Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit
SEWAGE INSTALLATION
LAGOON

Permit # 02380244901

Issued 04/15/02
Expires 10/15/02
Revenue Code 3157

Establishment
KENT APTHORPE
T9N R5E SEC 2
RIDGE PARK-1ST ADDN BLK 3 LOT 3
3233 PHEASANT RIDGE RD

FEES: $200.00

Permittee
KENT APTHORPE
2925 RALEIGH ST
LINCOLN NE 68516-2763

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

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Questions Call 430-9011 (Kent)

A

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

Permit Number: 023802449

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 3233 PHEASANT RIDGE ROAD (no rural route) City LINCOLN, NEB NE, Zip 68532

Legal Description 2 (1/4) 9N (Section) 5E (Township, Range) Ridge Park 1ST (Subdivision) 3 (Addition) 3 (Block) (Lot)

Geographical Location (if known): Longitude na Latitude na

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

B. Owner

Name Kent Apthorpe Signature

Address 2925 Raleigh City/State/Zip Lincoln Ne

☐ Check if owner designed system Home Phone Work Phone 430-9011

C. Contractor

Name Kent Apthorpe Company Name Apthorpe Const.

Address Same City/State/Zip Same

☐ Check if contractor designed system Work Phone 430-9011

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

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

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 4 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 4/15/02, Date frwd 4/15/02 — ACTION ☒ Approved ☐ Disapproved — Signature Jerrold C. Hood
2. Supt. Bldg. Insp. or Village Clerk — Date rec'd 4/15/02, Date frwd 4/15/02 — ACTION ☒ Approved ☐ Disapproved — Signature
3. City or County Engineer — Date rec'd 4-15-02, Date frwd 4-15-02 — ACTION ☒ Approved ☐ Disapproved — Signature

Drawing supplied
5/24/02 Line & Lagoon - Needs Fence

Installation Final Written Approval

By Doug Ahrl

Date 3/12/03

Business Office Use Only
Date Rec'd 4/15/02
Amt Paid 200.00
Rec'd By CW Cash/Check No. 10609

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: 02302469

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 3 City NE, Zip
(no rural route)

Owner Kent Apthorpe Addresss 2925 Raliegh

Soil Type (SCS): Clay Percolation Rate: 240 min./inch

Date of Tests 4-9 to 4-10 Weather: Precipitation none 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	30	4-9	9 am	4-10	9am	4-10	9:00	6	4-10	1 pm	30	1/8	240
2	"	"	"	"	"	"	"	6	"	"	30	1/8	240
3	"	"	"	"	"	"	"	6	"	"	30	1/4	120
4	"	"	"	"	"	"	"	6	"	"	30	1/4	120
5	"	"	"	"	"	"	"	6	"	"	30	3/8	80
6	"	"	"	"	"	"	"	6	"	"	30	1/8	240

Sum of Percolation Rates: 1040
Average of Rates: 173
Rate Used for Calculation: 240

