Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003140

(402) 441-8000

Permit SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380273001

Issued 10/21/03
Expires 04/21/04
Revenue Code 3157

Establishment DANIEL BUHR
T9N R7E SEC 13 QTR NW
SW 1/4 OF NW 1/4 LOT 19
6150 S 98 ST

FEES: $200.00

TOTAL: $200.00

Permittee DANIEL BUHR
6150 S 98 ST
LINCOLN NE 68526

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 03380273001

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 6150 So 98 (no rural route) City LINCOLN NE, Zip 68516

Legal Description SW of NW 13 9N 7E
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 Dan Buhr Signature _____

Address 6150 S. 98 City/State/Zip LINCOLN NE 68516

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

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 17201 S. 72nd St. City/State/Zip Lincoln, Ne 68772

☒ Check if contractor designed system Work Phone 430-7606 / 475-2462

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

Designer Name _____ Firm _____ Work Phone _____

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** 10-21-03, need drawing
   Date rec'd 10/21/03 Date frwd 10/21/03
   ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood

2. **Supt. Bldg. Insp. or Village Clerk**
   Date rec'd 10-22-03 Date frwd _____
   ACTION ☒ Approved ☐ Disapproved Signature _____

3. **City or County Engineer**
   Date rec'd 10-22-03 Date frwd 10-22-03
   ACTION ☒ Approved ☐ Disapproved Signature Chase Baker

Installation Final Written Approval

By Ron Maynard

Date 5-5-04

Business Office Use Only

Date Rec'd 10/21/03
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 5264

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: 033802730

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6150 S 98 (no rural route) City LINCOLN NE, Zip 68516

Owner Dan Buhr Addresss 6150 S. 98

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

Date of Tests 4-2 to 4-3-03 Weather: Precipitation — Temperature 50s

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	4/2	5:00	4/3	11:00	4/3	1:30	9 3/8	4/3	2:00	30	3/4	40
2			PM		AM		PM	13 3/4		PM		1 1/8	27
3								10 3/4				3/4	40
4								12 3/8				1 1/4	24
5								12 1/2				1 1/2	20
6								13				7/8	34
7								14 1/2				3/4	40
8								10 1/2				1 1/4	24

Sum of Percolation Rates: 249

Average of Rates: 32

Rate Used for Calculation: 40 min (20 min Variance)

