LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

Permit
SEWAGE INSTALLATION
LAGOON

No. 98380190401

Issued 12/04/98
Expires 06/04/99
Revenue Code 3157

FEES: $150.00

PAID

TOTAL $150.00

Establishment
PRIDE HOMES
T9N R5E SEC 2
RIDGE PARK BLK 5 LOT 1
7355 SW 74 ST

Permittee
PRIDE HOMES
1544 S 1 ST
LINCOLN NE 68502-1903

Issued By Health Director
Lincoln-Lancaster County Health Department

008357

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: 98380 1904

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 7355 W. 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 Ridge Addition 5 Block 1 Lot

Geographical Location (if known): Longitude Latitude

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

B. Owner

Name Bill Goa Signature Bill Goa

Address 1020 Cobble Stone City/State/Zip Lincoln NE 68510

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name Pride Homes Company Name Greg Shinnet

Address 1544 So 1st City/State/Zip Lincoln NE 68502

☐ Check if contractor designed system Work Phone 430-6487

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

Designer Name Clint Presnell Firm Wellmann Plumbing Work Phone 402-434-2400

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 12/3/98 Date frwd 12/3/98 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12.3.98 Date frwd 12.3.98 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 12-3-98 Date frwd 12-3-98 ACTION ☒ Approved ☐ Disapproved Signature

6/25/99 Need gates up. J.C.

Installation Final Written Approval

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

Date JUNE 29, 1999

Business Office Use Only

Date Rec'd 12/03/98
Amt Paid 150.00
Rec'd By ____ Cash/Check No. 12223

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: 9838019044

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ City Lincoln NE, Zip _____

Owner Bill Goa (no rural route) Addresss 1020 Cobble Stone Lincoln Ne

Soil Type (SCS): Rocky Clay Percolation Rate: 0 min./inch

Date of Tests 11-18-98 to 11-19-98 Weather: Precipitation Dry Temperature 50°

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	11-18	9 am	11-19	9am	11-19	9am	6"	11-19	9:30 am	30	1/8	240
2	"	"	"	"	"	"	"	6"	"	"	30	0	0
3	"	"	"	"	"	"	"	6"	"	"	30	0	0
4	"	"	"	"	"	"	"	6"	"	"	30	3/8	80
5	"	"	"	"	"	"	"	6"	"	"	30	1/8	240
6	"	"	"	"	"	"	"	6"	"	"	30	1/8	240

Sum of Percolation Rates: 800
Average of Rates: 133
Rate Used for Calculation: 0

Person Conducting Percolation Tests

Name: Clint Presnell
Phone: 402-434-2400
Address 3130 So. 6th Lincoln Ne
Wellmann Plumbing Inc

