Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 99380210401

Issued 11/02/99
Expires 05/02/00
Revenue Code 3157

FEES: $150.00

Establishment

DON JOHNSON HOMES
T9N R5E SEC 2
RIDGE PARK BLK 4 LOT 3,4
3100 SW 74 ST

Permitee

DON JOHNSON HOMES
7211 S 27 ST
LINCOLN NE 68512

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

ST IN A PROMINENT PLACE • NOT TRANSFERABLE

011122

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

A

Permit Number: 9938 02104

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 3100 SW 74th (no rural route) City Lincoln NE, Zip 68528

Legal Description 2 9N 5E Ridge Park #4 3,4
1/4 1/4 Section Township Range Subdivision 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 Don Johnson Homes Signature Don Johnson

Address 7211 S 27th City/State/Zip Lincoln NE 68512

☐ Check if owner designed system Home Phone 420-3228 Work Phone 430-7880

C. Contractor

Name Dave Company Name Vogt

Address Box 181 City/State/Zip Elmwood NE 68349

☐ Check if contractor designed system Work Phone 560-4267

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 10-28-99 Date frwd 10-28-99 ACTION ☒ Approved ☐ Disapproved Signature Ron Maynard
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10/29/99 Date frwd 10/29/99 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10/29/99 Date frwd 10/29/99 ACTION ☒ Approved ☐ Disapproved Signature _____

2/3/00 Need drawing for C.O. 2nd tank installed 1500 gal tank

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date JUNE 6, 2000

Business Office Use Only

Date Rec'd 10/28/99
Amt Paid 150.00
Rec'd By _____ Cash/Check No. 4514

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: 9938021O4

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 3100 SW 74th (no rural route) City Lincoln NE, Zip 68328

Owner Steve BlanKenbaker Address

Soil Type (SCS): Clay loam Percolation Rate: min./inch

Date of Tests 7-11-98 to 7-12-98 Weather: Precipitation 0 Temperature 80

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	7-11	8:00	7-12	6AM	7-12	6AM	6	7-12	8AM	30	1/2	60
2	36	7-11	3PM	7-12	6	7-12	6	6	7-12	8AM	30	1/2	60
3	36	7-11	3PM	7-12	6	7-12	6	6	7-12	8	30	3/4	40
4	36	7-11	3PM	7-12	6	7-12	6	6	7-12	8	30	3/4	40
5	36	7-11	3PM	7-12	6	7-12	6	6	7-12	8	30	1/2	60
6	36	7-11	3PM	7-12	6	7-12	6	6	7-12	8	30	3/4	40

Sum of Percolation Rates: 6/300
Average of Rates: 50
Rate Used for Calculation: 50

Person Conducting Percolation Tests

Name: Brian Shafer
Phone: 464-0938
Address 2760 Sun Ave.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23.101 10-96

