Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 00380223201

Issued 08/10/00
Expires 02/10/01
Revenue Code 3157

Establishment

NICK W APA
T9N R5E SEC 2
RIDGE PARK BLK 3 LOT 2
7400 W WALLIN LN

FEES: $150.00

Permitee

NICK W APA
4100 KIPLING PL
LINCOLN NE 68516

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013624

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

A

Permit Number: 00-002232

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 7400 W Waldo Lane (no rural route) City Lincoln NE, Zip 68532

Legal Description 2 (1/4) 9N (Section) 5E (Township) Ridge Park (Range) — (Subdivision) 3 (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 Nick A. Apa Signature _____

Address 4100 Kipling PL City/State/Zip Lincoln, Ne 68516

☒ Check if owner designed system Home Phone 402-421-3540 Work Phone 458-4315

C. Contractor

Name Freeze Excavating Company Name _____

Address 1901 Pleasant Hill Rd City/State/Zip Lincoln, Ne 68523

☐ 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 4 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 8/3/00 Date frwd 8/3/00 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold E. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8-3-00 Date frwd 8-3-00 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 8/3/00 Date frwd 8/3/00 **ACTION** ☒ Approved ☐ Disapproved Signature Chase Baker

1/11/2001 Line tanks, laterals inspected Needs drawing

Installation Final Written Approval

By Doug Amack

Date 8/30/01

Business Office Use Only
Date Rec'd 08/02/00
Amt Paid 150.00
Rec'd By _____ ~~Cash~~/Check No. 2913

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

D

Permit Number: 00380273 2

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE Lot 2 Blk 3 Ridge Park

System Location (Indicate correct number and street)

Address 7400 West Nelson Lane (no rural route) City Lincoln, Ne NE, Zip 68532

Owner Nick Wade Address 4100 Kipling St

Soil Type (SCS): Silty & Sandy Clay Percolation Rate: _____ min./inch

Date of Tests 2-22 to 2-23-99 Weather: Precipitation _____ Temperature 45°

Percolation Test Data Table

A. Hole No.	B. Hole Depth (ft)	C. D. E. F. Pre-Saturation Period: Start Date (Mo/Da)	Start Time (Hr/Min)	End Date (Mo/Da)	End Time (Hr/Min)	G. H. I. J. K. Percolation Readings: Start Date (Mo/Da)	Start Time (Hr/Min)	Water Lev (in.)	End Date (Mo/Da)	End Time (Hr/Min)	L. M. N. Results: Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	30	2-22	4:00	2-23	7:40	2-23	9:40	8	2-23	10:10	30	1	30
2	"							9 5/8				1/8	? N/A
3	"							12 3/4				3/4	40
4	"							10 1/2				1/2	60
5	"							14				3/4	40
6	"							7 1/2				1/2	60
7	"							7 3/4				1	30

Person Conducting Percolation Tests

Name: Lenny Schwarck

Phone: 489 7294

Address 8200 Old Cheney

Sum of Percolation Rates: 260

Average of Rates: 43.

Rate Used for Calculation: 60 min / inch

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks USE 60 MIN/INCH PERC RATE DUE TO VARIATION IN TEST RESULTS > 20 MIN/INCH.

Signature of Reviewing Official John E Mines Date 5-3-00

FORM 59-101 10-95

DeWayne Friesen

D

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 3/12/01 Nick Apa

System Location (Indicate correct number and street)

Address 7400 Wallen St (no rural route) City Lincoln NE, Zip 685

A. Building Sewer

1. Material: plastic
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 14' ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: _____
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade 24 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: Plastic
   Number available outlets: 6
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

