Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

MICHAEL R SCHARFEN
T9N R5E SEC 2
RIDGE PARK-1ST ADDN BLK 4 LOT 5
3131 PHEASANT RIDGE RD

Permitee

MICHAEL R SCHARFEN
8020 N HAZELWOOD DR
LINCOLN NE 68510

Permit # 99380207501

Issued 08/26/99
Expires 02/26/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010903

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

A

Permit Number: 993802075

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 3131 Pheasant Ridge Rd (no rural route) City Lincoln NE, Zip 68532

Legal Description 2 T9N R5E Ridge Park 1ST 4 5
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 Michael R Scharfen Signature _____

Address 8020 N. Hazelwood City/State/Zip Lincoln, NE 68510

☐ Check if owner designed system Home Phone 402-489-6332 Work Phone ——

C. Contractor

Name D + L Contractors Company Name _____

Address 1304 Fort Str City/State/Zip Schuyler, NE 68661

☐ Check if contractor designed system Work Phone 402-352-5763

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 8/26/99 Date frwd 8/26/99 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood

2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8-26-99 Date frwd 8-26-99 ACTION ☒ Approved ☐ Disapproved Signature _____

3. **City or County Engineer** Date rec'd 3/7/00 Date frwd 3/7/00 ACTION ☒ Approved ☐ Disapproved Signature _____

4/3/00 Need fence, drawing, etc. L.C.H.

Installation Final Written Approval

By Doug Amick - fence & drawing

Date 5/18/00

Business Office Use Only

Date Rec'd 8-26-99
Amt Paid 150.00
Rec'd By TW Cash/Check No. 6646

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: T93802075

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

Lot 5 Blk 4
Ridge Park 1st Add

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

X Address 3131 Pheasant Ridge Rd (no rural route) City Lincoln NE, Zip 68532

X Owner Michael R Schaefer Address 8020 N. Hazelwood Dr Lincoln NE 68

Soil Type (SCS): Pawnee Clay Loam Percolation Rate: _____ min./in

Date of Tests 3-29- to 3-30-99 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 Rate (Min/in)
1	30	3-29	5:45	3-30	8:45	3-30	1240	9	3-30	1:10	30	1/4	
2								14 1/4				—	
3								17				—	
4								20 1/2				1/4	
5								19				1/8	
6								23				1/8	
7													

