Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

BOB WALTERS
T9N R5E SEC 2
RIDGE PARK-1ST ADDN BLK 3 LOT 2
~~3201 PHEASANT RIDGE RD~~

Permitee 7201 W RANGER RD
BOB WALTERS
2015 BURNHAM ST
LINCOLN NE 68502

Permit # 99380208201

Issued 09/13/99
Expires 03/13/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010949

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

A

Permit Number:

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 ~~3201 PHEASANT RIDGE~~ City LINCOLN NE, Zip 685

(no rural route)

Legal Description 7201 W RANGER RD ¼ ¼ Section 9N Township 5E Range RIDGE PARK 1ST Subdivision 3 Addition 2 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 BOB WALTERS Signature _____

Address 2015 BURNHAM City/State/Zip LINCOLN, NE

☐ Check if owner designed system Home Phone 421-6996 Work Phone _____

C. Contractor Jeff Kramer

Name ~~KRAMER CONSTRUCTION~~ Company Name KRAMER CONSTRUCTION

Address 9600 KENSPROOS City/State/Zip LINCOLN NE 68526

☐ Check if contractor designed system Work Phone 489-9209

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

Designer Name LARRY SCHWARCK Firm _____ Work Phone 489-7294

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 9/10/99 Date frwd 9/13/99 ACTION ☒ Approved ☐ Disapproved Signature Carroll C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 9/13/99 Date frwd 9/13/99 ACTION ☒ Approved ☐ Disapproved Signature _____

10-28-99, run next down

Installation Final Written Approval

By _____

Date 11-4-99

Business Office Use Only

Date Rec'd 9/10/99
Amt Paid $150.00
Rec'd By CW. Cash/Check No. 2145

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:

Lot 2 Blk 3 Ridge Park 1st Add.

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

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

Owner _____ Address _____

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

Date of Tests 9-18 to 9-19-99 Weather: Precipitation — Temperature 55°

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	9-18	2:30	9-19	8:00	9-19	11:30	18 7/8	9-19	12:00	30	1/2	
2								17 3/4				1/2	
3								16				1/2	
4								11 1/2				1/2	
5								18 1/2				3/4	
6								14 1/4				3/4	
7								15 1/2				1/2	
8								11 1/2				1/4	

