LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 98380186301

Issued 10/06/98
Expires 04/06/99
Revenue Code 3157

FEES: $150.00

PAID

Establishment

MARSHAL & LINDA RUSSELL
T9N R5E SEC 2 QTR NE
RIDGE PARK NW OF NE BLK 4 LOT 2
3000 SW 74 ST

Permittee

MARSHAL & LINDA RUSSELL
5027 W SPARROW LN
LINCOLN NE 68528-2120

TOTAL $150.00

Issued By Health Director
Lincoln-Lancaster County Health Department

008188

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 3000 SW 74th ST (no rural route) City Lincoln NE NE, Zip

Legal Description NW (1/4) NE (1/4) 2 (Section) T9N (Township) R5E (Range) Ridge Park (Subdivision) 4 (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 Marshal + Linda Russell Signature

Address 5027 W Sparrow City/State/Zip Lincoln NE 68528

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name Mark Masek Company Name Mark Masek Const.

Address 2815 STARR City/State/Zip Lincoln NE 68503

☐ Check if contractor designed system Work Phone 560-4751

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Brad Southwick Firm Southwick Sewer Work Phone 430-7606

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 10-5-98 Date frwd 10/6/98 ACTION ☒ Approved ☐ Disapproved Signature
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10-6-98 Date frwd 10-6-98 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 10-6-98 Date frwd 10-6-98 ACTION ☒ Approved ☐ Disapproved Signature

1/19/99 Tank + sewer only. J.C.H.
2-21-99 rec two drawings/letters, need drawing 1/26/99 two laterals J.C.H.

Installation Final Written Approval

By Gerald C. Wood

Date January 28, 1999

Business Office Use Only

Date Rec'd 10/05/98
Amt Paid 150.00
Rec'd By ~~Cash~~/Check No. 6324

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

LOT 2 BLK 4

System Location (Indicate correct number and street)

Address SW 24 City Lincoln NE, Zip 68532

Owner ~~John Ball/Realtor~~ (no rural route) Mark Masek Addresss 2815 STARK ~~3737 So 27~~ Lincoln, Ne 68502

Soil Type (SCS): WYMORE SILTY CLAY LOAM Percolation Rate: _____ min./inch

Date of Tests 5-27 to 5-28-98 Weather: Precipitation T Temperature 80s

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	36	5/27	3:30	5/28	9:00	5/28	11:00	5 3/8	5/28	11:30	30	5/8	48
2			PM		AM		PM	5		PM		3/4	40
3								5 1/2				5/8	48
4								5 1/4				5/8	48
5								5 7/8				5/8	48
6								3 1/4				3/4	40

Sum of Percolation Rates: 272
Average of Rates: 46 min/in
Rate Used for Calculation: 46

Person Conducting Percolation Tests

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

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks OK. Burchard soil possible in low area. Bottom of trench must be 4 ft above seasonal water table.