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

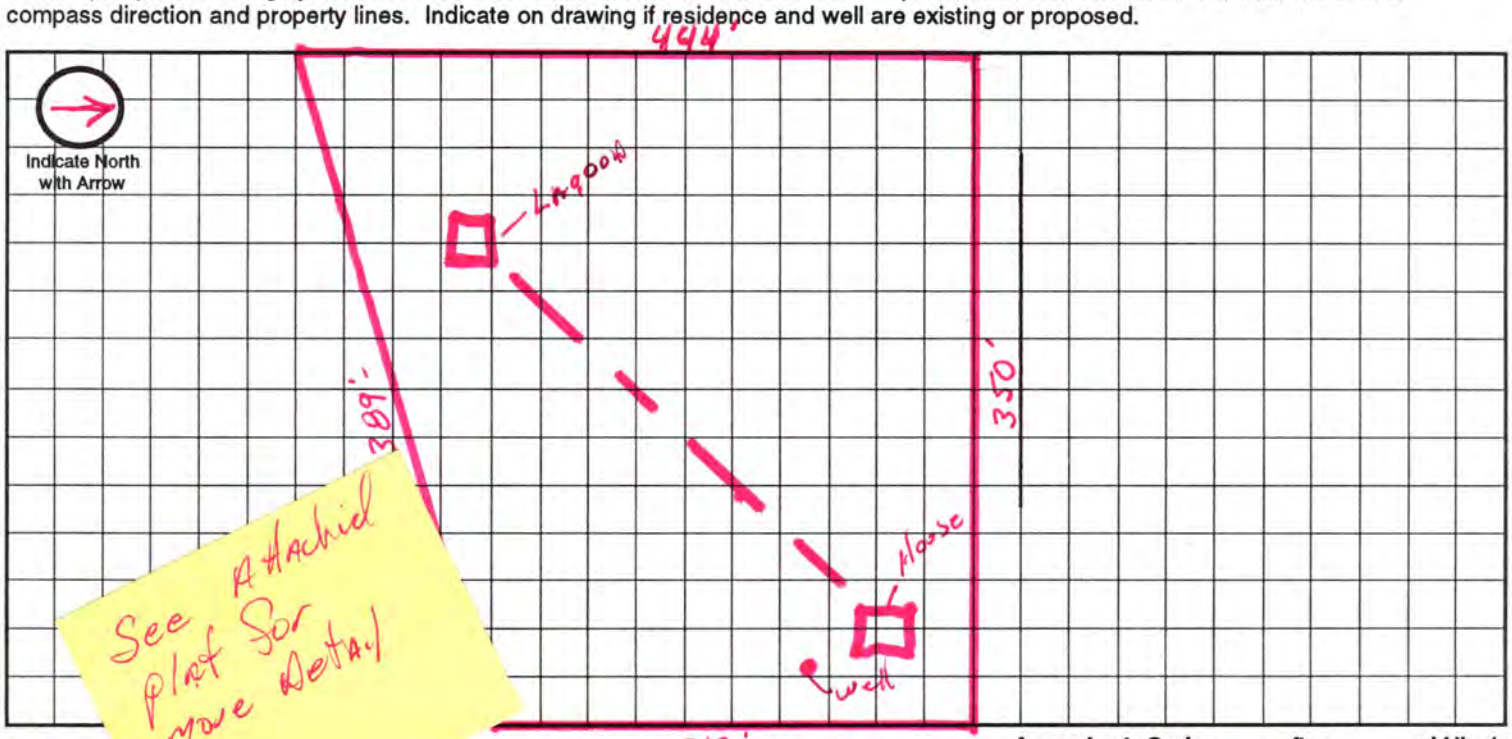
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 98384904

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. Sys ...dicate correct number and street)

Address (no) _____ City Lincoln NE, Zip _____

B. ~~Proposed Septic Tank/s~~

~~Tank Material:~~ ☐ ~~Concrete~~ ☐ ~~Plastic~~ ☐ ~~Other~~ Lagoon

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

Percolation Rate 0 (min. per inch) Soil Type: Rocky Clay Land Slope: 2 %

Type of Absorption System: ☐ Trench ☐ Bed ☑ Other Lagoon

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

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

~~Capacity of Septic Tank~~ _____ ~~gals~~ ~~Number of Absorption Beds:~~ _____ ~~Number of Distribution Laterals per Bed~~ _____

~~Total Length of Laterals~~ _____ ~~ft.~~ ~~Number of Trenches~~ _____ ~~Trench Width~~ _____

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 Pride Homes Date 11-30-98

Installer (Wellmans Plumbing Inc) Date 11-21-98

FORM 23-102 10-96

FEB 23 1999

D

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

Permit Number: 98300190C

Sewage Disposal System

As Built Plans & Specifications

Date 2-10-99

System Location (Indicate correct number and street)

Address Lot 1 Blk 5 Ridge Park (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: Class 160
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. ~~Septic Tank~~ Lagoon