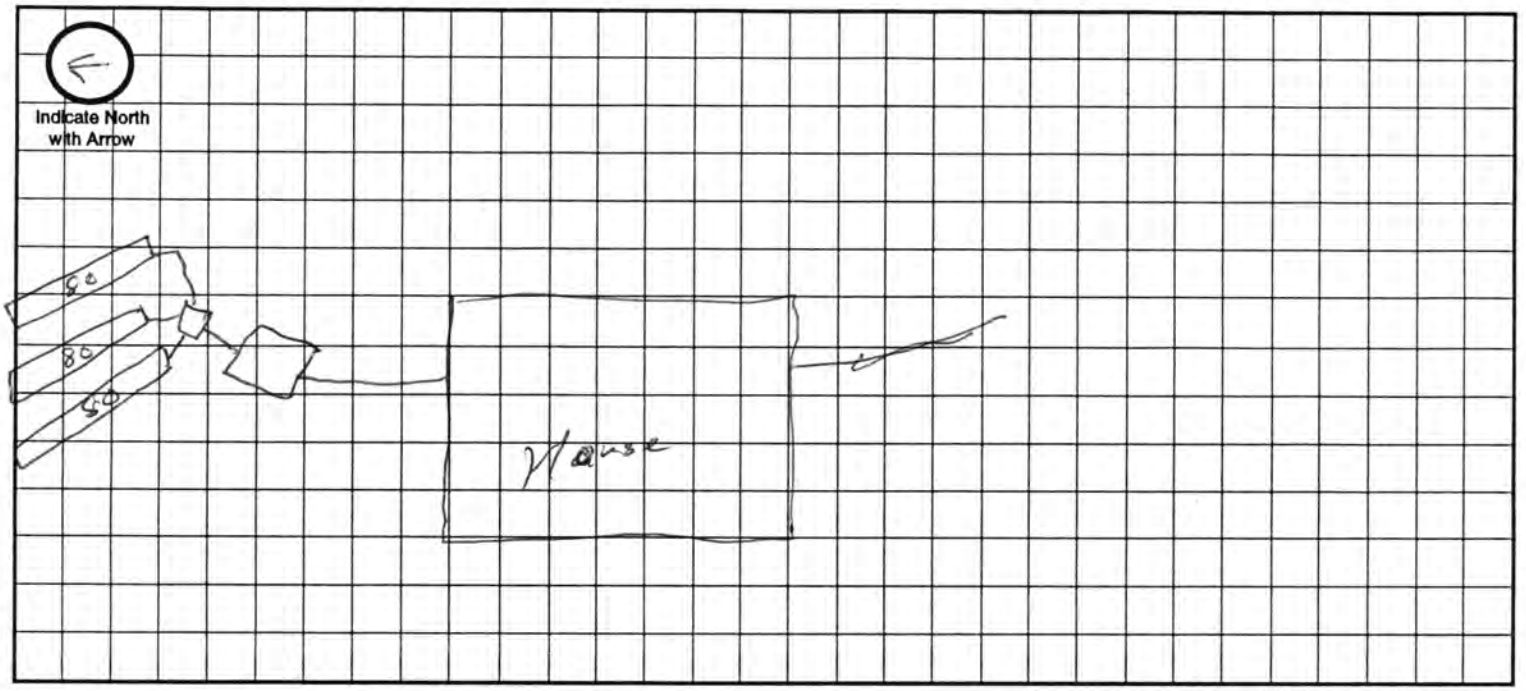
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 9938021 04

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: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 3100 SW 74th City Lincoln NE, Zip 68528

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 50 (min. per inch) Soil Type: Clay Loam Land Slope: 5% %

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

Total Square Feet of Field Required: 960 sq. ft.

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

Capacity of Septic Tank 1000 (1500 INSTALLED) gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 240 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 _____ Date _____

Installer _____ Date 10-22-98

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 2-9-00

System Location (Indicate correct number and street)

Address SW 74th (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and septic tank: 70 ft.
4. Number of clean-outs: In Side
5. Distances to: well or suction line 100+ ft.
   stream NA ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 16 in.
   Over outlet, diameter 12 in.
   Riser: ☐ above ☐ below (grade) 0" in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 18 in.
8. Distances to: Well or suction line 100+ ft.
   Stream NA ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 8 ft.

D. Absorption Field

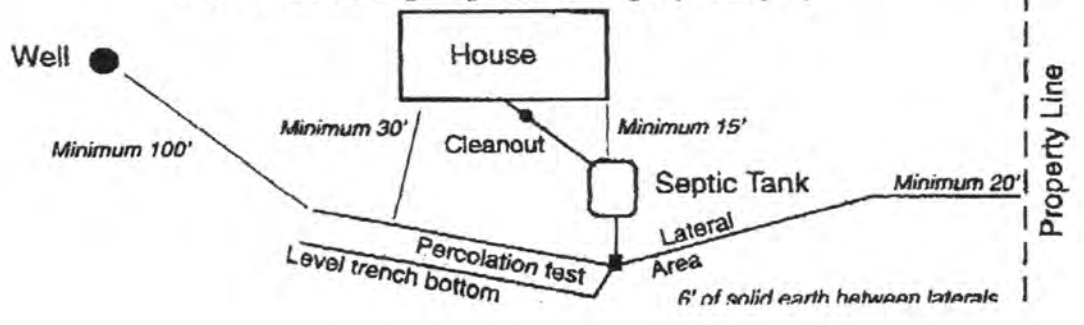
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: Infiltrator
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 60 ft. 80 ft.
   100 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 2 in/100 ft.
   Average depth 30 In
4. Filter material: Read Gravel
   Depth of material 20 in.
5. Distances to: Well or suction line 100+ ft.
   Stream NA ft.
   Pressure line 30+ ft.
   Property line 20+ ft.

