LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

No. 99380197901

Permit
SEWAGE INSTALLATION
LAGOON

Issued 04/28/99
Expires 10/28/99
Revenue Code 3157

Establishment
JAMES ASHENBACH
T9N R5E SEC 2
RIDGE PARK BLK 6 LOT 1
3400 SW 73 ST

FEES: $150.00

PAID

TOTAL $150.00

Permittee
JAMES ASHENBACH
5327 TIPPERARY TRL
LINCOLN NE 68512

Issued By Health Director
Lincoln-Lancaster County Health Department

009190

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

B9900256

A

Permit Number: 9938-0979

Pd 2/3/99
V # 1297

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 3400 - SW 73rd (no rural route) City Lincoln NE, Zip 68522

Legal Description T9N R5E Sec 2 Ridge Park 6 1
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 James Ashenbach Signature James Ashenbach

Address 5327 - Tipperary Trl City/State/Zip Lincoln, Ne 68512

☐ Check if owner designed system Home Phone 423-9036 Work Phone _____

C. Contractor

Name Wallace Schroeder Company Name Schroeder Const

Address 7551 - So 32nd St City/State/Zip Lincoln, Ne 68516

☐ Check if contractor designed system Work Phone 430-6700

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

Designer Name John Morris Firm John's Plumbing Work Phone 475-2599

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 2/9/99 Date frwd 2/9/99	ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 2-9-99 Date frwd 2-9-99	ACTION ☒ Approved ☐ Disapproved Signature [illegible]	
3. City or County Engineer	Date rec'd 2-9-99 Date frwd 2-9-99	ACTION ☒ Approved ☐ Disapproved Signature [illegible]	

Installation Final Written Approval

By Doug Thiel

Date 8/7/00

Business Office Use Only

Date Rec'd cw 2/9/99

Amt Paid $75.00 + $7.50

Rec'd By cw Cash/Check No. 3979/1297

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:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

REGISTERED PROFESSIONAL ENGINEER
CLAUDE R. OIE
E-3939
STATE OF NEBRASKA
4/22/99

System Location (Indicate correct number and street)

Address 3400 SW 73 (no rural route) City LINCOLN NE, Zip 685

Owner JIM ASHENBACH Addresss 5327 TIPPERARY TR

Soil Type (SCS): CL Silty Clays Percolation Rate: Test failed min./inch

Date of Tests 4-16-99 to 4-17-99 Weather: Precipitation Trace Temperature 60

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	38"	4/16	2:30	4/17	2:30	4/17	2:30	25"	4/17	6:30	30	0	—
2	36	4/16	2:30	4/17	2:30	4/17	2:30	24"	4/17	6:30	30	0	—
3	42	4/16	2:30	4/17	2:30	4/17	2:30	28'	4/17	6:30	30	7 1/8	—
4	36	4/16	2:30	4/17	2:30	4/17	2:30	24	4/17	6:30	30	7 1/8	—
5	37	4/16	2:30	4/17	2:30	4/17	2:30	25	4/17	6:30	30	0	—
6	36	4/16	2:30	4/17	2:30	4/17	2:30	24	4/17	6:30	30	0	—

Sum of Percolation Rates:
Average of Rates: Test failed
Rate Used for Calculation:

Person Conducting Percolation Tests

Name: CLAUDE OIE
Phone: 402-423-0614
Address 5910 So. 52nd St. CT
LINCOLN Ne. 68523

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks COMPACTION OF LAGOON BOTTOM AND SIDES SHOULD BE GOOD ENOUGH.

