Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 01380241701

Issued 12/21/01
Expires 06/21/02
Revenue Code 3157

Establishment
BRETT ZIGLER
T9N R6E SEC 20
WHISPERING PINES-3RD BLK 2 LOT 3
3301 W DENTON RD

FEES: $200.00

TOTAL: $200.00

Permittee
BRETT ZIGLER
2701 N 27 ST
LINCOLN NE 68521

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000365

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

A

Permit Number: 013802417

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 3301 West Denton Road (no rural route) City LINCOLN NE, Zip 68516

Legal Description 20 (1/4) 9N (1/4) 6E (Section, Township, Range) WHISPERING PINES (Subdivision) 3RD (Addition) 2 (Block) 3 (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Brett Zibler Signature Brett Zibler

Address 2701 N 27th City/State/Zip Lincoln NE 68521

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

C. Contractor

Name Beck Construction Company Name Bi Bar

Address 7930 Roschill Court. City/State/Zip _____

☐ Check if contractor designed system Work Phone 432-8181

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

Designer Name BNL Plumbing Firm Mike Kroese Work Phone 610-0895

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 12/20/01 Date frwd 12/21/01	**ACTION** ☒ Approved ☐ Disapproved Signature Gerald C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 12-27-01 Date frwd 12-27-01	**ACTION** ☒ Approved ☐ Disapproved Signature _____	
3. **City or County Engineer**	Date rec'd 12/27/01 Date frwd _____	**ACTION** ☒ Approved ☐ Disapproved Signature Harry L. Long	

4/3/02 Tank + lateral — D.S. — field notes drawn

Installation Final Written Approval

By Doug Amen

Date 9/5/02

Business Office Use Only

Date Rec'd 12/21/01

Amt Paid 200.00

Rec'd By _____ Cash/Check No. 1633

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: 013802417

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 3301 West Denton Road (no rural route) City Lincoln NE, Zip 68516

Owner Brett Zigler Addresss 2701 N 27th

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

Date of Tests 12-16 to 12-17-01 Weather: Precipitation 0 Temperature 40's

Percolation Test Data Table

END water Level ↓

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results			water level ↓
		Start		End		Start			End AM					
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	24	12-16	ALL			12-17	10.00 AM	6 in	12-17	1030 AM	30	1.5	20	4.5
2	24	12-16				12-17	10:05	6 in	12-17	10:35 AM	30	2	15	4
3	24	12-16	DAY			12-17	10:10	6 in	12-17	10:40	30	2	15	4
4	24	12-16				12-17	10:15	6 in	12-17	10:45	30	2	15	4
5	24	12-16				12-17	10:20	6 in	12-17	10:50	30	1	30	5

