# Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 99380211701

Issued 11/18/99
Expires 05/18/00
Revenue Code 3157

FEES: $150.00

Establishment

DLOUHY CONSTRUCTION INC
T9N R5E SEC 2
RIDGE PARK-1ST ADDN BLK 4 LOT 6
7230 RANGER RIDGE RD

Permitee

DLOUHY CONSTRUCTION INC
12500 S 82 ST
ROCA NE 68430

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011181

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

**A**

Permit Number: 99380217

# 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 7230 Ranger Ridge Rd (no rural route) City Lincoln NE, Zip

Legal Description 2 (1/4) 9N (Section) 5E (Township) Ridge Park 1st add (Range) 4 (Subdivision) 6 (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 Dlouhy Const. Inc Signature Russell R Dlouhy

Address 12500 S 82 City/State/Zip Roca NE 68430

☐ Check if owner designed system Home Phone 4239389 Work Phone 5605545

### C. Contractor

Name Russ Dlouhy Const Inc Company Name

Address 12500 S82 Roca NE City/State/Zip 68430

☐ Check if contractor designed system Work Phone 5605545

### 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 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 11/17/99 Date frwd 11/18/99 ACTION ☒ Approved ☐ Disapproved Signature Jerold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11/18/99 Date frwd 11/18/99 ACTION ☒ Approved ☐ Disapproved Signature Dale
3. **City or County Engineer** Date rec'd 11/19/99 Date frwd 11/19/99 ACTION ☒ Approved ☐ Disapproved Signature

Need drawing, letter, etc.

### Installation Final Written Approval

By Dave Rauen

Date 7/19/00

***Business Office Use Only***

Date Rec'd 11/18/99

Amt Paid 150.00

Rec'd By ms Cash/Check No. 3936

FORM 23-100 10-96 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

**B**

Permit Number: 9938021 17

# Sewage Disposal System

## Soil Absorption Test Data Report

## Annex to Application

PLEASE PRINT OR TYPE

### System Location (Indicate correct number and street)

Address 7230 Ranger Ridge Road (no rural route) City Lincoln NE, Zip _____

Owner Dlouhy Const Addresss 12500 S 82 Roca NE 68430

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

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

## 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) |
| | | | | | | | | | | | | | |
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### Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

### Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

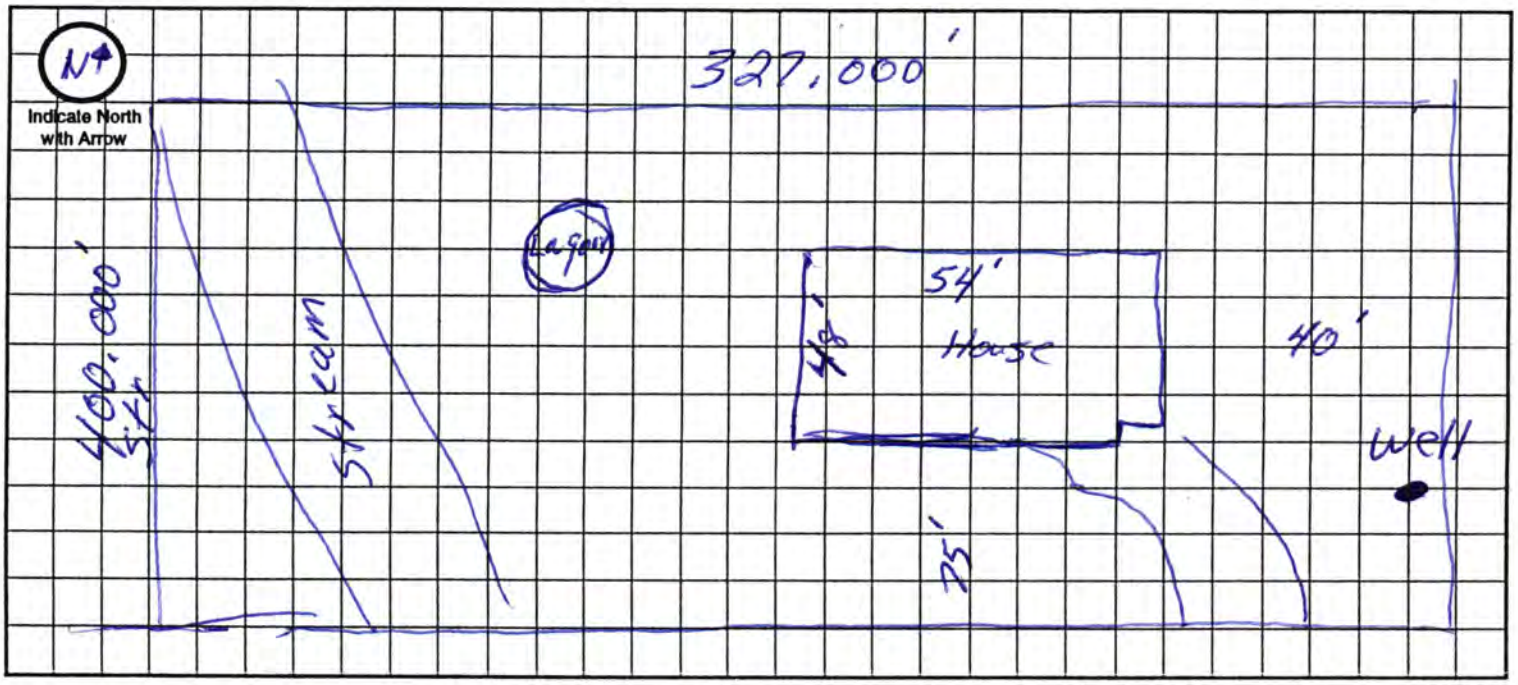
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 993802117

