Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 00380217801

Issued 04/26/00
Expires 10/26/00
Revenue Code 3157

FEES: $150.00

Establishment

MICHAEL D GOINGS
T9N R5E SEC 2
RIDGE PARK-1ST ADDN BLK 5 LOT 1
2801 SW 72 ST

TOTAL: $150.00

Permitee

MICHAEL D GOINGS
6701 VANDERSLICE CIR
LINCOLN NE 68516

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

012990

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

A

Permit Number: 00380217B

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 2801 S.W. 72nd St. City Lincoln NE, Zip 68532
(no rural route)

Legal Description NE¼ 2 9N 5E Ridge Park 1st 5 1
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 Mike Goings Signature Mike Goings

Address 6701 Vanderslice Cr. City/State/Zip Lincoln, NE 68516

☐ Check if owner designed system Home Phone 421-7991 Work Phone 430-2555

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 17201 S 72nd City/State/Zip Hickman, NE

☒ Check if contractor designed system Work Phone 430-7606

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

Designer Name Brad Southwick Firm Southwick Sewer & Drain Work Phone 430-7606

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 4/26/00 Date frwd 4/26/00 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4-26-00 Date frwd 4-26-00 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 4-26-00 Date frwd 4-26-00 ACTION ☒ Approved ☐ Disapproved Signature Chas W. Baker

8/2 — fence, sign & drawing needed 7/10/00 DS

Installation Final Written Approval

By 10/1/01 _____

Date _____

Business Office Use Only
Date Rec'd 4/13/00
Amt Paid 150.00
Rec'd By _____ Cash/Check No. 3587

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

B

Permit Number: 0038 02178

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 2801 S.W. 72nd St. City Lincoln NE, Zip 68532
(no rural route)

Owner Mike & Vicki Goings Addresss 6701 Vanderslice Cr. Lincoln NE 68516

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)

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

B

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

Permit Number:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

Lot 1 Blk 5
Ridge Park Add.

System Location (Indicate correct number and street)

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

Owner Kevin Baedthauer Address 6211 So 34 Apt 233

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

Date of Tests 7-7 to 7-8-99 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 Rates (Min/in)
1	30	7-7	7:00	7-8	8:00	7-8	8:00	16 3/4	7-8	8:30	30	1/4	
2	"							14 1/2				0	
3	"							14				1/4	
4	"							17 1/2				1/4	
5	"							17 1/2				0	
6	"							18				3/8	
7								15				1/8	

