Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 01380228101

Issued 01/12/01
Expires 07/12/01
Revenue Code 3157

Establishment

DON JOHNSON HOMES
T9N R5E SEC 2 QTR NE
RIDGE PARK BLK 4 LOT 5
3200 SW 74 ST

FEES: $200.00

Permitee

DON JOHNSON HOMES
5901 S 27 ST
LINCOLN NE 68512-4805

TOTAL: $200.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

014231

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

A

Permit Number: 013802281

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 3200 NW 74th (no rural route) City Lincoln NE, Zip 68528

Legal Description 1/4 2 1/4 Section 9N Township 5E Range Ridge Park Subdivision Addition Block 4 Lot 5

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 Signature Don Johnson

Address 3901 N 27th City/State/Zip Lincoln NE 68528

☐ Check if owner designed system Home Phone 430-7880 Work Phone 436-3228

C. Contractor

Name Don Johnson Company Name Don Johnson Homes

Address 3901 N 27th City/State/Zip Lincoln NE 68528

☐ Check if contractor designed system Work Phone 436-3228

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

Designer Name Vogt 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 1/4/01 Date frwd 1/12/01
   ACTION ☒ Approved ☐ Disapproved
   Signature Gerald C. Hood
2. **Supt. Bldg. Insp. or Village Clerk**
   Date rec'd 1-12-01 Date frwd 1-12-01
   ACTION ☒ Approved ☐ Disapproved
   Signature
3. **City or County Engineer**
   Date rec'd 1-12-00 Date frwd 1-12-00
   ACTION ☒ Approved ☐ Disapproved
   Signature

Installation Final Written Approval

By Doug Amen

Date 8/9/01

Business Office Use Only
Date Rec'd 01/04/01
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 07170

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

JAN 1 0 2001

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

Ridge Park
Lot 5 Blk 4

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ City Lincoln NE, Zip _____
(no rural route)

Owner Scott & Susan Ferrell Addresss _____

Soil Type (SCS): Marshall Silty Clay Loam Percolation Rate: 60 min./inch

Date of Tests 9-30 to 10-1-97 Weather: Precipitation — Temperature 70°

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	9-30	2:00	10-1	8:30	10-1	11:00	11 1/2	10-1	11:30	30	1/2	60 MIN/IN
2	"							17 1/4				1	30 MIN/IN
3	"							16 1/2				1 1/4	24 MIN/IN
4	"							15				1 1/2	20 MIN/IN
5	"							15 1/2				1/2	60 MIN/IN
6	"							16				5/8	48 MIN/IN

Person Conducting Percolation Tests

Name: Tony Schwanke
Phone: 489-7299
Address 5200 Old Cheney Rd

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 60 MIN/IN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Marshall Silty Clay Loam grading into Pawnee Clay Loam.

