LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

Permit No. 98380170901

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 01/07/98
Expires 07/07/98
Revenue Code 3157

Establishment

DALLAS NEVERVE
T9N R6E SEC 3
LOVES SUBDIV LOT 6

FEES: $150.00

Permittee

DALLAS NEVERVE
2024 BURNHAM ST
LINCOLN NE 68502-5601

TOTAL $150.00

Issued By Gregg M Wright MD
M. Jane Ford
Health Director

5854

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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

A

Permit Number:

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 4021 So. 1st ST. (no rural route) City _____ NE, Zip _____

Legal Description 3 (1/4) 9N (1/4) 6E Section Township Range Loves Sub S.E. Subdivision Addition 6 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 Dallas Neverve Signature Dallas Neverve

Address 2024 Burnham City/State/Zip Lincoln Ne 68502

☐ Check if owner designed system Home Phone 423-3353 Work Phone 423-3353

C. Contractor

Name Dallas Neverve Company Name Dallas Seamless Guttering

Address _____ City/State/Zip Lincoln Ne 68502

☐ Check if contractor designed system Work Phone 423-3353

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

Designer Name Strohmyer Firm _____ Work Phone 470-3100

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 2 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 1/7/98 Date frwd 1/7/98 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold E. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 1-7-98 Date frwd 1-7-98 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 1-7-98 Date frwd 1-7-98 **ACTION** ☒ Approved ☐ Disapproved Signature _____

1/14/98 Need Drawing J. E.H.

Installation Final Written Approval

By _____

Date _____

Business Office Use Only 3174

Date Rec'd 01/07/98

Amt Paid 150.00

Rec'd By _____ ~~Cash~~/Check No. 1638

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

ALSO WELL

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 3700 BLK So. 1ST (no rural route) City _____ NE, Zip _____

Owner _____ Addresss _____

Soil Type (SCS): JUDSON SILT LOAM Percolation Rate: 30 min./inch

Date of Tests 11/20/97 to 11/21/97 Weather: Precipitation damp 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	28	11/20	10:00	11/21	10:25	2:00	11/21	6	11/21	2:30	30	1	30 MIN/IN
2	27	11/20	10:00	11/21	10:15	2:00	11/21	6	11/21	2:30	30	1 1/8	27 MIN/IN
3	28	11/20	10:00	11/21	10:18	2:00	11/21	6	11/21	2:30	30	1	30 MIN/IN
4	30	11/20	10:00	11/21	10:20	2:00	11/21	6	11/21	2:30	30	3/4	40 MIN/IN
5	24	11/20	10:00	11/21	10:25	2:00	11/21	6	11/21	2:30	30	1 1/8	27 MIN/IN
6	28	11/20	10:00	11/21	10:30	2:00	11/21	6	11/21	2:30	30	1 1/4	24 MIN/IN

Person Conducting Percolation Tests

Name: Johnny Kuhlmeyer

Phone: 430-6023

Address _____

Sum of Percolation Rates: _____

Average of Rates: 30 MIN/IN

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date JANUARY 7, 1998

FORM 23-101 10-96

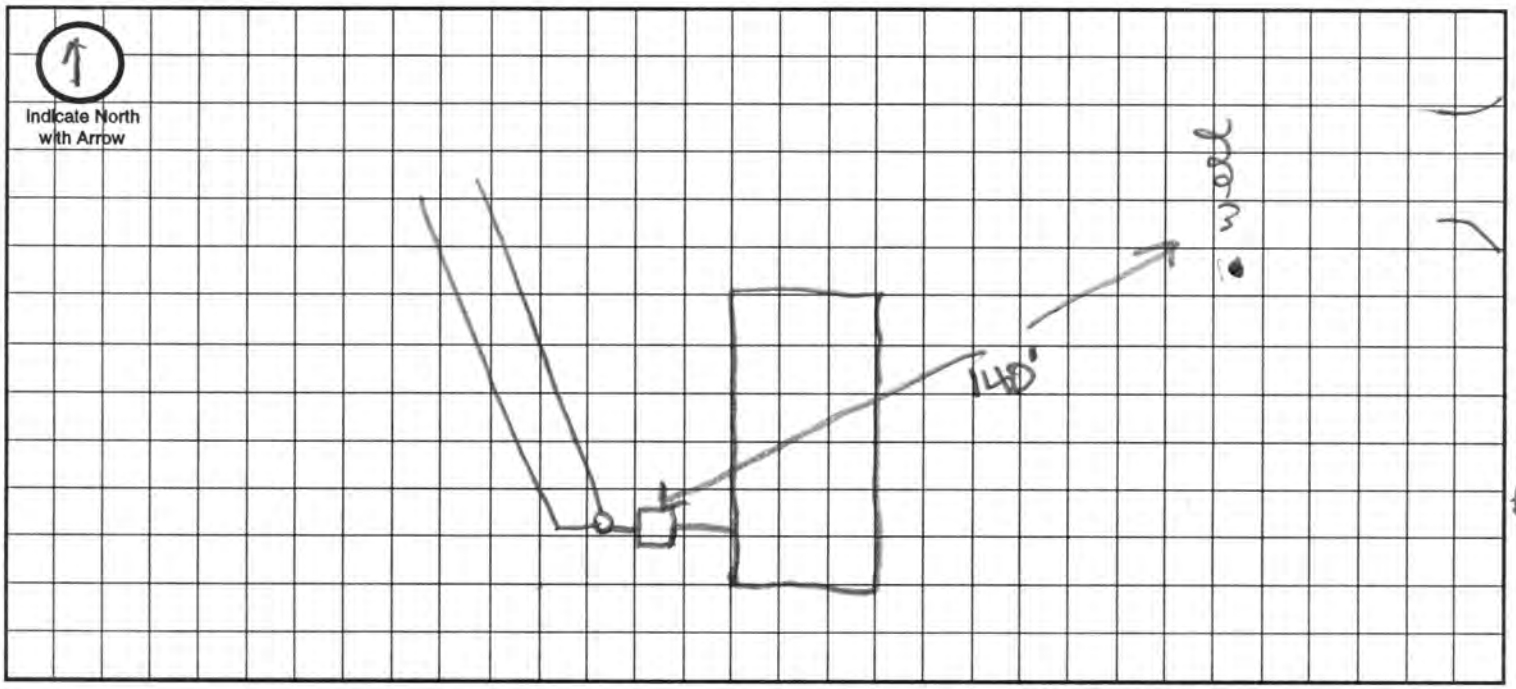
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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