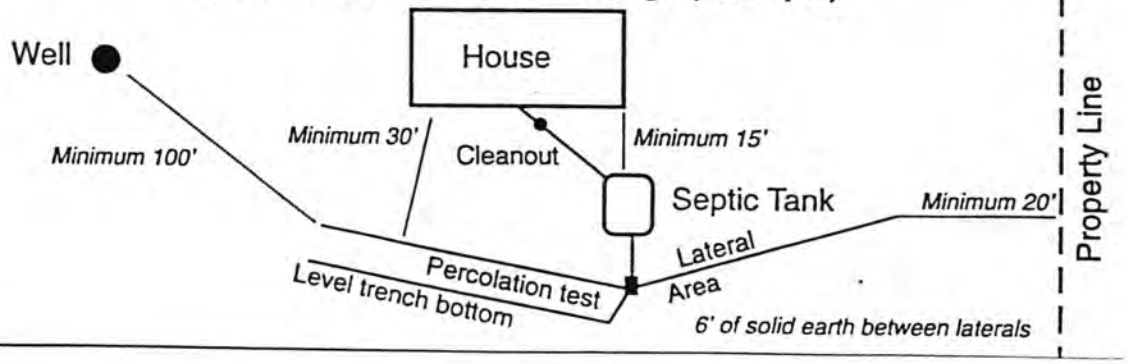
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: infiltrator
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 90 ft. 90 ft.
   90 ft. 90 ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 36 in
4. Filter material: gravel
   Depth of material 15 in.
5. Distances to: Well or suction line 100+ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line 25 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 # 00400092701

Issued 08/10/00
Expires 02/10/01
Revenue Code 3162

FEES: $75.00

TOTAL: $75.00

Establishment

NICK W APA
T9N R5E SEC 2
RIDGE PARK BLK 3 LOT 2
7400 W WALLIN LN

Permitee

NICK W APA
4100 KIPLING PL
LINCOLN NE 68516

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. DO4000927

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 7400 W. Waklin Lane City Lincoln, NE Zip 68532
(No Rural Route Please)
Legal description of property:
Twp 9N; Range 5E; Section 2; Block 3; Lot 2; Addition Ridge Park 1st Addition

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

3. Distance to Public Water Supply _____ feet.

Signature of Owner Nick W. Apa

Print Name Nick W. Apa
Current Address 4100 Kipling Pl
Lincoln, Ne 68516
Current Home Phone 402-421-3540
Work Phone 402-458-4315

Signature of Contractor Nick W. Apa

Print Name Nick W. Apa
Address 4100 Kipling Pl
Lincoln, Ne 68516
Home Phone 402-421-3540
Work Phone 402-458-4315
Cellular Phone 402-560-4827

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 8/3/00, Date forwarded 8/3/00 — ACTION ☒ Approved ☐ Disapproved — Signature: Jerrold C. Head
2. Building & Safety — Date received 8/3/00, Date forwarded 8/3/00 — ACTION ☒ Approved ☐ Disapproved — Signature: [signature]
3. City Engineer — Date received 8/3/00, Date forwarded 8/3/00 — ACTION ☒ Approved ☐ Disapproved — Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits:
Date: ___/___/___ By _____
Date: ___/___/___ By _____
Date: ___/___/___ By _____

Installation Final Written Approval
By: Doug Smith
Date: 2/12/02

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

Nitrate Level _____ mg/L Unable to locate
Chloride Level _____ mg/L result — sample
Bacteriological Analysis Satisfactory were satisfactory
Yes ____ No ____
Other _____

Business Office Use Only
Date Rec'd: 08/02/00
Amt Paid: $ 75.00
Rec'd By LS Cash/Check No. 7913

Also Sewage

SEP 8 2000

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PREMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. 004000927

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 3 Lot 2 Addition RIDGE PARK ADDITION 7400 W. WALIN ROAD

Owner NICK APA Address 4100 KIPLING PLACE, LINCOLN, NE 68516

LOG OF WELL	
Depth Ft to:	Description
0- 65	YEL CLAYS
65-145	BLUE CLAY
145-215	GRAY SHALE W/LAYERS OF
	FINE SANDSTONE
215-235	FINE SANDSTONE
235-236	SHALE
236-245+	FINE SANDSTONE

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level). Ft. 235'

Date Completed 8/15/00

Casing: Length, Ft. 220' :Dia. In. 4"

Wall Thickness, Inc. .214 :Type PVC

Screen: Length, Ft. 15' Dia. In. 4"

Type PVC WOP & SLOTTED Slot Size .018

Drop Pipe: Length, Ft. 140' Dia. In. 1 1/4"