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

Person Conducting Percolation Tests

Name: Larry Schwarck
Phone: 484-7294
Address 8200 Old Cheney Rd

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of _____ Date _____

C

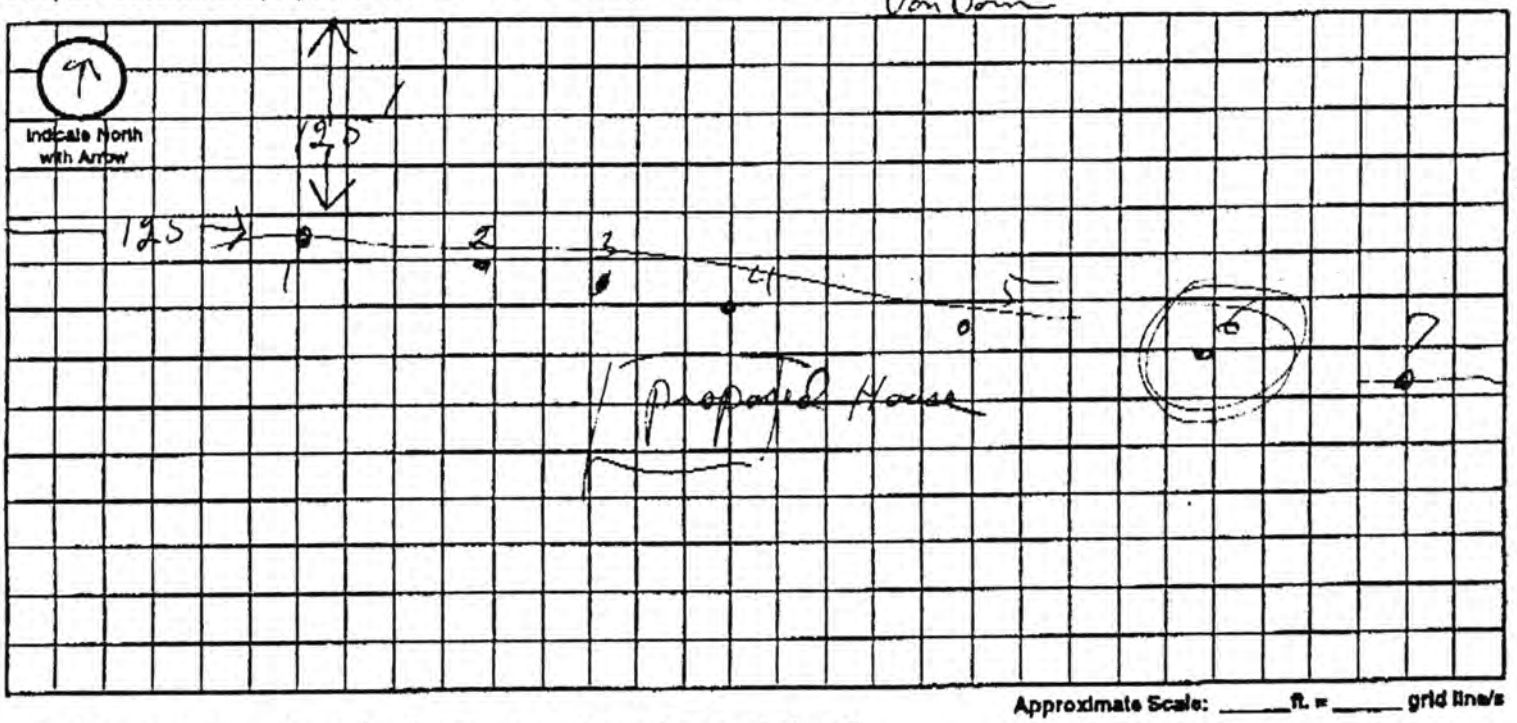
Permit Number:

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

Lot 1 Blk 5

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

Type of Absorption System: ☐ Trench ☐ Bed ☒ Other Evapo Transpiration Absorption Engineered System

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

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

Capacity of Septic Tank 1250 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 Sobanski Date 7-8-99