Sum of Percolation Rates: 95

Average of Rates: 19

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Douglas A Loftus

Phone: 402-944-7636

Address 410 CO RD C

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

Call me if any Problems
944-7636
Thanks

C

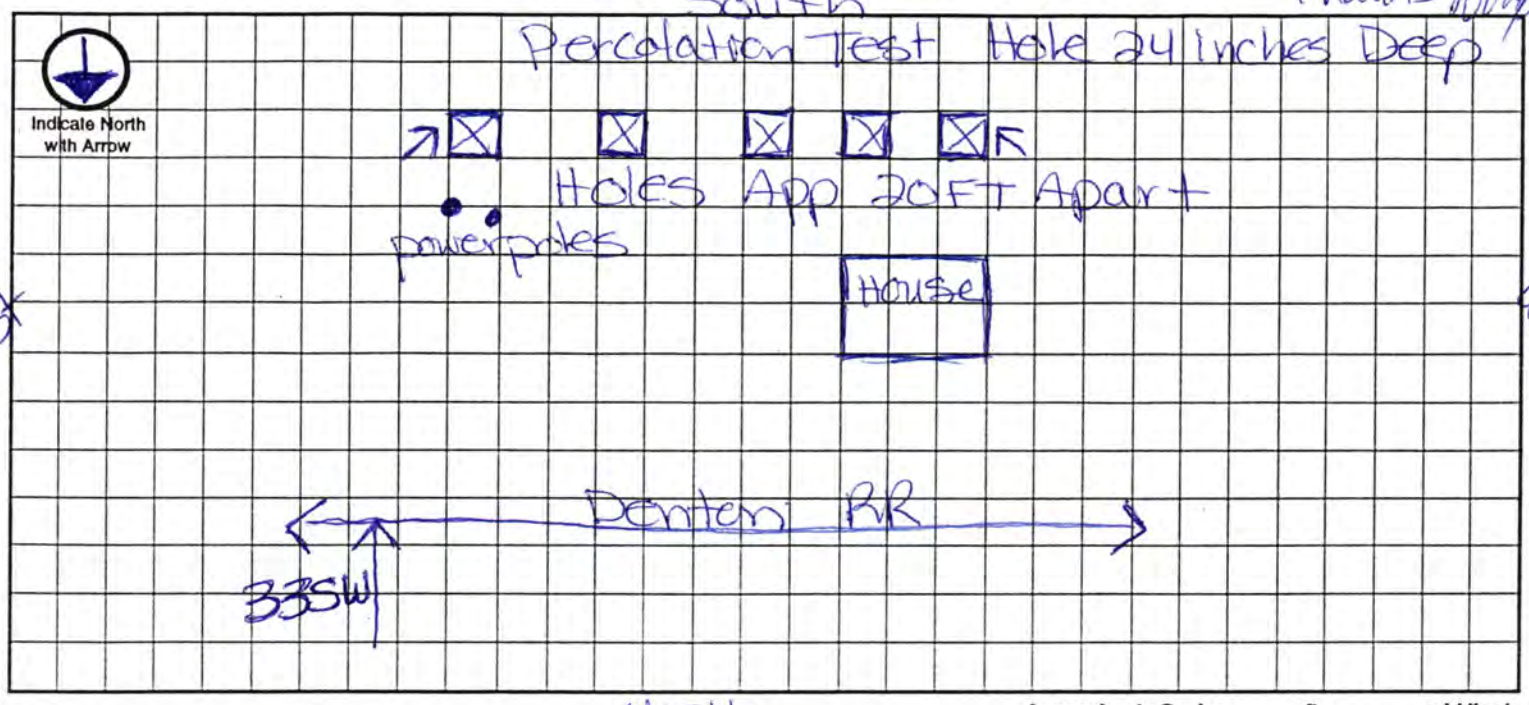
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: 013802417

Sewage Disposal System
Preliminary Plan Specifications

Please Feel Free And go out and Check my Holes Thanks Dwight

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 _____ (min. per inch) Soil Type: Loamy Clay Land Slope: 10 %

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

Total Square Feet of Field Required: 630 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: Plastic In Filters

Capacity of Septic Tank 1000 gals Number of Absorption Beds: none Number of Distribution Laterals per Bed none

Total Length of Laterals 157.5 ft. Number of Trenches 2 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