Person Conducting Percolation Tests

Name: Clint Prenell
Phone: 434-2400
Address 3130 S. 6th ST
Wetmann Plumbing

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date APRIL 15, 2002

FORM 23-101 10-96

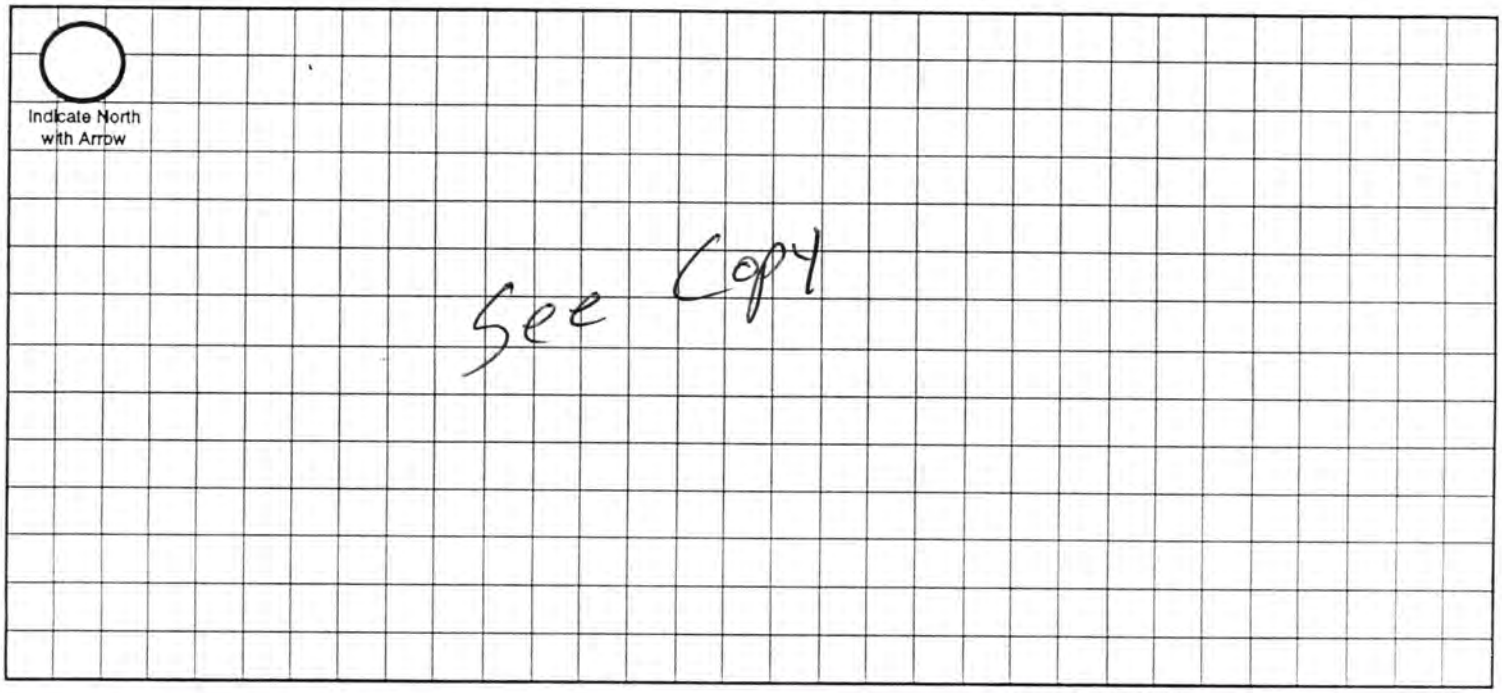
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 02380249

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 Lagoon

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

Percolation Rate 240 (min. per inch) Soil Type: _____ 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 _____ Date _____