Person Conducting Percolation Tests

Name: Brad Smithwick

Phone: 430-7606

Address 17201 So 72nd
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

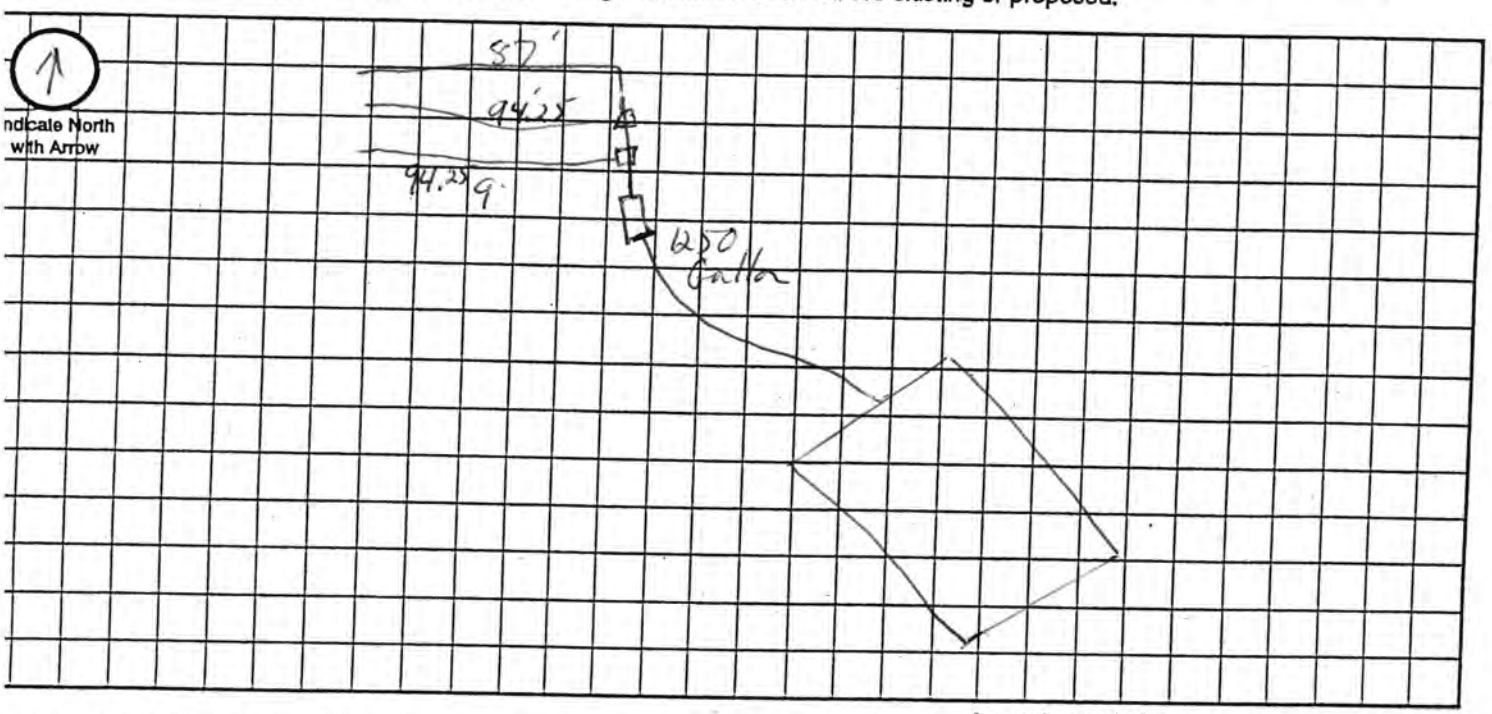
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 03380273

Sewage Disposal System
Preliminary Plan Specifications

raw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, ompass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



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

. System Location (Indicate correct number and street)

ldress (no rural route) 6150 S 98 City Lincoln NE, Zip 68516

. Proposed Septic Tank/s

nk Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

rcolation Rate 40 (min. per inch) Soil Type: SUC/SuTC Land Slope: _____ %

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

al Square Feet of Field Required: 1100 sq. ft.

pe of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: InG Hrator - w/ Gravel

pacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

al Length of Laterals 225 ft. Number of Trenches 3 Trench Width 4'

Setbacks Check the Boxes Below if the Required Setback has been Satisfied

istance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
ank (ft)	50 ☒	500 ☒	50 ☒	NA ☒	25 ☒	20 ☒	15 ☒	25 ☒	☒
ield (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
oon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

Required Signatures

ıe Building Contractor _____ Date _____

ıller Brad Smith Date 10-20-03

23-102 10-96

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

T9R7 Sec13

Date 4-23-04

Don Buhr.

System Location (Indicate correct number and street)

Address 6150 So 98 (no rural route) City LINCOLN NE, Zip 685

A. Building Sewer

1. Material: PVC Sch 40
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 11 in.
3. Distance between dwelling and septic tank: 105 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: ~~Plastic~~ Concrete - (Snyder)
   Number of compartments: _____
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line NA ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line > 20 ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 40 ft.