Signature of Reviewing Official _____ Date 10/5/98

FORM 23-101 10-96

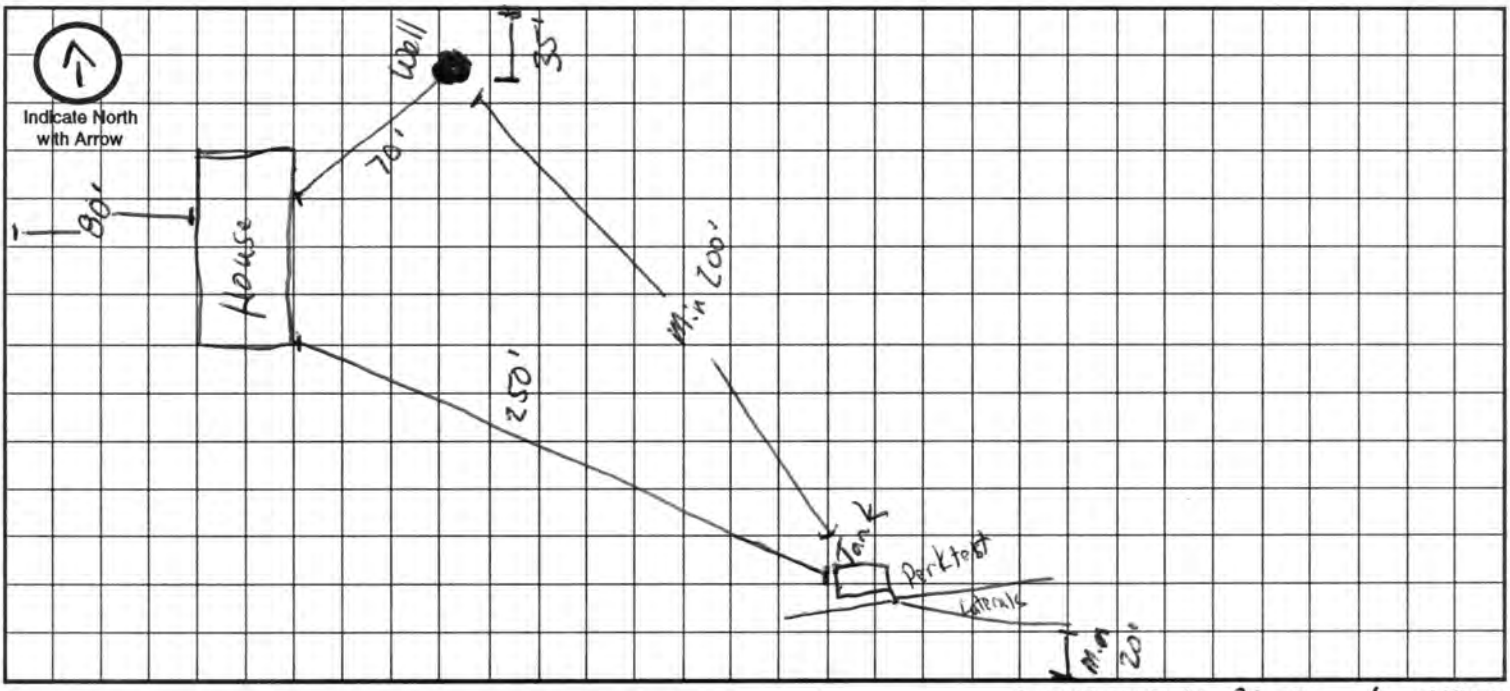
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 3000 SW 74th 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: WYMORE SILTY CLAY LOAM 5pf Land Slope: %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other

Total Square Feet of Field Required: 906 sq. ft.

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

Capacity of Septic Tank 1250 gals Number of Absorption Beds: Number of Distribution Laterals per Bed 1

Total Length of Laterals 302 ft. Number of Trenches 4 Trench Width 4ft

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 X Date 10-5-98

Installer Date 10-5-98

FORM 23-102 10-96

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 1-26-99

System Location (Indicate correct number and street)

Address 3000 SW 74 (no rural route) City Lincoln NE, Zip 68532

A. Building Sewer

1. Material: Sch 40 PVC
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 21 in.
3. Distance between dwelling and septic tank: 81 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line > 50 ft.
   stream NA ft.
   pressure line NA ft.
   property line > 5 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 6X9 in.
   Over outlet, diameter 6X9 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 > 50 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line > 20 ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 14 ft.

