Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

DEPREZ CUSTOM HOMES
T9N R6E SEC 18
ROLLING MEADOWS BLK 2 LOT 1
4633 W BUCKS DR

Permittee

DEPREZ CUSTOM HOMES
7420 UNION HILL CIR
LINCOLN NE 68516

Permit # 01380230701

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

FEES: $200.00

TOTAL: $200.00

[redacted], Health Director

015579

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

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

A

Permit Number: 013802307

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 4633 West Bucks Drive City Denton Lincoln NE, Zip 68522
(no rural route)

Legal Description 18 9N 6E Rolling Meadows 2 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 Deprez Custom Homes Signature Kathleen A Deprez

Address 7420 Union Hill Cr City/State/Zip Lincoln, NE 68516

☐ Check if owner designed system Home Phone 420-5527 Work Phone 450-7100

C. Contractor

Name Jim Deprez Company Name Deprez Custom Homes

Address 7420 Union Hill Circle City/State/Zip Lincoln, NE 68516

☐ Check if contractor designed system Work Phone _____

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

Designer Name Gordon Firm GEA Excavating Work Phone 781-2400

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 5/1/01 Date frwd 5/3/01 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5/3/01 Date frwd 5/3/01 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd 5/3/01 ACTION ☒ Approved ☐ Disapproved Signature Gary L. Lacy

11/15/01 Line, tank, lateral – need drawing

Installation Final Written Approval

By Doug Arnold

Date 12/6/01

Business Office Use Only

Date Rec'd 05/01/01

Amt Paid 200.00

Rec'd By _____ ~~Cash~~/Check No. 3426

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector Also well #50 =

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 4633 W. Bucks Dr. (no rural route) City Lincoln NE, Zip 68522

Owner Deprez Custom Homes Addresss 7420 Union Hill Cr. Lincoln 68516

Soil Type (SCS): SHC Percolation Rate: 60 min./inch

Date of Tests 4-24 to 4-25 Weather: Precipitation 0 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	36	4/24	6:00	4/25	11:00	4/25	1:10	12½	4/25	1:40	30	1	30
2			P		AM			12				¾	40
3								8⅞				½	60
4								9⅞				⅝	48
5								11½				¾	40
6								7½				½	60

Sum of Percolation Rates: 278
Average of Rates: 47
Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 475-2462
Address 17201 So 72nd St. Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Wood Date MAY 1, 2001

FORM 23-101 10-96

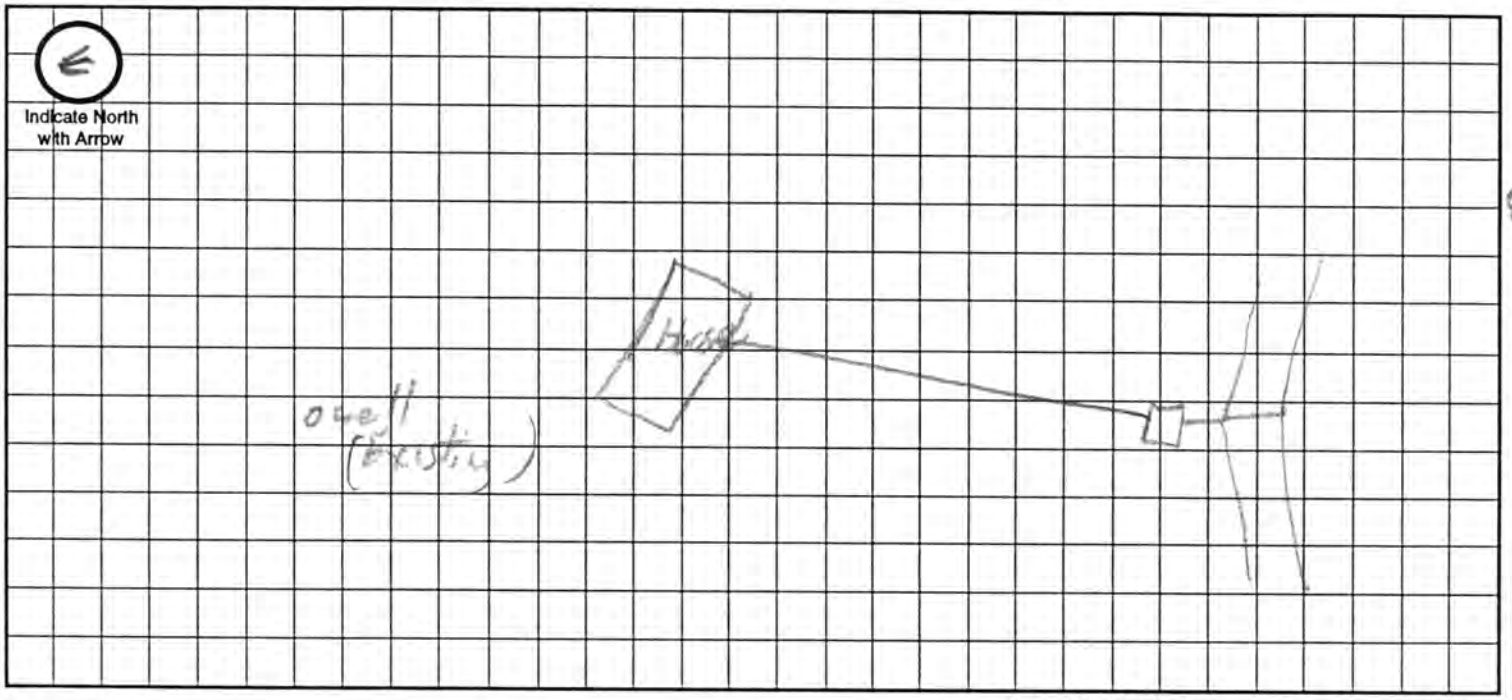
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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) 4633 W. Bucks Dr. City Lincoln NE, Zip 68522