D. Absorption Field

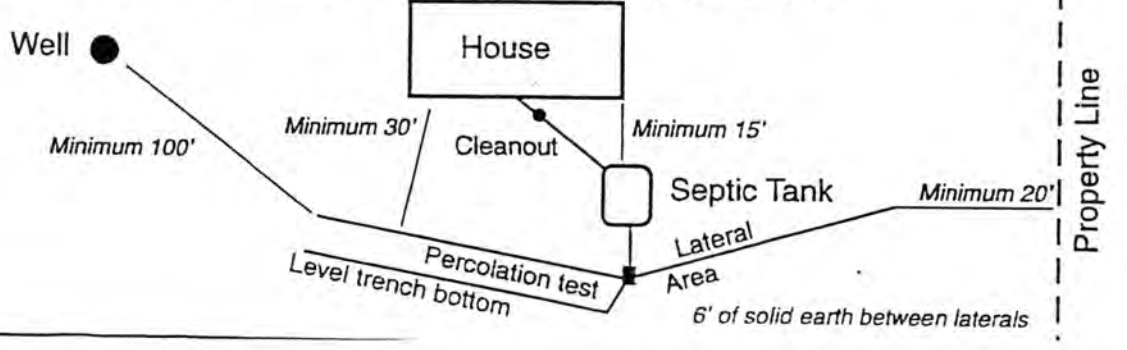
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 36" Infiltrator (ADS)
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 100 ft. 90 ft.
   90 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 (4) ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: Gravelless
   Depth of material _____ in.
5. Distances to: Well or suction line NA ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line > 20 ft.

Complete "As Built" drawing on back of this form.

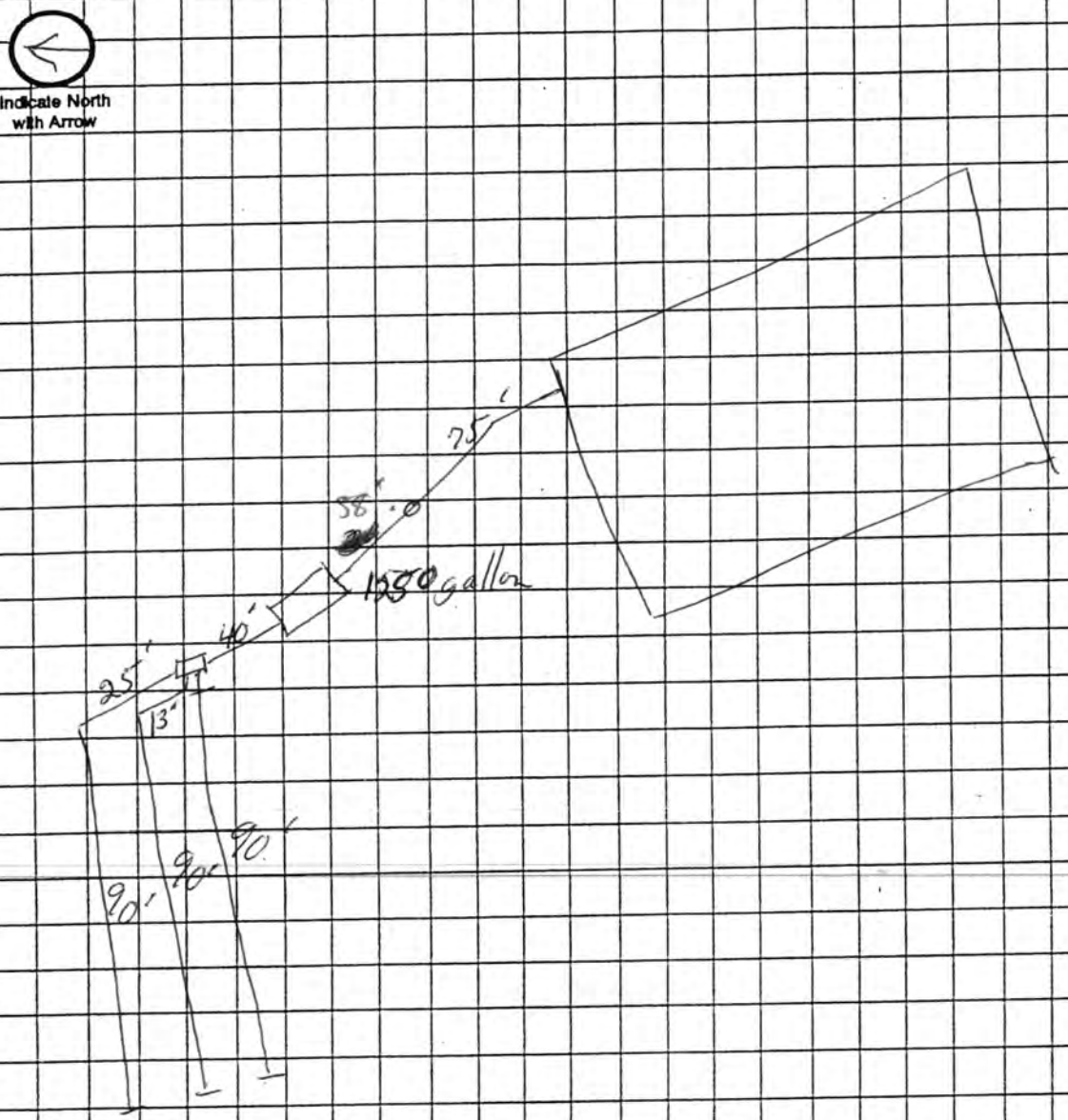
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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