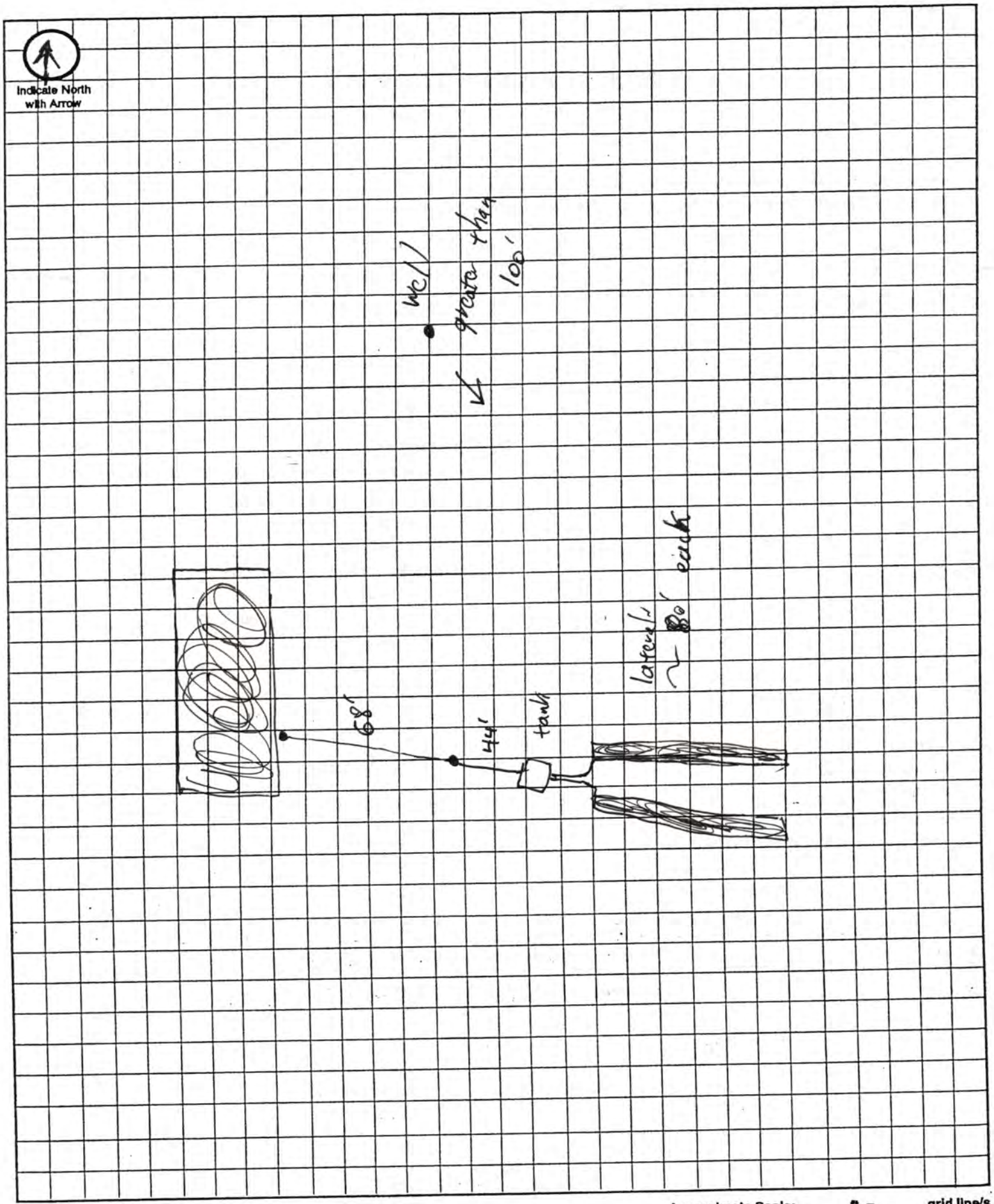
Home Building Contractor _____ Date 12/19/01

Installer _____ Date 12/19/01

FORM 23-102 10-96

As Built Drawing

Field Notes



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

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☑ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 3301 W. Denton Rd.

Parcel ID 09-20-205-003-000 (i.e. 99-99-999-999-999)

Twp 9N Range 6E Section 20 1/4 1/4 Block 2 Lot 3 Addition Whispering Pines 3rd Add.

Directions to Property South side of W. Denton Rd at 33rd St.

Location of Well ON NORTH SIDE OF ROCKED DRIVEWAY Tap Location: Inside ☑ Outside ☐

Location of Sewage System EAST of the House - South of Electric Pole Year Installed 2002

Site Hazards (dogs, etc.) Possible Mud

	NAME	ADDRESS	PHONE
Present Owner:	Brett Zigler	2701 N. 27th Lincoln, NE 68521	464-3505
Tenant/Buyer:	Susan Roberts	833 Indian Hills Dr Lincoln, NE 68520	483-2637
Return to:	Dale Abel	1609 N St Lincoln NE 68508	450-5896 476-7608 (Fax)

Signature of Applicant Susan J Roberts Address 833 Indian Hills Lincoln, NE 68520 Date 8/26/02

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 8/29/02 Amount $200.00 Check No. 8508 Initials ms

