LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 98380183801

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 08/27/98
Expires 02/27/99
Revenue Code 3157

Establishment
MARK HOY
T9N R5E SEC 2 QTR NE
NE1/4&SE1/2 OFNE1/4 BLK 5 LOT 3
7331 W RANGER RIDGE RD

FEES: $150.00

PAID

TOTAL $150.00

Permittee
MARK HOY
1731 SW 22 ST
LINCOLN NE 68522-1444

Issued By Health Director
Lincoln-Lancaster County Health Department

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

008073

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

A

Permit Number: 9838 0183801

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 7331 West Ranger Ridge Rd. (no rural route) City Lincoln NE, Zip 68522

Legal Description NE¼ of S½ of NE¼ (1/4, 1/4) 2 (Section) 9N (Township) 5E (Range) Ridge Park (Subdivision) 5 (Addition) 3 (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 Mark Hoy Signature Mark Hoy

Address 7331 Sw 22 City/State/Zip Lincoln NE 68522

☑ Check if owner designed system Home Phone 476-7001 Work Phone 432-7369

C. Contractor

Name Tom Kruse Company Name Dirt Works Plus, Inc

Address 12800 NW 27 City/State/Zip Raymond NE

☑ Check if contractor designed system Work Phone 560 1208

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 8/26/98 Date frwd 8/27/98 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8/27/98 Date frwd 8/27/98 **ACTION** ☑ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 8-27-98 Date frwd 8-27-98 **ACTION** ☒ Approved ☐ Disapproved Signature KD Wilkinson

12/31/98 SEWER ONLY J.C.H. 6/2/99 tank + lateral

Installation Final Written Approval 7/28/00 "D" Sheet + INS BY D.S.

By John E Main

Date 7-30-00

Business Office Use Only

Date Rec'd 08/26/98

Amt Paid 150.00

Rec'd By _____ Cash/Check No. 6028

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector Also well

B

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

Permit Number:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 7331 W. Ranger Ridge (no rural route) City _____ NE, Zip _____

Owner M. Hoy Address _____

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

Date of Tests 8-15-98 to 8-16-98 Weather: Precipitation 0 Temperature 90

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	8-15	3:00	8-16	6AM	8-16	600	6	8-16	800	30	3/4	40
2	36	8-15	300	8-16	6AM	8-16	600	6	8-16	800	30	1/2	60
3	36	8-15	300	8-16	600	8-16	600	6	8-16	800	30	1/2	60
4	36	8-15	300	8-16	600	8-16	600	6	8-16	800	30	5/8	48
5	36	8-15	300	8-16	600	8-16	600	6	8-16	800	30	3/4	40
6	36	8-15	300	8-16	600	8-16	600	6	8-16	800	30	1/2	60

Sum of Percolation Rates: 308

Average of Rates: 51 = 308/6

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Brian Shafer

Phone: 464-0638

Address 2700 Dan Ave.

Y=33 Brian 4ft=310

Y=34 " 3ft=322

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

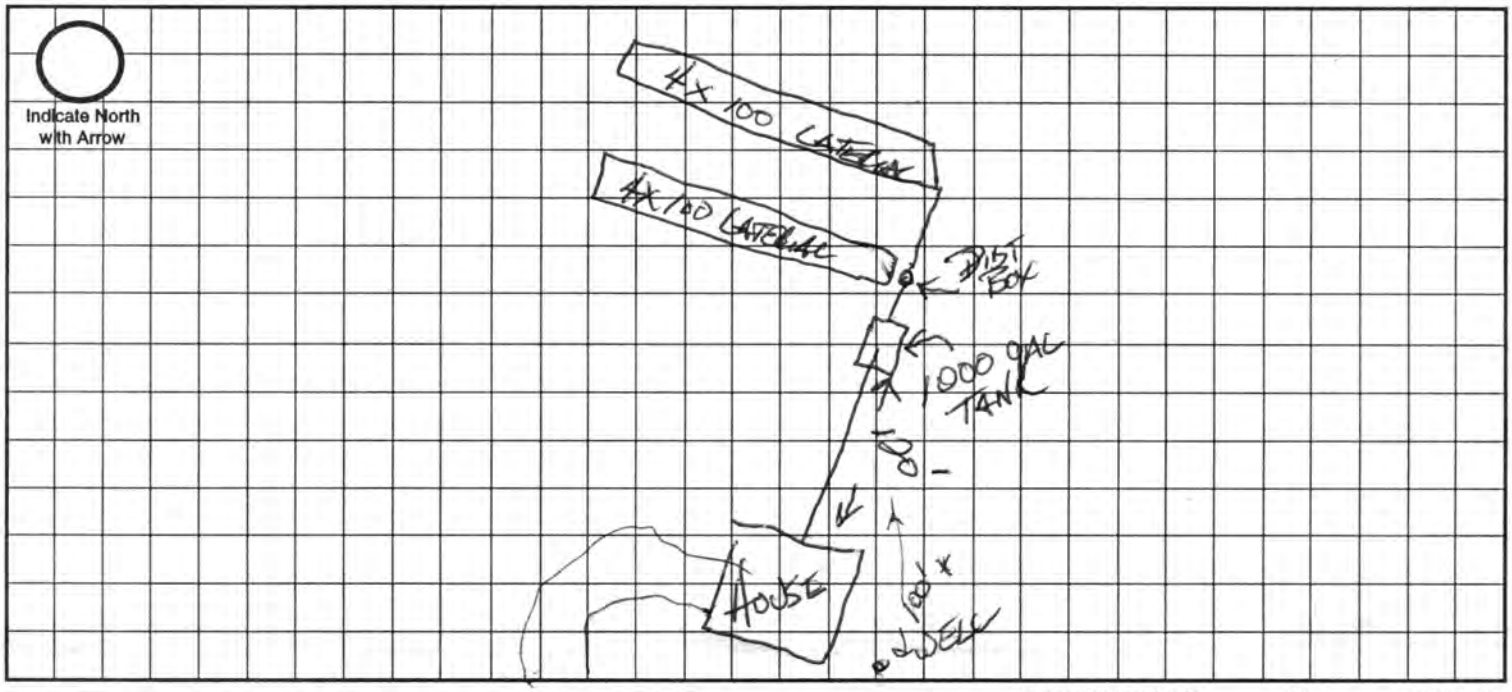
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) _____ 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 51 (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 929 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: NA Number of Distribution Laterals per Bed NA