D. Absorption Field

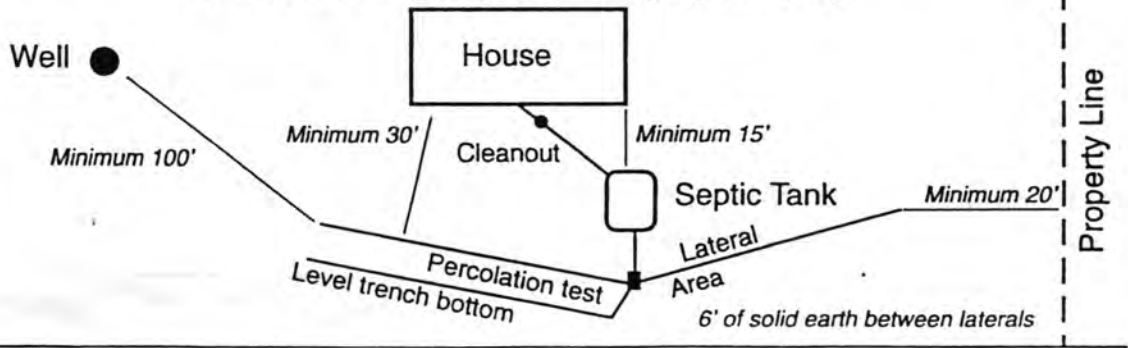
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: ____
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other Infiltrator
2. Lateral lines: Number 4
   Length of each line: 100 ft. 100 ft.
   55 ft. 50 ft., ____ ft.
3. Trench dimensions: Width 4 ft.
   Slope > 6 in/100 ft.
   Average depth 33 in
4. Filter material: Road Gravel
   Depth of material 16 in.
5. Distances to: Well or suction line > 100 ft.
   Stream > 50 ft.
   Pressure line > 30 ft.
   Property line > 20 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

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

NON TRANSFERABLE

PERMIT

Permit No. 98400077401

WATER WELL
NEW WATER WELL CONSTRUCTION

Issued 07/29/98
Expires 01/29/99
Revenue Code 3162

Establishment

LINDA L RUSSELL
T9N R5E SEC 2
RIDGE PARK BLK 4 LOT 2
7400 W VAN DORN ST

FEES: $75.00

PAID

TOTAL $75.00

Permittee

LINDA L RUSSELL
5027 W SPARROW LN
LINCOLN NE 68528-2120

Issued By Health Director
Lincoln-Lancaster County Health Department

007909

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

JUL 28 1998

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

Permit No. 98G000774

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 3000 SW 74th ~~SW 74th & W Van Dorn~~ City Lincoln, NE Zip ?
(No Rural Route Please)

Legal description of property:
Twp 9N; Range 5E; Section 2; Block 4; Lot 2; Addition Ridge Park

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

3. Distance to Public Water Supply (over 1 mile) feet.

Signature of Owner Linda L. Russell

Print Name Linda J. Russell
Current Address 5027 W Sparrow Ln
Lincoln NE 68528
Current Home Phone 402-470-2681
Work Phone 402-434-5809

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 7/29/98; Date forwarded 7/29/98
ACTION ☒ Approved ☐ Disapproved Signature: Jerrold C. Hood

2. Building & Safety — Date received 7/29/98; Date forwarded 7/29/98
ACTION ☒ Approved ☐ Disapproved Signature: [signature]

3. City Engineer — Date received 7/29/98; Date forwarded ___/___/___
ACTION ☐ Approved ☐ Disapproved Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits:
Date: 6/18/99 By Jerrold C. Hood
Date: ___/___/___ By _____
Date: ___/___/___ By _____

Installation Final Written Approval
By: Jerrold C. Hood R.E.H.S.
Date: 6/23/99

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

Nitrate Level 1.6 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory
Yes X No ____
Other _____

Business Office Use Only
Date Rec'd: 7/29/98
Amt Paid: $ 75.00
Rec'd By CW Cash/Check No. 1772

JUN 10 1998

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. 9840007774

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 4 Lot 2 Addition Ridge Park, Lot 2, Blk 4

Owner Marshall Russell Address 5027 W. Sparrow Lane, Lincoln, Ne 68521

LOG OF WELL	
Depth ft. --to--	Description
0- 35	YELLOW CLAY
35- 50	GRAY/BROWN CLAY
50-165	BLUE CLAY
165-170	IRONSTONE & SHALE
170-215	GRAY SHALE
215-229	RED SHALE
229-245	FINE BRN SANDSTONE
245-255	VERY FINE SANDSTONE

WELL COMPLETION RECORD

Drilling Method: roto/water

Depth (from ground level), Ft. 245'
Date Completed 5/5/98

Casing: Length, Ft. 230'; Dia.In. 4"
Wall Thickness, Inc. .215"; type PVC

Screen: Length, Ft. 15' 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 90', Pumping 100' EST

Yield: 100 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)

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

Date 9 JUNE 1998

REMARKS NITRATE NITROGEN 1.6 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 21-A