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Larry Schwank

Phone: 489-7294

Address 8200 old Cheney Rd

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

3 bed Bob Walters
T9N, R5E, Sec. 2

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

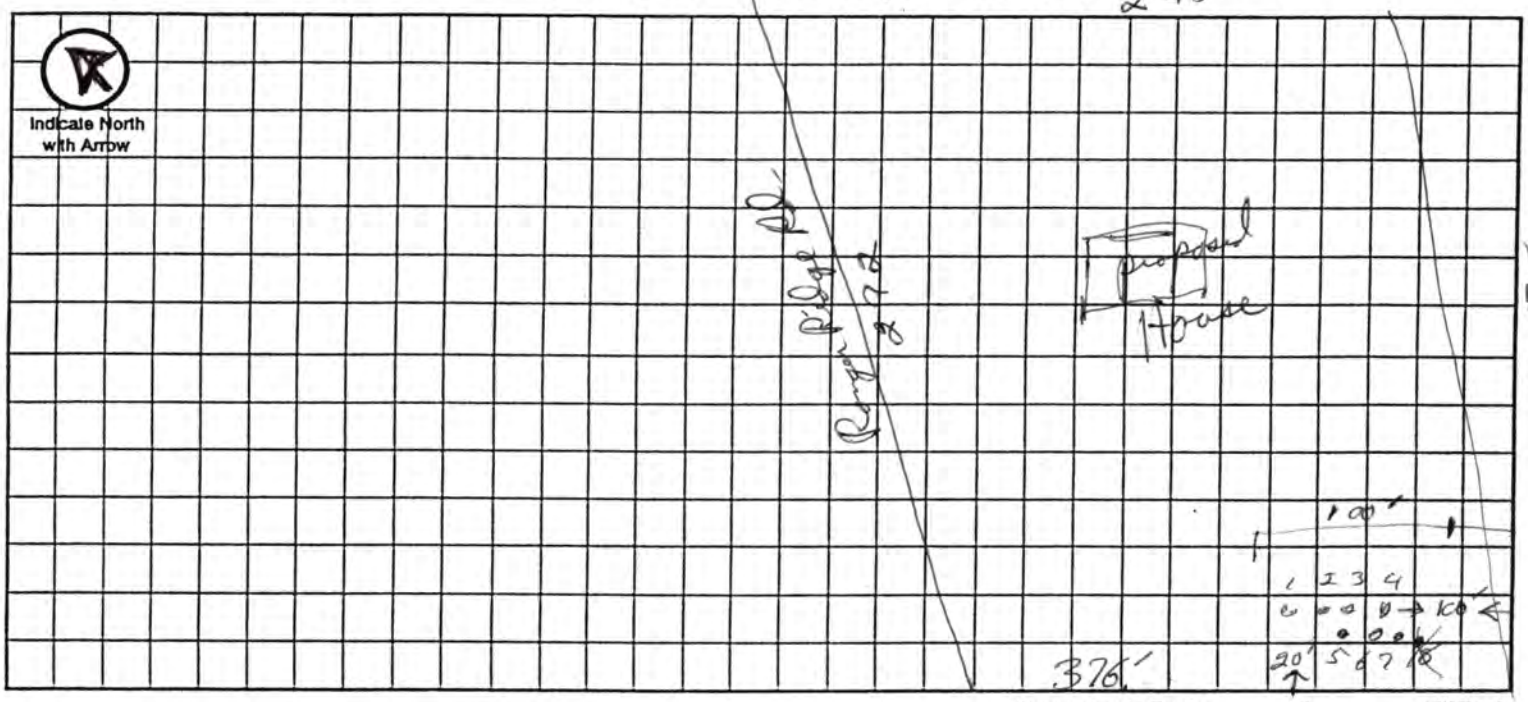
Lot 2 Blk 3 Ridge Park 1st Add,

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 60 (min. per inch) Soil Type: _____ Land Slope: 1% %

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

Total Square Feet of Field Required: 990 sq. ft.

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

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

Total Length of Laterals 247 ft. Number of Trenches _____ 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 Tom Kramer Date 10-22-99

Installer Larry Schunk Date 10-27-99

NOV 3 1999

D

Permit Number:

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

Lot 2 Blk 3 Ridge Park 1st Add

Sewage Disposal System

As Built Plans & Specifications

Date 10-26-99

System Location (Indicate correct number and street)

Address Pheasant Ridge Rd (no rural route) City NE, Zip

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and septic tank: 220' ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line ____ ft.
   stream ____ ft.
   pressure line ____ ft.
   property line ____ ft.

B. Septic Tank

1. Material: Precast
   Number of compartments: ____
2. Capacity: 1250 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: 6 in.
8. Distances to: Well or suction line ____ ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

C. Distribution Box

1. Material: plastic
   Number available outlets: 2 Drop Boxes
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 50+16+10 ft.

D. Absorption Field

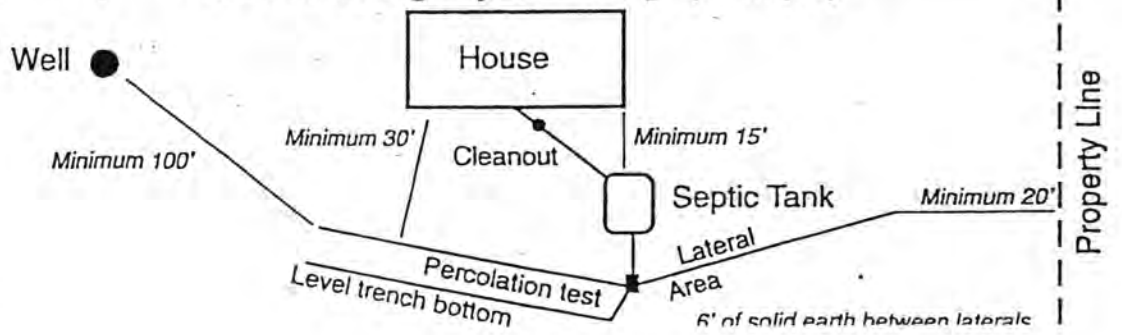
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 15" Infiltrator
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 5
   Length of each line: 100 ft. 75 ft.
   58 ft. 48 ft., 40 ft.
3. Trench dimensions: Width 4 ft.
   Slope 2 in/100 ft.
   Average depth 22 - 28 in
4. Filter material: rockground
   Depth of material 15 in.
5. Distances to: Well or suction line ____ ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line 20'+ ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)