FILE #W-165

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL WATER WELL CONSTRUCTION — TYPE OF LICENSE OR PERMIT

MAY 13, 1987 — THIS LICENSE OR PERMIT EXPIRES

DANIEL BUHR, BUHR HOMES, INC., 7601 COOPER — LICENSEE OR PERMITTEE

LINCOLN, NE 685067 — ADDRESS

T9N; R7E; Sec W½ NW¼ of 13; 6000 So. 98 Street — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 45.00	019851	$ 45.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. — Date and Amount

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM: 20222-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502
PHONE: 471-7800

FILING FEE $45

FILE NO. W-165

DATE: 7-3-86 23.55 ACRES

The undersigned hereby requests: Site Clearance and Permit to construct a new individual water well ☒; Permit existing well ☐ ; well repair or alteration involving opening of well ☐ ; in conformance with appropriate ordinance, as described herein:

1. Legal description of property: Twp. 9N : Range 7E : Section 13 W½ NW ¼
   Block ___ : Lot ___ : Addition ___
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☑
   Describe Water heat pump & yard watering / Home is on RURAL WATER
3. Distance to Public Water Supply: 720 Ft.
4. Intended use of well for Water Heat Pump in Residential Home

Daniel Burr
Signature of Applicant (owner or lessee)

7601 Cooper Lincoln NE 68506
Address

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 11/12/86. Date Frwd. 11/13/86. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 11-13-86. Date Frwd. 11-13-86. Action: Approved ☐ Disapproved ☐ Signature: [illegible]
3. City or County Engineers: Date Rec'd ___. Date Frwd. 11-[illegible]-86. Action: Approved ☑ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL ___

Site Visits:
Date: 5-20-87 by JM
Date: ___ by ___
Date: ___ by ___

Nitrate Level <0.1 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-22-87 By: Ron Maynard

Health Department copy: White
Engineers Copy: Light Green
Building Inspectors Copy: Light Blue

FORM 23-13

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. W-165

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN NE 68502
Phone: 471-7800

W½NW¼ DATA SHEET FOR WATER WELLS

Legal Description: Sec. 13 T. 9N R. 7E Block ____ Lot ____ Addition ____

Owner Dan Buhr Address 98th & Old Cheney Rd

LOG OF WELL	
	Description
Depth Ft. to	
0-50	yell/brn c.
50-125	blue c
125-135	brn. sh.
135-146	light yell fine-med/fine ss.
146-150	shale
150-160	blue sh & blue limestone

WELL COMPLETION RECORD

Drilling Method: R-C.

Depth (from ground level), Ft. 146
Date Completed 1-23-86

Casing: Length, Ft. 136 ; Dia.In. 4"
Wall Thickness, Inc. 160# ; type PVC

Screen: Length, Ft. 10 Dia.In. 4"
Type Keystone wrap , slot Size .030

Drop Pipe: Length, Ft. ____ Dia.In. ____

Water Level, Surface to top of water, Ft.:
Static 130 , Pumping ____

Yield: 12 ggm, max Measured ☒ , Est. ☐
Chlorination Completed Yes ☐ No ☐

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

Driller Bill Sloan (Signed)

REMARKS NITRATE NITROGEN <0.1 p.p.m. BACTERIOLOGICAL O.K.

