LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

Permit No. 99380193201

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 02/12/99
Expires 08/12/99
Revenue Code 3157

PAID

FEES: $150.00

Establishment

FOWLER CUSTOM HOMES
T9N R5E SEC 2
RIDGE PARK 1ST ADDN BLK 3 LOT 1
7425 BLUEBIRD LN

TOTAL $150.00

Permittee

FOWLER CUSTOM HOMES
6210 S 57 ST
LINCOLN NE 68516

Issued By Health Director
Lincoln-Lancaster County Health Department

008727

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 7425 Bluebird La. (no rural route) City Lincoln NE, Zip

Legal Description 2 (1/4) 9N (Township) 5E (Range) Ridge Park (Subdivision) 1st (Addition) 3 (Block) 1? (Lot)

Geographical Location (if known): Longitude Latitude

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

B. Owner

Name Fowler Custom Homes Signature Barry Fowler

Address 6210 So. 57th City/State/Zip Lincoln Nebr. 68516

☐ Check if owner designed system Home Phone Work Phone 420-2950

C. Contractor

Name Fowler Custom Homes 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 John Strohmyer Firm Work Phone 430-6023

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 2/12/99 Date frwd 2/12/99	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 2/12/99 Date frwd 2/12/99	**ACTION** ☒ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 2-12-99 Date frwd 2-12-99	**ACTION** ☒ Approved ☐ Disapproved Signature	

5-10-99

Installation Final Written Approval

By Ron Maynard

Date 5-10-99

Business Office Use Only

Date Rec'd 07/12/99

Amt Paid 150.00

Rec'd By Cash/Check No. 10551

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

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 7425 Bluebird La (no rural route) City Lincoln NE, Zip

Owner Fowler Custom H. Addresss 6210 So. 57th Lincoln NE 68516

Soil Type (SCS): SHELBY CLAY LOAM Percolation Rate: 55 min./inch

Date of Tests 2/8/99 to 2/9/99 Weather: Precipitation Temperature

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	30	2/8	1:00 P.M.	2/9	1:00	2/9	3:30 P.M.	30	2/9	4:00	30	1/2	60
2	30	2/8	1:00	2/9	1:00	2/9	3:30	30	2/9	4:00	30	5/8	48
3	31	2/8	1:00	2/9	1:00	2/9	3:30	30	2/9	4:00	30	1/2	60
4	30	2/8	1:00	2/9	1:00	2/9	3:30	30	2/9	4:00	30	5/8	48
5	32	2/8	1:00	2/9	1:00	2/9	3:30	30	2/9	4:00	30	9/16	53
6	30	2/8	1:00	2/9	1:00	2/9	3:30	30	2/9	4:00	30	1/2	60

Person Conducting Percolation Tests

Name: John Stuhmer

Phone:

Address

Sum of Percolation Rates: 329

Average of Rates: 55

Rate Used for Calculation:

250

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date FEBRUARY 12, 1999

FORM 23-101 10-96

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

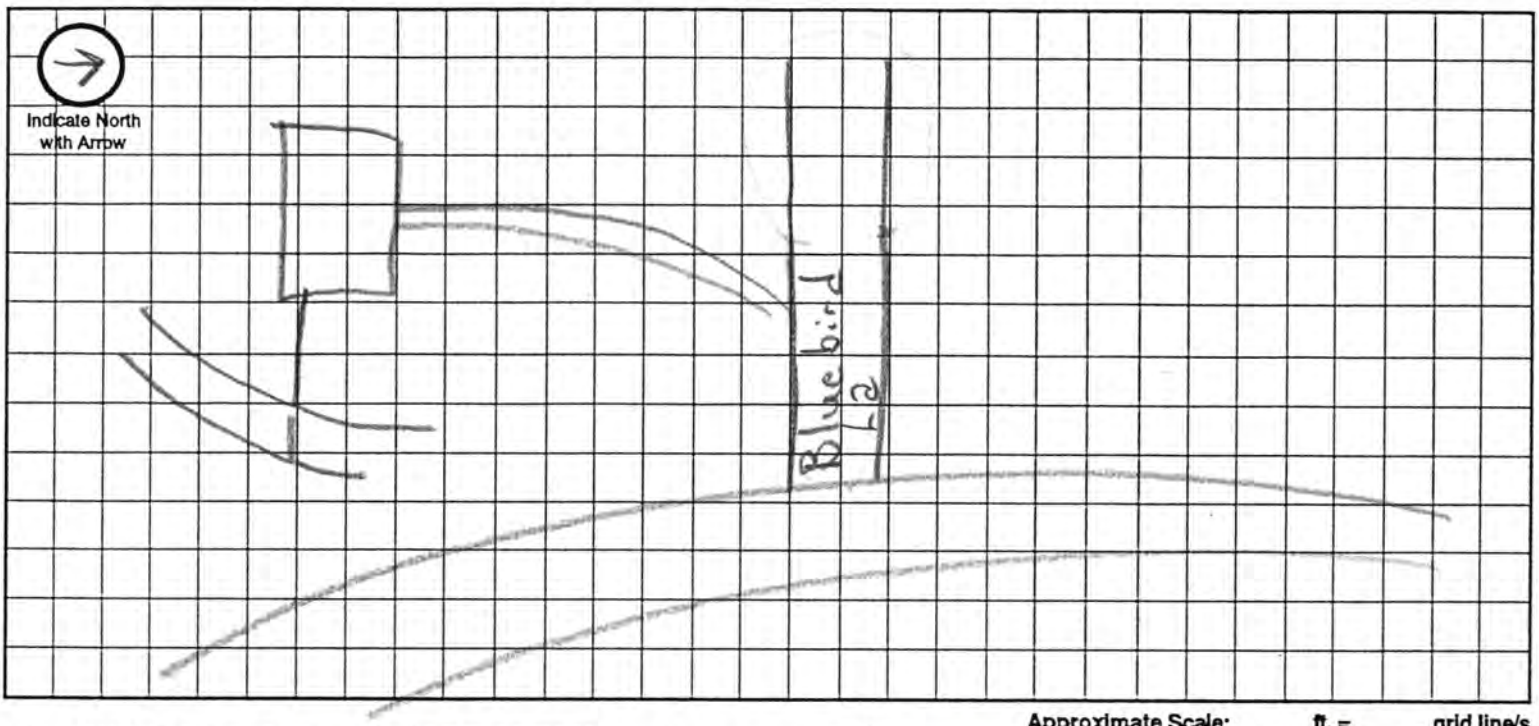
C

Permit Number:

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) 7425 Bluebird Ln. City Lincoln NE, Zip 68506

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 55 (min. per inch) Soil Type: SHELBY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 947 sq. ft.

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

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 337 ft. Number of Trenches 3 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 Barry Lauber Date 2/10/99

Installer John Strohmyer Date 2/10/99

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 _____

System Location (Indicate correct number and street)

Address 7425 Bluebird La. (no rural route) City Denton NE, Zip _____

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 24 in.
3. Distance between dwelling and septic tank: 91 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100+ ft.
   stream " ft.
   pressure line " ft.
   property line " ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1250 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: 12 in.
8. Distances to: Well or suction line 100+ ft.
   Stream " ft.
   Pressure line " ft.
   Property line " ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 6
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 6 ft.

D. Absorption Field

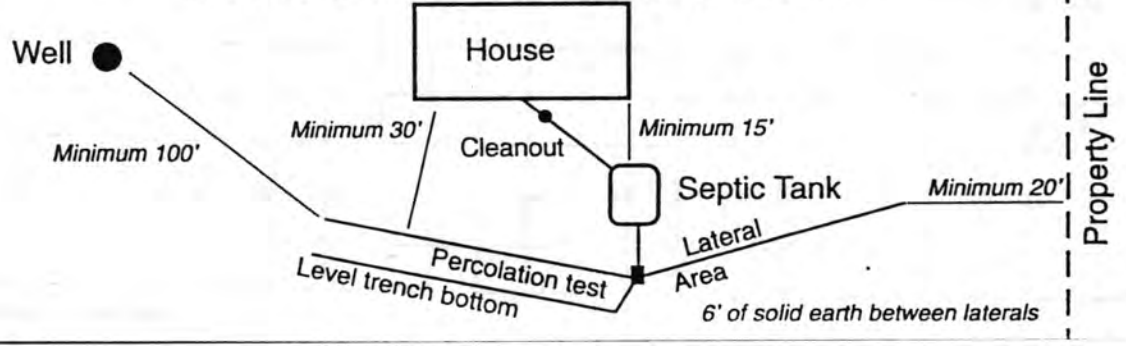
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 16"
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other Infiltrator
2. Lateral lines: Number 3
   Length of each line: 100 ft. 100 ft.
   60 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4' ft.
   Slope 1" in/100 ft.
   Average depth 30 in
4. Filter material: Rd. Gravel
   Depth of material 20 in.
5. Distances to: Well or suction line 100+ ft.
   Stream " ft.
   Pressure line " ft.
   Property line " ft.