Person Conducting Percolation Tests

Name: Larry Schwarck
Phone: 489-7294
Address 8200 Old Cheney Rd

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

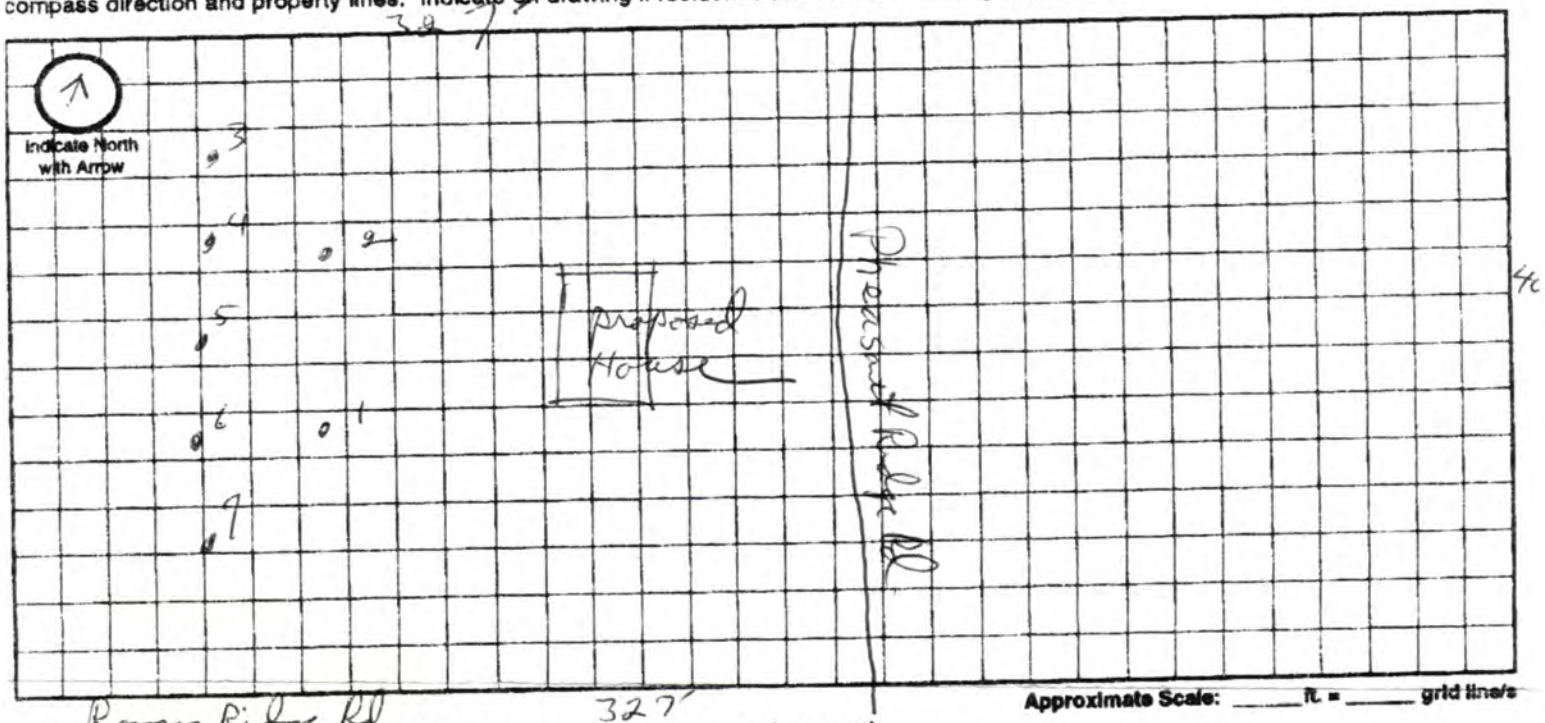
Signature of Reviewing Official _____ Date _____

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

Permit Number: 993802075

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) Lot 5 Blk 4 Ridge Park 1st Add. City Lincoln 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

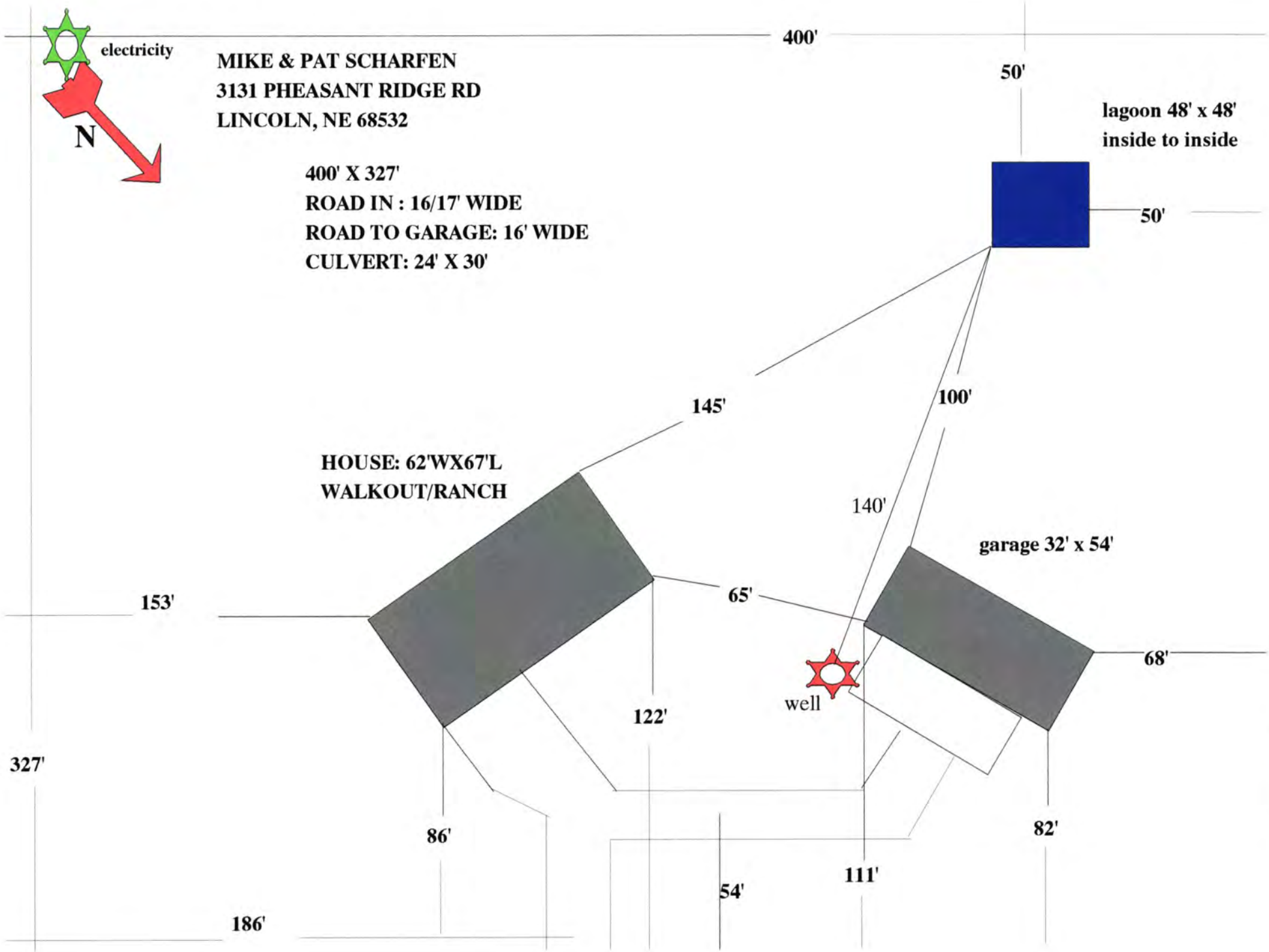
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☒	50 ☒	NA ☐	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
Lagoon (ft)	100 ☒	500 ☒	50 ☒	N/A ☐	30 ☒	50 ☒	100 ☒	200 ☒	☒