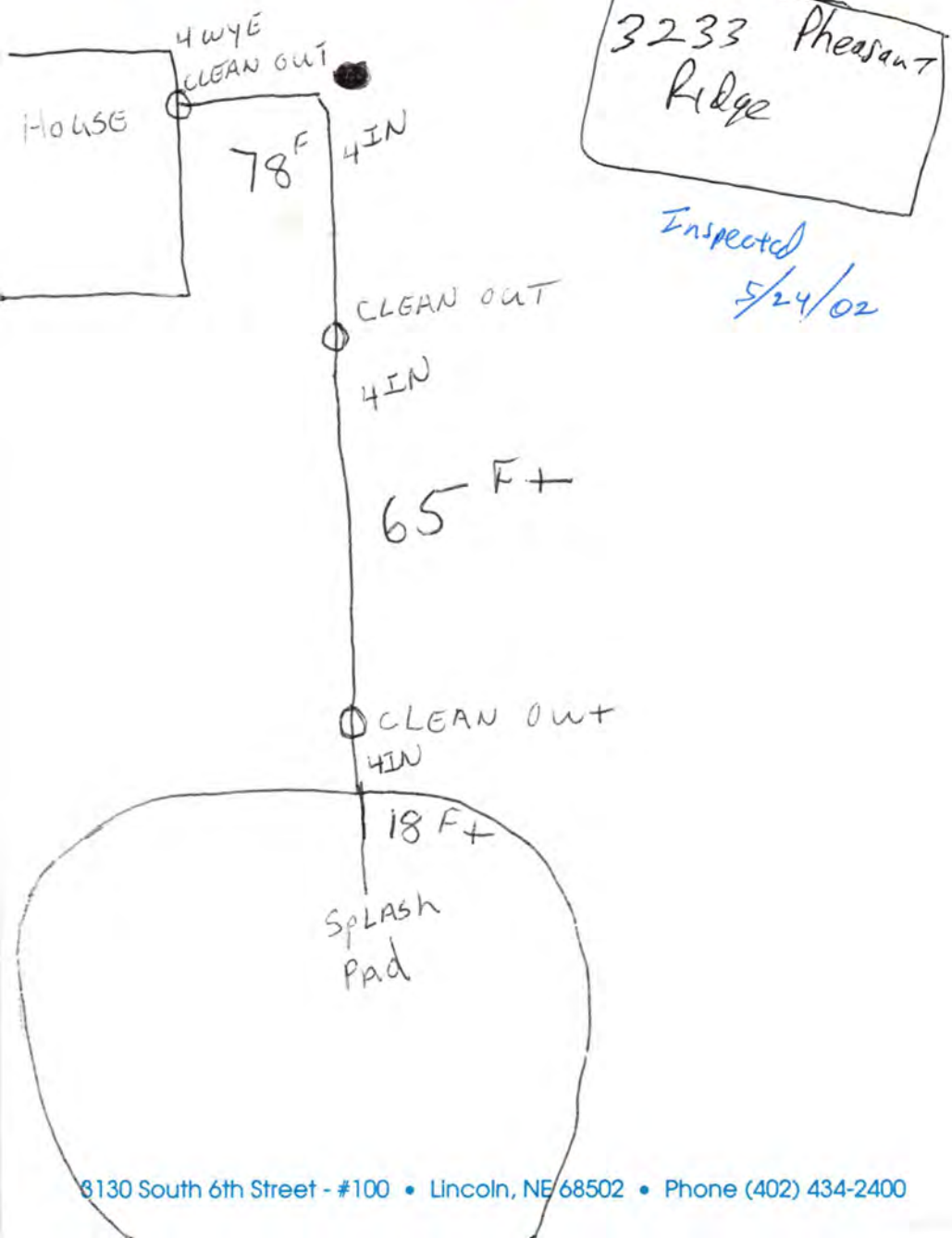
Installer Clint Pratt Date 4-15-02

405.46'
30'
ROCK DRIVE
110'
160'
UTILITY EASEMENTS
N

Wellmann

PLUMBING, INC. **HEATING & AIR, INC.**

3233 Pheasant Ridge



Inspected 5/24/02

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
KENT APTHORPE
T9N R5E SEC 2
RIDGE PARK-1ST ADDN BLK 3 LOT 3
3233 PHEASANT RIDGE RD

Permittee
KENT APTHORPE
2925 RALEIGH ST
LINCOLN NE 68516-2703

Permit # 02400102401

Issued 04/15/02
Expires 10/15/02
Revenue Code 3162

FEES: $100.00

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002012

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 - $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 3233 Pheasant Ridge Road City Lincoln, Ne. , NE Zip 68532
(No Rural Route Please)
Township 9N Range 5E Section 2 1/4 Section
Block 3 Lot 3 Addition Ridge Park 1st Addi
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 Kent Grothorpe Print Name Kent ApThorpe
Current Address 2925 Raleigh Lincoln Nebr 68516
Current Home Phone 438-9011 Cell Work Phone 423-0313

Signature of Contractor Kent Grothorpe Print Name Kent ApThorpe
Address 2925 Raleigh Lincoln Nebr 68516
Home Phone_____ Work Phone 423-0313 Cellular Phone 430-9011

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 4/15/02 Date forwarded 4/15/02	ACTION ☒ Approved ☐ Disapproved Signature: Jerrold C. Hood
2. Building & Safety	Date received 4/15/02 Date forwarded 4/15/02	ACTION ☒ Approved ☐ Disapproved Signature:
3. City Engineer	Date received 4/15/02 Date forwarded 4/15/02	ACTION ☒ Approved ☐ Disapproved Signature:

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits
Date:____/____/____ By_____
Date:____/____/____ By_____
Date:____/____/____ By_____

Nitrate Level 0.9 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory ☒ Yes ____ No
Other_____

Installation Final Written Approval
Date: 12/02/02 By DS

Business Office Use Only
Received: Date: 4/15/02 Amount 100.00 Check No. 10609 Initials CW

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