Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 02380254301

Issued 10/02/02
Expires 04/02/03
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Establishment

DENNIS FREY
T9N R5E SEC 2
RIDGE PARK BLK 5 LOT 4
3401 SW 73 ST

Permittee

DENNIS FREY
RRT 1 BOX 88A
HICKMAN NE 68372

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002979

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

A

Permit Number: 023802543 01

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 3401 SW 73rd (no rural route) City Lincoln NE, Zip

Legal Description LCR 4915 — 1/4 — 1/4 — Section 2 — Township 9N — Range 5E — Subdivision Ridge Park Original — Addition — Block 5 — Lot 4

Geographical Location (if known): Longitude Latitude

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Chris & Tracy Urba Signature

Address City/State/Zip

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name Frey Const. Dennis Frey Company Name Frey Const Inc

Address City/State/Zip RT 1 Box 88A Nickman NE 68332

☐ Check if contractor designed system Work Phone 560-2211

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

Designer Name Firm [redacted] 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 10/1/02 Date frwd 10/3/02	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Wood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 10/3/02 Date frwd	**ACTION** ☑ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 10/3/02 Date frwd 10/3/02	**ACTION** ☑ Approved ☐ Disapproved Signature Chase Baker	

Installation Final Written Approval

By Doug Amick

Date 12/9/02

Business Office Use Only

Date Rec'd 10/1/02

Amt Paid 200.00

Rec'd By CW Cash/Check No. 9719

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:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 3401 SW 73rd (no rural route) City Lincoln NE, Zip

Owner Chris Urba Addresss

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

Date of Tests 7-13 to 7-14 Weather: Precipitation Dry Temperature 92°

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	7-13	5:30	7:14	8:15	7-14	10-15	11 1/2		10:45	30	3/8	
2								13 3/4				1/2	
3								13 5/8				3/8	
4								12				3/8	
5								15 3/4				1/2	
6								16 5/8				1/2	
7								17 1/2				1/2	
8								18 1/4				3/8	
9								11 1/4				3/4	

Person Conducting Percolation Tests

Name: Larry Schwanck

Phone: 402 489-7294

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

DENNIS FREY (VERBA RES?)

System Location (Indicate correct number and street)

Address W RANGER RIDGE (no rural route) City _____ NE, Zip _____

Owner _____ Addresss _____

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

Date of Tests 11/7/02 to 11/8/02 Weather: Precipitation _____ Temperature 60°

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	27	11/7	9 AM	11/8	9 AM	11/8	1230PM	6	11/8	1 PM	30	3/4	40 MIN/IN
2	26	11/7	9 AM	11/8	9 AM	11/8	1230PM	6	11/8	1 PM	30	1	30 MIN/IN
3	30	11/7	9 AM	11/8	9AM	11/8	1230PM	6	11/8	1 PM	30	3/4	40 MIN/IN
4	27	11/7	9 AM	11/8	9 AM	11/8	1230PM	6	11/8	1 PM	30	3/4	40 MIN/IN
5	28	11/7	9 AM	11/8	9AM	11/8	1230 PM	6	11/8	1 PM	30	1	30 MIN/IN
6	27	11/7	9 AM	11/8	9AM	11/8	1230PM	6	11/8	1 PM	30	1	30 MIN/IN

Person Conducting Percolation Tests

Name: STAN KROESE

Phone: 560 1208

Address 7324 BALLARD
LINCOLN NE 68507

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 35 MIN/IN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

