Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 01380228701

Issued 02/28/01
Expires 08/28/01
Revenue Code 3157

Establishment

RUSSELL R DLOUHY
T9N R5E SEC 2
RIDGE PARK -1ST ADDN BLK 1 LOT 1
2800 SW 72 ST

FEES: $200.00

TOTAL: $200.00

Permitee

RUSSELL R DLOUHY
12500 S 82 ST
ROCA NE 68430

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

014344

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

A

Permit Number: 013802287

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 2800 SW 72 (no rural route) City Lin NE, Zip /

Legal Description 2 9N 5E Ridge Park 1st add / /
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 Dlouhy Signature Russell R Dlouhy

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

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Dlouhy Russ Company Name Dlouhy Homes

Address 12500 S 82 City/State/Zip Roca NE 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 2/28/01 Date frwd 2/28/01 ACTION ☒ Approved ☐ Disapproved Signature Jerrold 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 2/28/01 Date frwd 2/28/01 ACTION ☒ Approved ☐ Disapproved Signature Chas W Baker

Tank, line + lateral 6/28/01 DS.

Installation Final Written Approval

By Doug Smith

Date 11/28/01

Business Office Use Only

Date Rec'd 2/28/01
Amt Paid #200 this permit
Rec'd By tdf Cash/Check No. 4587
total amt. = 300

FORM 23-100 9-00 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:

Ridge Park 1st Add
Lot 1 - Blk 1

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 2830 So 72nd (no rural route) City NE, Zip

Owner R & D. Russ Delay Address

Soil Type (SCS): Percolation Rate: 60 min./inch

Date of Tests 9-20 to 9-21-99 Weather: Precipitation — Temperature 50

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	9-20	7:05	9-21	7:00 AM	9-20	10:35	16	9-20	11:05	30	1/2	60 MIN/IN
2								17 1/4				3/4	40 MIN/IN
3								15 1/2				1/2	60 MIN/IN
4								14 3/4				1/2	60 MIN/IN
5								15 3/8				1/2	60 MIN/IN
6								16 1/8				1/2	60 MIN/IN

Person Conducting Percolation Tests

Name: Larry Schwanke
Phone: 489-7294
Address 8200 old Cheney Rd.

Sum of Percolation Rates:
Average of Rates: 57 MIN/IN
Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

1956 Sec 34 SW 34 & A
Jamison Ridge.

R+D

3 bed.
4 bed.

Lincoln-Lancaster County Health Department
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Phone: 402-441-8022

