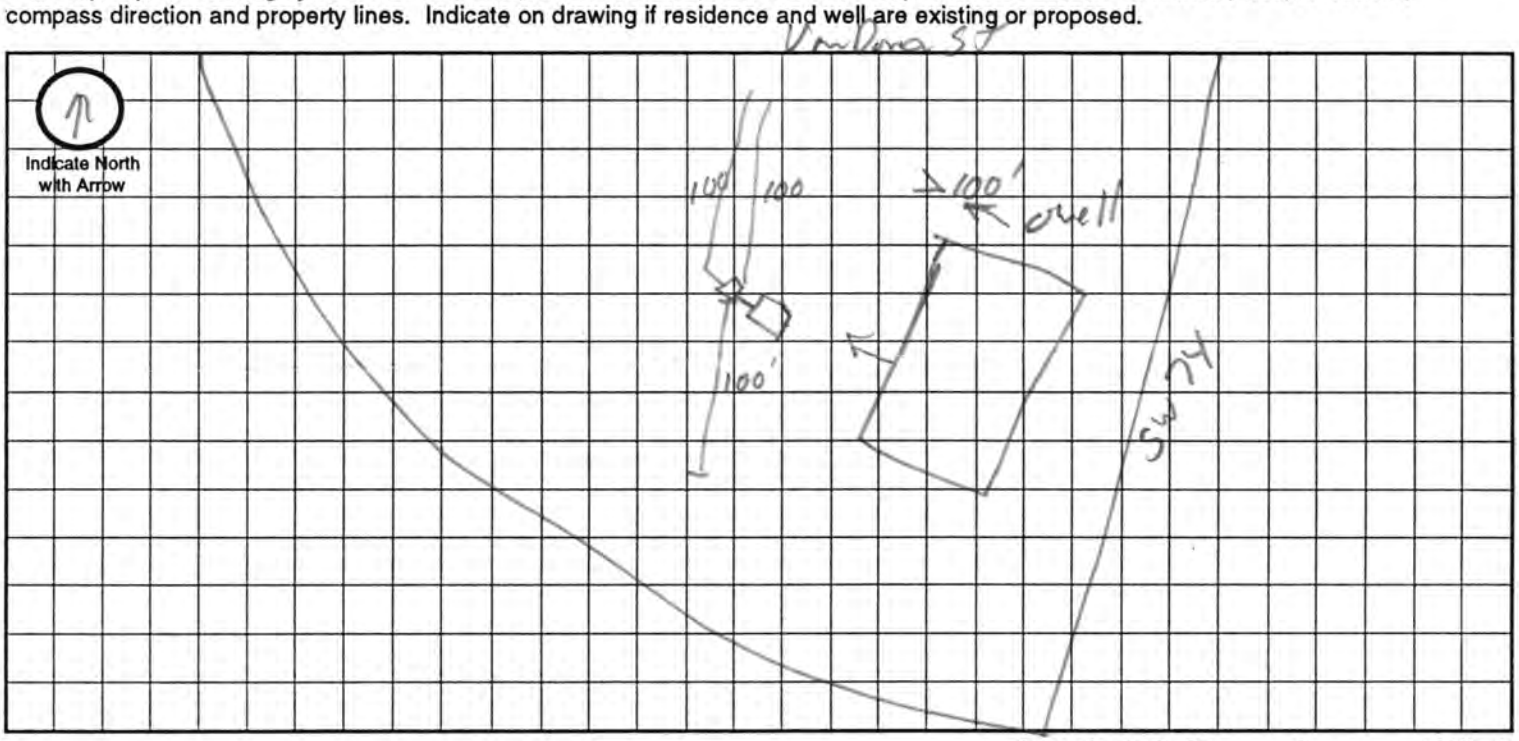
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 46 (min. per inch) Soil Type: Shc Beechard silty loam on map, but appears to be shoulder grading into Burchard Land Slope: 10% %

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

Total Square Feet of Field Required: 990 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 295 ft. Number of Trenches _____ Trench Width 4'

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 Mike Myatt Date 10-16-97

Installer Brad Boettcher Date 10-6-97

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 4-20-98

System Location (Indicate correct number and street)

Address 2801 So 74th (no rural route) City Lincoln NE, Zip 68532

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and septic tank: 65 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

1. Material: Precast
   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: 10 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
3. Distance from septic tank: 11 ft.