Dirt Works Plus, Inc. 402 464 7020 12/03/02 10:35A P.002

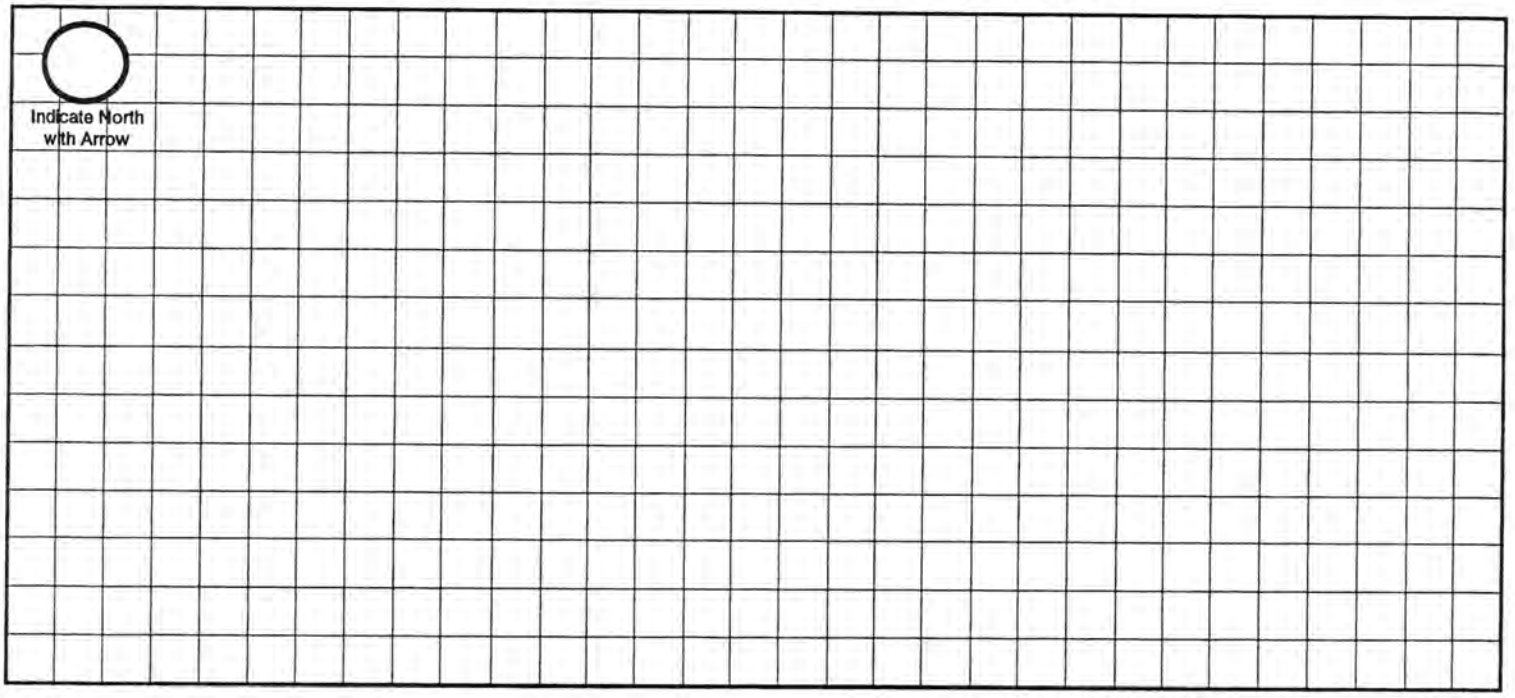
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) _____ 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 35 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1100 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 275 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 _____ Date _____

Installer _____ Date _____

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 12/5/02 Dirt Works

System Location (Indicate correct number and street)

Address 3401 SW 73RD City NE, Zip
(no rural route)

A. Building Sewer

1. Material: CLS 160
   Diameter: 4" in.
2. Distance above basement floor: in.
   or distance below basement floor: 4 in.
3. Distance between dwelling and septic tank: 110 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100 ft.
   stream NA ft.
   pressure line 50 ft.
   property line 60 ft.

B. Septic Tank

1. Material: CONC
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter in.
   Over outlet, diameter in.
   Riser: ☑ above ☐ below grade 2 in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 14 in.
8. Distances to: Well or suction line 102 ft.
   Stream NA ft.
   Pressure line 50+ ft.
   Property line 50 ft.