Address ____

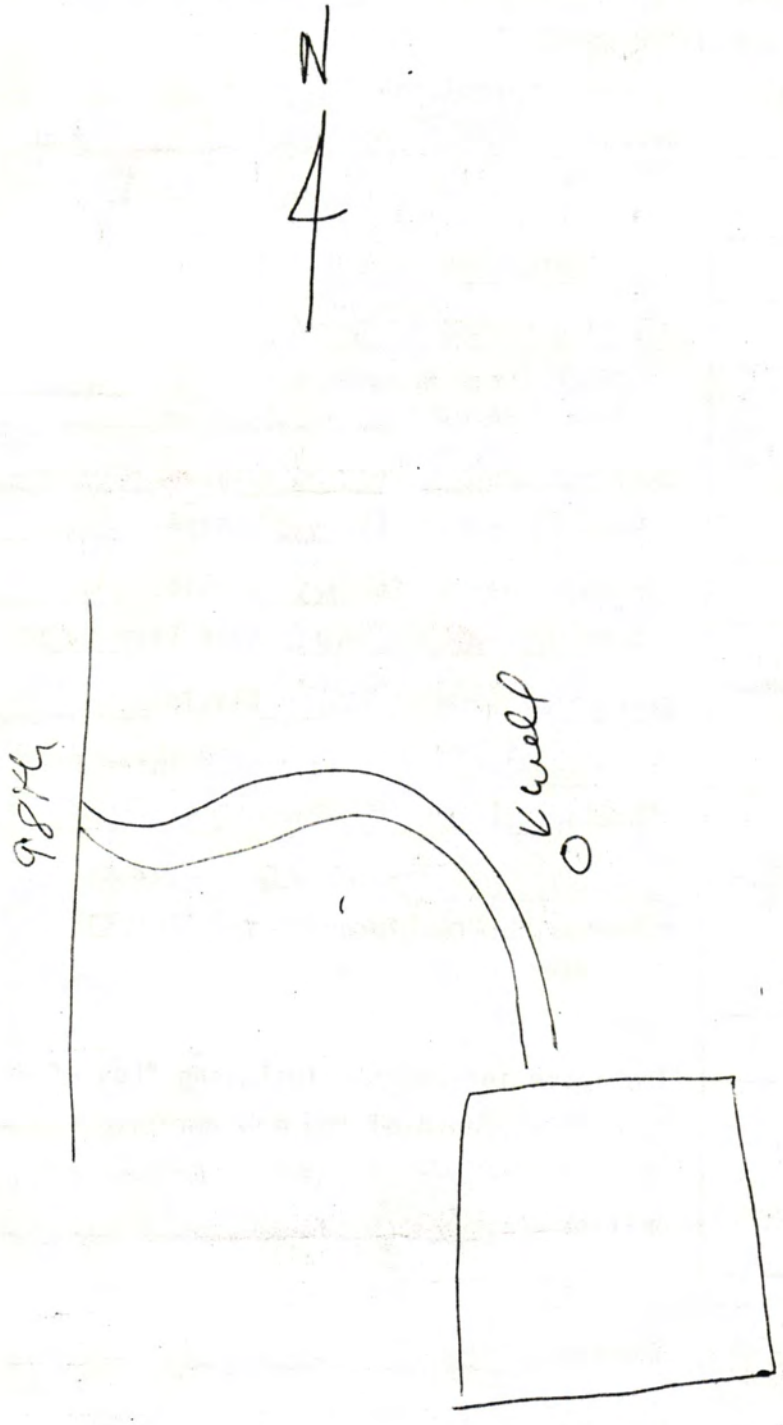
Date ____

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

AS BUILT DRAWING OF INSTALLATION IN RELATION TO BUILDINGS, PROPERTY LINES, OTHER WELLS, AND SOURCES OF CONTAMINATION. INDICATE NORTH.



AREA OF
SEPTIC FIELD