Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 00380225401

Issued 10/23/00
Expires 04/23/01
Revenue Code 3157

Establishment

STEVE FRAGER
T9N R5E SEC 2
RIDGE PARK-1ST ADDN BLK 4 LOT 4
3101 PHEASANT RIDGE RD

FEES: $200.00

Permitee

CHANDEL HOMES INC
P O 67065
LINCOLN NE 68516

TOTAL: $200.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013837

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

A

Permit Number: 003802254

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 3101 PHEASANT RIDGE Rd (no rural route) City LINCOLN NE, Zip

Legal Description 2 9N 5E RIDGEPARK 1ST 4 4
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 STEVE FRAGER Signature

Address City/State/Zip

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name Company Name CHANDEL HOMES INC

Address City/State/Zip

☐ Check if contractor designed system Work Phone

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

Designer Name Larry Schwank 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 10/23/00 Date frwd 10/23/00	ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 10/23/00 Date frwd 10/23/00	ACTION ☑ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 10/23/00 Date frwd 10/23/00	ACTION ☒ Approved ☐ Disapproved Signature Chas J Baker	

- Lsne Inspected 12/4/00 DS
- Lagoon Inspected 12/5/00 - Need fence

Installation Final Written Approval

By Doug Smith

Date 5/8/01

Business Office Use Only
Date Rec'd 10/20/00
Amt Paid 250 ~~00~~ over paid $50 cc
Rec'd By LO ~~Cash~~/Check No. 8736

FORM 23-100 9-00 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector Also well

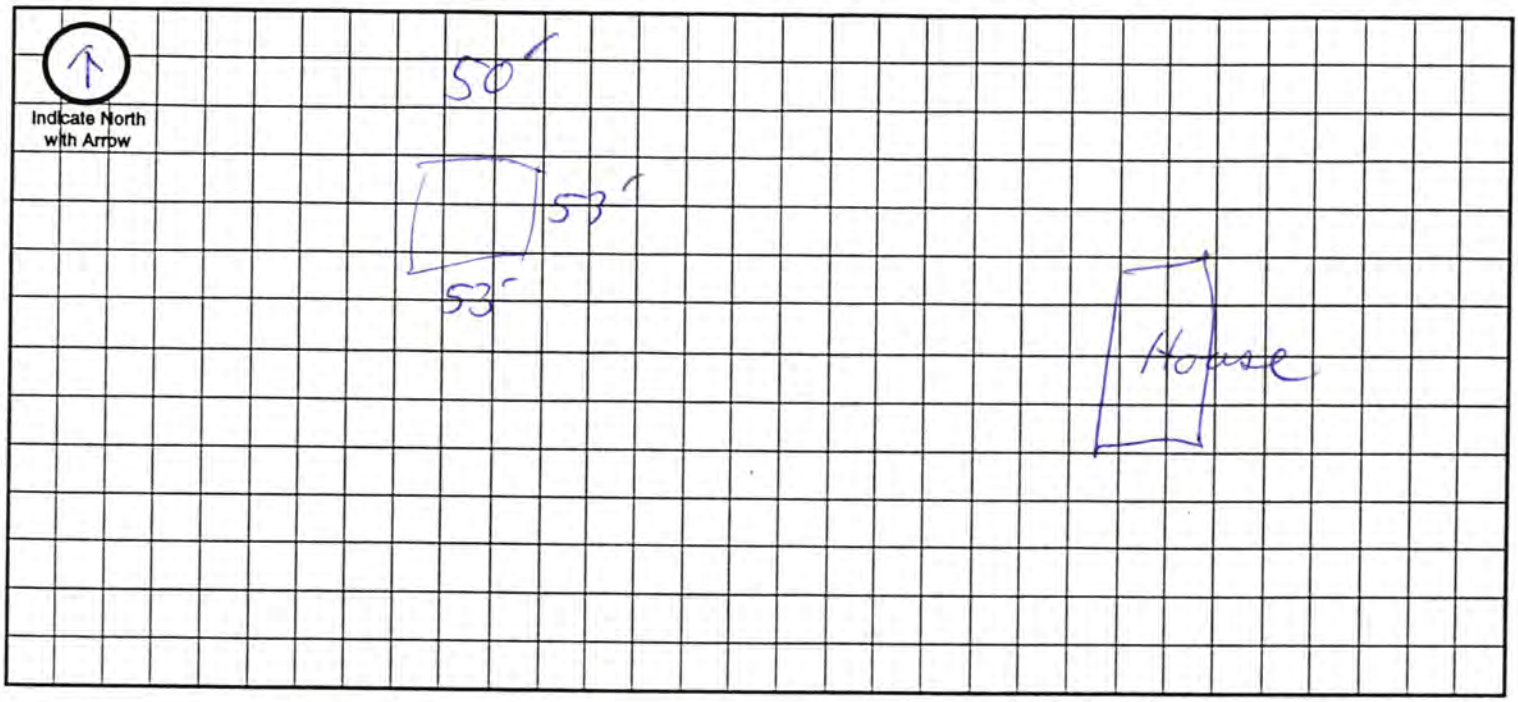
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 3101 Pheasant Ridge 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 _____ (min. per inch) Soil Type: Clay Land Slope: 2 %