D. Absorption Field

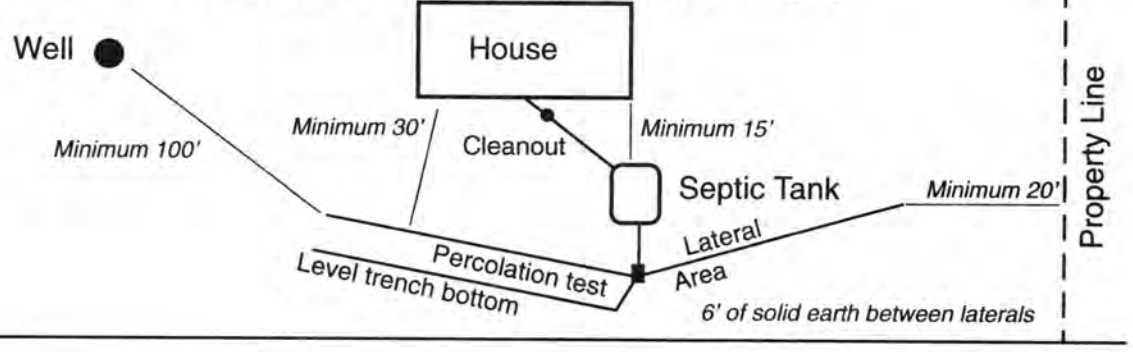
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☒ Perforated pipe
   Diameter of half round: 4
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 100 ft. 100 ft.
   100 ft. 30 ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 2 in/100 ft.
   Average depth 30 in
4. Filter material: Road Gravel
   Depth of material 16 in.
5. Distances to: Well or suction line 100+ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

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

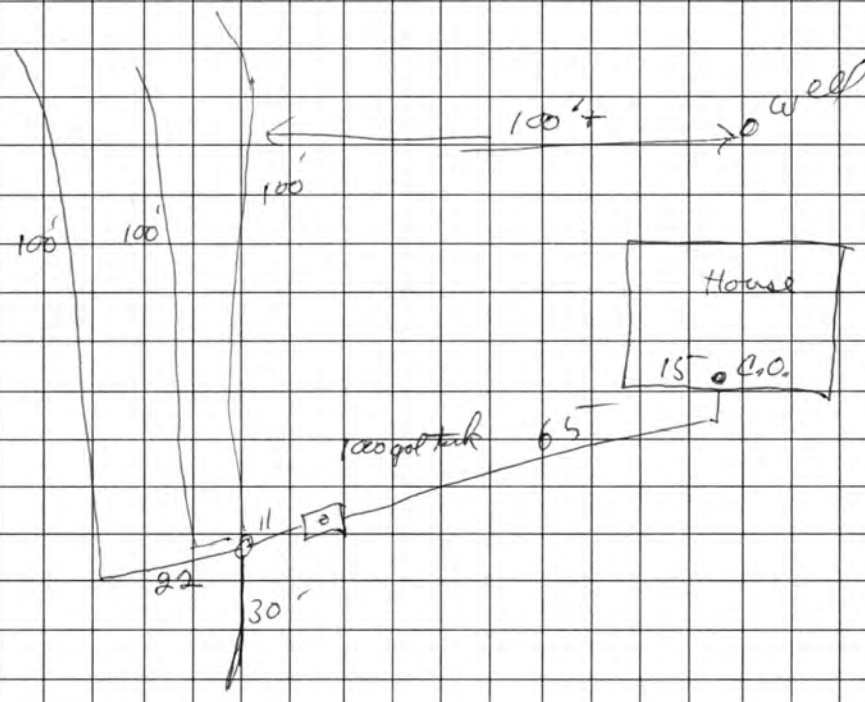
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing by Larry Schwarok

Indicate North with Arrow



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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET ENVIRONMENTAL HEALTH DIVISION (402) 441-8000
NON TRANSFERABLE Lincoln, NE 68510-1514

PERMIT

Permit

WATER WELL

No. 97400066101

Issued 10/21/97
Expires 04/21/98
Revenue Code 19851

FEES: $75.00

Establishment

JONI PAULEY
T9N R5E SEC 2
RIDGE PARK BLK 1 LOT 1
2801 SW 74 STREET

Permittee

JONI PAULEY
4101 D ST
LINCOLN NE 68510

TOTAL $75.00

Gregg Wright MD.