DATA ENTRY Date ____/____/____ Case No. _____ Initials _____

PRELIMINARY STATUS--By Doug Svitak **DATE:** 8/30/02

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria	☑ ____/ml	☐ ____/ml
Nitrate	☑ 2.6 ppm	☐ ____ppm

SEWAGE SYSTEM	
Approved	☑
Provisional	☐
Disapproved	☐

Additional Site Visits

Date____/____/____by____

Date____/____/____by____

Date____/____/____by____

Comments: _____

See Attached Letter ☐

FINAL STATUS

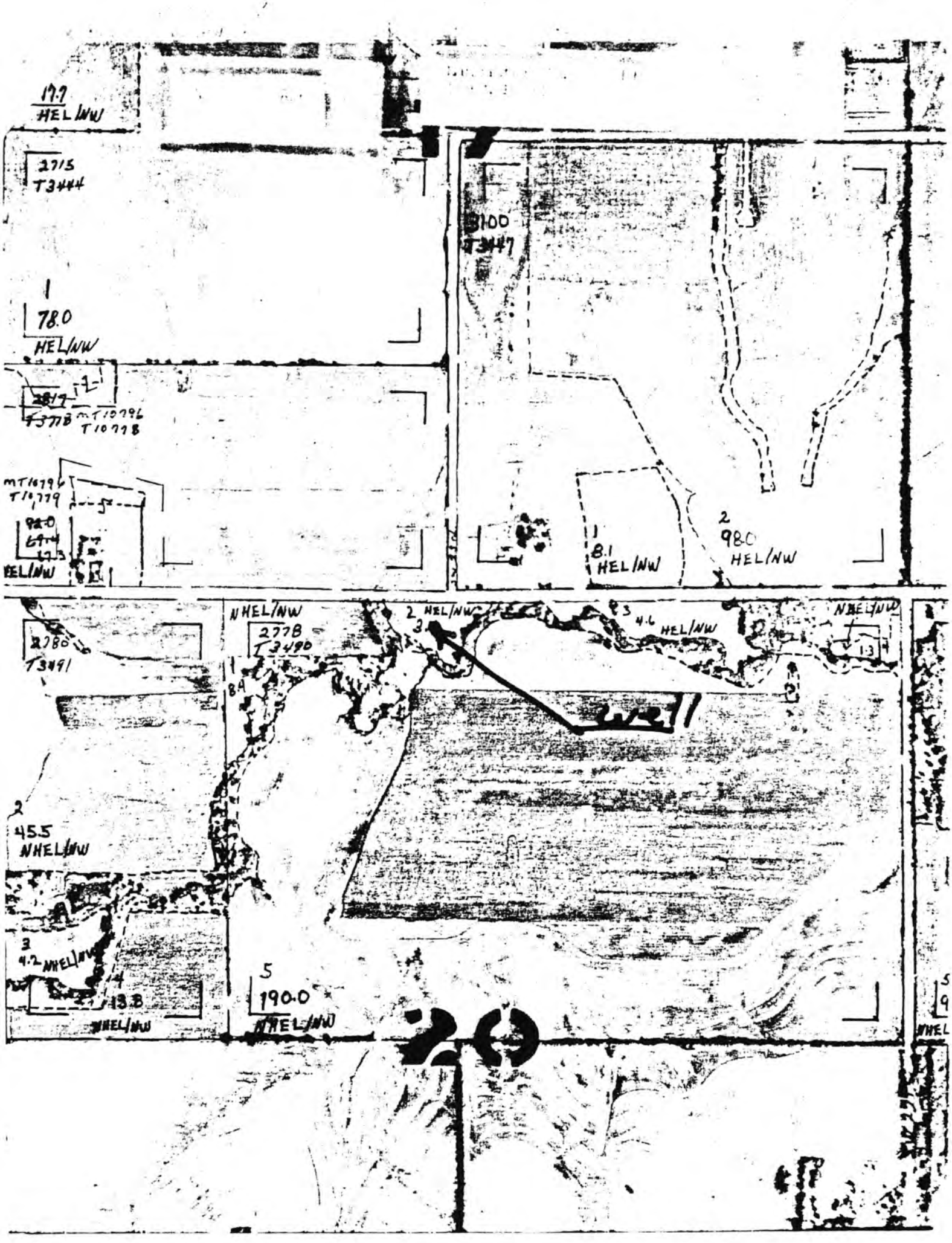
WATER SYSTEM: Approved ☑ **SEWAGE DISPOSAL SYSTEM:** Approved ☑ Provisional Approval ☐