E. Required Signatures

Home Building Contractor Michael R Schaefer Date _____

Installer Larry Schwartz Date 3-30-99

FORM 23-102 10-96


electricity
N
MIKE & PAT SCHARFEN
3131 PHEASANT RIDGE RD
LINCOLN, NE 68532
400' X 327'
ROAD IN : 16/17' WIDE
ROAD TO GARAGE: 16' WIDE
CULVERT: 24' X 30'
400'
50'
lagoon 48' x 48'
inside to inside
50'
145'
100'
HOUSE: 62'WX67'L
WALKOUT/RANCH
140'
garage 32' x 54'
153'
65'
68'
well
122'
327'
86'
82'
111'
54'
186'
#9938075

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 # 99400084901

Issued 08/10/99
Expires 02/10/00
Revenue Code 3162

Establishment

MICHAEL R SCHARFEN
T9N R5E SEC 2
RIDGE PARK-1ST ADDN BLK 4 LOT 5
3131 PHEASANT RIDGE RD

FEES: $75.00

Permitee

MICHAEL R SCHARFEN
8020 N HAZELWOOD DR
LINCOLN NE 68510

TOTAL: $75.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

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

Permit No. 994000849

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 - $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 3131 Pheasant Ridge Rd City Lincoln, NE Zip _____
   (No Rural Route Please)
   Legal description of property:
   Twp 9N; Range 5E; Section 2; Block 4 S; Lot 5; Addition Ridge Park 1st Add.
2. Well use: [X] Residential; [ ] Commercial; [ ] Other; Describe: _____
3. Distance to Public Water Supply — feet.

Signature of Owner Michael R Scharfen

Print Name Michael R Scharfen
Current Address 8020 N Hazelwood Dr
Lincoln, Ne 68510
Current Home Phone 489-6332
Work Phone 467-3648

Signature of Contractor _____

Print Name Earnest Weil
Address RFD 1
Milford, NE
Home Phone 475-3276
Work Phone _____
Cellular Phone _____

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 8/4/99; Date forwarded 8/6/99 — **ACTION** [X] Approved [ ] Disapproved; Signature: _____
2. Building & Safety — Date received 8/4/99; Date forwarded 8/4/99 — **ACTION** [ ] Approved [ ] Disapproved; Signature: _____
3. City Engineer — Date received 8/6/99; Date forwarded ___/___/___ — **ACTION** [ ] Approved [ ] Disapproved; Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL: _____