Signature of Reviewing Official Jerrold C. Wood R.E.H.S. Date 4/28/99

FORM 23-101 10-96

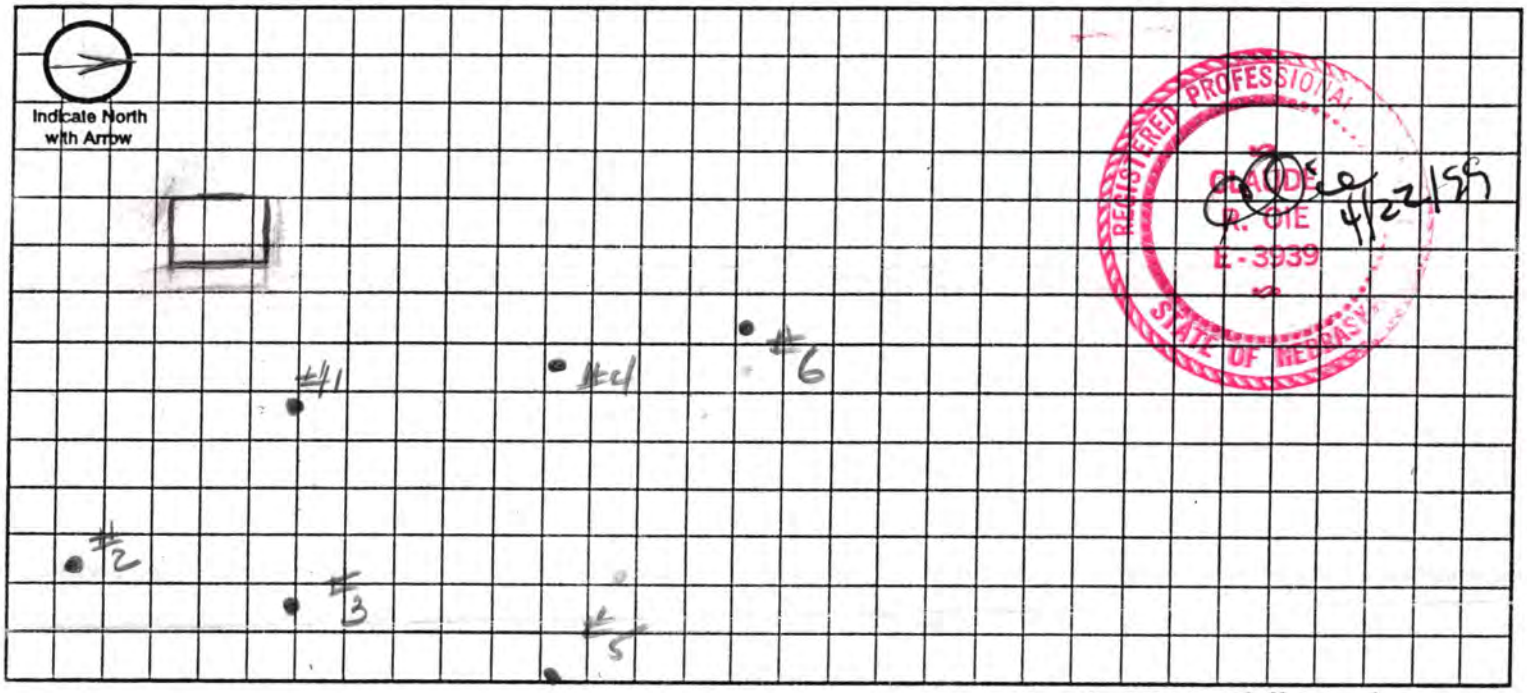
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: 25 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 3400 SW 73 City LINCOLN NE, Zip 685

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

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 _____ 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