# 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) 7230 Ranger Ridge Rd City Lin 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: _____ 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 Russell R Mowbray Date 11-17-99

~~Installer~~ J. M. Hicks Plumbing Date _____

FORM 23-102 10-96

# 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

RUSSELL R DLOUHY
T9N R5E SEC 2
RIDGE PARK-1ST ADDN BLK 4 LOT 6
7230 RANGER RIDGE RD

Permitee

RUSSELL R DLOUHY
12500 S 82 ST
ROCA NE 68430

Permit # 99400086601

Issued 11/18/99
Expires 05/18/00
Revenue Code 3162

FEES: $75.00

TOTAL: $75.00

Leon F. Vinci, MPH, Health Director

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011182

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

Permit No. 9960008 66

# 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 7230 Ranger Ridge Road City Lin, NE Zip NE
   (No Rural Route Please)
   Legal description of property:
   Twp 9N; Range 5E; Section 2; Block 4; Lot 6; Addition Ridge Park 1st add.
2. Well use: ☒ Residential; ☐ Commercial; ☐ Other; Describe: _____
3. Distance to Public Water Supply None feet.

Signature of Owner Russell R Dlouhy

Print Name Russell R Dlouhy
Current Address 12500 S 82
Roca NE 68430
Current Home Phone 423 9389
Work Phone _____

Signature of Contractor Russell R Dlouhy

Print Name Russell R Dlouhy
Address 12500 S 82 Roca
NE 68430
Home Phone 423 9389
Work Phone _____
Cellular Phone 560 5545

Sewage Permit Applied for: ☒ Yes ☐ No ☐ Not applicable

**Please Submit Permit Fee with This Request**

**Please Do Not Write Below This Line**

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Approval Process: Lincoln Municipal Code 8.44

1. Health Department — Date received 11/17/99; Date forwarded 11/18/99 — ACTION ☒ Approved ☐ Disapproved; Signature: Jerrold C. Hood
2. Building & Safety — Date received 11/18/99; Date forwarded 11/16/99 — ACTION ☒ Approved ☐ Disapproved; Signature: Dale
3. City Engineer — Date received 11/18/99; Date forwarded ___/___/___ — ACTION ☒ Approved ☐ Disapproved; Signature: Ben Hutto

**REMARKS OR REASONS FOR DISAPPROVAL:** _____

**Site Visits:**
Date: 7/18/00 By Jerrold Hood
Date: ___/___/___ By _____
Date: ___/___/___ By _____

**Installation Final Written Approval**
By: Jerrold C. Hood R.E.H.S.
Date: 7/26/00

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

Nitrate Level 0.0 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory
Yes X No ____
Other _____

***Business Office Use Only***
Date Rec'd: 11/18/99
Amt Paid: $ 75.00
Rec'd By ____ Cash/Check No. 3936

Also Sewage

JAN 1 3 2000

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PREMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. 994000866

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

DATA SHEET FOR WATER WELL

Legal Description: Sec. 2 T. 9N R. 5E Block 4 Lot 6 Addition 7230 W. RANGER ROAD

Owner RUSS DLOUHY Address 12500 SOUTH 82ND, ROCA, NE 68430

| LOG OF WELL | |
|---|---|
| Depth Ft to: | Description |
| 0- 40 | BRN CLAY |
| 40- 80 | BLUE CLAY |
| 80-110 | SANDY BLUE SHALE, SOME SS |
| 110-125 | RED & BRN SHALE |
| 125-150 | SANDY BLUE SHALE |
| 150-151 | VERY HARD LAYER |
| 151-170 | FINE TAN SS |
| 170-185 | MED SS |
| 185-200 | MED FINE TAN SS A LITTLE |
| | YEL |
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WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth ( from ground level ). Ft. 190'