C. Distribution Box

1. Material: CONC
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 11 ft.

D. Absorption Field

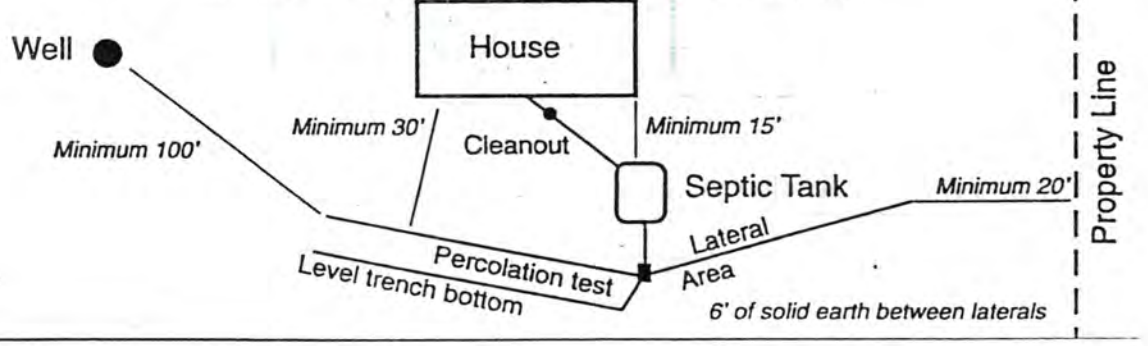
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round:
   or perforated pipe:
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☑ other INFILTRATOR
2. Lateral lines: Number 3
   Length of each line: 100 ft. 106 ft.
   69 ft. ft., ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 30 in
4. Filter material: GRAVEL-LESS
   Depth of material NA in.
5. Distances to: Well or suction line 105 ft.
   Stream NA ft.
   Pressure line 50' ft.
   Property line 12 ft.

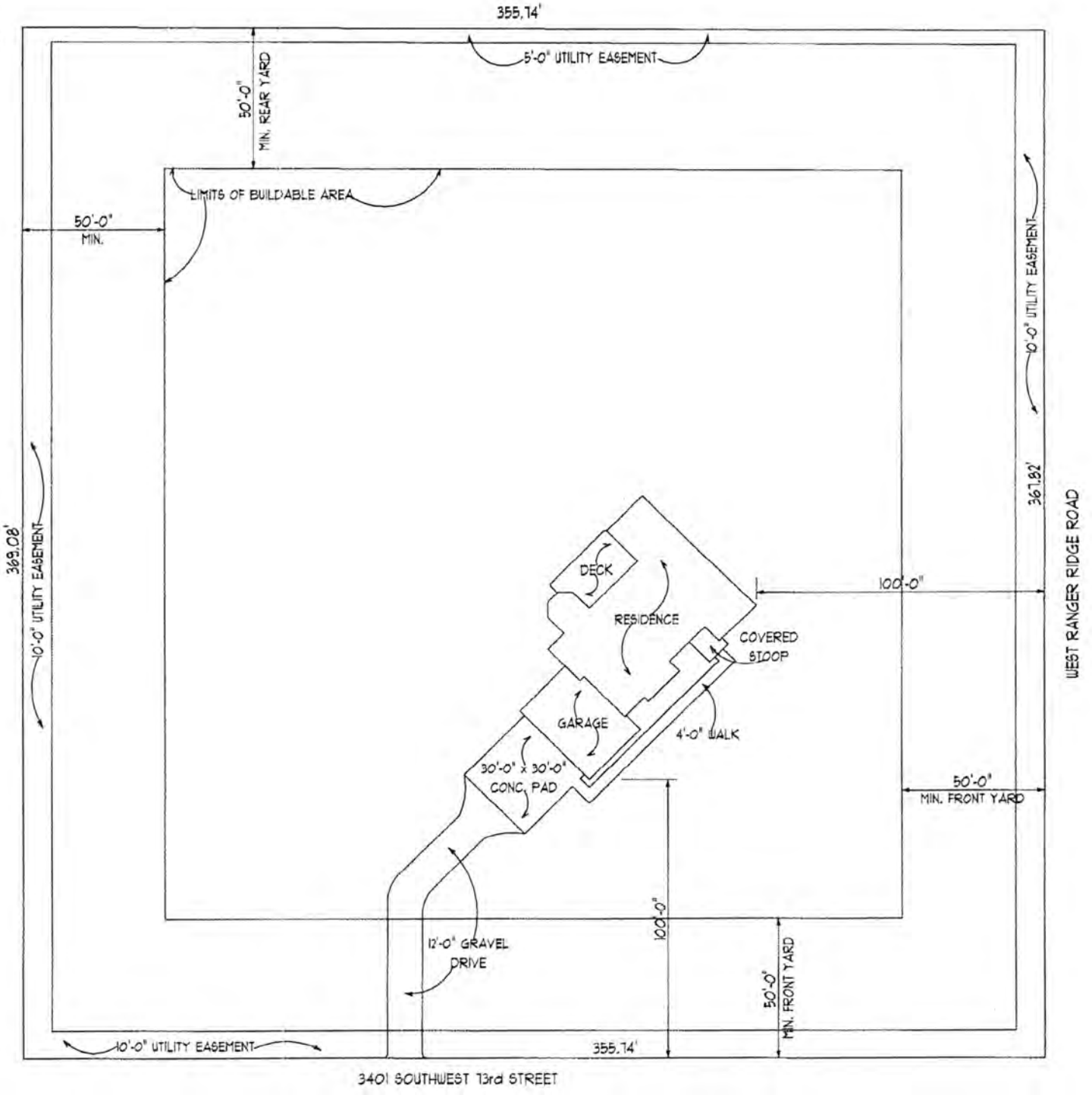
Indicate North with Arrow

Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96



NOTE:
BUILDING MAY BE LOCATED ANYWHERE WITHIN BUILDABLE AREA OF LOT.

