Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

JOE-TRACEY RUIZ
T9N R5E SEC 13
TIMBERLINE ESTS-1ST BLK 1 LOT 5
6500 CARDINAL COVE CT-DENTON

Permittee

JOE-TRACEY RUIZ
6500 CARDINAL COVE CT
DENTON NE 68339-3230

Permit # 01380231601

Issued 05/16/01
Expires 11/16/01
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

[redacted], Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

015716

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

Bill Boulon - Contractor call 416-9798

A

Permit Number: 0138 07316

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 6500 Cardinal Cove Court (no rural route) City Denton NE, Zip

Legal Description ____ ____ 13 (Section) 9N (Township) 5E (Range) Timberline Estates (Subdivision) 1st add (Addition) 1 (Block) 5 (Lot)
1/4 1/4

Geographical Location (if known): Longitude ____ Latitude ____

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

B. Owner

Name JOE-TRACEY RUIZ Signature ____

Address ____ City/State/Zip ____

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

C. Contractor

Name [illegible] BARCOM Company Name BARCOM CONSTRUCTION

Address 6419 BOY SCOUT RD City/State/Zip LINCOLN NE 68506

☐ Check if contractor designed system Work Phone 416-9798

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

Designer Name Mel Gagner Firm GAGNER CONST. Work Phone 432-5698

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 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 5/16/01 Date frwd 5/16/01	ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 5/16/01 Date frwd ____	ACTION ☒ Approved ☐ Disapproved Signature [illegible]	
3. **City or County Engineer**	Date rec'd 5/16/01 Date frwd 5/16/01	ACTION ☒ Approved ☐ Disapproved Signature [illegible]	

Line, tank + lateral 10/17/01 DJ

Installation Final Written Approval

By [illegible]

Date 1/7/02

Business Office Use Only

Date Rec'd 5/16/01

Amt Paid 200.00

Rec'd By [illegible] Cash/Check No. 9482

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: 01380231C

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____

Owner JOE - TRACEY RUIZ (no rural route) Address _____

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

Date of Tests 3/28/01 to 3/29/01 Weather: Precipitation 0 Temperature 42

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	3/28	17:00	3/29	1:30	3/29	1:30	6	3/29	2:00	30	5/8	.625
2	"	"	"	"	"	"	"	"	"	"	"	1/2	.5
3	"	"	"	"	"	"	"	"	"	"	"	5/8	.625
4	"	"	"	"	"	"	"	"	"	"	"	5/8	.625
5	"	"	"	"	"	"	"	"	"	"	"	3/4	.750
6	"	"	"	"	"	"	"	"	"	"	"	1/2	.50

Sum of Percolation Rates: 3.625
Average of Rates: .60
Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: MELVIN EAGNER
Phone: 432-5696
Address 4810 W CLAIRE
LINCOLN 68523