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

Indicate North with Arrow

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

Permit # 99400083001

Issued 05/25/99
Expires 11/25/99
Revenue Code 3162

Establishment

B & K ENTERPRISES INC
T9N R5E SEC 2
RIDGE PARK 1ST ADDN BLK 3 LOT 1
7425 BLUEBIRD LN

FEES: $75.00

Permitee

B & K ENTERPRISES INC
6210 S 57 ST
LINCOLN NE 68516

TOTAL: $75.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010338

MAY 2 1 1999

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

Permit No. 9940 00830

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 7425 W. Blue Bird Lane City Lincoln, NE Zip 68523
(No Rural Route Please)
Legal description of property:
Twp 9N; Range 5E; Section 2; Block 3; Lot #1; Addition Ridge Park

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

3. Distance to Public Water Supply _____ feet.

Signature of Owner John A Bergman
Print Name B & K Enterprises Inc.
Current Address 6210 S. 57th St.
Lincoln NE 68516
Current Home Phone _____
Work Phone 420-2950

Signature of Contractor _____
Print Name _____
Address _____
Home Phone _____
Work Phone _____
Cellular Phone _____

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 5/21/99 Date forwarded 5/__/__	ACTION ☒ Approved ☐ Disapproved Signature: Jerrold C. Wood	
2	Building & Safety	Date received 5/24/99 Date forwarded 5/24/99	ACTION ☒ Approved ☐ Disapproved Signature: [signature]	
3	City Engineer	Date received 5/24/99 Date forwarded __/__/__	ACTION ☐ Approved ☐ Disapproved Signature: [signature]	

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits:
Date: 7/19/99 By Jerrold C. Wood
Date: __/__/__ By _____
Date: __/__/__ By _____

Installation Final Written Approval
By: Jerrold C. Wood
Date: 7/21/99

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

Nitrate Level 0.6 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory
Yes X No ____
Other _____

Business Office Use Only
Date Rec'd 5/21/99
Amt Paid $ 75.00
Rec'd By CW Cash/Check No. 1334

9940000830

MAY 17 1999

entered 8/2/99

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13553
FILE NO. 9940000830

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 3 Lot 1 Addition RIDGE PARK 7425 W. BLUE BIRD LANE

Owner FOWLER CUSTOM HOMES Address 6250 QUEENS DRIVE, LINCOLN, NE 68516

LOG OF WELL	
Depth ft. --to--	Description
0- 55	BRN CLAYS
55- 170	BLUE CLAY
170-230	MOSTLY GRAY SHALE, SOME SAND
230-238	VERY FINE WHITE SS
238-247	SHALE, SOME SS
247-255	VERY FINE WHITE SS
255-260	SHALE
260-268	VERY FINE WHITE SS
268-290	FINE WHITE SS SOME SHALE

WELL COMPLETION RECORD

Drilling Method:

Depth (from ground level), Ft. 267'
Date Completed 4/22/99

Casing: Length, Ft. 247'; Dia. In. 4"
Wall Thickness, Inc. .214 ; type PVC

Screen: Length, Ft. 20' Dia. In. 4"
Type MONOFLEX SLOTTED, slot Size .020

Drop Pipe: Length, Ft. 140' Dia. In. 1"

Water Level, Surface to top of water, Ft.:
Static 100', Pumping 110' EST

Yield: 60 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 [signature] (Signed)