PLOT PLAN SCALE:
1" = 50'-0"

NEW VENTURES INC.
Custom Home Design
The Trade Center
6031 South 58th Street, Suite C
Lincoln, NE 68516
Phone: 420-0088
Fax: 420-0089

LEGAL:
RIDGE PARK
ORIGINAL ADDITION
LOT #4
BLOCK #5

VRBA RESIDENCE
NV25102

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 # 02400104001

Issued 10/01/02
Expires 04/01/03
Revenue Code 3162

Establishment

DENNIS FREY
T9N R5E SEC 2
RIDGE PARK BLK 5 LOT 4
3401 SW 73 ST

FEES: $100.00

Permittee

DENNIS FREY
RRT 1 BOX 88A
HICKMAN NE 68372

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002980

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

Permit No._____

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 3401 SW 73rd City Lincoln, NE Zip_____
(No Rural Route Please)

Township 9N Range 5E Section 2 1/4 Section_____
Block 5 Lot 4 Addition Ridge Part Original
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_____
Current Address_____
Current Home Phone_____ Work Phone_____

Signature of Contractor Dennis Frey Print Name Dennis Frey
Address RT 1 Box 88A Nickman NE
Home Phone_____ Work Phone_____ Cellular Phone 560-2211

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 10/1/02 Date forwarded 10/1/02	ACTION ☒ Approved ☐ Disapproved Signature: Jerold C. Nodd		
2. Building & Safety	Date received ___/___/___ Date forwarded ___/___/___	ACTION ☒ Approved ☐ Disapproved Signature:		
3. City Engineer	Date received 10/1/02 Date forwarded 10/1/02	ACTION ☒ Approved ☐ Disapproved Signature:		

REMARKS OR REASONS FOR DISAPPROVAL:_____

Site Visits
Date: 8/20/02 By RS
Date: ___/___/___ By_____
Date: ___/___/___ By_____

Nitrate Level 0.0 mg/L
Chloride Level — mg/L
Bacteriological Analysis Satisfactory _____Yes _____No
Other_____

Installation Final Written Approval
Date: 8/25/03 By DS

Business Office Use Only
Received: Date: 10/01/02 Amount 100.00 Check No. 9719 Initials

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

Moser Well Drilling and Service Inc.

Marvin Moser
Hickman, NE

Allen Moser
Hickman, NE

Bill Moser
Roca, NE

Chris Thornton
Hickman, NE

Hickman, Nebraska 68372
Phone: (402) 792-2515
Lincoln: 477-7291

Pumps & Well Supplies - Trenching - Drilling

Date: 4/18/96 Well #: 38-96

Owner/Builder: Hub Hall-Suite 201, 5145 "O" Street, Lincoln, Ne 68510 Driller: Bill

Location S.W. 75th and Calvert #1

Far S.W. corner #1

Depth 244' Elevation:

0- 10 Brown clay
10- 30 Red/brown clay
30- 60 Yellow clay
60-115 Blue clay, mostly sticky, some sandy
115-125 Light gray clay
125-143 Sandy brown shale and loose fine sandstone
143-157 Hard pink shale
157-198 Silty blue shale
198-220 Fine white sandstone
220-230 Brown medium sandstone
230-246+Light tan medium sandstone

Casing Information

Type: pvc Thickness 200#
Length: 234' Diameter: 4'
Bore Size: 8" SWL: 100'
PWL: GPM: 100 w/air
Area of
Filler Pack: 100-230
Grout: 6-100

Screen

Length: 10' Diameter: 4"
Type: pvc wop Slot .025
Area of:
Screen(s): 234-244
Pack: 230-245
Type of Pack: "B"

Chemical Analysis

Total Chlorides: 110
Hardness:
Nitrates:
Bacteria:
Iron:

Lancaster / Denton

T.N. 9 R.E 5 SEC 2

COPY

8. Well Construction Information.

A. Total well depth 244' feet. B. Static water level: 100 feet C. Pumping water level: 110 fe
☒ Estimated or ☐ Measured

D. Well Construction began 4-16-96 , 19 E. Well Construction completed 4-18-96 , 19

F. Bore hole diameter: 8" inch(es).

G. Plain Casing: Diameter 4.046 ID 4.5 OD inches. Type of material: PVC

Wall thickness: .214 inches. Joints - Welded/Glued/Threaded/Other: GLUED

Length(s) and placement(s) depth from 6 ft. to 234 ft. from ft. to ft

H. Screen 4.026 ID 4.843 OD in.: Type of material PVC WOP

Screen openings (slot size): .025 Trade name: JAYCO Guides at ft

Length(s) and placement(s) depth from 234.3 ft. to 244 ft. from ft. to ft.

I. Gravel pack interval(s) from 100 ft. to 230 ft. from 230 ft. to 245 ft Grade size: "B"

J. Grouted/Sealed from 6 ft. to 100 ft., with HOLEPLUG (type)

from ft. to ft., with (type)

K. Drilling method: ROTO L. Drilling fluid WATER

M. Well development technique (total time and method) AIR/AIR TESTED AT 100 GPM

N. Will chemicals, fertilizer or antifreeze be injected or utilized in the system? ____Yes XX No
If yes, what will be used

9. Geologic Materials Logged

DEPTH IN FEET FROM	TO	DESCRIPTION
0	10	BRN CALY
10	30	RED/BRN CLAY
30	60	YEL CLAY
60	115	BLUE CLAY, STICKY,SOME SANDY
115	125	LIGHT GRAY CLAY
125	143	SANDY BRN SHALE & LOOSE SS
143	157	HARD PINK SHALE
157	198	SILTY BLUE SHALE
198	220	FINE WHITE SS
220	230	BRN MED SS

DEPTH IN FEET FROM	TO	DESCRIPTION
230	246	LIGHT TAN MED SS

(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.

Water Well Contractor's Signature — 5-15-96 Date — Water Well Owner's Signature — Date

PRINTED ON RECYCLED PAPER

October 1995
DWR Form 148

STATE OF NEBRASKA
DEPARTMENT OF WATER RESOURCES
WATER WELL REGISTRATION

FOR DEPARTMENT USE ONLY

Registration Date _____ Sequence No. _____ Registration No. _____
Owner Code No. _____ Receipt No. _____ NRD

1. Well Owner HUB HALL REALTY Telephone Number (402) 489-2226
Address 5145 "O" STREET
City LINCOLN State NE Zip Code 68510

2. Drilling Firm MOSSER WELL DRILLING & SERVICE, INC. Telephone Number (402) 792-2515
Address P.O. BOX 308 Contractor's License No. 19033
City FICKMAN State NE Zip Code 68372