Issued By ~~M. Jane Ford~~
Health Director

5362

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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

Permit No. 9714000661

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 - $75.00
- ☐ Annual Permit for an existing well - $50.00
- ☐ Permit to repair or alter existing well involving opening of well - $25.00

1. Well Site Address 2801 SW 74th City Lincoln, NE Zip NE
(No Rural Route Please)
Legal description of property:
Twp 9N; Range 5E; Section 2; Block 1; Lot 1; Addition Ridge Park

2. Well use: ☑ Residential; ☐ Commercial; ☐ Other; Describe: _____

3. Distance to Public Water Supply _____ feet.

Signature of Owner Joni L Pauley
Print Name Joni L. Pauley
Current Address 4101 D Street
Lincoln NE 68510
Current Home Phone 483-~~9199~~ 1987
Work Phone 483-4199

Signature of Contractor _____
Print Name Earnest Well Drilling
Address PO Box H
Milford NE 68405
Home Phone _____
Work Phone 475-3276
Cellular Phone 641-5013

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

Please Submit Permit Fee with This Request
Please Do Not Write Below This Line

Approval Process: Lincoln Municipal Code 8.44

1. Health Department — Date received 10/7/97, Date forwarded 10/7/97 — ACTION ☑ Approved ☐ Disapproved — Signature: Jerrold C. Hood
2. Building & Safety — Date received 10/7/97, Date forwarded 10/7/97 — ACTION ☒ Approved ☐ Disapproved — Signature: [signature]
3. City Engineer — Date received 10/7/97, Date forwarded 10/7/97 — ACTION ☑ Approved ☐ Disapproved — Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits:
Date: 6/4/98 By Jerrold Hood
Date: ___/___/___ By _____
Date: ___/___/___ By _____

Installation Final Written Approval
By: Jerrold C. Hood
Date: 6/9/98

Nitrate Level 0.1 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory
Yes X No ____
Other _____

Business Office Use Only
Date Rec'd: 10/07/97
Amt Paid: $ 75.00
Rec'd By [signature] ~~Cash~~/Check No. 504

Distribution:
White - Health Dept. Lt. Green - Engineer Lt. Blue - Bldg Inspector

APR 2 8 1998

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. 2 T. 9 R. 5 Block 1 Lot 1 Addition RIDGE PARK
Owner JOHN PAULEY Address 2801 SW 74th, LINCOLN, NE.
6f 532

LOG OF WELL	
	Description
Depth Ft.	
0-1	TOP SOIL
1'-24'	BROWN CLAY
24'-26'	SAND
26'-38'	BROWN CLAY
38'-160	BLUE CLAY
160'-179'	BROWN, RED CLAY
179'-247'	GRAY CLAY AND ROCK
247-252	SAND STONE (COURSE, GRAY)
252-254	GRAY CLAY
254-280	SANDSTONE (COURSE) GRAY

WELL COMPLETION RECORD

Drilling Method: ROTARY
Depth (from ground level), Ft. 280
Date Completed 9-12-97

Casing: Length, Ft 260 ; Dia. In. 4"
Wall Thickness, Inc. .214 ; type PVC

Screen: Length, Ft. 20 Dia. In. 4"
Type PVC, SLOTTED, slot Size .018

Drop Pipe: Length, Ft 180 Dia. In. 1¼" SCH 80 PVC

Water Level, Surface to top of water, Ft.:
Static 120, Pumping 140 (EST.)

Yield: 15 gpm, Measured ☒ , Est. ☐

Chlorination Completed Yes ☒ No ☐

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

Driller Rick Bell
(Signed)
2796 W. MILFORD RD
Address MILFORD, NE 68405

Date 4-27-98

REMARKS WELL SEALED WITH BENTONITE (HOLEPLUG) FROM: 5'-15' 100'-110'
NITRATE NITROGEN 0.1 p.p.m.
BACTERIOLOGICAL O.K.