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

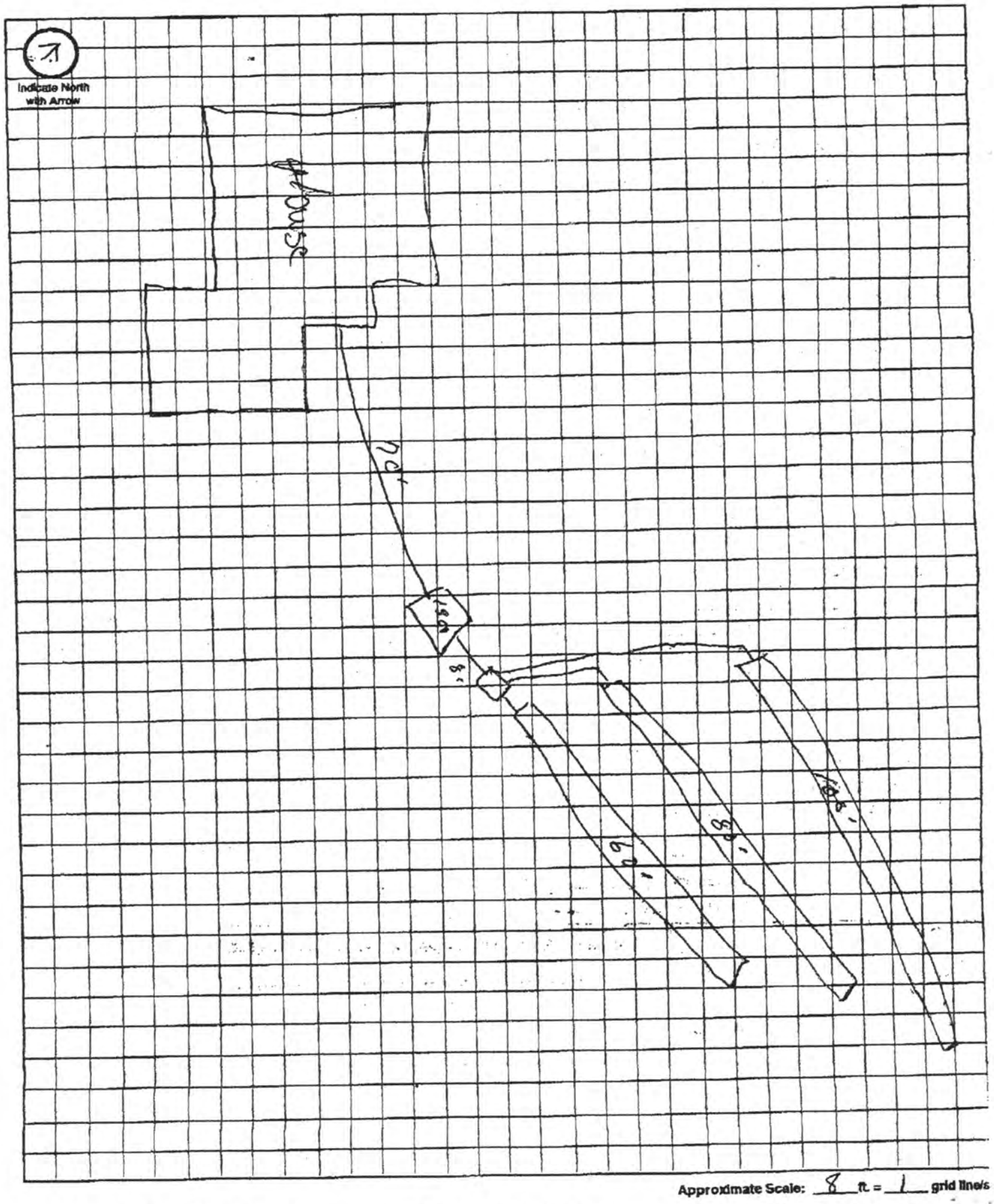
Indicate North with Arrow

Individual Sewage System Design (Example)



