Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

CHRIS LYNCH
T9N R6E SEC 16 QTR SW
PESTER RIDGE ESTATES BLK 1 LOT 2
6501 SW 25 ST

Permitee

CHRIS LYNCH
2440 S 36 ST
LINCOLN NE 68506

Permit # 99380202901

Issued 06/28/99
Expires 12/28/99
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010601

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 6501 S.W. 25th St. (no rural route) City Lincoln NE, Zip

*Legal Description SW 1/4 16 1/4 Section 9N Township 6E Range Post & Ridge Estates Subdivision Addition 1 Block 2 Lot

Geographical Location (if known): Longitude Latitude

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

B. Owner

Name Chris Lynch Signature

Address 2440 S. 36th City/State/Zip Lincoln Ne. 68510

☐ Check if owner designed system Home Phone 327-8469 Work Phone 840-8564

C. Contractor

Name Owner Company Name

Address City/State/Zip

☐ Check if contractor designed system Work Phone

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

Designer Name Clint Presnell Firm Wellmann Work Phone 434-2400

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 6/28/99 Date frwd 6/28/99 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. Supt. Bldg. Insp. or Village Clerk Date rec'd 6-29-99 Date frwd 6-29-99 ACTION ☒ Approved ☐ Disapproved Signature
3. City or County Engineer Date rec'd 6/29/99 Date frwd 6/29/99 ACTION ☒ Approved ☐ Disapproved Signature

9/7/99 Sewer only left

Installation Final Written Approval (Need drawing, fence, etc.)

By Jerrold C. Hood

Date January 7, 2000

Business Office Use Only

Date Rec'd 06/28/99

Amt Paid 150 ⁰⁰

Rec'd By

~~Cash~~/Check No. 4115

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 6501 SW 25th St. (no rural route) City Lincoln NE, Zip

Owner Chris Lynch Addresss 2440 S. 36th

Soil Type (SCS): clay loam Percolation Rate: 240 min./inch

Date of Tests 6-23 to 6-24 Weather: Precipitation Dry Temperature 85

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	36	6-23	9am	6-24	9am	6-23	9am	6	6-24	1pm	30	1/8	240

Sum of Percolation Rates: 240
Average of Rates: 240
Rate Used for Calculation: 240

Person Conducting Percolation Tests

Name: Clint Priesnell
Phone: 430-6817
Address 3130 S. 6th
Wellmann Plumbing

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

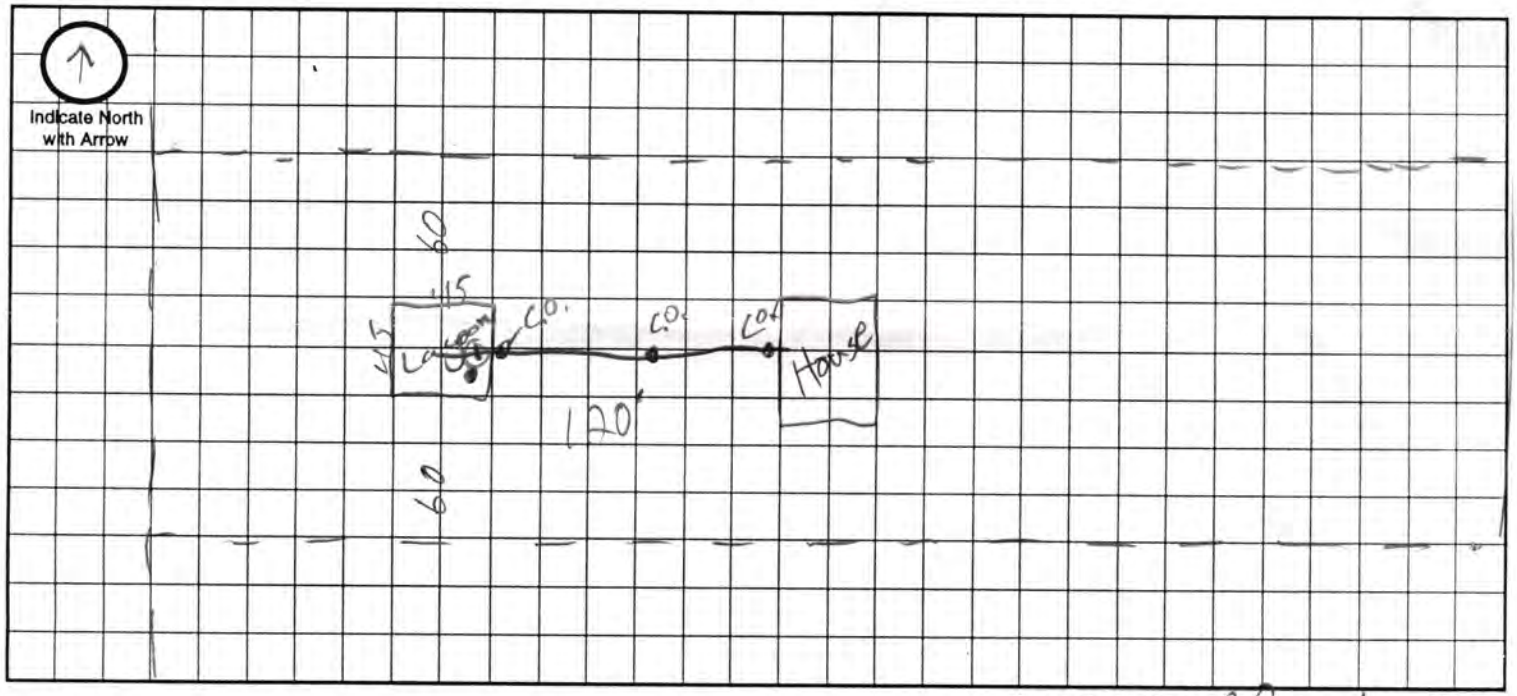
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 6501 SW. 25th St City Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other Lagoon