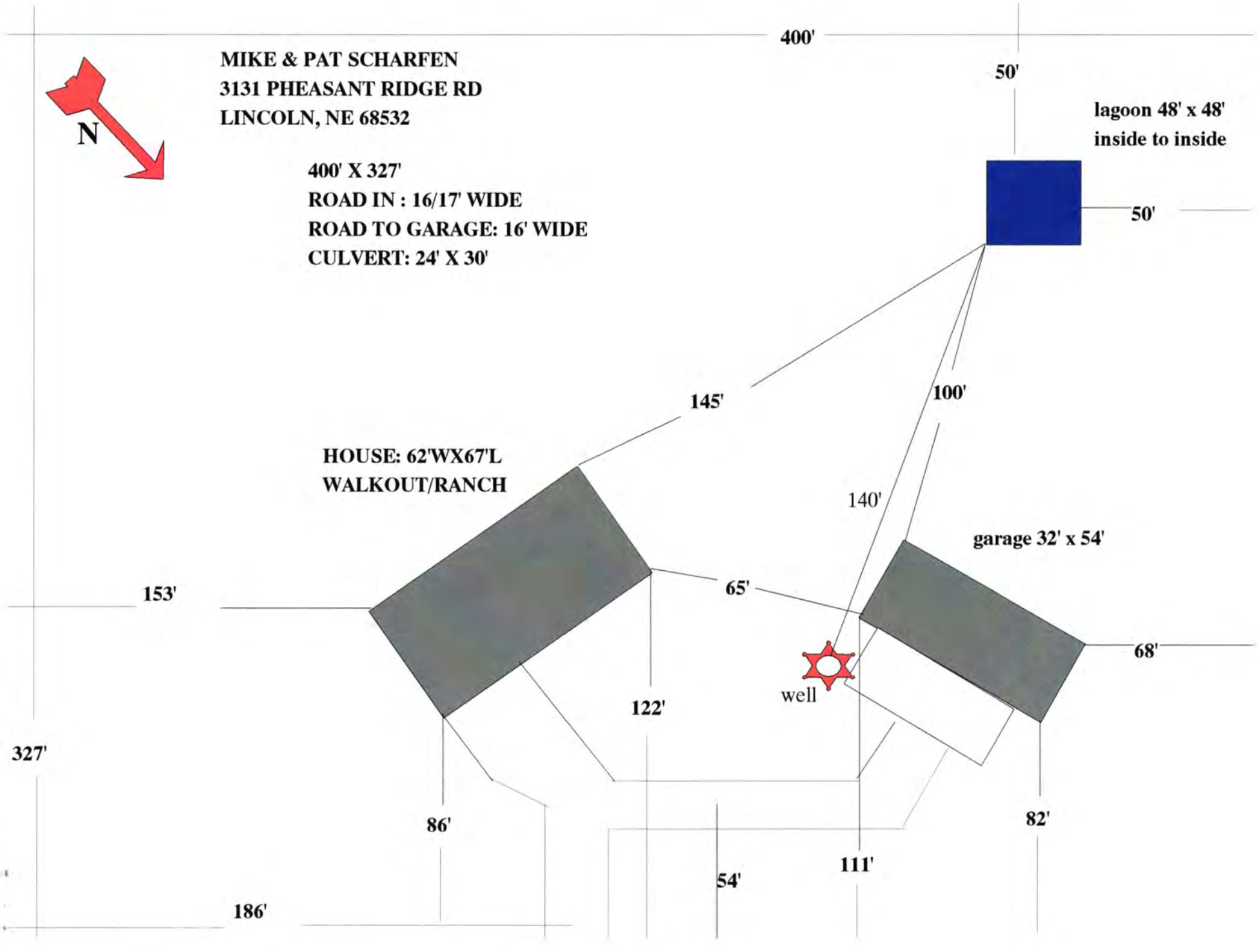
Site Visits:
Date: 07/27/00 By RJ
Date: ___/___/___ By _____
Date: ___/___/___ By _____

Installation Final Written Approval
By: _____
Date: 08/02/00

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 ____ No ____
Other _____

Business Office Use Only
Date Rec'd: 08/04/99
Amt Paid: $ 75
Rec'd By _____ ~~Cash~~/Check No. 6611