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

D. Absorption Field

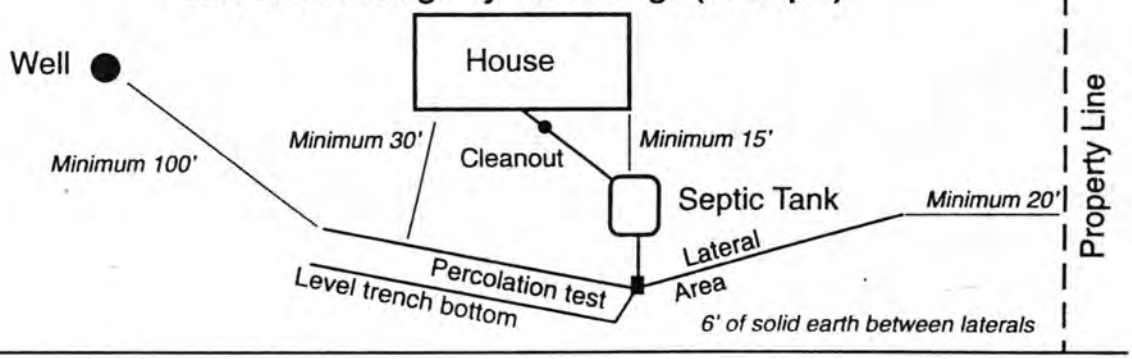
(Provide as-built drawings on back of this form)

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

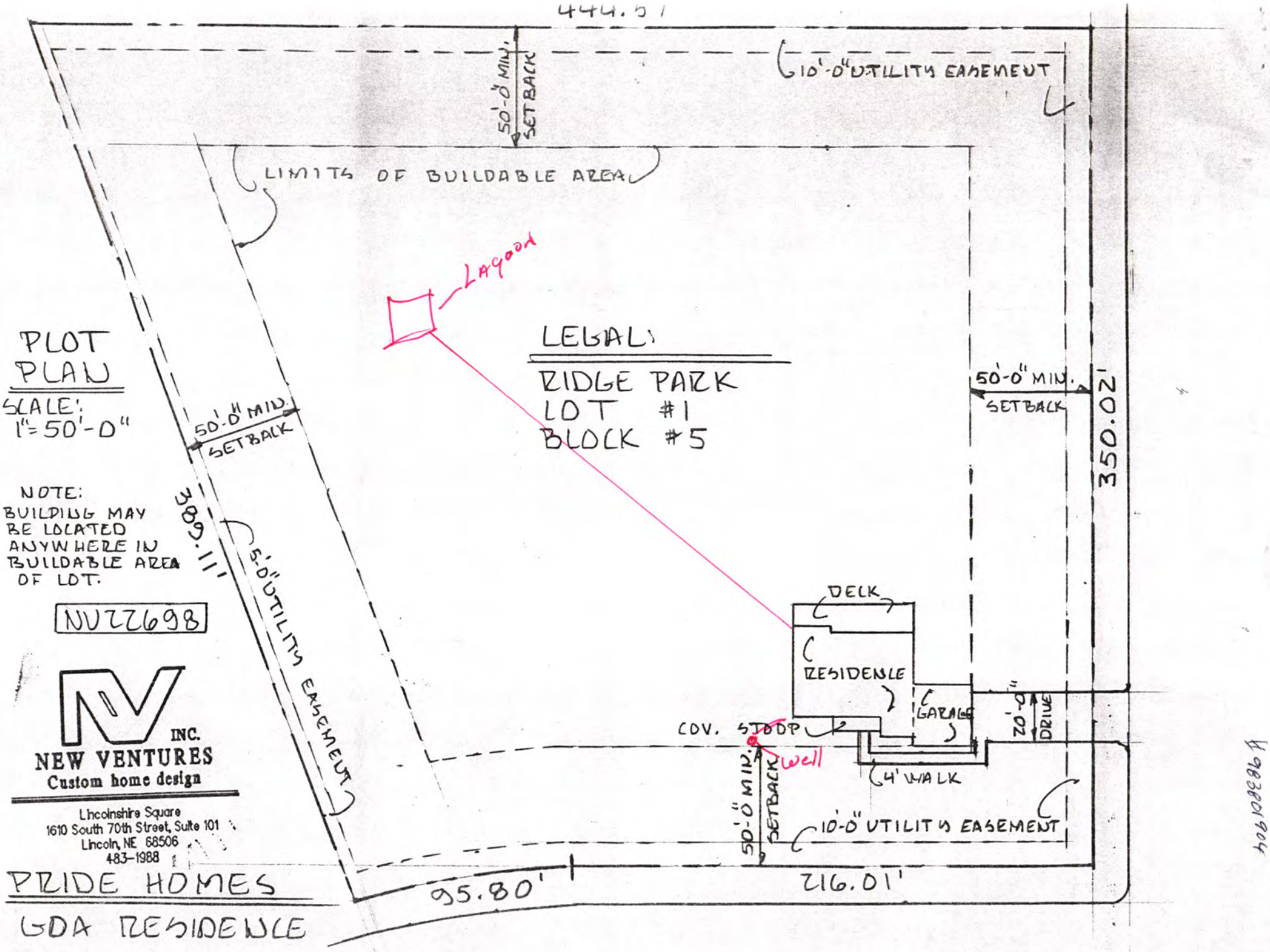
Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96