Date Completed 12/31/99

Casing: Length, Ft. 170' :Dia. In. 4"

Wall Thickness, Inc. .214" :Type PVC

Screen: Length, Ft. 20' Dia. In. 4"

Type PVC SLOTTED , Slot Size .025

Drop Pipe: Length, Ft. 100' Dia. In. 1 /14"

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

Static 67' M , Pumping 70' EST

Yield: 15 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 [signature]
(Signed)

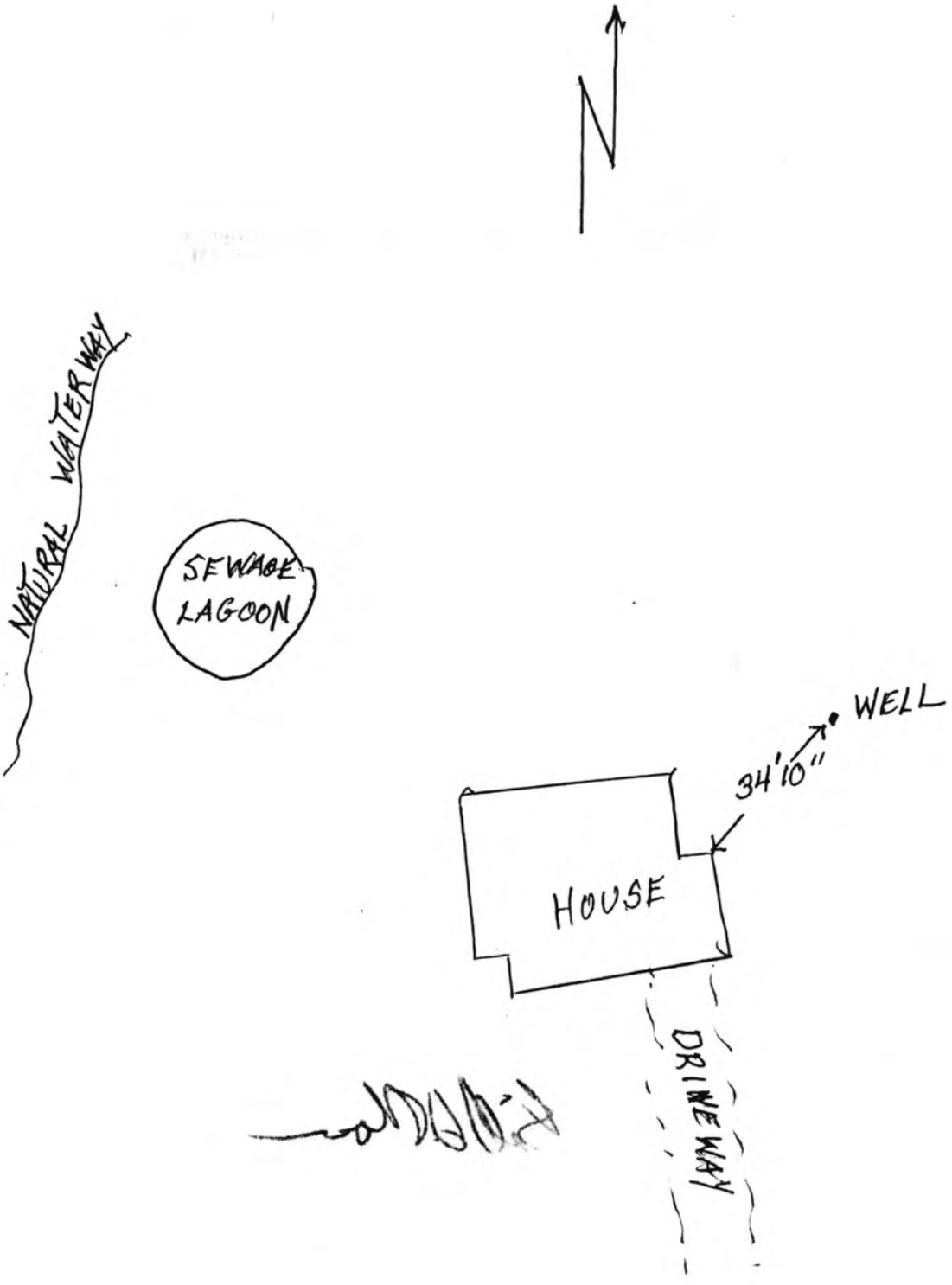
Address: P. O. BOX 308
HICKMAN, NE 68372-0308

Date: 12 JANUARY 2000

Remarks NITRATE NITROGEN 0.0
BACTERIOLOGICAL O.K.

DO NOT WRITE BELOW THIS DOUBLE LIN

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


N
NATURAL WATERWAY
SEWAGE LAGOON
WELL
34'10"
HOUSE
DRIVEWAY