Approved by Doug Svitak Date 9/5/2002

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 9-00


17.7
HEL/NW
2715
T3444
1
78.0
HEL/NW
2817
T3778
MT10796
T10778
MT10796
T10779
92.0
69.4
HEL/NW
B100
T3447
1
8.1
HEL/NW
2
98.0
HEL/NW
2780
T3491
NHEL/NW
2778
T3490
1
B4
2 HEL/NW
3
3
4.6
HEL/NW
NHEL/NW
13
2
45.5
NHEL/NW
3
4.2
NHEL/NW
4
13.8
NHEL/NW
5
190.0
NHEL/NW

STATE OF NEBRASKA

DEPARTMENT OF WATER RESOURCES

WATER WELL REGISTRATION

FOR DEPARTMENT USE ONLY

Registration Date 10-16-97 Sequence No. 108021 Registration No. G-930326
Owner Code No. 49117 Receipt No. 92848 20-Lower Platte South NRD

1. Well Owner PESTER Enterprises Telephone Number (402) 423-0260
   Address 2500 ADAMS ST.
   City LINCOLN State NE Zip Code 68502

2. Drilling Firm Earnest Well Drilling, Inc. Telephone Number (402) 761-2281
   Address Box H 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 ___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 X 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: NE¼ of the ___¼ of Section 20, Township 9N North, Range 6 (East) West, Lancaster County
   B. The well is 110' feet from the (North) or South) section line and 2,500' feet from the (East or (West) section line
   (Circle one) (Circle one)
   C. Street address or block, lot and subdivision, if applicable: Whispering Pines 2nd Addition
   NE ¼ Sec 20 T9N R6E Lincoln, Lancaster County Ne Block 2 Lot 3
   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? ___Yes X 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: 40 gallons per minute. Measured ☐ or Estimated ☑
   B. Pump column diameter: ___ inches. C. Length of pump column: ___ feet
   D. Pumping equipment installed: ___, 19___. E. Brand/Type: ___
   F. Pump installed by: Contractor ☐ Owner ☐ Pump Installer ☐ License No. ___

Over [illegible]

A. Total well depth: 120 feet B. Static water level: 0 feet C. Pumping water level: [illegible]
☒ Estimated or ☐ Measured

D. Well Construction began: 10/3, 1996 E. Well Construction completed: 10/3

F. Bore hole diameter: 9 inches.

G. Plain Casing: Diameter 4.072 ID 4.5 OD inches. Type of material: PVC
Wall thickness: 0.214 inch(es). Joints–Welded/(Glued)/Threaded/Other: & Screwed
Length(s) and placement(s) depth from 0 ft. to 110 ft. from _____ ft. to _____ ft

H. Screen: 4.026 ID 4.5 OD in.; Type of material PVC
Screen openings (slot size): .018 Trade name: Monoflex
Length(s) and placement(s) depth from 110 ft. to 120 ft. from _____ ft. to _____ ft. Guides at 115 ft.

I. Gravel pack interval(s) from _____ ft. to _____ ft. from _____ ft. to _____ ft. Grade size: _____

J. Grouted/Sealed from 5 ft. to 20 ft., with bentonite (Holeplug) (type)
from 45 ft. to 50 ft., with bentonite (Holeplug) (type)

K. Drilling method: Mud Rotary L. Drilling fluid: Quick-gel

M. Well development technique (total time and method): Air - 1 Hr.

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	DEPTH IN FEET FROM	TO	DESCRIPTION
0	1	Top soil			
1	24	Brown clay			
24	28	Sand			
28	37	black sand			
37	41	Sand			
41	45	Gravel -			
45	50	brown clay			
50	120	Sandstone (med brown color)			

(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 — Date: 10/23/96

Water Well Owner's Signature: Bruce D. Pester — Date: 9-23-9