Total Length of Laterals 200 ft. of to be determined 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 8-27-98

Installer _____ Date 8-22-98

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 7/28/00 Owner did not provide D sheet
Sheet provided by staff

System Location (Indicate correct number and street)

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

A. Building Sewer

1. Material: _____
   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

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

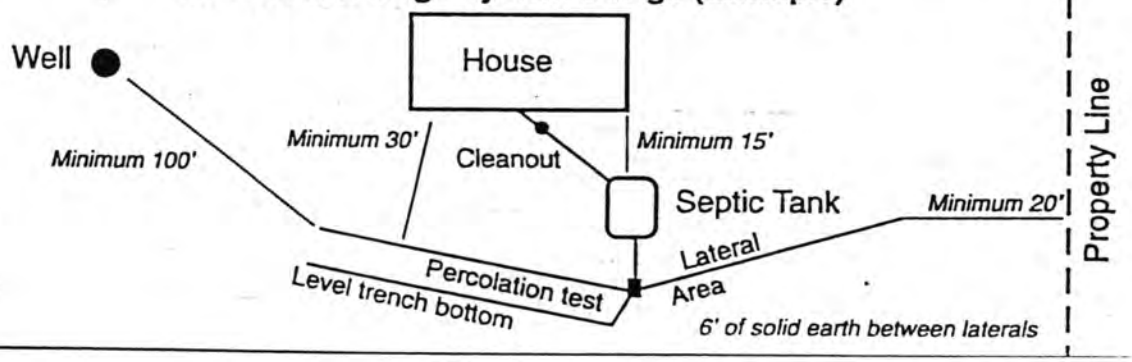
(Provide as-built drawings on back of this form)

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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

No. 98400078201

Permit

WATER WELL
NEW WATER WELL CONSTRUCTION

Issued 08/27/98
Expires 02/27/99
Revenue Code 3162

Establishment

MARK HOY
T9N R5E SEC 2 QTR NE
NE1/4&SE1/2 OFNE1/4 BLK 5 LOT 3
7331 W RANGER RIDGE RD

FEES: $75.00

PAID

TOTAL $75.00

Permittee

MARK HOY
1731 SW 22 ST
LINCOLN NE 68522-1444

Issued By Health Director
Lincoln-Lancaster County Health Department

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

008074

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

Permit No. 9840007826

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 7331 West Rawyer Ridge Rd. City Lincoln, NE Zip 68522
(No Rural Route Please)

Legal description of property:
Twp 9N; Range 5E; Section 2; Block 5; Lot 3; Addition Ridge Park

2. Well use: ☒ Residential; ☐ Commercial; ☐ Other; Describe: 477-0555

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

Chuck Schmidt Const. Inc. 432-2012
By: Chuck J. Schmidt

Signature of Owner Mark Hoy

Signature of Contractor EARNEST Well Co. OR

Print Name Mark Hoy
Current Address 7731 SW 22nd
Lincoln NE 68522
Current Home Phone 476-7001
Work Phone 432-7369

