Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

HAYNES HOMES INC
T9N R5E SEC 2
RIDGE PARK BLK 5 LOT 2
7341 RANGER RIDGE RD

Permittee

HAYNES HOMES INC
BOX 5452
LINCOLN NE 68505

Permit # 01380232901

Issued 06/08/01
Expires 12/08/01
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Carol A. Dougl[redacted]
Acting
[redacted], Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

015882

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

A

Permit Number: 013802329

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 7341 Ranger Ridge RD (no rural route) City Lincoln NE, Zip

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

Geographical Location (if known): Longitude Latitude

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

B. Owner

Name Haynes Homes INC Signature Jim M. Haynes

Address P.O. BOX 5452 City/State/Zip Lincoln, NE 68505

☐ Check if owner designed system Home Phone 402 483-7020 Work Phone 402 440-5546

C. Contractor

Name Haynes Homes Jim Haynes Company Name Haynes Homes INC.

Address P.O. BOX 5452 City/State/Zip Lincoln, NE

☒ Check if contractor designed system Bowers Plumbing Work Phone 402 440-5546

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

Designer Name Bowers Plumbing Firm Bowers Plumbing Work Phone 310-3363

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 6/8/01 Date frwd 6/8/01	ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 6/8/01 Date frwd 6/8/01	ACTION ☒ Approved ☐ Disapproved Signature	
3. City or County Engineer	Date rec'd 6/8/01 Date frwd 6/8/01	ACTION ☒ Approved ☐ Disapproved Signature Chase Baker	

Line tank, Lateral 11/9/01 DS Need drawing

Installation Final Written Approval

By Doug Arndt

Date 11/28/01

Business Office Use Only

Date Rec'd 06/08/01

Amt Paid 200.00

Rec'd By LO Cash/Check No. 3839

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

B

Permit Number: 01380 2329

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

Ext 466-1945 Bowers

System Location (Indicate correct number and street)

Address _____ (no rural route) Lot 2 Blk 5 City Ridge Park Lincoln NE, Zip _____

Owner _____ Address _____

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

Date of Tests 4-11 to 4-12 98 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	30	4-11	4:30	4-12	7:30	4-12	9:30	20 1/2	4-12	10:00	30	1/2	
2	1	"	"	"	"	"	"	23	"	"	"	1/2	
3	"	"	"	"	"	"	"	20	"	"	"	1/2	
4	"	"	"	"	"	"	"	20 1/4	"	"	"	1/2	
5	"	"	"	"	"	"	"	18 1/4	"	"	"	1/2	
6	"	"	"	"	"	"	"	20 1/2	"	"	"	1/2	