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood Date MAY 16, 2001

FORM 23-101 10-96

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

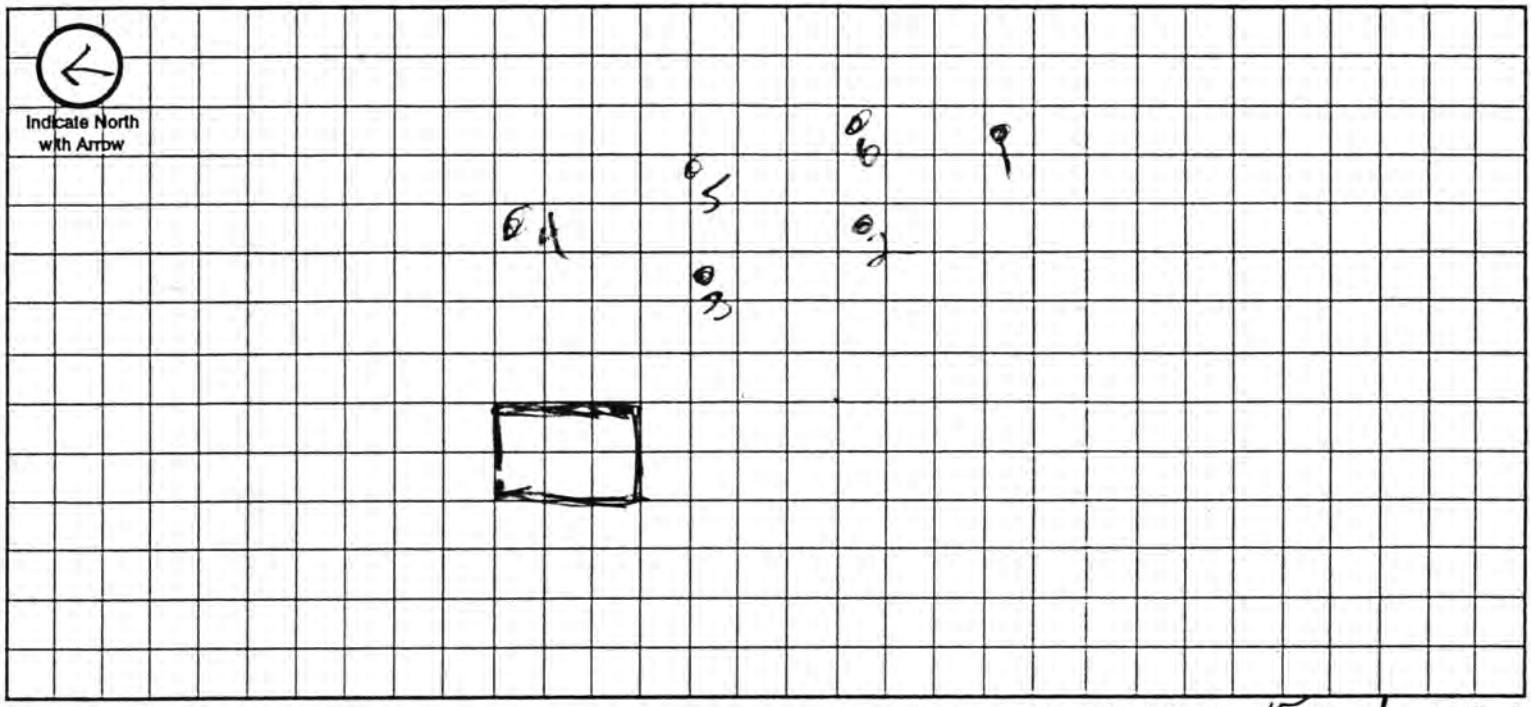
C

Permit Number: 013B02316

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: 15 ft. = 1 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: SILTY CLAY LOAM Land Slope: 2 %

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 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed 4