444.51'
50'-0" MIN. SETBACK
10'-0" UTILITY EASEMENT
LIMITS OF BUILDABLE AREA
Lagoon
PLOT PLAN
SCALE: 1"=50'-0"
LEGAL:
RIDGE PARK
LOT #1
BLOCK #5
50'-0" MIN. SETBACK
50'-0" MIN. SETBACK
350.02'
NOTE: BUILDING MAY BE LOCATED ANYWHERE IN BUILDABLE AREA OF LOT.
389.11'
5'-0" UTILITY EASEMENT
NU22698
DECK
RESIDENCE
GARAGE
20'-0"
DRIVE
COV. STOOP
well
4' WALK
50'-0" MIN. SETBACK
10'-0" UTILITY EASEMENT
INC.
NEW VENTURES
Custom home design
Lincolnshire Square
1610 South 70th Street, Suite 101
Lincoln, NE 68506
483-1988
95.80'
216.01'
PRIDE HOMES
GDA RESIDENCE

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514
PERMIT

(402) 441-8000

Permit

No. 98400080201

WATER WELL
NEW WATER WELL CONSTRUCTION

Issued 12/02/98
Expires 06/02/99
Revenue Code 3162

PAID

FEES: $75.00

Establishment

BILL GOA
T9N R5E SEC 2
RIDGE PARK BLK 5 LOT 1
7355 SW 74 ST

TOTAL $75.00

Permittee

BILL GOA
1020 COBBLESTONE DR
LINCOLN NE 68510-4438

7355 WEST RANGER RIDGE ROAD

Issued By Health Director
Lincoln-Lancaster County Health Department

008346

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

NOV 24 1998

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

Permit No. _____

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 7355 WEST RANGER RIDGE ROAD City Lincoln Ne., NE Zip _____
(No Rural Route Please)

Legal description of property:
Twp 9N; Range 5E; Section 2; Block 5; Lot 1; Addition Ridge Park

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

3. Distance to Public Water Supply N/A feet.

Signature of Owner Bill Gow

Print Name Bill Gow
Current Address 1020 Cobble Stone
Lincoln Ne 68510
Current Home Phone 488-3018
Work Phone 472-3467

Signature of Contractor Gregory L. Shinaut

Print Name Gregory L. Shinaut
Address 1544 So 31st
Lincoln Ne 68502
Home Phone 402-483-8641
Work Phone 402-434-3220
Cellular Phone 402-430-6487

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 11/25/98; Date forwarded 11/30/98
   ACTION Signature: ☑ Approved ☐ Disapproved — Jerrold C. Hood
2. Building & Safety — Date received 11/30/98; Date forwarded 11/30/98
   ACTION Signature: ☑ Approved ☐ Disapproved — [illegible]
3. City Engineer — Date received 11/30/98; Date forwarded 11/30/98
   ACTION Signature: ☑ Approved ☐ Disapproved — [illegible]