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

Static 104' M , Pumping 115' EST

Yield: 20 gpm, Measured M . 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

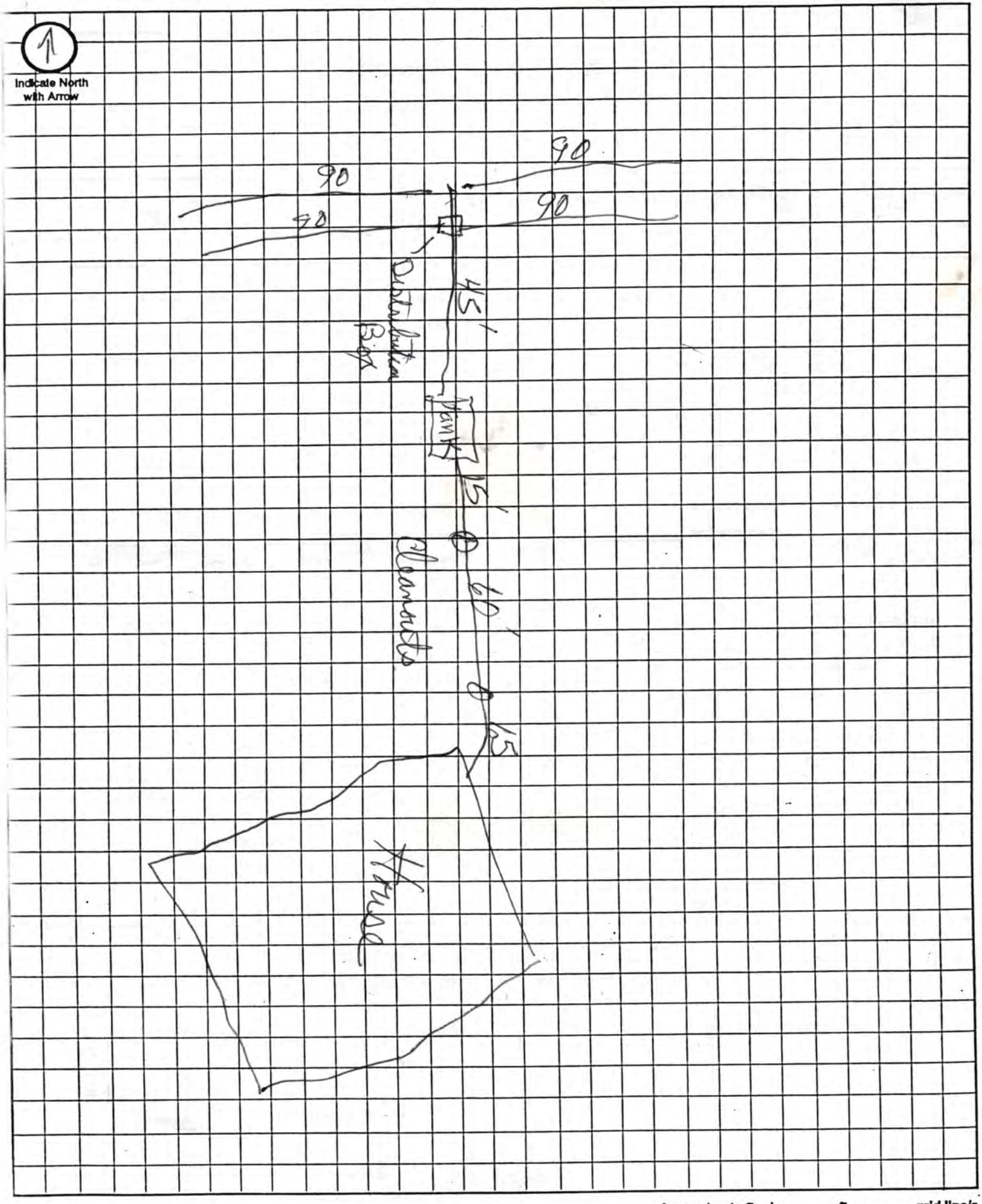
Date: 9/7/00

Remarks

DO NOT WRITE BELOW THIS DOUBLE LIN

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

As Built Drawing



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