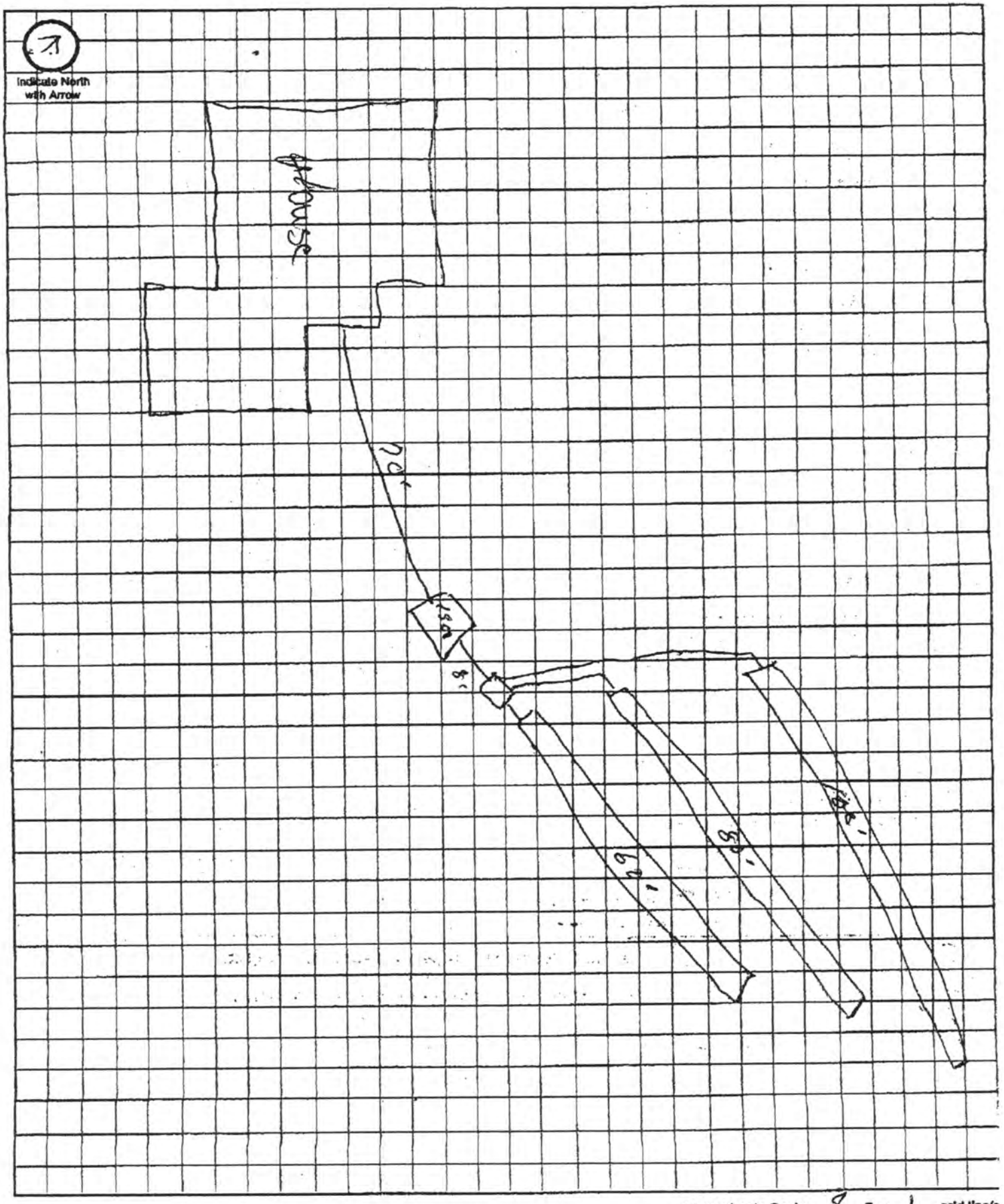
FORM 23-103 10-96

As Built Drawing



Approximate Scale: 8 ft. = 1 grid line/s

As Built Drawing



Approximate Scale: 8 ft. = 1 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 # 00400089601

Issued 07/10/00
Expires 01/10/01
Revenue Code 3162

Establishment

MITZI HIATT
T9N R5E SEC 2
RIDGE PARK BLK 4 LOT 3,4
3100 SW 74 ST

FEES: $75.00

TOTAL: $75.00

Permitee

MITZI HIATT
3100 SW 74 ST
LINCOLN NE 68532

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013480

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

Permit No. 0140000896

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 3100 (SW) 74th (No Rural Route Please) City Lincoln, NE Zip 68

Legal description of property:
Twp 9N; Range 5E; Section 2; Block 4; Lot 34; Addition RIDGE PARK

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

3. Distance to Public Water Supply _____ feet.

Signature of Owner [signature]

Print Name Don Johnson Homes
Current Address 7211 S 27th
Lincoln NE 68512
Current Home Phone 436-3228
Work Phone 450-1700

Signature of Contractor [signature]

Print Name Earnest
Address _____
Milford NE 68405
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 6/29/00 Date forwarded 6/29/00	ACTION ☑ Approved ☐ Disapproved Signature: Jerrold C. Hood	
2.	Building & Safety	Date received 6/29/00 Date forwarded 6/29/00	ACTION ☑ Approved ☐ Disapproved Signature: [signature]	
3.	City Engineer	Date received 6/29/00 Date forwarded ___/___/___	ACTION ☑ Approved ☐ Disapproved Signature: [signature]	