Print Name MOSER WELL CO.
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 8/26/98 Date forwarded 8/27/98	ACTION ☒ Approved ☐ Disapproved Signature: Harold C. Hoo	
2. Building & Safety	Date received 8/27/98 Date forwarded 8/27/98	ACTION ☒ Approved ☐ Disapproved Signature:	
3. City Engineer	Date received 8/27/98 Date forwarded 8/27/98	ACTION ☒ Approved ☐ Disapproved Signature:	

REMARKS OR REASONS FOR DISAPPROVAL:

Site Visits:
Date: 7/26/00 By DV
Date: / / By
Date: / / By

Installation Final Written Approval
By: Doug Mucel
Date: 01/28/00

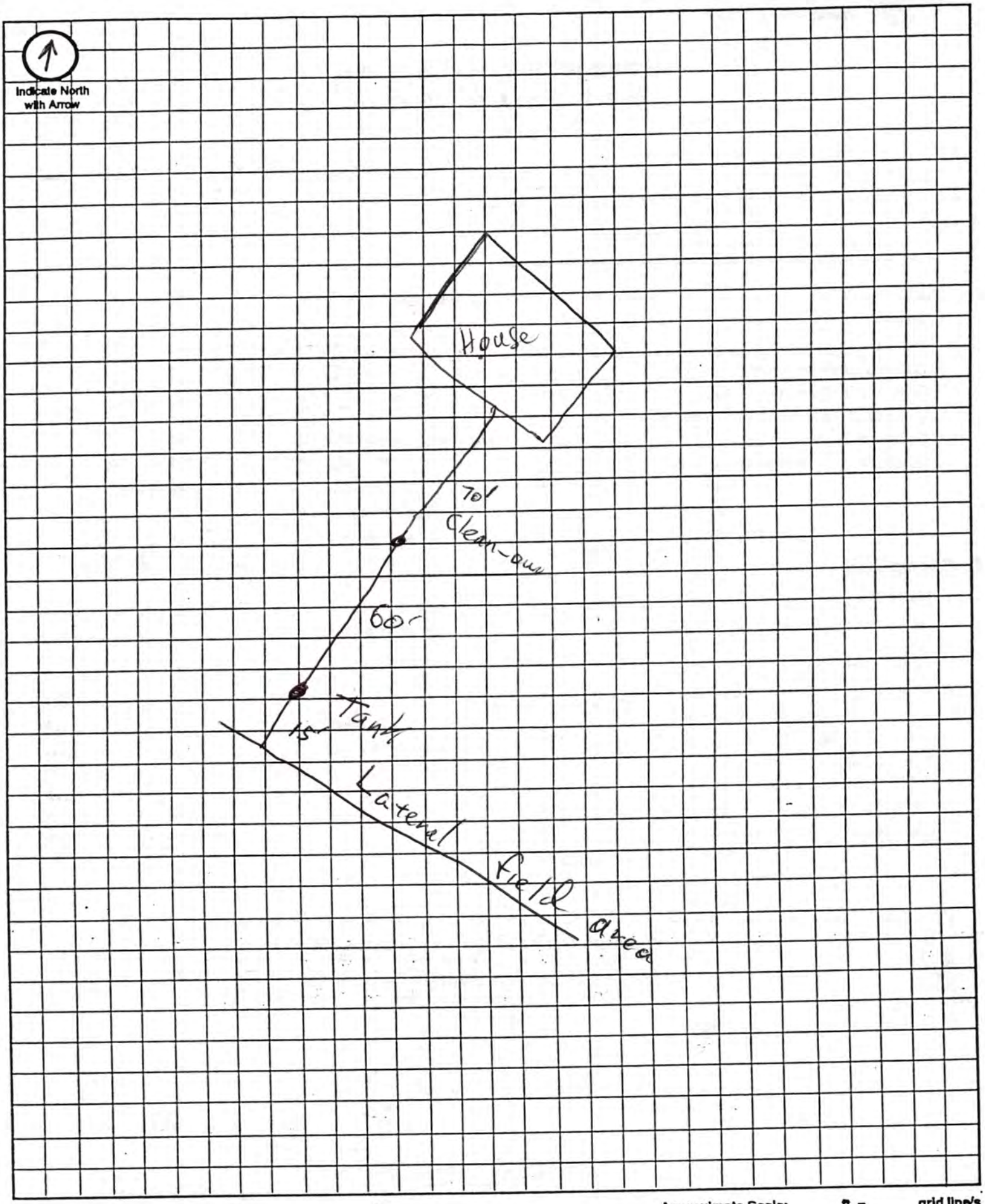
Distribution:
White - Health Dept. Lt. Green - Engineer Lt. Blue - Bldg Inspector

Nitrate Level 0.2 mg/L
Chloride Level mg/L
Bacteriological Analysis Satisfactory
Yes X No
Other

Business Office Use Only
Date Rec'd: 08/26/98
Amt Paid: $ 75.00
Rec'd By Cash/Check No. 6028

Also Sewage

As Built Drawing



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