Total Length of Laterals 330 ft. Number of Trenches 4 Trench Width 36

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

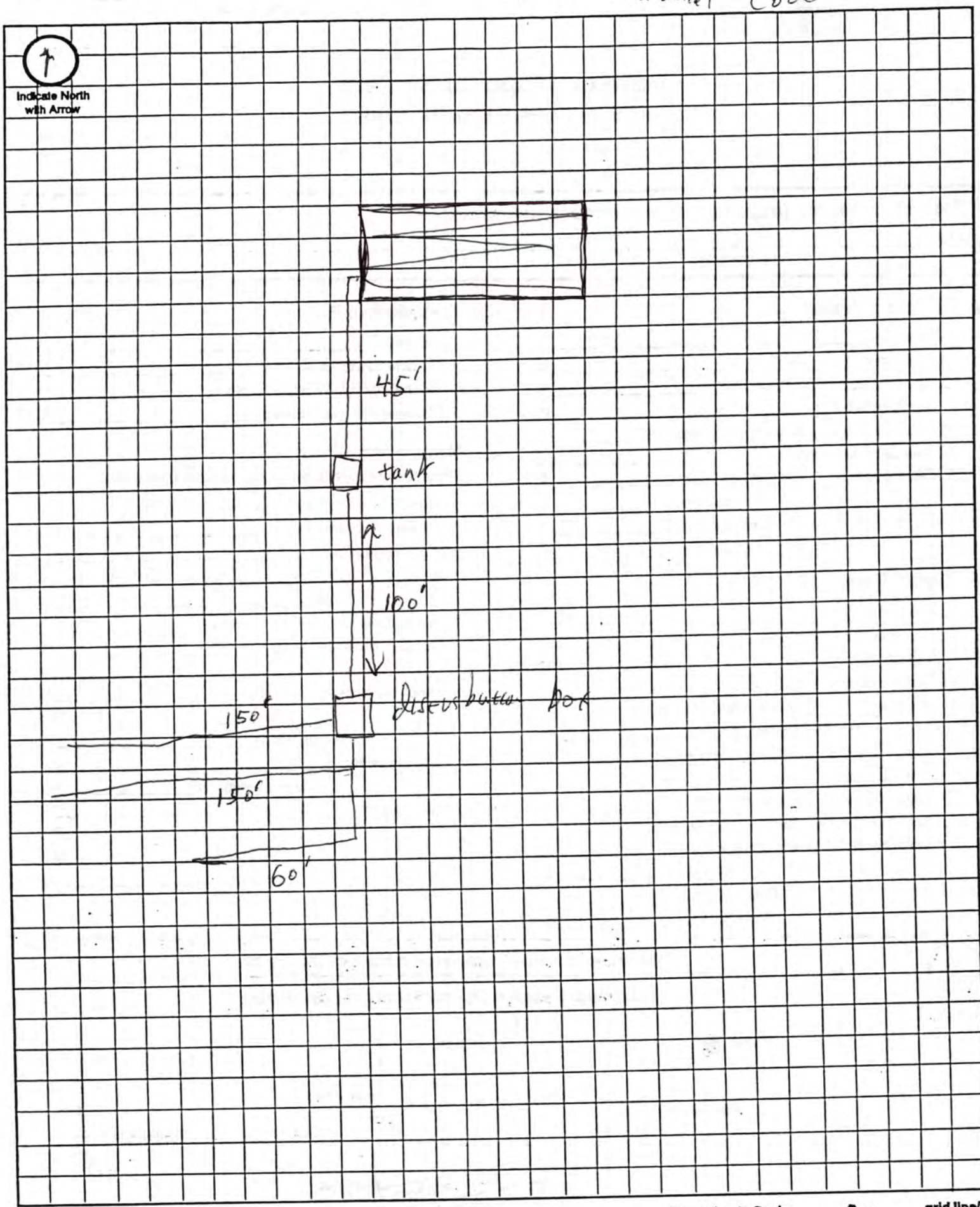
Home Building Contractor _____ Date 5-16-01

Installer Melvin Dayne Date 5/20/01

FORM 23-102 10-96

As Built Drawing

6500 Cardinal Cove



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

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

6500 CARDINAL COVE COURT

Legal Description: Sec. 13 T. 9 R. 5 Block ____ Lot ____ Addition TIMBERLINE ESTATES

Owner JOE & TRACY RUIZ Address 6500 CARDINAL COVE COURT, LINCOLN, NE

LOG OF WELL	
Depth Ft to:	Description
0- 5	BROWN CLAY
5- 14	YELLOW CLAY
14- 20	YELLOW SAND
20- 65	YELLOW & BROWN CLAY
65- 70	BLUE CLAY
70- 80	BROWN CLAY
80-105	BLUE CLAY
105-120	YELLOW SHALE
120-132	BLUE SHALE
132-135	YELLOW SHALE
135-143	MEDIUM FINE YELLOW SS
143-155	YELLOW & RED SHALE
155-165	BLUE & YELLOW SHALE
165-185+	FINE TAN SANDSTONE

WELL COMPLETION RECORD

Drilling Method: ROTO-WATER

Depth (from ground level). Ft. 181'

Date Completed 5/21/01

Casing: Length, Ft. 171' Dia. In. 4"

Wall Thickness, Inc. .214 Type PVC

Screen: Length, Ft. 10' Dia. In. 4"

Type PVC WOP, Slot Size .020

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

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

Static 103' M, Pumping 115'

Yield: 30 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: 5 DECEMBER 01

Remarks _____

DO NOT WRITE BELOW THIS DOUBLE LIN

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