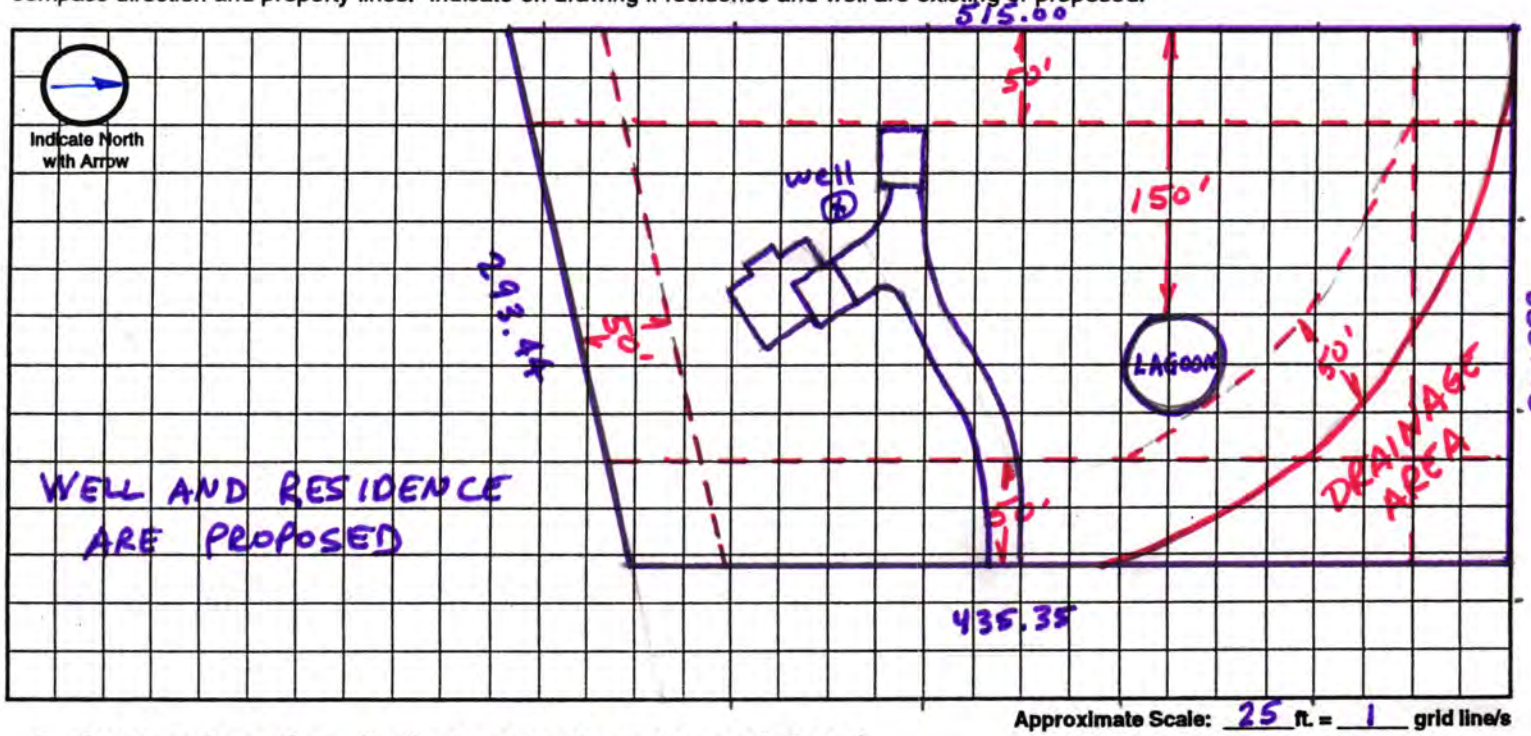
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: 25 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 2801 S.W. 72nd St. City Lincoln NE, Zip 68532

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 D. Goings - Goings Custom Homes Date 4-11-00

Installer X Date _____

FORM 23-102 10-96

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 7-10-00

System Location (Indicate correct number and street)

Address 2801 SW 72nd (no rural route) City Lincoln NE, Zip 68523

A. Building Sewer

1. Material: PVC Sch 40
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 14 in.
3. Distance between dwelling and septic tank: 160 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

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

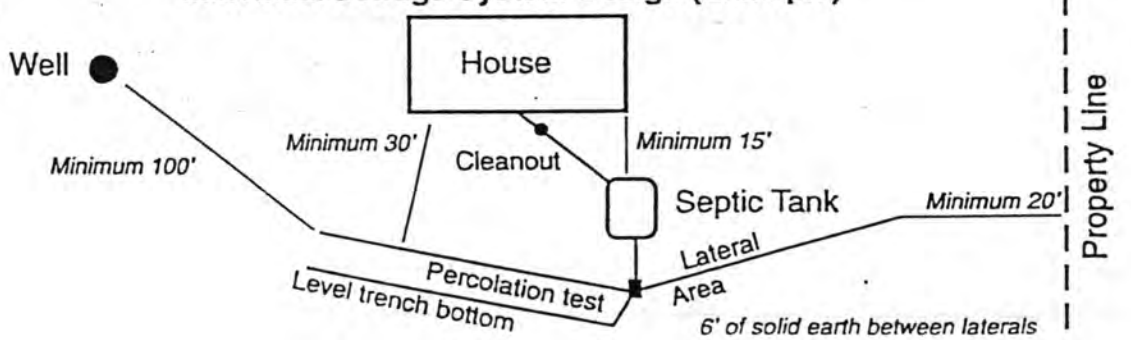
(Provide as-built drawings on back of this form)

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., _____ 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 this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



DEC 1 9 2002

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

FILE COPY

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: Ridge Park 1st Add - Block 5 - Lot 1 Street Address 2001 SW 12th St.