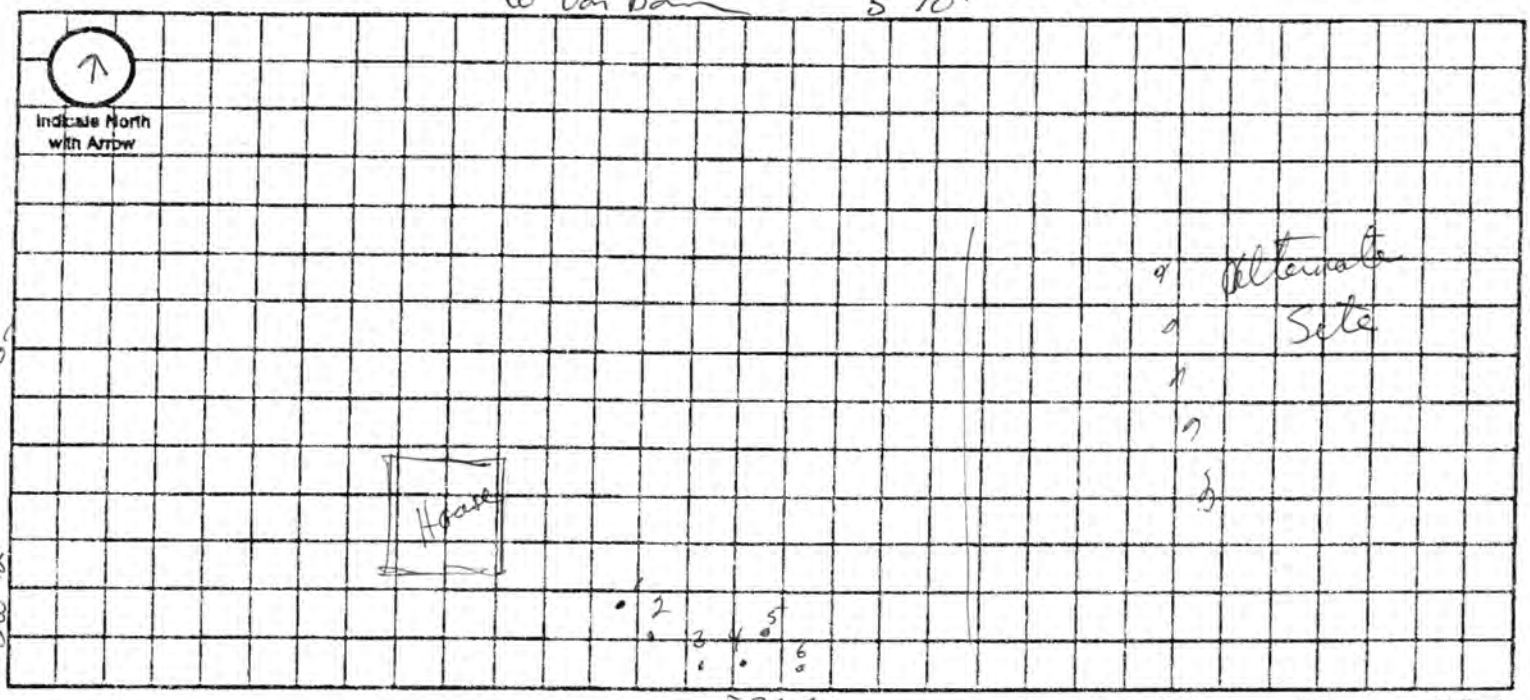
C

Permit Number:

Lot 1 Blk 1
Ridge Park 1st Add

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) ~~2830~~ So 72nd 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: _____ %

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

Total Square Feet of Field Required: 1400 sq. ft.

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