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

10/1/98

11/19/98

LLCHD -- Well Data Entry

Permit Number: 97400661 **ID Number:** — **Date Abandoned:**

Lat Deg: **Min:** **Sec:** **Lng Deg:** **Min:** **Sec:** **Elev:**

Township: 9N **Range:** 5E **Section:** 2 **Quarter:** **Quarter/Quarter:**

Blk: 1 **Lot:** 1 **Addition:** Ridge Park

House No: 2801 **Dir:** SW **St. Name:** 74TH **St. Type** ST. **Suf:**

Well Use: RES **Applicant:** JONI L. Pauley

Owner: JONI Pauley **Drlr:** Everest Well Drilling

Drl Method: Rot **Date Cmpltd:** 09/12/97 **Well Depth:** 280' **Cs Lngth:** 260' **Cs Dia:** 4"

Cs. Type: Pvc **Screen Length:** 20' **Static Lvl:** 120' **Pumping Lvl:** 140 **Yield:** 15 gpm

WATER CHEMISTRY

STATE LAB NO. 154548

COMPLETE INFORMATION BELOW

DATE COLLECTED 6 (MO.) 4 (DAY) 98 (YEAR) 9:48 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOP

SAMPLE LOCATION JONI PAULEY

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QTR NE SECT 2 TWNSHP 9 N RANGE 5 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
3140 "N" STREET
LINCOLN, NEBRASKA 68510

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N 0.1 mg/l

NOT TESTED BECAUSE OF:
☐ DAMAGE
☐ INSUFFICIENT AMOUNT
☐ IMPROPER CONTAINER

TEST(S) BY DSL

FOR ACCOUNTING USE ONLY

LWN 88

RECEIVED 98 JUN 4 PM 12 42

REPORTED 98 JUN 8 PM 1 13

JUN 8 1998

WATER MICROBIOLOGY

STATE LAB NO 1410472

FOR LABORATORY USE ONLY

TEST METHOD: ☐ MEMBRANE FILTER ☐ MPN

COMPLETE INFORMATION BELOW

DATE COLLECTED 6 (MO.) 4 (DAY) 98 (YEAR) 9:48 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION JONI PAULEY

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR ____ SECT 2 TWNSHP 9 N RANGE 5 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
3140 "N" STREET
LINCOLN, NEBRASKA 68510

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS 0 PER 100 ML.

☒ THE WATER MEETS BACTERIOLOGICAL STANDARD

☐ WATER DOES NOT MEET BACTERIOLOGICAL STANDARD

☐ RESULTS MAY BE INVALID DUE TO EXCESSIVE AGE*

*SAMPLES RECEIVED BETWEEN 30-48 HRS. AFTER COLLECTION

SAMPLE NOT ANALYZED BECAUSE OF:

☐ EXCESSIVE AGE ☐ INSUFFICIENT AMOUNT

☐ DAMAGE ☐ IMPROPER CONTAINER

TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY SB

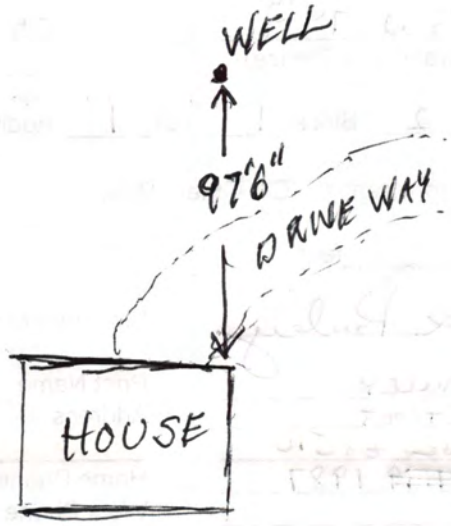
FOR ACCOUNTING USE ONLY

LWB 91

REPORTED '98 JUN 5 PM 12 37

RECEIVED '98 JUN 4 PM 12 42





AREA OF
SEPTIC SYSTEM