N
MIKE & PAT SCHARFEN
3131 PHEASANT RIDGE RD
LINCOLN, NE 68532
400' X 327'
ROAD IN : 16/17' WIDE
ROAD TO GARAGE: 16' WIDE
CULVERT: 24' X 30'
400'
50'
lagoon 48' x 48'
inside to inside
50'
145'
100'
HOUSE: 62'WX67'L
WALKOUT/RANCH
140'
garage 32' x 54'
153'
65'
68'
well
122'
327'
86'
82'
111'
54'
186'

ent 8/7/00

8. Well Construction Information.

A. Total well depth: 240 feet. B. Static water level: 70 feet.

C. Pumping water level: [redacted] feet ☐ Estimated or ☐ Measured (at what gallons per minute rate ___)

D. Well Construction began: (month) 8 /(day) 30 /19 99 E. Well Construction completed: (month) 8 /(day) 31 /19 99

F. Bore hole diameter: 9 inches.

G. Plain Casing: Diameter 4 ID 4.5 OD inches. Type of material: PVC

Wall thickness: .214 inch(es). Joints—Welded/Glued/Threaded/Other: SCREWED

Length(s) and placement(s) depth from 0 ft. to 230 ft. from ___ ft. to ___ ft.

H. Screen: 4 4 ID 4.5 OD in.; Type of material PVC

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

Length(s) and placement(s) depth from 230 ft. to 240 ft. from ___ ft. to ___ ft. Guides at 235 ft.

I. Gravel pack interval(s) from 20 ft. to 190 ft. from 200 ft. to 240 ft. Grade size: C-PACK AND WASHED ROUND GRAVEL

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

from 190 ft. to 200 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	45	Brown Clay
45	77	Blue Clay
77	83	Brown + Red Clay
83	86	Sand
86	95	Gray + Brown Clay
95	120	Brown + Red Clay
120	135	Gray Clay
135	140	Sandstone (Med, Gray)
140	180	Gray Clay

DEPTH IN FEET FROM	TO	DESCRIPTION
180	188	Sandstone (Fine to Med, Gray)
188	202	Sandstone (med to course, Brown
202	204	Rock
204	213	Sandstone (Med to course, Brown
213	216	Brown Clay
216	240	Sandstone (Fine to med, Brown

(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.

3/31 Pleasan

Ben Court III — Water Well Contractor's Signature

12-20-99 — Date

Michael R Schaefer — Water Well Owner's Signature

1-28-00 — Date

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☒ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 3131 Pheasant Ridge Road

Parcel ID 03 - 02 - 210 - 005 - 000 (i.e. 99-99-999-999-999)

Twp 9N Range 5E Section 2 1/4 ___ 1/4 ___ Block 4 Lot 5 Addition Ridge Park 1st Addition

Directions to Property W. Van Dorn to SW 72nd. South on 72nd, E on Pheasant Ridge Road

Location of Well 30 FEET NE OF Propane TANK Tap Location: Inside ☐ Outside ☐

Location of Sewage System Southwest of house (see lagoon fence) Year Installed 2000

Site Hazards (dogs, etc.) ___

	NAME	ADDRESS	PHONE
Present Owner:	Mike & Pat Scharfen	3131 Pheasant Ridge Rd. Lincoln, NE 68532	477-8813
Tenant/Buyer:	Kevin & Peggy Wiers	2434 Queen Pride Sidney NE 69162	
Return to:	DONNA MELICHAR	HOME REAL ESTATE 7211 SOUTH 27TH ST 68512	(Fax)

Signature of Applicant Kevin Wiers Address Same as above Date 7 / 2 / 03

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 7 / 8 / 03 Amount $200.00 Check No. 5733 Initials MO

DATA ENTRY Date ___/___/___ Case No. ___ Initials ___

PRELIMINARY STATUS--By Doug Smith **DATE:** 7 / 9 / 03

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.3 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: - Warning sign on lagoon fence is missing and should be replaced

- Lagoon is well maintained. Water level is adequate to prevent aquatic plant growth + mosquito breeding. Buyer should note water level + continue to maintain

See Attached Letter ☐

FINAL STATUS Grass on inside of dike should be mowed if it impedes air flow over lagoon.

WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☒ Provisional Approval ☐

Approved by Doug Smith Date ___/___/___

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 9-00