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 60 (min. per inch) Soil Type: WTC SHC Land Slope: _____ %

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

Total Square Feet of Field Required: 1050 sq. ft.

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

Capacity of Septic Tank 1000 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 _____ Date _____

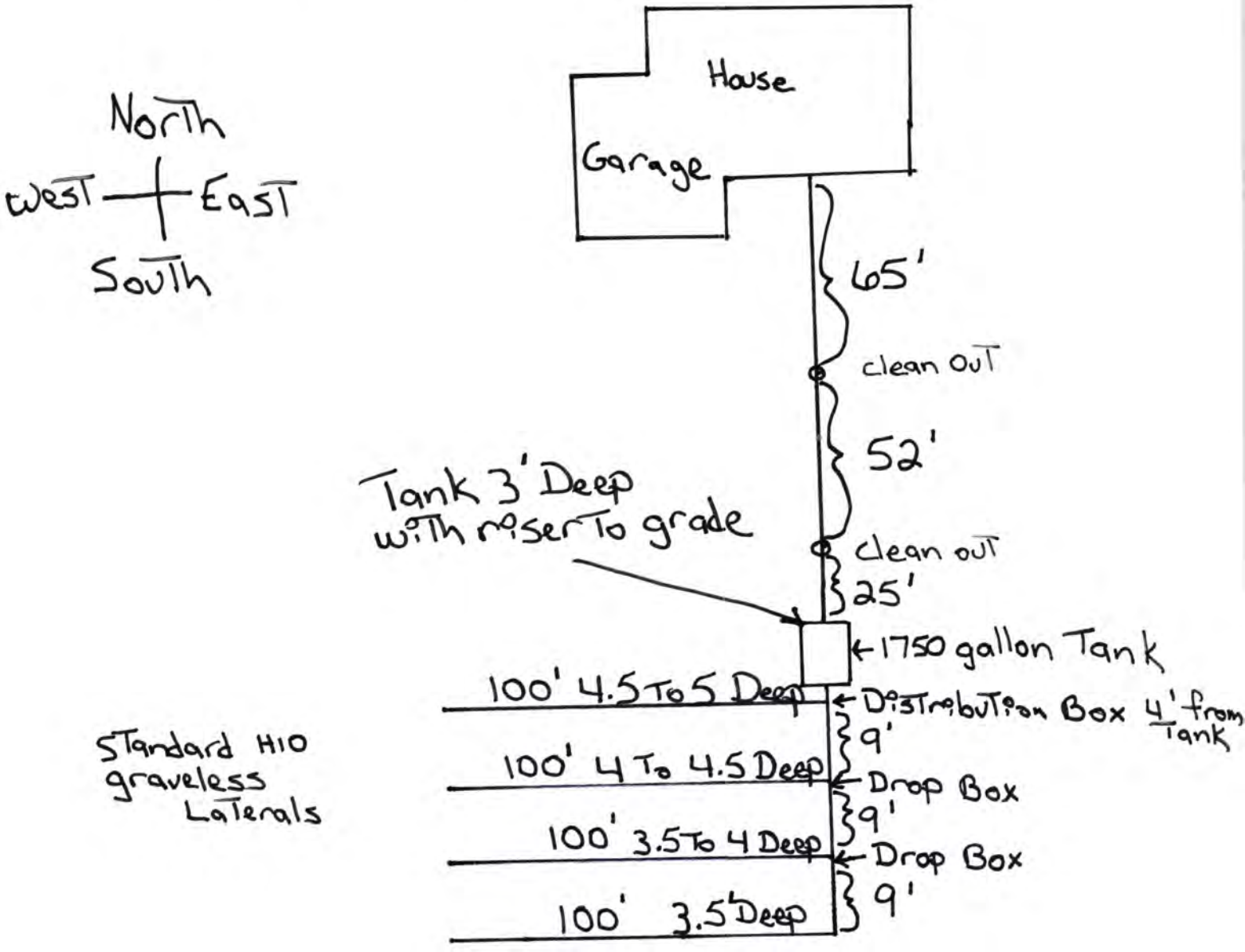
G & A

BACKHOE SERVICE

Gordon Lukes - Owner/Operator
2319 South 214th Street
Eagle, NE 68347-1995
Bus. (402) 781-2400
Cell. (402) 450-2409
Fax. (402) 781-2411

11/24/01

To Doug Smith,
This is the as built drawing for 4633 West Buck Road



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
WELL EXISTS-JUST NEED TO ADD A PUMP

Establishment

DEPREZ CUSTOM HOMES
T9N R6E SEC 18
ROLLING MEADOWS BLK 2 LOT 1
4633 W BUCKS DR

Permittee

DEPREZ CUSTOM HOMES
7420 UNION HILL CIR
LINCOLN NE 68516

Permit # 01400095201

Issued 05/01/01
Expires 11/01/01
Revenue Code 3162

FEES: $50.00

TOTAL: $50.00

[redacted] Health Director

Carol Dwight

015578

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

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

Permit No. 014000 952

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 4633 West Bucks Drive City Lincoln NE Zip 68522
(No Rural Route Please)
Township 9N Range 6E Section 18 1/4 Section
Block 2 Lot 1 Addition Rolling Meadows
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 Kathleen A Deprez Print Name Deprez Custom Homes
Current Address 7420 Union Hill Cr.