P. O. BOX 308
Address Hickman, Nebraska 68372-0308

Date 14 MAY 1999

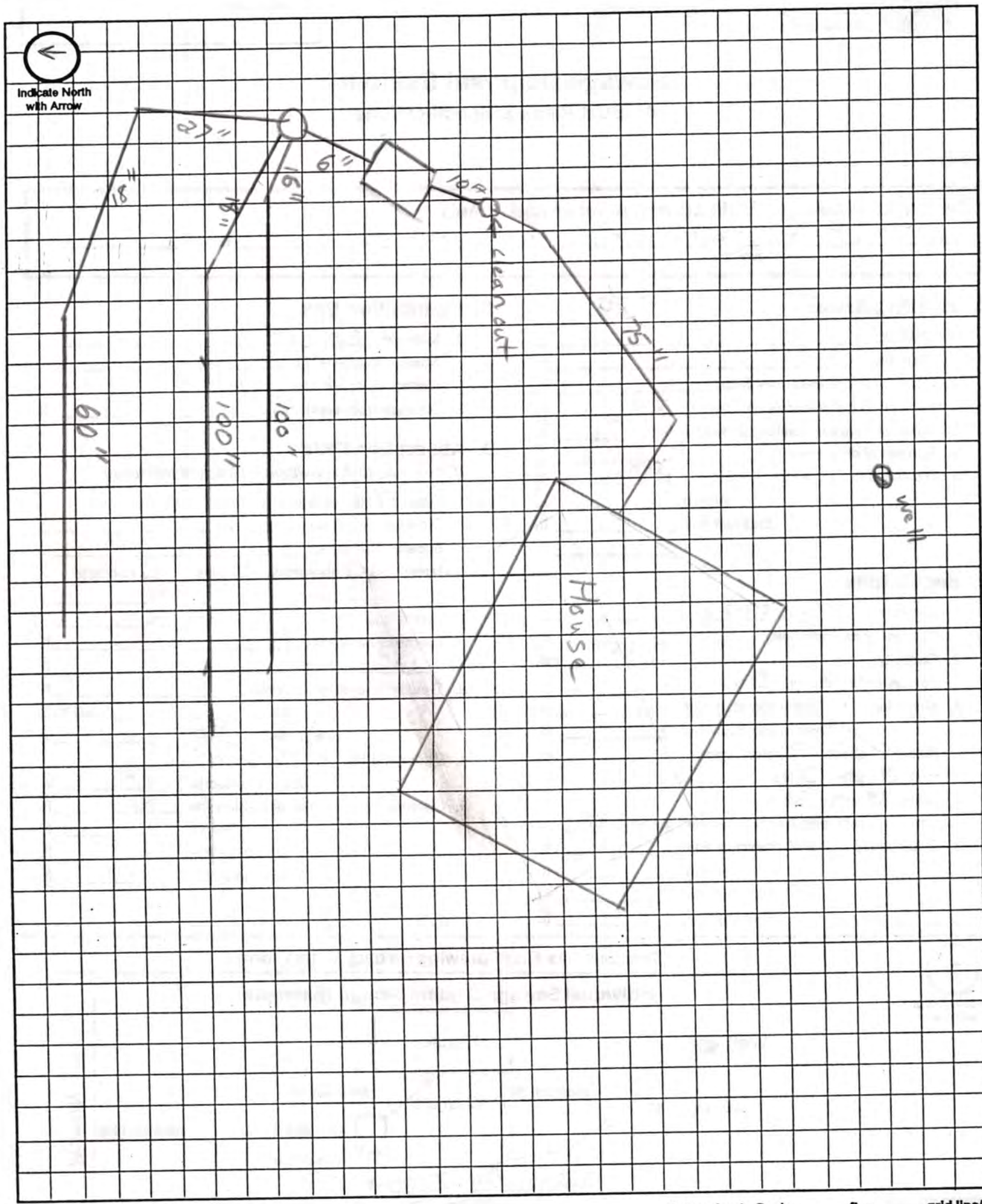
REMARKS NITRATE NITROGEN 0.6p.p.m., BACTERIOLOGICAL O.K.

DO NOT WRITE BELOW THIS DOUBLE LINE

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

FORM 22-4

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s