Person Conducting Percolation Tests

Name: Larry Schwank trenching
Phone: 489-7294
Address 8200 old Cheney

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 60 min/inch

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood

Ridge Park
Lot 2 Blk 5

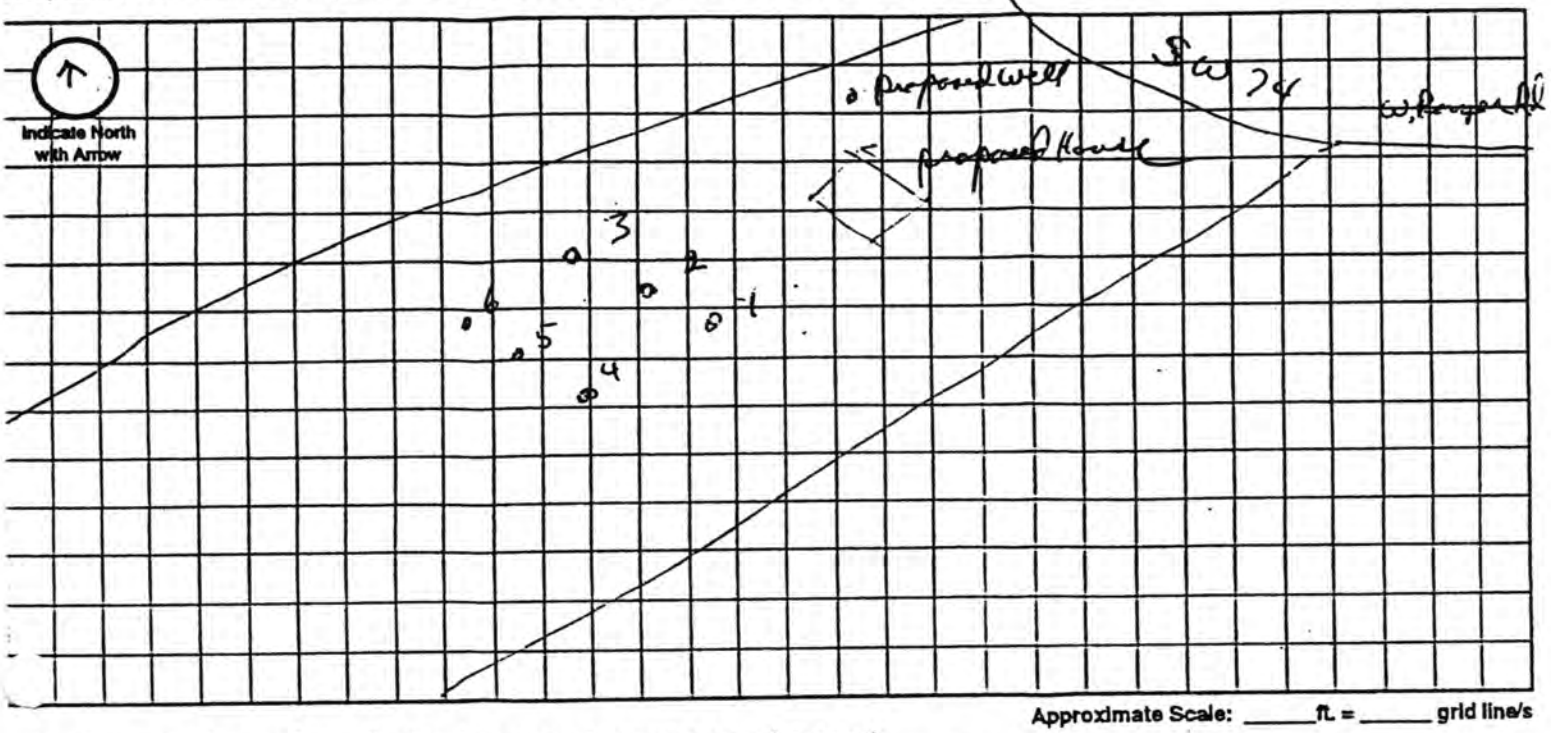
C

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

Permit Number: 01380239

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) _____ 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 30 (min. per inch) Soil Type: Wymore Silty Clay Loam Land Slope: 2% %

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

Total Square Feet of Field Required: 1250 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 310 / 263 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 ☒	☒
agoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date 6/8/21

NOV 2 1 2001

D

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

Permit Number:
01380232 90

Sewage Disposal System

As Built Plans & Specifications

Date 11-19-01

System Location (Indicate correct number and street)

Address 7341 West Ranger Ridge (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: 75 ft.
4. Number of clean-outs: Inside
5. Distances to: well or suction line 80+ ft.
   stream NA ft.
   pressure line 80+ ft.
   property line 50+ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 3
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 15 in.
   Over outlet, diameter 10 in.
   Riser: ☒ above ☐ below grade 1 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 16 in.
8. Distances to: Well or suction line 100+ ft.
   Stream NA ft.
   Pressure line 100+ ft.
   Property line 50+ ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 8
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 12 ft.

D. Absorption Field

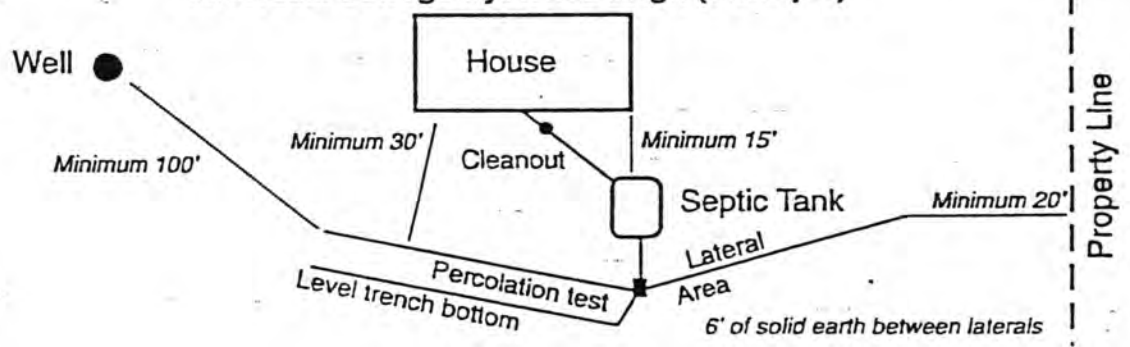
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 92 ft. 92 ft.
   83 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 1 in/100 ft.
   Average depth 28 in
4. Filter material: Gravel
   Depth of material _____ in.
5. Distances to: Well or suction line 100+ ft.
   Stream NA ft.
   Pressure line 100+ ft.
   Property line 80+ 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

Establishment

HAYNES HOMES INC
T9N R5E SEC 2
RIDGE PARK BLK 5 LOT 2
7341 RANGER RIDGE RD

Permittee

HAYNES HOMES INC
BOX 5452
LINCOLN NE 68505

Permit # 01400096201

Issued 06/08/01
Expires 12/08/01
Revenue Code 3162

FEES: $100.00

TOTAL: $100.00

[redacted]
Acting
Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

015881

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

Permit No. 0140000962

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 7341 Rayer Ridge RD City Lincoln, NE Zip _____
(No Rural Route Please)

Township 9N Range 5E Section 2 1/4 Section _____
Block 5 Lot 2 Addition _____
Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)