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits:
Date: 6/25/99 By Jerrold C. Hood
Date: 7/27/00 By Jerrold C. Hood
Date: 7/28/00 By Jerrold C. Hood
8/17/00 by Jerrold C. Hood

Installation Final Written Approval
By: Jerrold C. Hood
Date: 8/22/00
8/18/00 by Jerrold C. Hood

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

Nitrate Level 1.2 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory
Yes X No ____
Other _____

Business Office Use Only
Date Rec'd: 11/30/98
Amt Paid: $ 75
Rec'd By m ~~Cash~~/Check No. 12175

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13553
FILE NO. 984000802

Lincoln-Lancaster County
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 2 T. 9N R. 5E Block 5 Lot 1 Addition RIDGE PARK
Owner BILL GOA Address 1020 COBBLESTONE, LINCOLN, NE

LOG OF WELL	
	Description
Depth Ft. to	

WELL COMPLETION RECORD

Drilling Method: ROTARY
Depth (from ground level), Ft. 218
Date Completed 4/29/99

Casing: Length, Ft. 208 ; Dia. In. 5.033
Wall Thickness, Inc. 265 ; type PVC

Screen: Length, Ft. 10 Dia. In. 5.033
Type PVC , slot Size .016

Drop Pipe: Length, Ft. ___ Dia. In. ___

Water Level, Surface to top of water, Ft.:
Static 101 , Pumping 135

Yield: ___ 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 HOLLY DRILLING
(Signed)

Address RT. 1 BOX DORCHESTER, NE

Date ___

REMARKS NITRATE NITROGEN 1.2 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 23-4

8. Well Construction Information.

A. Total well depth: 218 feet. B. Static water level: 101 feet. C. Pumping water level: 135
☒ Estimated or ☐ Measured

D. Well Construction began: 4 28, 1999 E. Well Construction completed: 4 29, 19

F. Bore hole diameter: 10 inches.

G. Plain Casing: Diameter 5.033 ID 5.563 OD inches. Type of material: PVC
Wall thickness: .265 inch(es). Joints--Welded/Glued/Threaded/Other:
Length(s) and placement(s) depth from +1 ft. to 208 ft. from ft. to

H. Screen: 5.033 ID 5.563 OD in.; Type of material PVC
Screen openings (slot size): .016 Trade name: TITAN HI-FLOW
Length(s) and placement(s) depth from 208 ft. to 218 ft. from ft. to ft. Guides at 213 ft.

I. Gravel pack interval(s) from 180 ft. to 218 ft. from ft. to ft. Grade size: MASON

J. Grouted/Sealed from 175/5 ft. to 180/12 ft., with BENTONITE/BENTONITE (type)
from 0 ft. to 5 ft., with CLAY (type)

K. Drilling method: ROTARY L. Drilling fluid: WATER

M. Well development technique (total time and method): 2.2 HRS. AIR

N. Will chemicals, fertilizer or antifreeze be injected or utilized in the system? ☒ Yes X No
If yes, what will be used:

9. Geologic Materials Logged

DEPTH IN FEET FROM	TO	DESCRIPTION	DEPTH IN FEET FROM	TO	DESCRIPTION
0	2	TOPSOIL & FILL			
2	65	CLAY YELLOW/BROWN			
65	156	CLAY, BLUE			
156	170	CLAY & SAND BLUE			
170	183	SHALE, GRAY W/SANDSTONE			
		LAYERS			
183	207	SANDSTONE, GRAY/TAN FINE			
207	221	SANDSTONE, TAN/GRAY MEDIUM			
221	225	SHALE, BLUE			

(Additional sheets may be submitted)