Parcel ID 03 - 02 - 211 - 001 - 000 (i.e. 99-99-999-999-999)

Twp 9N Range 5E Section 2 1/4 1/4 Block 5 Lot 1 Addition RIDGE PARK 1ST ADDITION

Directions to Property Off W. Van Dorn

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

Site Hazards (dogs, etc.) Property is Vacant

	NAME	ADDRESS	PHONE
Present Owner:	~~Goings Custom Homes~~ Michael & Vicky Goings		477-8881
Tenant/Buyer:	Tom & Terri Lehman		
Return to:	Lynne Oswald	1257 No. Cotner Blvd. LINCOLN, NE 68505	432-0445 / 436-3399 (Fax)
Signature of Applicant	Terri P. Lehman	Address 4175 PARK DR Sedalia, MO 65301	Date 12/13/02

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 12/20/02 Amount $200.00 Check No. 6825 Initials TW

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

PRELIMINARY STATUS--By Doug Smith **DATE:** 12/26/02 Well N 40° 47' 00.77 W 96° 46' 57.17

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ ___/ml	☐ ___/ml
Nitrate	☒ 0.2 ppm	☐ ___ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☑
Disapproved	☐

Additional Site Visits
Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: See attached letter addressing trees and water level.

See Attached Letter ☐

FINAL STATUS

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

Approved by Doug Smith Date 12/30/02

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

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 # 00400088401

Issued 04/26/00
Expires 10/26/00
Revenue Code 3162

FEES: $75.00

TOTAL: $75.00

Establishment

MICHAEL D GOINGS
T9N R5E SEC 2
RIDGE PARK-1ST ADDN BLK 5 LOT 1
2801 SW 72 ST

Permitee

MICHAEL D GOINGS
6701 VANDERSLICE CIR
LINCOLN NE 68516

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

012989

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

Permit No. 00400084

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 2801 S.W. 72nd. Street City Lincoln, NE Zip 68532
(No Rural Route Please)
Legal description of property:
Twp 9N; Range 5E; Section ~~24~~ 1; Block 5; Lot 1; Addition Ridge Park 1st Addition

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

3. Distance to Public Water Supply _____ feet.

Signature of Owner Michael D. Goings
Print Name Michael D. Goings
Current Address 6701 Vanderslice Cr Lincoln, NE 68516
Current Home Phone 421-7991
Work Phone 430-2555

Signature of Building Contractor Michael D. Goings
Print Name Goings Custom Homes
Address 6701 Vanderslice Cr. Lincoln, NE 68516
Home Phone 421-7991
Work Phone 430-2555
Cellular Phone 430-2555

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 4/26/00, Date forwarded 4/26/00 — ACTION ☒ Approved ☐ Disapproved — Signature: Jerrold C. Hood
2. Building & Safety — Date received 4/26/00, Date forwarded 4/26/00 — ACTION ☒ Approved ☐ Disapproved — Signature: _____
3. City Engineer — Date received 4/26/00, Date forwarded 4/26/00 — ACTION ☒ Approved ☐ Disapproved — Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits:
Date: 12/7/00 By DS
Date: ___/___/___ By _____
Date: ___/___/___ By _____

Installation Final Written Approval
By: _____
Date: 12/12/00

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 ☑ No ☐
Other _____

Business Office Use Only
Date Rec'd: 4/13/00
Amt Paid: $ 75.00
Rec'd By CW Cash/Check No. 3586

JUN 7 2000

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 _____ Lot _____ Addition 2801 S.W. 72ND - RIDGE PARK

Owner MIKE GOINGS CONSTRUCTION Address 1331 TRIMBLE ST., LINCOLN, NE 68522

LOG OF WELL	
Depth Ft to:	Description
0- 60	YEL CLAY
60-150	BLUE CLAY
150-200	RED & WHITE SHALE
200-213	RED & WHITE SHALE W/HARD
	LAYERS OF LIMESTONE
213-245+	MED TAN SS

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level). Ft. 239'

Date Completed 5/5/00

Casing: Length, Ft. 219' :Dia. In. 4"

Wall Thickness, Inc. .214" :Type PVC

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

Type PVC WOP & SLOTTED Slot Size .027 & .025

Drop Pipe: Length, Ft. 140' Dia. In. 1 1/4"