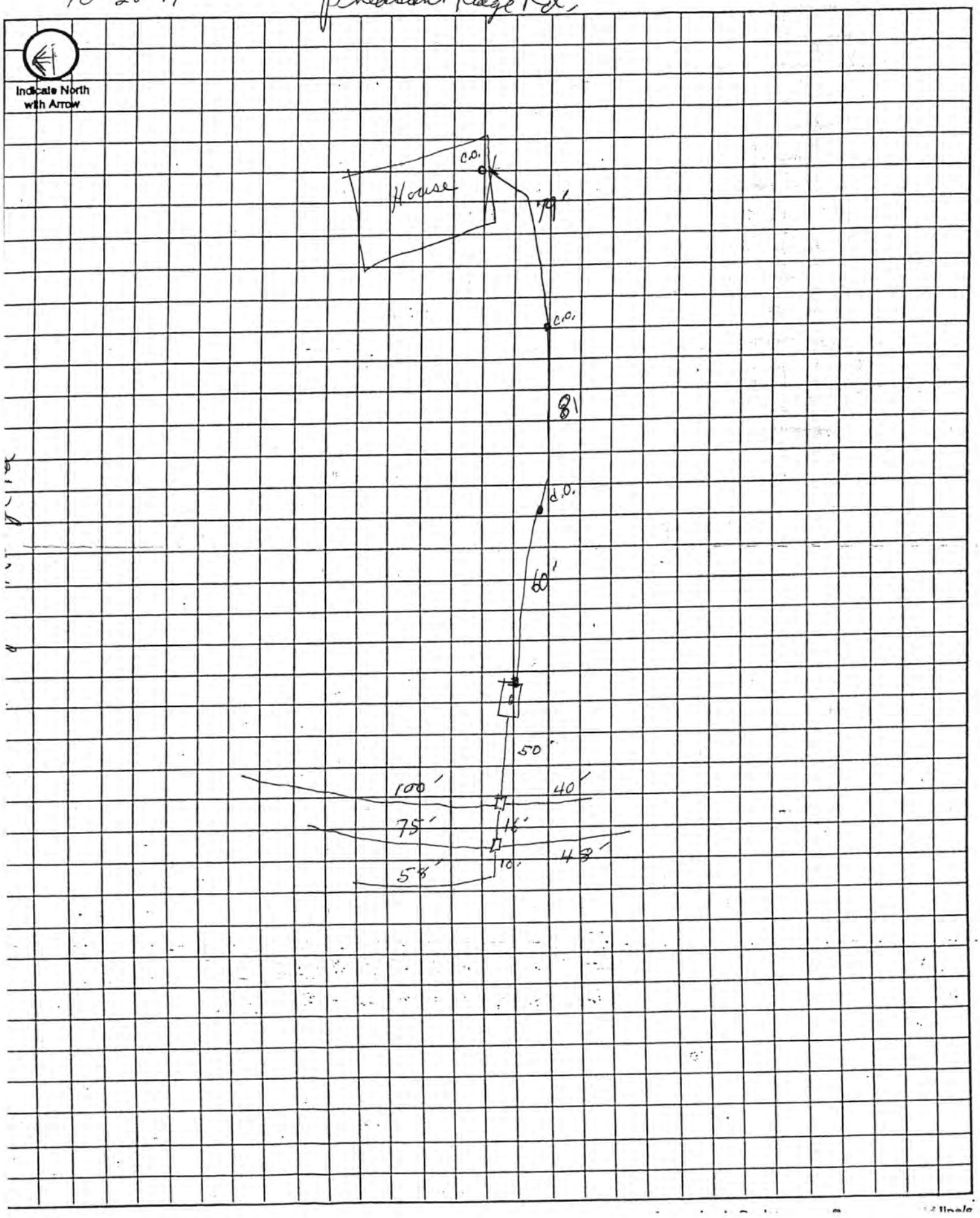


As Built Drawing

by Larry Schwarck for John Kramer

10-26-99

Pheasant Ridge Rd.



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

JEFF P KRAMER
T9N R5E SEC 2
RIDGE PARK-1ST ADDN BLK 3 LOT 2
3201 PHEASANT RIDGE RD

Permitee

JEFF P KRAMER
4600 RENTFRO DR
LINCOLN NE 68526

Permit # 99400085401

Issued 09/13/99
Expires 03/13/00
Revenue Code 3162

FEES: $75.00

TOTAL: $75.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010945

Parcel ID # 03-02-209-002000

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

Permit No. 9940000854

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 3201 Pheasant Ridge City Lincoln, NE Zip
   (No Rural Route Please)
   Legal description of property:
   Twp 9N; Range 5E; Section 2; Block 3; Lot 2; Addition Ridge Park 1st.

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

3. Distance to Public Water Supply _____ feet.

Signature of Owner

Print Name Jeff P Kramer
Current Address 4600 Rentfro Dr.

Current Home Phone 489-9209
Work Phone 489-9209

Signature of Contractor

Print Name Kramer Construction Inc
Address 4600 Rentfro Dr.
Lincoln 68516

Home Phone 489-9209
Work Phone 489-9209
Cellular Phone 429-1587

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 9/10/99 Date forwarded 9/10/99	ACTION ☒ Approved ☐ Disapproved Signature: Jerrold C. Hood
2. Building & Safety	Date received 9/13/99 Date forwarded 9/13/99	ACTION ☒ Approved ☐ Disapproved Signature:
3. City Engineer	Date received 9/10/99 Date forwarded 9/10/99	ACTION ☒ Approved ☐ Disapproved Signature:

REMARKS OR REASONS FOR DISAPPROVAL:

Site Visits:
Date: 2/14/00 By Jerrold C. Hood
Date: ___/___/___ By
Date: ___/___/___ By

Installation Final Written Approval
By: Jerrold C. Hood
Date: 2/16/00

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

Nitrate Level 0.4 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory
Yes X No
Other

Business Office Use Only
Date Rec'd: 9/10/99
Amt Paid: $ 75.00
Rec'd By CW Cash/Check No 2145

entered 3/3/00

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13553
FILE NO. 994000854

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

PID# 03-02-209-002-000

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 2 T. 9N R. 53 Block 3 Lot 2 Addition RIDGE PARK 1ST ADD.
Owner JEFF KRAMER Address 4600 RENTFRO DRIVE

LOG OF WELL	
	Description
Depth Ft. to	

WELL COMPLETION RECORD

Drilling Method: ROTARY
Depth (from ground level), Ft. 230
Date Completed 10/16/99

Casing: Length, Ft. 220 ; Dia. In. 4
Wall Thickness, Inc. .214 ; type PVC

Screen: Length, Ft. 10 Dia. In. 4
Type PVC , slot Size .018

Drop Pipe: Length, Ft. 160 Dia. In. 1¼

Water Level, Surface to top of water, Ft.:
Static 59 , Pumping 80

Yield: 20 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 EARNEST WELL DRILLING INC.
(Signed)

Address 2796 WEST MILFORD ROAD
MILFORD, NE 68405

Date

REMARKS NITRATE NITROGEN 0.4 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