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date January 12, 2000

FORM 23-101 10-96

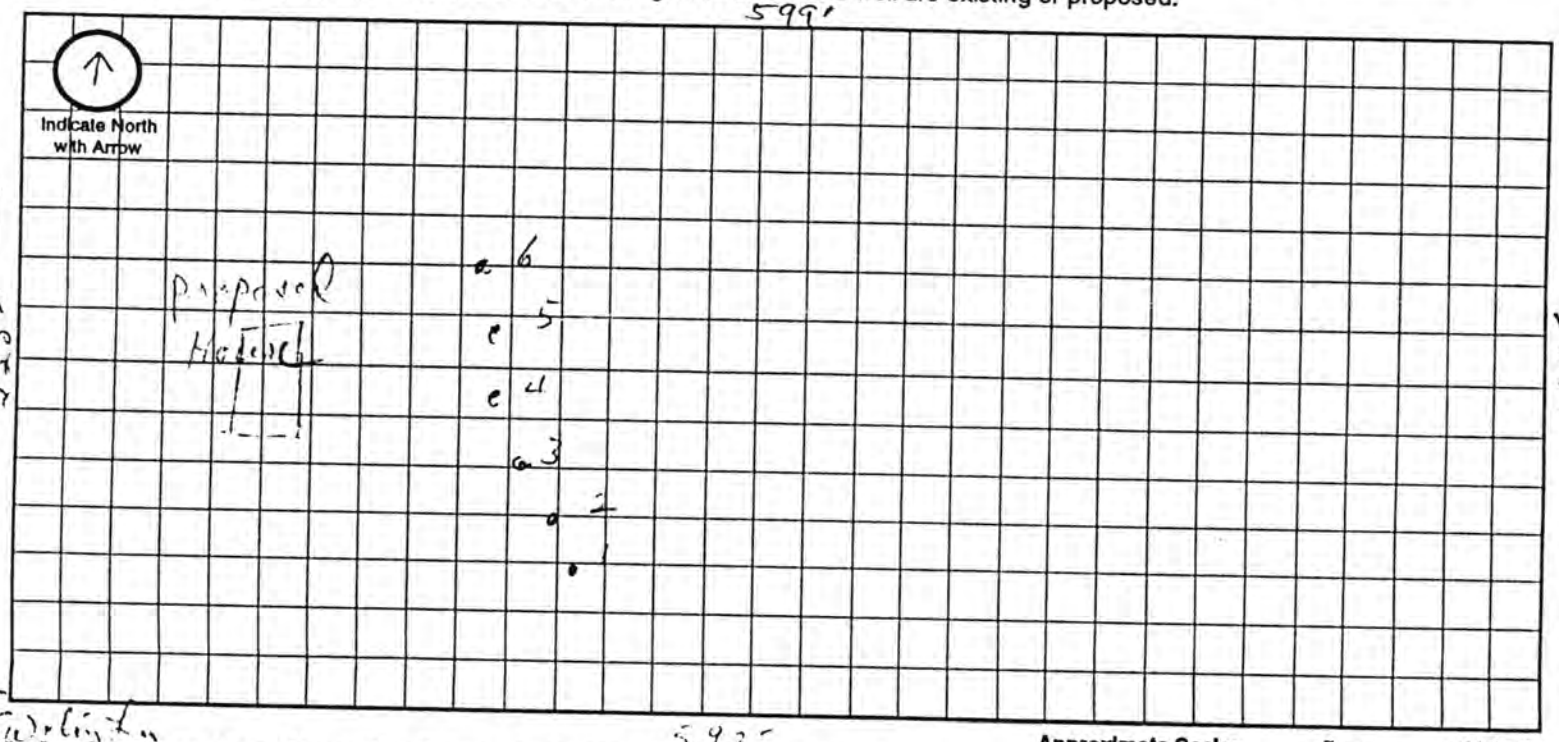
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) Lot 5 Blk 4 Ridge Park 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 60 (min. per inch) Soil Type: Silty Clay Loam Land Slope: 2 %

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

Total Square Feet of Field Required: _____ 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 363 ft. Number of Trenches 4 Trench Width 4

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

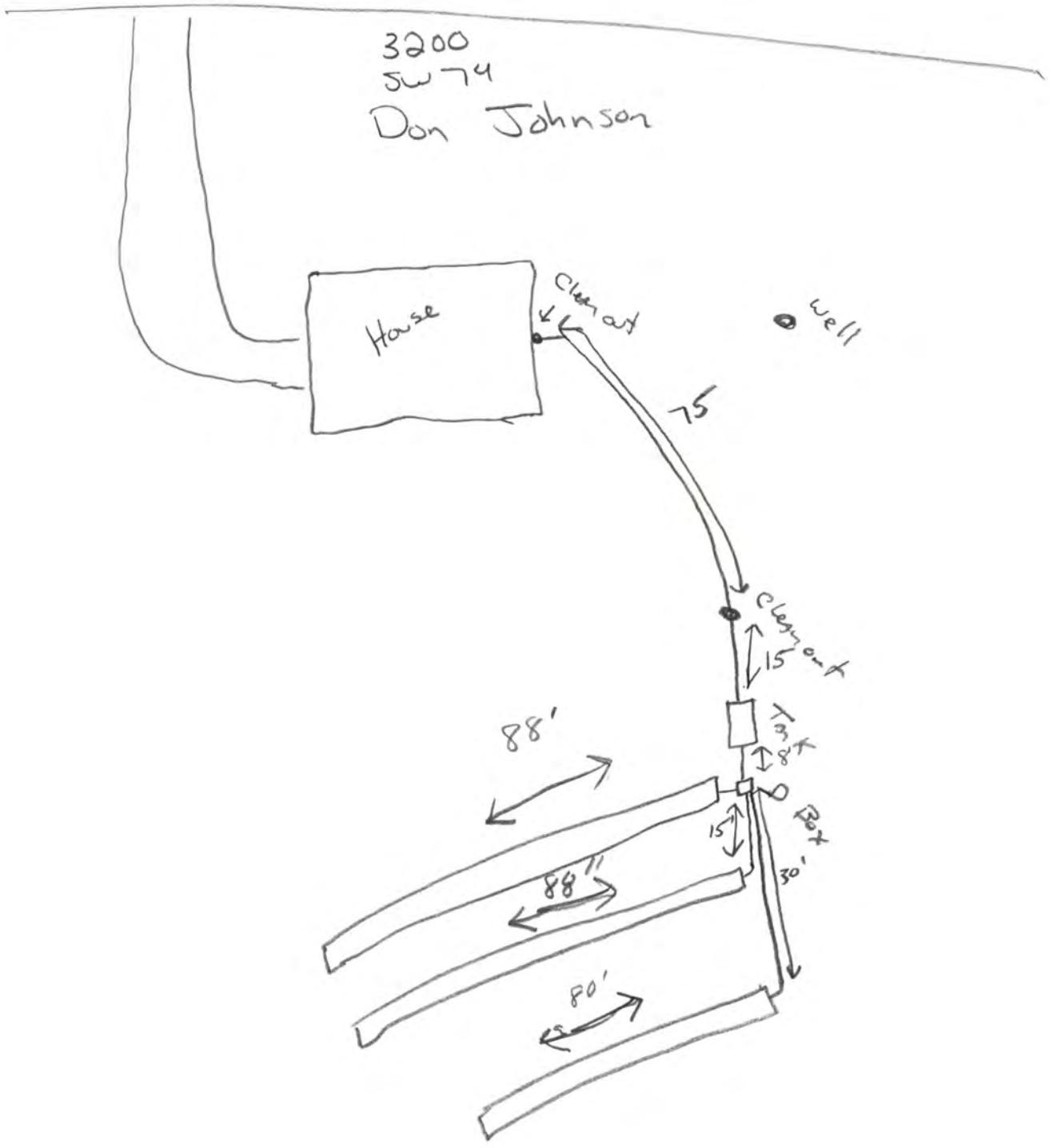
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☒	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☐	20 ☒	30 ☒	40 ☐	☒
~~Lagoon (ft)~~	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date _____