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 350 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 Russell R Rhuby Date _____

X Installer Larry Schwarzle Trenching Date 9-21-99

FORM 23-102 10-96

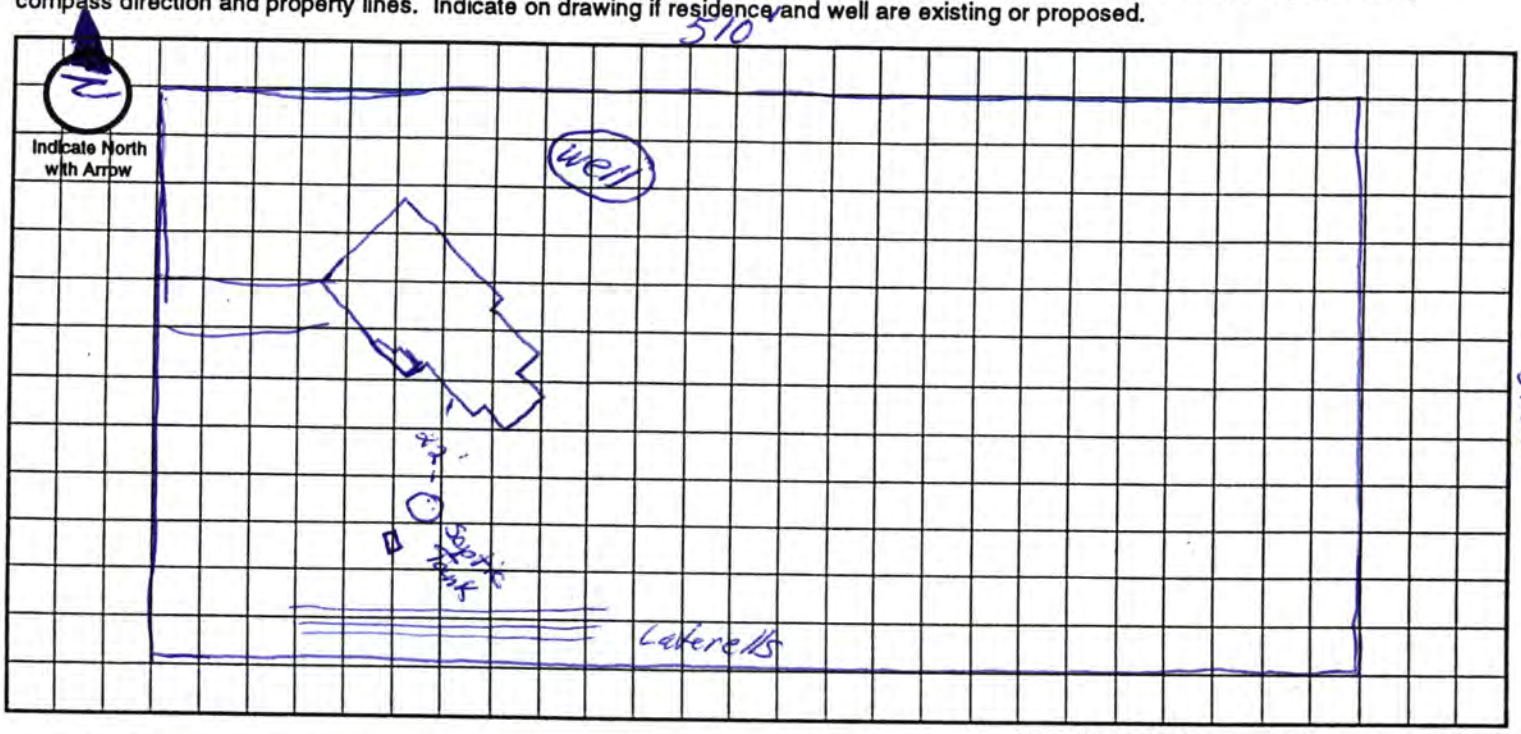
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 2800 SW 72nd 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 57 (min. per inch) Soil Type: BURCHARD-NODAWAY 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 ☐	☐