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 ☑	☑

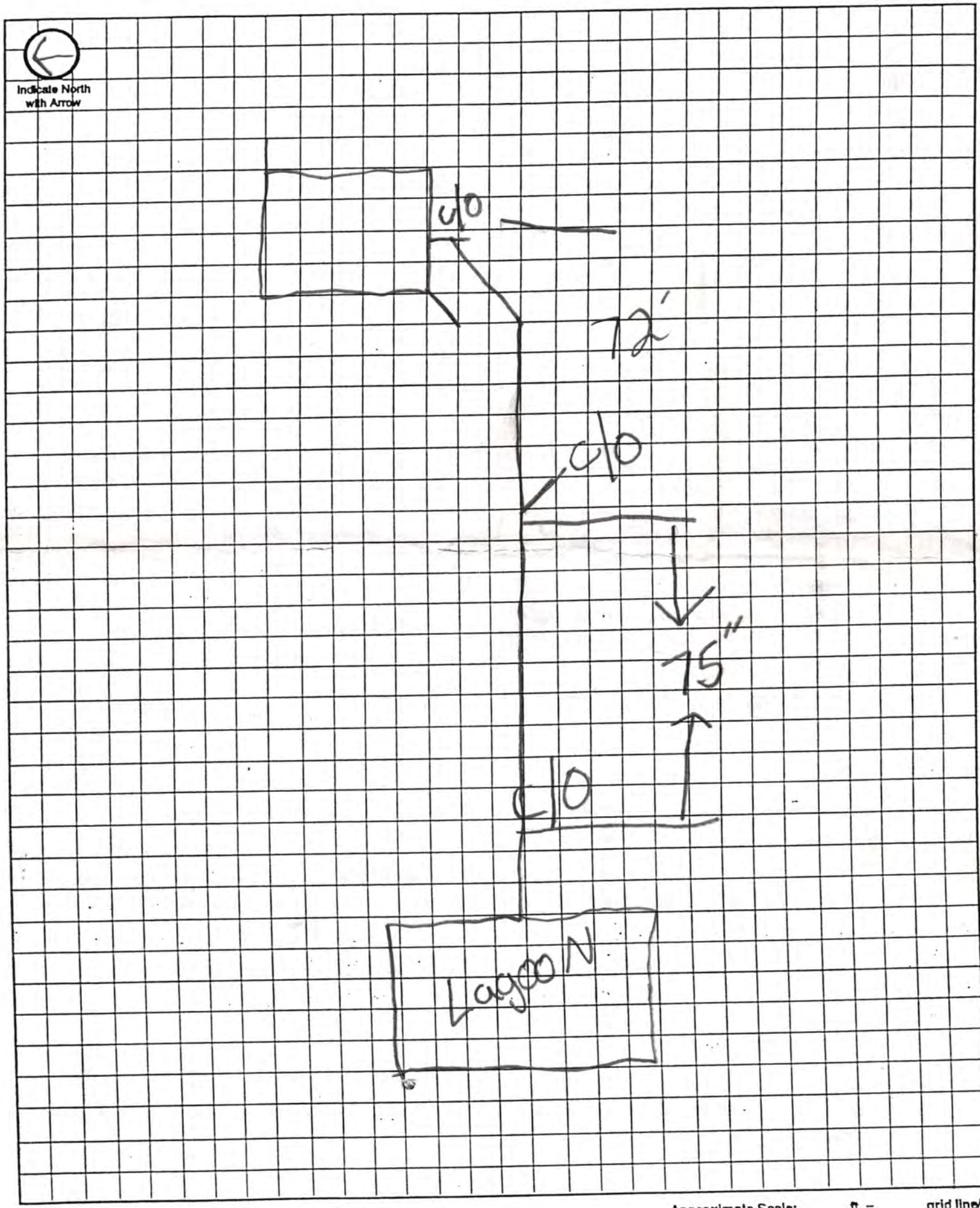
E. Required Signatures

Home Building Contractor _____ Date _____

Installer Chris Lynch Well Mgmt. Date 6-24-99

FORM 23-102 10-96

As Built Drawing



Approximate Scale: ft = grid line/s

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. 993802029

Lincoln-Lancaster County
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 16 T. 9N R. 6E Block 1 Lot 2 Addition PESTER RIDGE ESTATES
Owner CHRIS LYNCH Address 6501 S.W. 25TH STREET