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

3. Distance to Public Water Supply None feet.

Signature of Owner Haynes Homes Inc Print Name Jim Haynes Haynes Homes
Current Address P.O. Box 5452
Current Home Phone 440-5546 Work Phone 440-5546

Signature of Contractor Jim Haynes Print Name Haynes Homes / Jim Haynes
Address P.O. Box 5452
Home Phone 483-7020 Work Phone 440-5546 Cellular Phone 440-5546

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 6/8/01 Date forwarded 6/8/01	ACTION ☒ Approved ☐ Disapproved Signature: Jerold C. Hood
2. Building & Safety	Date received 6/8/01 Date forwarded 6/8/01	ACTION ☒ Approved ☐ Disapproved Signature:
3. City Engineer	Date received 6/8/01 Date forwarded ___/___/___	ACTION ☒ Approved ☐ Disapproved Signature:

REMARKS OR REASONS FOR DISAPPROVAL: _____

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

Nitrate Level 0.0 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory ☒ Yes ☐ No
Other _____

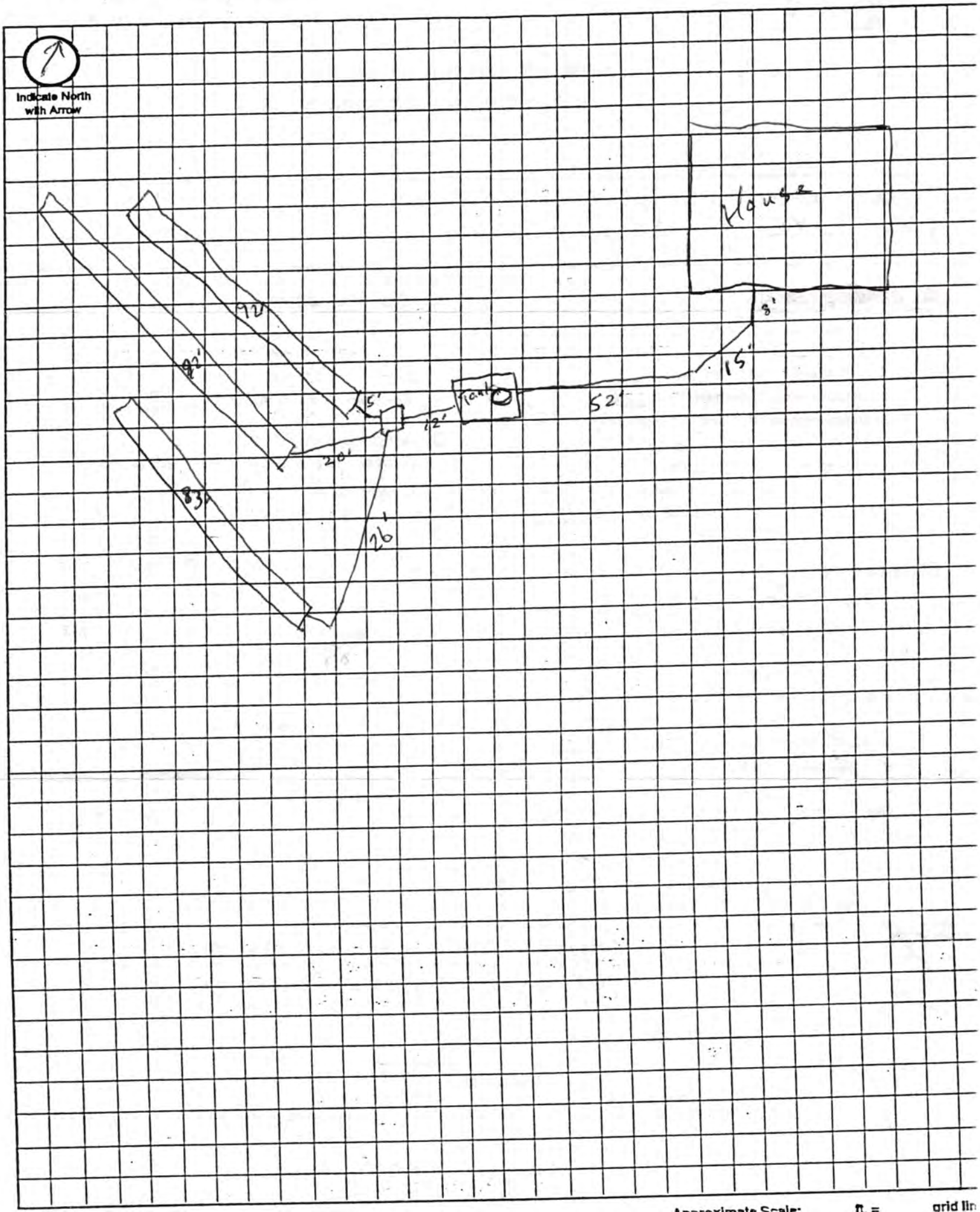
Installation Final Written Approval
Date: 02/24/02 By DS

Business Office Use Only
Received: Date: 06/08/01 Amount 100.00 Check No. 3839 Initials _____

Also Sewage

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

As Built Drawing



Approximate Scale: ft. = grid lin