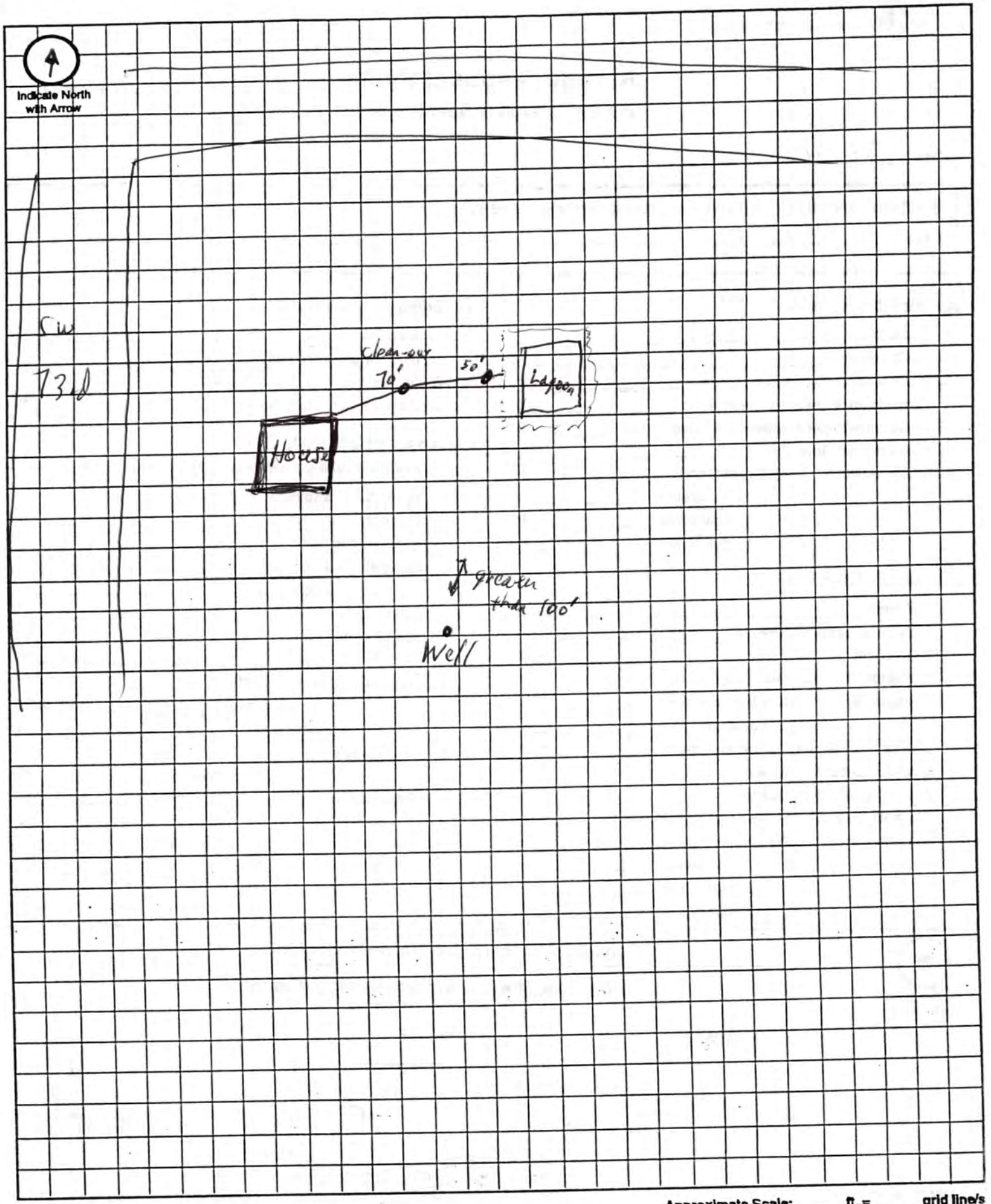
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐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