Installer Larry Schwartz Date 10-1-97

FORM 23-102 10-96


3200
SW 74
Don Johnson
House
Clean out
well
75
Clean out
15
Tank
8'
88'
15'
Box
30'
88'
80'

→Z

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 # 01400094401

Issued 01/12/01
Expires 07/12/01
Revenue Code 3162

Establishment

DON JOHNSON HOMES
T9N R5E SEC 2 QTR NE
RIDGE PARK BLK 4 LOT 5
3200 SW 74 ST

FEES: $100.00

Permitee

DON JOHNSON HOMES
5901 S 27 ST
LINCOLN NE 68512-4805

TOTAL: $100.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

014232

SW 72nd West View Dr

JAN 4

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

Permit No. 0140009H4

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 - $100
- ☐ Bi-Annual Permit for an existing well - $100 (Renewed every 2 years)
- ☐ Permit to repair or alter existing well involving opening of well - $50

1. Well Site Address 3200 SW 74th City Lincoln, NE Zip 68528
(No Rural Route Please)
Township 9N Range 5E Section 2 1/4 Section NE
Block 4 Lot 5 Addition Ridge Park Addn
Parcel ID ___-___-___-___-___ (i.e. 99-99-999-999-999)

2. Well use: ☑ Residential ☐ Commercial ☐ Other Describe ___

3. Distance to Public Water Supply ___ feet.

Signature of Owner Don Johnson Print Name Don Johnson
Current Address 5901 N 27th
Current Home Phone 430-7880 Work Phone 436-3228

Signature of Contractor Don Johnson Print Name Don Johnson
Address 5901 N 27th
Home Phone 430-7880 Work Phone 436-3225 Cellular Phone ___

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

Please Submit Permit Fee with This Request

Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

Approval Process: Lincoln Municipal Code 8.44

1. Health Department	Date received 1/4/01 Date forwarded 1/12/01	ACTION Signature:	☒ Approved	☐ Disapproved	Jerold C. Hood
2. Building & Safety	Date received 1/12/01 Date forwarded 1/12/01	ACTION Signature:	☒ Approved	☐ Disapproved	
3. City Engineer	Date received 1/12/01 Date forwarded 1/12/01	ACTION Signature:	☑ Approved	☐ Disapproved	

REMARKS OR REASONS FOR DISAPPROVAL: ___

Site Visits
Date: 12/19/01 By DS
Date: ___/___/___ By ___
Date: ___/___/___ By ___

Nitrate Level 1.0 mg/L
Chloride Level — mg/L
Bacteriological Analysis Satisfactory ☒ Yes ☐ No
Other ___

Installation Final Written Approval
Date: 12/26/01 By DS

Business Office Use Only
Received: Date: 1/11/01 Amount 100.00 Check No. 0713 Initials ___

Distribution: White - Health Department Lt. Green - Engineer Lt. Blue - Building Inspector