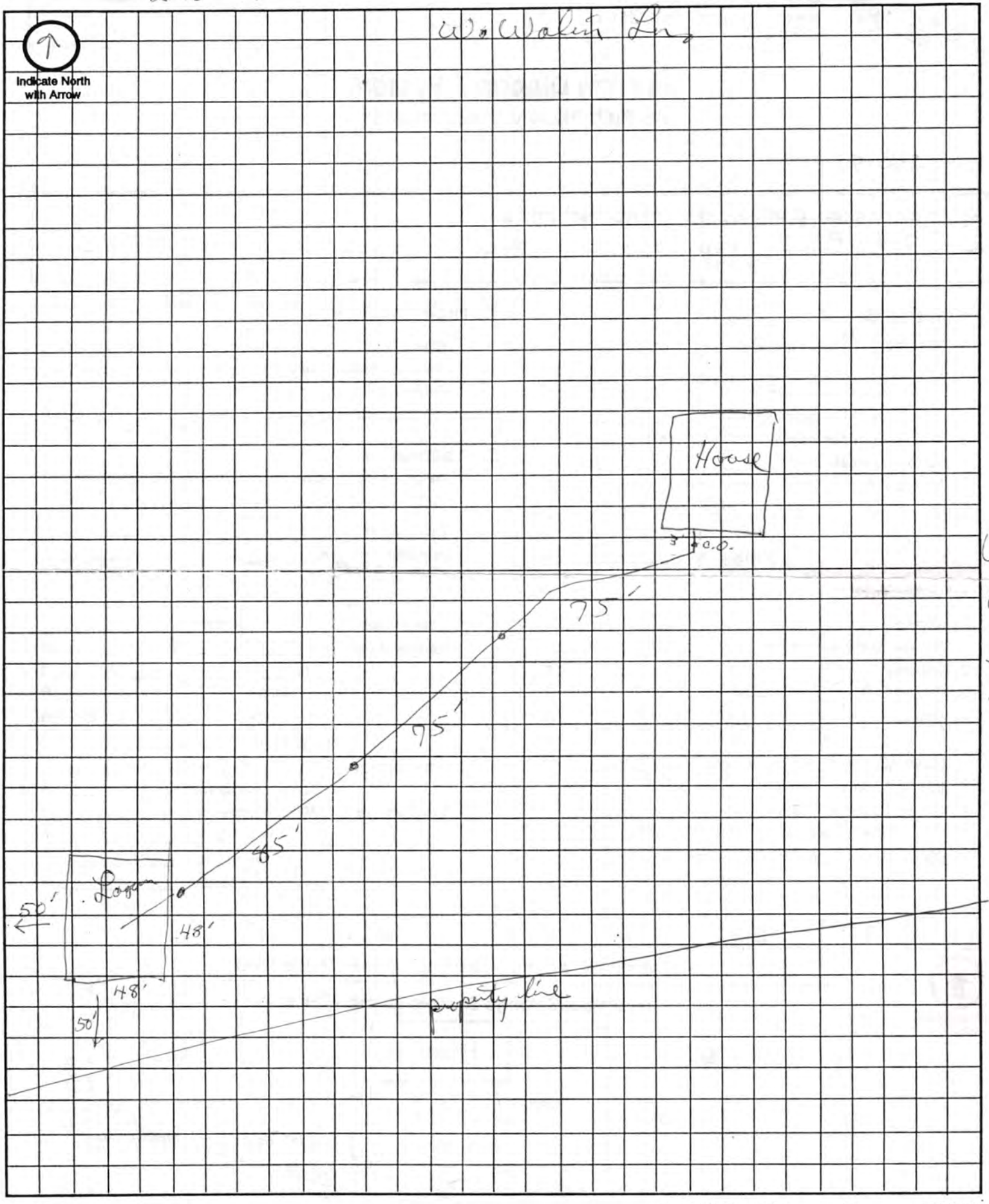
10. I am familiar with the information submitted on this registration, and to the best of my knowledge it is true.

Joe Kelly — Water Well Contractor's Signature
5/5/99 — Date
X — Water Well Owner's Signature
Date

As Built Drawing

for S+D Bldg Lot 1 Blk 5 Ridge Park

2-10-99



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