E. Required Signatures

Home Building Contractor SCHROEDER CONST CO. Date 2-9-99

Installer John Morris by Liz Date 2-9-99

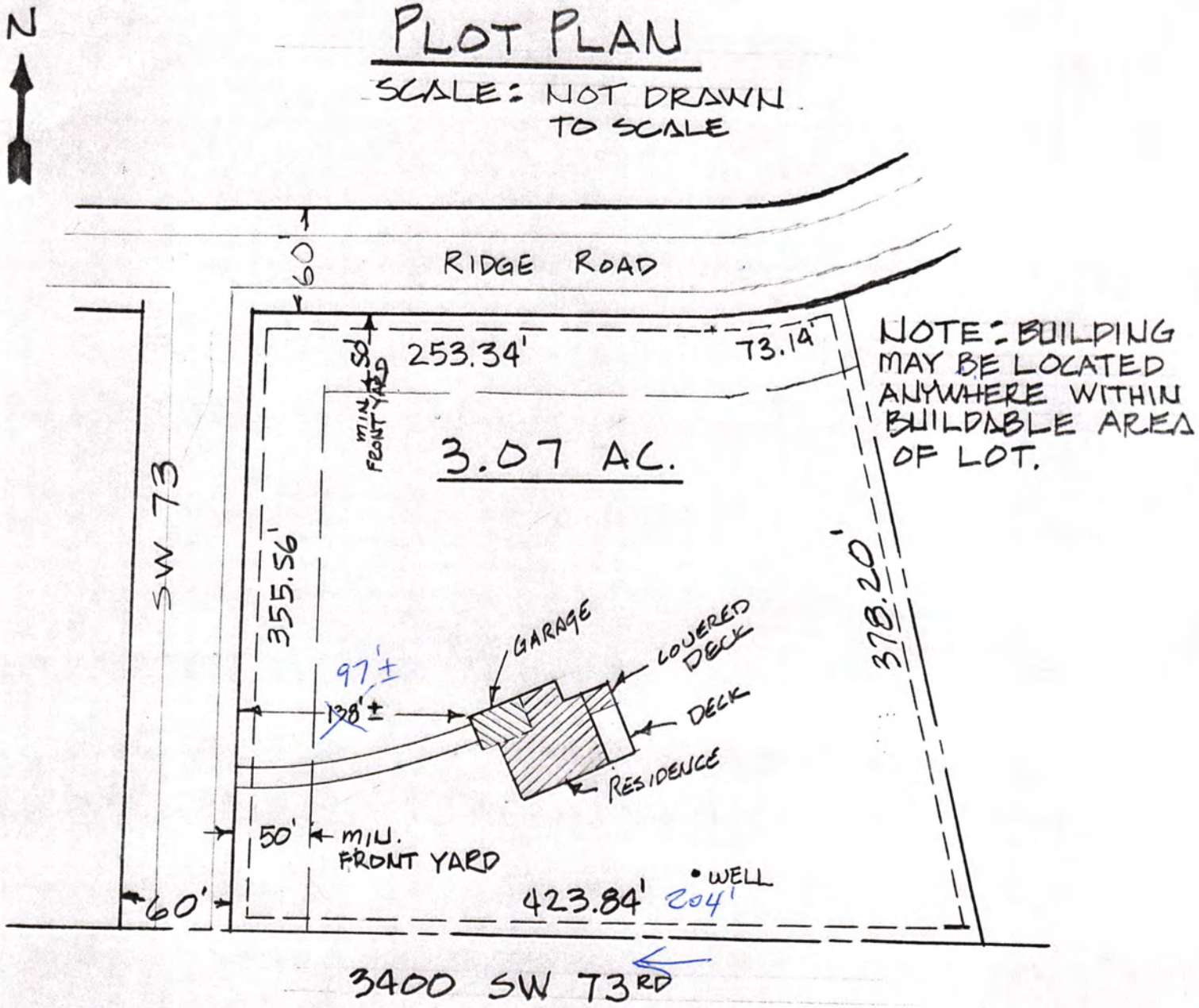
As Built Drawing



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

PLOT PLAN

SCALE: NOT DRAWN TO SCALE



NOTE: BUILDING MAY BE LOCATED ANYWHERE WITHIN BUILDABLE AREA OF LOT.

LEGAL:

RIDGE PARK
LOT # 1
BLOCK #6

JIM ASHENBACH RESIDENCE

3400 SW 73
LINCOLN, NE 68522

CONTRACTOR:

SCHROEDER CONST. CO.
LINCOLN, NE 68516

EnTown ✓ 10-23-00

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

Permit No. 974000664

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 3400 SW 73RD ST City LINCOLN, NE Zip 68522
   (No Rural Route Please)
   Legal description of property:
   Twp 9; Range 5; Section 2; Block 6; Lot 1; Addition RIDGE PARK
2. Well use: ☒ Residential; ☐ Commercial; ☐ Other; Describe: _____
3. Distance to Public Water Supply >500 feet.

JOHN MORRIS, JOHN'S PLUMBING 475-2599

Signature of Owner NOT AVAILABLE

Print Name MICHAEL D. GOINGS
Current Address 4031 FOSSIL CREEK CIR LINCOLN, NE 68516
Current Home Phone _____
Work Phone _____

Signature of Contractor _____

Print Name WALLIS SCHROEDER, SCHRODER CONST
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 ____/____/____ Date forwarded ____/____/____	**ACTION** ☐ Approved ☐ Disapproved Signature: _____
2. Building & Safety	Date received ____/____/____ Date forwarded ____/____/____	**ACTION** ☐ Approved ☐ Disapproved Signature: _____
3. City Engineer	Date received ____/____/____ Date forwarded ____/____/____	**ACTION** ☐ Approved ☐ Disapproved Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL: THE ORIGINAL FILE WAS MISPLACED. THIS FORM WAS CREATED FOR THE PURPOSE OF DOCUMENTATION. WELL INSPECTION AND WATER TESTS COMPLETED.

Site Visits:
Date: 8/2/2000 By DOUG SMITH
Date: ____/____/____ By _____
Date: ____/____/____ By _____

Nitrate Level 0.3 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory
Yes X No ____
Other _____

Installation Final Written Approval
By: John E Munis
Date: 8/14/00

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

Business Office Use Only
Date Rec'd: ____/____/____
Amt Paid: $_____
Rec'd By _____ Cash/Check No. _____