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

Total Square Feet of Field Required: 500 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed 1

Total Length of Laterals 125 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 Callos Thevenin Date 12-8-97

Installer John Stephens Date _____

FORM 23-102 10-96

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit No. 98400068201

WATER WELL
NEW WATER WELL CONSTRUCTION

Issued 01/07/98
Expires 07/07/98
Revenue Code 3162

Establishment

DALLAS NEVERVE
T9N R6E SEC 3
LOVES SUBDIV LOT 6

FEES: $75.00

Permittee

DALLAS NEVERVE
2024 BURNHAM ST
LINCOLN NE 68502

TOTAL $75.00

Gregg Wright MO

Issued By ~~M. Jane Ford~~
Health Director

5855

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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 - $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 4021 So. 1ST ST. City _____, NE Zip _____
   (No Rural Route Please)
   Legal description of property:
   Twp 9N; Range 6E; Section 3; Block _____; Lot 6; Addition Loves Sub
2. Well use: ☒ Residential; ☐ Commercial; ☐ Other; Describe: _____
3. Distance to Public Water Supply 1½ Miles feet.

Signature of Owner Dallas Nevenue

Print Name Dallas Nevenue
Current Address 2024 Burnham
Lincoln Ne 68502
Current Home Phone 423-3353
Work Phone 423-3353

Signature of Contractor _____

Print Name _____
Address _____
_____
Home Phone _____
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 1/7/98 Date forwarded 1/7/98	ACTION ☒ Approved ☐ Disapproved Signature: Jerrold C. Nool	
2. Building & Safety	Date received 1/7/98 Date forwarded 1/7/98	ACTION ☒ Approved ☐ Disapproved Signature:	
3. City Engineer	Date received 1/7/98 Date forwarded 1/7/98	ACTION ☐ Approved ☐ Disapproved Signature:	

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits:
Date: 10/11/01 By DS
Date: ___/___/___ By _____
Date: ___/___/___ By _____

Installation Final Written Approval
By: Doug Simm
Date: 12/13/01

Distribution:
White - Health Dept. Lt. Green - Engineer Lt. Blue - Bldg Inspector

Nitrate Level 1.2 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory
Yes ✓ No ____
Other _____

Business Office Use Only
Date Rec'd: 01/07/98
Amt Paid: $ 75.00
Rec'd By ~~Cash~~/Check No. 1638

Also Sewage

JUL 22 1996

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
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 WELLS

LOVES SUBDIVISION

Legal Description: Sec. 3 T. 9 R. 6E Block ___ Lot 6 Addition 1ST & PIONEER BLVD
Owner DALLAS NEVERVE Address 2024 BURNHAM ST., LINCOLN, 68502

LOG OF WELL	
Depth ft. --to--	Description
0- 5	BLACK SOIL
5-10	BRN CLAY
10-20	BLACK & GRAY CLAY
20-36	MED TO CRS BRN SAND
36-40	TAN CLAY
40-45	DARK BLUE CLAY
45-49	GRAY/BRN CLAY
49-59	MED BRN SAND
59-71	CRS SAND & FINE GRAVEL
71-75	SANDY TAN CLAY
75-78	CRS DARK RED SS
78-80	YEL SHALE
80--	LIMESTONE
80-85	LIGHT BLUE SHALE

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER
Depth (from ground level), Ft. 71
Date Completed 4-8-96

Casing: Length, Ft. 61 ; Dia. In. 4"
Wall Thickness, Inc. .214; type PVC

Screen: Length, Ft. 10' Dia. In. 4"
Type PVC WOP , slot Size .030

Drop Pipe: Length, Ft. 60 Dia. In. 1 1/4"

Water Level, Surface to top of water, Ft.:
Static 20' , Pumping 30'

Yield: 60 ggm, Measured ☒ , Est. ☐
Chlorination Completed Yes ☒ No ☐

The above information including "Log of Well" is a true record of the job performed by me.

Driller _____ (Signed)

Address P. O. BOX 308 HICKMAN, NEBRASKA 68372

Date 19 JULY 1996

REMARKS _____

DO NOT WRITE BELOW THIS DOUBLE LINE

Health Department forwarded copy of record to Nebraska Conservation and Survey Department for Scientific Record ☐

1065 23-4