3. Permit Number(s) _____

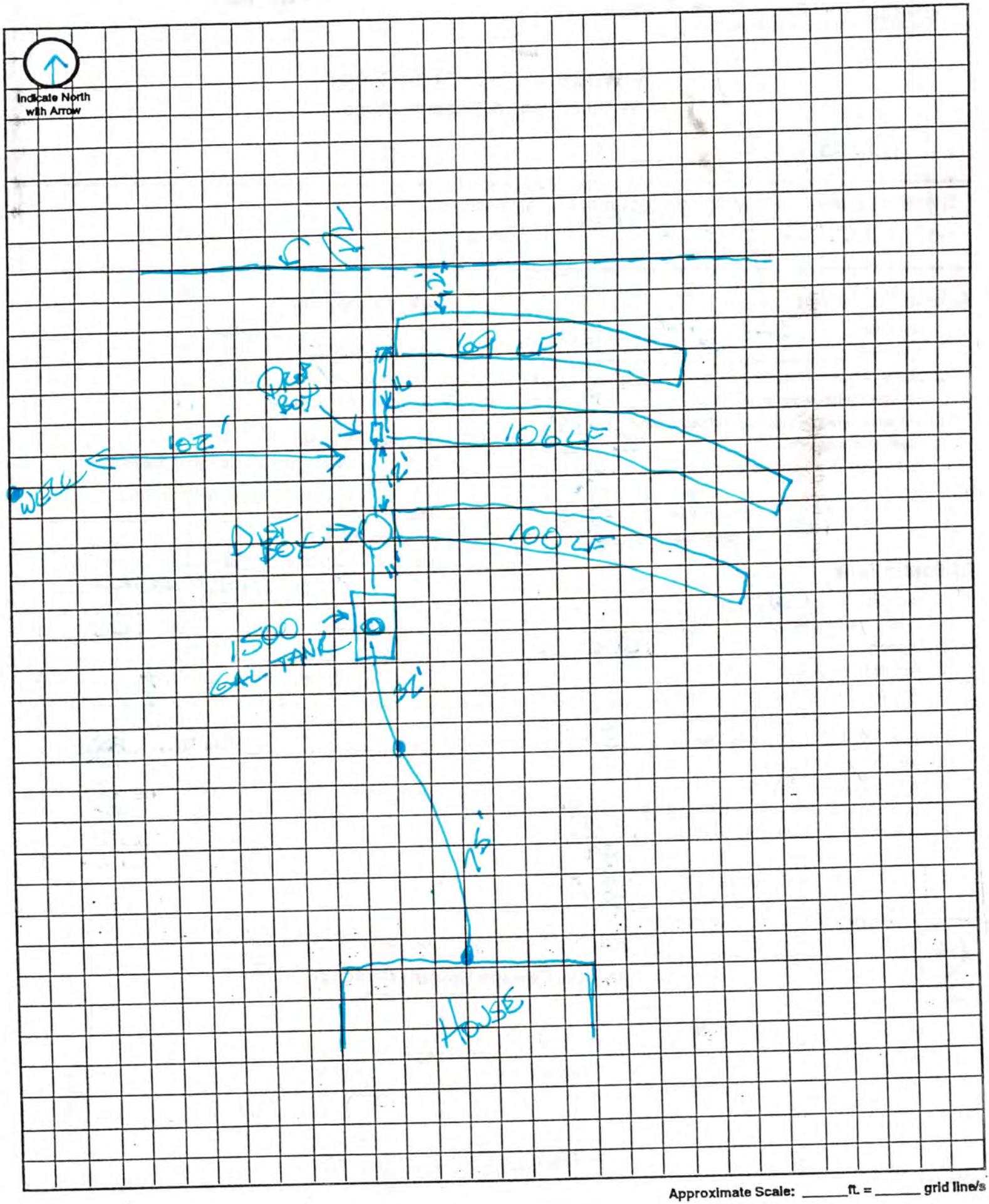
4. Purpose of well (indicate one): ___Dewatering (over 90 days) XX Domestic ___Geothermal ___Ground Heat Exchanger
___Ground Water Source Heat Pump ___Industrial ___Injection ___Irrigation ___Livestock ___Monitoring
___Observation ___Public Water Supply (with spacing (46-638)) ___Public Water Supply (without spacing) ___Recovery ___Aquaculture
___Other _____ (indicate use)

5. Replacement and abandoned well information
A. Is this well a replacement well? ___Yes XX No B. Registration number of abandoned well: _____
C. Replacement well is _____ feet from abandoned well. D. Abandoned well last operated _____, 19____
E. Original well pump column size: _____ inches. F. Completion of original well abandonment on _____, 19____
G. Location of water use of abandoned well: _____

6. A. Well location ____ 1/4 of the ____ 1/4 of Section 2, Township 9 North, Range 5E East/West, LANCASTER County.
B. The well is _____ feet from the (North or South) section line and _____ feet from the (East or West) section line
(Circle one) (Circle one)
C. Street address or block, lot and subdivision, if applicable: _____
D. Location of water use, if applicable (give legal descriptions): _____
E. If for irrigation, the land to be irrigated is _____ acres.
F. Well reference letter(s), if applicable _____

7. Pump Information
Is pump installed at this time? XX Yes ___No
If yes, complete items A through F
If no, complete items A and D with estimated information for those wells in which pump will be installed.
A. Actual pumping rate, if applicable: 10 gallons per minute. Measured ☒ or Estimated ☐
B. Pump column diameter: 1 1/4" inches. C. Length of pump column: N20' feet.
D. Pumping equipment installed 4-18-96, 19____ E. Brand/Type: STA-RITE
F. Pump installed by: Contractor ☐ Owner ☐ Pump Installer ☒ License No. 29202

As Built Drawing



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