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 ☒	☒

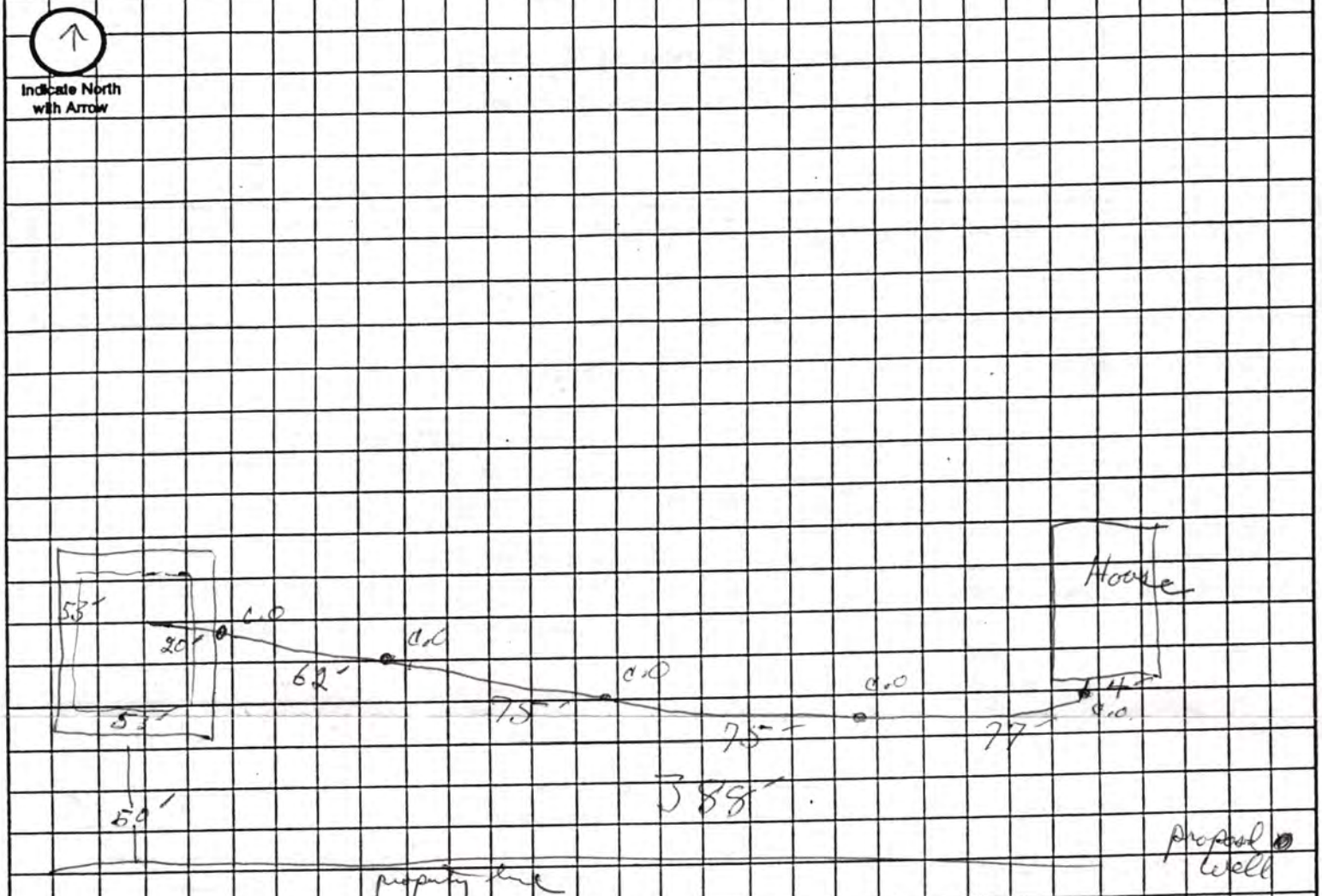
E. Required Signatures

Home Building Contractor _____ Date _____

Installer Larry Schwanke Date 11-28-00

As Built Drawing

by Larry Schevarek 12-4-00
for Grobinske Const
3101 Pheasant Ridge



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

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

Permit # 00400093601

Issued 10/23/00
Expires 04/23/01
Revenue Code 3162

Establishment

STEVE FRAGER
T9N R5E SEC 2
RIDGE PARK-1ST ADDN BLK 4 LOT 4
3101 PHEASANT RIDGE RD

FEES: $100.00

Permitee

CHANDEL HOMES INC
P O BOX 67065
LINCOLN NE 68516

TOTAL: $100.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013838

Record #43
PID # 03-02-210-004-000

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

Permit No. 00 4000936

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 3101 PHEASANT RIDGE Rd City LINCOLN, NE Zip
(No Rural Route Please)
Township 9N Range 5E Section 2 1/4 Section
Block 4 Lot 4 Addition RIDGE PARK 1ST ADD
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 Print Name STEVE FRAGER
Current Address
Current Home Phone Work Phone