Current Home Phone 420-5527 Work Phone 450-7100

Signature of Contractor Jim Deprez Print Name Jim Deprez
Address 7420 Union Hill Circle
Home Phone (402) 420-5527 Work Phone 560-8513 Cellular Phone 560-8513

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 5/1/01 Date forwarded 5/3/01	ACTION ☒ Approved ☐ Disapproved Signature: Gerald C. Hoag
2. Building & Safety	Date received 5/3/01 Date forwarded 5/3/01	ACTION ☒ Approved ☐ Disapproved Signature:
3. City Engineer	Date received 5/3/01 Date forwarded ___/___/___	ACTION ☒ Approved ☐ Disapproved Signature:

REMARKS OR REASONS FOR DISAPPROVAL:

Site Visits
Date: 12/11/01 By DF
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: 12/13/01 By DS

Business Office Use Only
Received: Date: 05/01/01 Amount 50.00 OK Check No. 3426 Initials MO

Also Sewage

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

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

Legal Description: Sec.____ T.____ R.____ Block 2 Lot 1 Addition Rolling Meadows
Owner Deprez Custom Homes Address 41033 W. Bucks Dr.

LOG OF WELL	
	Description
Depth Ft. to	

WELL COMPLETION RECORD

Drilling Method: _____

Depth (from ground level), Ft._____
Date Completed_____

Casing: Length, Ft 31' ;Dia.In. 4"
Wall Thickness, Inc._____;type_____

Screen: Length, Ft. 10 Dia.In. 4"
Type_____,slot Size_____

Drop Pipe: Length, Ft.____Dia.In._____

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

Yield: ____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)

REMARKS_____

Address_____

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