LOG OF WELL	
	Description
Depth Ft. to	

WELL COMPLETION RECORD

Drilling Method: ROTARY
Depth (from ground level) Ft. 140
Date Completed 8/27/99

Casing: Length, Ft. 130 ; Dia. In. 4
Wall Thickness, Inc. .214 ; type PVC

Screen: Length, Ft. 10 Dia. In. 4
Type PVC MONOFLEX slot Size .018

Drop Pipe: Length, Ft 120 Dia. In. 1¼"

Water Level, Surface to top of water, Ft.:
Static 75 , Pumping 85

Yield: 20 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 EARNEST WELL DRILLING
(Signed)

REMARKS NITRATE NITROGEN 3.4 P.P.M. Address 2796 WEST MILFORD ROAD, MILFORD, NEBR.

Date

DO NOT WRITE BELOW THIS DOUBLE LINE

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

FORM 23-4

STATE OF NEBRASKA
DEPARTMENT OF WATER RESOURCES
WATER WELL REGISTRATION

COPY

FOR DEPARTMENT USE ONLY

Registration Date 1-11-2000 Sequence No. _____ Registration No. G-103455
Owner Code No. _____ Receipt No. 104434 Lower Platte South NRD

1. Well Owner Chris Lynch (ADTHORPE COURT) Telephone Number (402) 327-8469
Address 1232 DAKOTA
City LINCOLN State NE Zip Code 68502 +

2. Drilling Firm EARNEST WELL DRILLING INC. Telephone Number (402) 761-2281
Address 2796 WEST MILFORD RD. Contractor's License No. 39051
City MILFORD State NE. Zip Code 68405 +

3. Permit Number(s) _____

4. Purpose of well (indicate one): ___Dewatering (over 90 days) X Domestic ___Ground Heat Exch
___Ground Water Source Heat Pump ___Industrial ___Injection ___Irrigation ___Livi
___Monitoring ___Observation ___Public Water Supply ___Public Water Supply
___Recovery ___Aquaculture ___Other _____

5. Replacement and abandoned well information.
A. Is this well a replacement well? ___Yes X No
B. Registration number of abandoned well: _____
If not registered, date of construction completion: _____
C. Replacement well is _____ feet from abandoned well.
D. Abandoned well last operated _____
E. Original well pump column size: _____ inches.
F. Completion of original well abandonment on _____
G. Location of water use of abandoned well: _____

6. A. Well location: ___ ¼ of the SW ¼ of Section 16, Township 9N North, Range 6 (East/West), Lancaster C
B. The well is 455 feet from the (North or South) section line and 1556 feet from the (East/West) sectio
(circle one) (circle one)
C. Street address or block, lot and subdivisions, if applicable: 6501 S. W 25th
BLK 1 lot 2 Pester Ridge Estates
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: X 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: 20 gallons per minute. Measured ☒ or Estimated ☐
B. Pump column diameter: 1½ inches. C. Length of pump column: 120
D. Pumping equipment installed: (month) 10 (day) 7 19 99. E. Brand/Type: 1½hp Dempster
F. Pump installed by: Contractor ☐ Owner ☐ Pump Installer ☒ License No. 39051

G-103455

8. Well Construction Information.

A. Total well depth: 140 feet. B. Static water level: 75 feet.

C. Pumping water level: 85 feet ☐ Estimated or ☐ Measured (at what gallons per minute rate 20)

D. Well Construction began: (month) 8 (day) 27 19 99 E. Well Construction completed: (month) 8 (day) 27 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 130 ft. from ____ ft. to ____

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

Screen openings (slot size): .010 Trade name: MONOFLEX

Length(s) and placement(s) depth from 130 ft. to 140 ft. from ____ ft. to ____ ft. Guides at 135 ft

I. Gravel pack interval(s) from 20 ft. to 50 ft. from 60 ft. to 140 ft. Grade size: C--PACK WASHED ROUND QUA

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

from 50 ft. to 60 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	2	Top Soil
2	25	Brown Clay
25	46	Gray & Brown Clay
46	60	Sandstone (Brown, Med)
60	73	Light Gray Clay
73	140	Sandstone (Med Light Brown)

DEPTH IN FEET FROM	TO	DESCRIPTION

(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.

Ron Elliott III — Water Well Contractor's Signature

12-20-99 — Date

Chris Lynch — Water Well Owner's Signature

1-7 200 — Date