Signature of Contractor Print Name CHANDEL HOMES INC
Address P.O 67065 LINCOLN NEBR. 68516
Home Phone Work Phone 423-3700 Cellular Phone 730-4903

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 10/20/00 Date forwarded 10/23/00	ACTION ☒ Approved ☐ Disapproved Signature: Jerrold C. Wood
2. Building & Safety	Date received 10/23/00 Date forwarded 10/23/00	ACTION ☑ Approved ☐ Disapproved Signature:
3. City Engineer	Date received 10/23/00 Date forwarded 10/23/00	ACTION ☑ Approved ☐ Disapproved Signature:

REMARKS OR REASONS FOR DISAPPROVAL:

Site Visits
Date: 06/01/01 By DS
Date: / / By
Date: / / By

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

Installation Final Written Approval
Date: 6/22/01 By D.S.

Business Office Use Only
Received: Date: 10/20/00 Amount 100 cc Check No. 8736 Initials

Also Sewage

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

✓ entered 7/27/01
Record #77

APR 1 9 2001

PID# 03-02-210-004-000

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PREMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. 004000936

LINCOLN-LANCASTER COUNTY
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

DATA SHEET FOR WATER WELL

3101 PHEASANT RIDGE ROAD

Legal Description: Sec. 2 T. 9 R. 5 Block 4 Lot 4 Addition RIDGE PARK

Owner CHRIS GRABENSTEIN CONST Address 4529 BIRCH CREEK DR., LINCOLN, NE 68516

LOG OF WELL	
Depth Ft to:	Description
0- 55	YELLOW CLAY
55- 95	BLUE CLAY
95-105	LOOSE GRAY SAND
105-135	BLUE CLAY
135-210	GRAY SHALE
210-240	FINE WHITE SANDSTONE

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level). Ft. 232'

Date Completed 1/16/01

Casing: Length, Ft. 222' :Dia. In. 4"

Wall Thickness, Inc. .214" :Type PVC

Screen: Length, Ft. 10' Dia. In. 4"

Type PVC HIFLOW , Slot Size .018

Drop Pipe: Length, Ft. 10' Dia. In. 1 1/4"

Water Level, Surface to top of water, Ft.:

Static 91' M , Pumping 95' EST

Yield: 20 gpm, Measured XX Est.

Chlorination Completed Yes XX No

The above informatioin including "Log of Well" is a true record of the job performed by me.

Driller BILL MOSER
(Signed)

Address: P. O. BOX 308
HICKMAN, NE 68372

Date: 18 APRIL 01

Remarks

DO NOT WRITE BELOW THIS DOUBLE LIN

Health Department forwarded copy of record to Nebraska Conservatioin and Survey Department for Scientific Record

DEC 8 2000

D

Permit Number:

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

Sewage Disposal System
As Built Plans & Specifications

Date 12-4-00

System Location (Indicate correct number and street) 9-5-See 2

Address 3101 Pheasant Ridge City NE, Zip
(no rural route)

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: 388 ft.
4. Number of clean-outs: 5
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line 50+ 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.

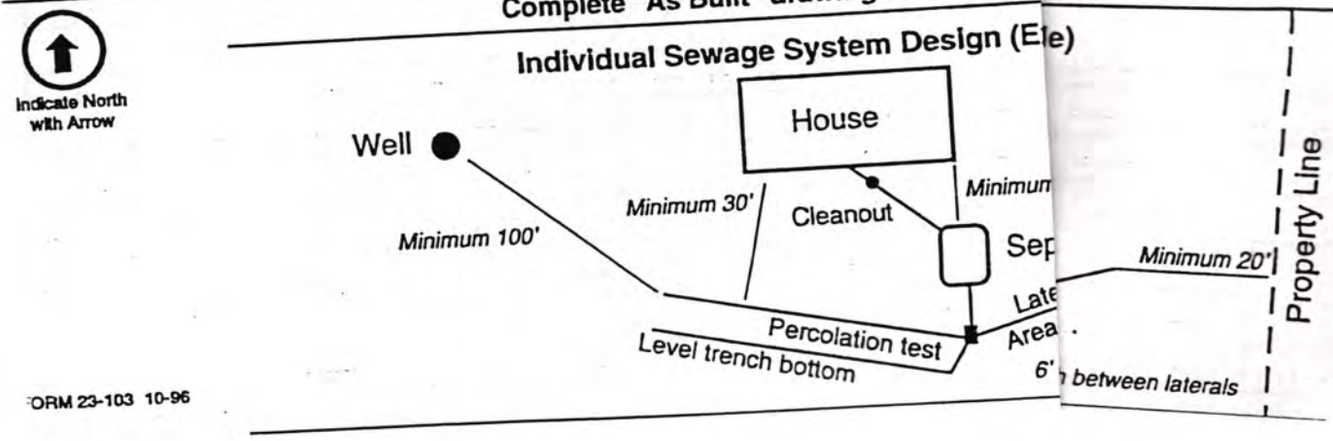
D. Absorption Field

(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.
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 form.

Individual Sewage System Design (Elevation)



FORM 23-103 10-96