Octet
DWR Fo

STATE OF NEBRASKA
DEPARTMENT OF WATER RESOURCES
WATER WELL REGISTRATION

FOR DEPARTMENT USE ONLY

Registration Date _____ Sequence No. _____ Registration No. _____
Owner Code No. _____ Receipt No. _____ _____ NRD

1. Well Owner Kramer & Sons (Pheasant Ridge) Bob Walters Telephone Number (402) 742-5445
Address 3201 Pheasant Ridge Rd.
City Lincoln State Ne Zip Code 68532 +

2. Drilling Firm EARNEST WELL DRILLING INC. Telephone Number (402) 761-2281
Address 2796 WEST MILFORD RD. Contractor's License No. 39051
City MILFORD State NE. Zip Code 68405 +

3. Permit Number(s) 9940008540 1

4. Purpose of well (indicate one): ___Dewatering (over 90 days) X Domestic ___Ground Heat Exchang
___Ground Water Source Heat Pump ___Industrial ___Injection ___Irrigation ___Livesto
___Monitoring ___Observation ___Public Water Supply ___Public Water Supply
___Recovery ___Aquaculture ___Other _____

5. Replacement and abandoned well information.
A. Is this well a replacement well? ___Yes X No
B. Registration number of abandoned well: _____
If not registered, date of construction completion: _____, 19
C. Replacement well is _____ feet from abandoned well.
D. Abandoned well last operated _____, 19
E. Original well pump column size: _____ inches.
F. Completion of original well abandonment on _____, 19
G. Location of water use of abandoned well: _____

6. A. Well location: ___¼ of the ___¼ of Section ___, Township ___ North, Range ___ East/West, _____ Co
B. The well is 25 feet from the (North or South) section line and _____ feet from the (East/West) section li
(circle one) (circle one)
C. Street address or block, lot and subdivisions, if applicable: 3201 Pheasant Ridge Rd
L 2 BLK 3 Ridge Park 1st Addn
D. Location of water use, if applicable (give legal descriptions): _____
E. If for irrigation, the land to be irrigated is _____ acres.
F. Well reference letter(s), if applicable: _____

7. Pump Information.
Is pump installed at this time: X Yes ___No
If yes, complete items A through F.
If no, complete items A and D with estimated information for those wells in which pump will be installed.
A. Actual pumping rate, if applicable: 20 gallons per minute. Measured ☒ or Estimated ☐
B. Pump column diameter: 1¼ inches. C. Length of pump column: 160
D. Pumping equipment installed: (month) 11 (day) 2 19 99 . E. Brand/Type: 1½hp Dempster
F. Pump installed by: Contractor ☐ Owner ☐ Pump Installer ☒ License No. 39051

printed on

Screen openings (slot size): .018 Trade name: MONOFLEX

Length(s) and placement(s) depth from 220 ft. to 230 ft. from ____ ft. to ____ ft. Guides at 225 ft.

I. Gravel pack interval(s) from 20 ft. to 120 ft. from 130 ft. to 230 ft. Grade size: C-PACK AN WASHED ROUND GRAVE

J. Grouted/Scaled from 10 ft. to 20 ft., with BENTONITE (HOLEPLUG)
(type)

from 120 ft. to 130 ft., with BENTONITE (HOLEPLUG)
(type)

K. Drilling method: ROTARY L. Drilling fluid: BENTONITE (QUIK-GEL)

M. Well development technique (total time and method): AIR (1 HOUR)

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
0	1	Top Soil
1	32	Brown Clay
32	55	Blue Clay
55	60	Dark Gray, Black Clay
60	65	Dark Brown Clay
65	75	Light Brown Clay
75	80	Shale
80	86	Brown Clay
86	90	Sand
90	160	Gray Clay

DEPTH IN FEET FROM	TO	DESCRIPTION
160	194	Sandstone (Fine to Med, Brown)
194	195	Shale
195	230	Sandstone (Med, Brown)
230		Brown+Red Clay

(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.

Ben Ernst III — Water Well Contractor's Signature

12-20-99 — Date

Water Well Owner's Signature — Date