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

Static 91' M , Pumping 95'

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 68372-0308

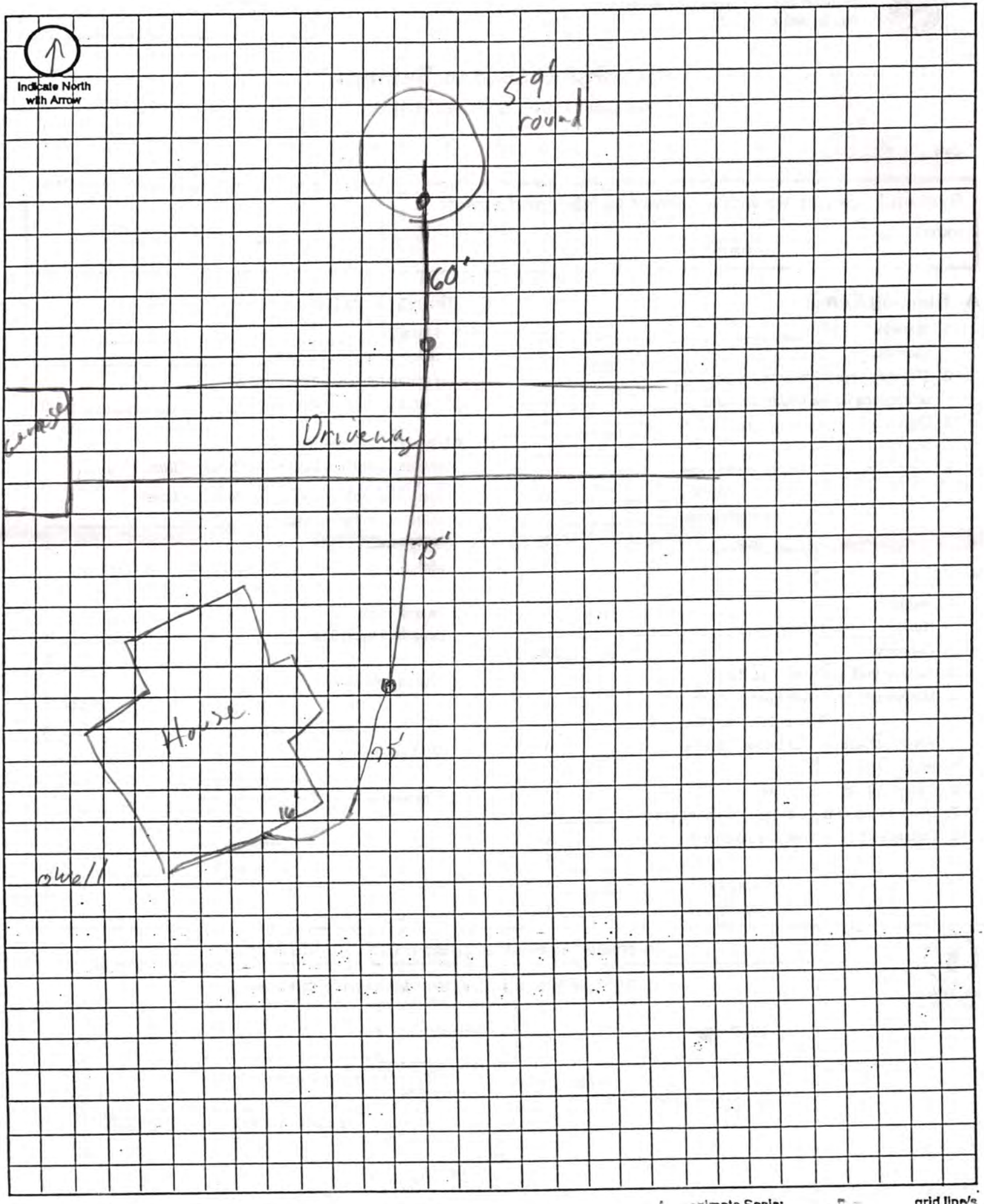
Date: 6 JUNE 00

Remarks _____

DO NOT WRITE BELOW THIS DOUBLE LIN

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

As Built Drawing



Approximate Scale:

grid line's