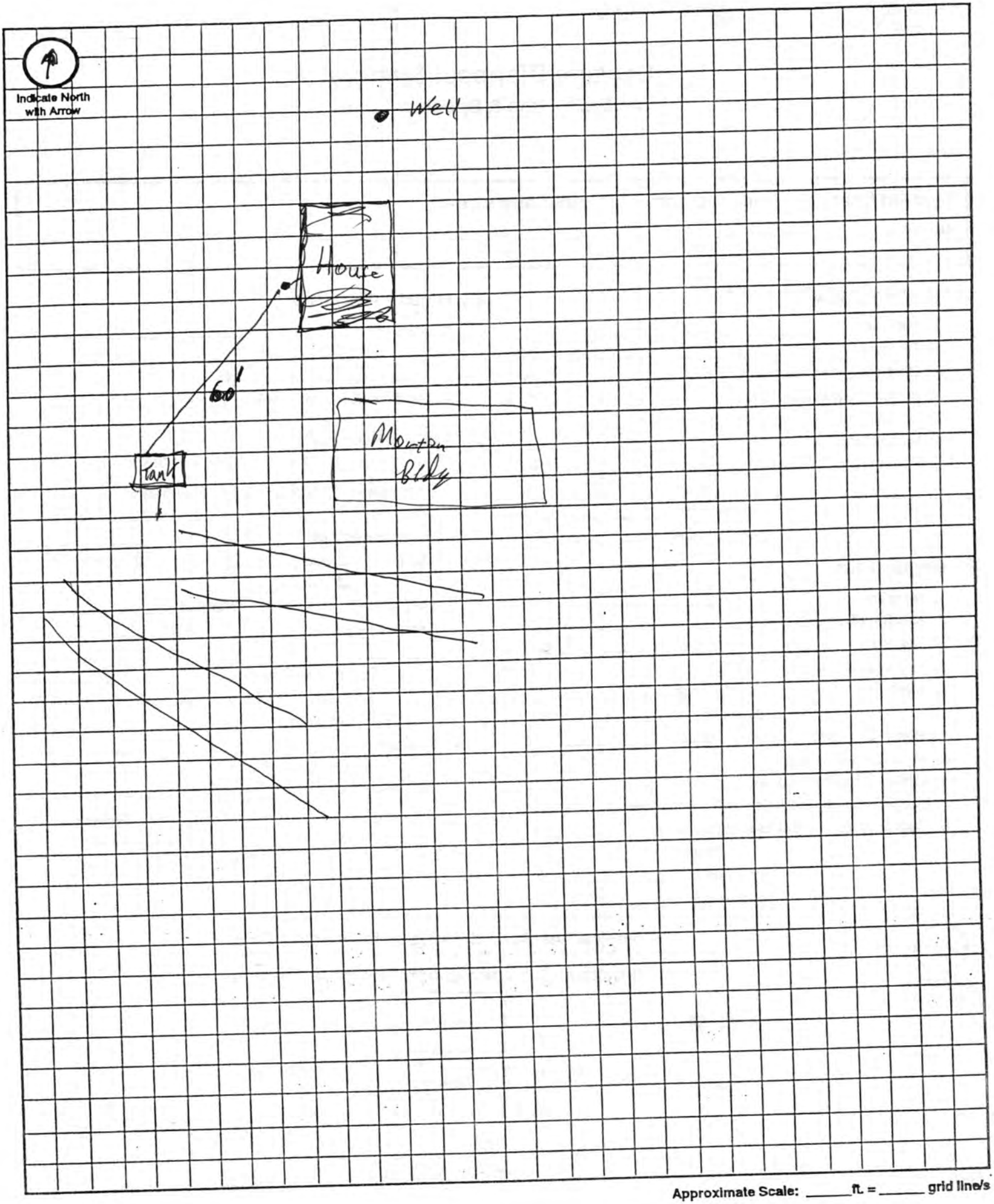
E. Required Signatures

Home Building Contractor Russell R Moody Date 3-26-01

Installer _____ Date _____

FORM 23-102 10-96

As Built Drawing



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 # 01400094701

Issued 02/28/01
Expires 08/28/01
Revenue Code 3162

Establishment

RUSSELL R DLOUHY
T9N R5E SEC 2
RIDGE PARK -1ST ADDN BLK 1 LOT 1
2800 SW 72 ST

FEES: $100.00

TOTAL: $100.00

Permitee

RUSSELL R DLOUHY
12500 S 82 ST
ROCA NE 68430

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

014343

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

Permit No. 0140 00947

Request for Site Clearance and Permit for Individual Water Well

The undersigned hereby requests:

- [x] 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 2800 S W 72nd City Lin, NE Zip
(No Rural Route Please)
Township 9N Range 5E Section 2 1/4 Section
Block 1 Lot 1 Addition Ridge Park 1st add
Parcel ID ____-____-____-____-____-____ (i.e. 99-99-999-999-999)

2. Well use: [x] Residential [ ] Commercial [ ] Other Describe

3. Distance to Public Water Supply ____ 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 560 5545

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

Sewage Permit Applied for: [x] 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 Date forwarded	2/28/01 2/28/01	ACTION Signature:	[x] Approved	[ ] Disapproved Jerrold C. Nord
2. Building & Safety	Date received Date forwarded	____/____/____ ____/____/____	ACTION Signature:	[x] Approved	[ ] Disapproved
3. City Engineer	Date received Date forwarded	2/28/01 2/28/01	ACTION Signature:	[x] Approved	[ ] Disapproved

REMARKS OR REASONS FOR DISAPPROVAL:

Site Visits
Date: 11/28/01 By DS
Date: ____/____/____ By
Date: ____/____/____ By

Nitrate Level 0.2 mg/L
Chloride Level — mg/L
Bacteriological Analysis Satisfactory [x] Yes [ ] No
Other

Installation Final Written Approval
Date: 12/6/01 By DC

Business Office Use Only
Received: Date: 2/28/01 Amount #300 cc Total #100 2 This Permit Check No. 4587 Initials tdf

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

JUN 1 9 2001

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

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

DATA SHEET FOR WATER WELL

Legal Description: Sec. 2 T. 9 R. 5 Block 1 Lot 1 Addition RIDGE PARK 1ST ADD 2800 S.W. 72ND & W. VAN DORN

Owner R & D HOMES/RUSSELL DLOUHY Address 12500 SOUTH 82ND, ROCA, NE 68430

LOG OF WELL	
Depth Ft to:	Description
0- 30	YELLOW CLAY
30-125	BLUE CLAY
125-135	BLUE AND BLACK CLAY
135-140	MEDIUM FINE SANDSTONE
140-155	GRAY SHALE
155-165	RED AND YELLOW SHALE
165-198	GRAY SHALE
198-220	MEDIUM FINE TAN SANDSTONE

WELL COMPLETION RECORD

Drilling Method: ROTO / WATER

Depth (from ground level). Ft. 217'

Date Completed 3/20/01

Casing: Length, Ft. 217' :Dia. In. 4"

Wall Thickness, Inc. .214" :Type PVC

Screen: Length, Ft. 14' Dia. In. 4"

Type PVC WOP , Slot Size .020 & .018

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

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

Static 77' M , Pumping 80' EST

Yield: 10 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 _____
(Signed)

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

Date: 18 JUNE 01

Remarks _____

DO NOT WRITE BELOW THIS DOUBLE LIN

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