REMARKS OR REASONS FOR DISAPPROVAL: _____

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

Installation Final Written Approval
By: Jerrold C. Hood
Date: 7/10/00

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: 06/29/00
Amt Paid: $ 75.00
Rec'd By _____ Cash/Check No. 05312

JUL 6 2000

ent 8/7/00

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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN NE 68502
Phone: 471-7300

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 2 T. 9N R. 5E Block 4 Lot 34 Addition RIDGE PARK
Owner Steve Blankenbaker Address

LOG OF WELL	
Depth Ft. to	Description
0-1	Top Soil
1-45	Brown Clay
45-105	Blue Clay
105-106	Sand (Gray, Course)
106-138	Blue Clay
138-169	Sand (Med, Course, Gray)
169	Rock 4"
169-186	Gray Clay
186-214	Sandstone (Med, Gray)
214	Rock 6"
214-240	Sandstone

WELL COMPLETION RECORD

Drilling Method: Rotary
Depth (from ground level), Ft. 240
Date Completed 12/7/99

Casing: Length, Ft. 0 ; Dia. In. 230
Wall Thickness, Inc. .214 ; type PVC

Screen: Length, Ft. 10 Dia. In. 4"
Type Monoflex , slot Size .018

Drop Pipe: Length, Ft. 160 Dia. In. 1 1/4"

Water Level, Surface to top of water, Ft.:
Static 75 , Pumping 220

Yield: 20 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 _____ (Signed)
Address 2796 W. MILFORD RD MILFORD, NE 68405 EARNEST WELL DRILLING INC.

Date 7-3-00

REMARKS NITRATE NITROGEN 1.6 p.p.m. BACTERIOLOGICAL O.K.
10'-20' 170'-180'

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