Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

002185

(402) 441-8000

Permit SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380263201

Issued 05/06/03
Expires 11/06/03
Revenue Code 3157

Establishment KELLY & RHONDA JACOB
T9N R7E SEC 21
LOT 30
6909 PINE LAKE RD

FEES: $200.00

Permittee JIM ADKINS/ADKINS PLUMBING
3730 L ST
LINCOLN NE 68510

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

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

A

Permit Number: 03380263201

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 6909 Pine Lake Rd (no rural route) City Lincoln NE, Zip

Legal Description 20 9N 7E 30 I, T,
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 Signature

Address City/State/Zip

☐ Check if owner designed system Home Phone Work Phone

C. Contractor Jim Adkins

Name ADKins PIB S Company Name ADKins PIB S

Address 3730 "L" St City/State/Zip Lincoln, NE. 68510

☐ Check if contractor designed system Work Phone 610-1514

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 ____ Is there a Whirlpool Bathtub YES NO

☐ Commercial Establishment/Other Facility Specify Home Work Shop

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 5/6/03 Date frwd 5/6/03 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-6-03 Date frwd 5-6-03 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 5-6-03 Date frwd 5-6-03 ACTION ☒ Approved ☐ Disapproved Signature

5/6/03 J. C.H.

Installation Final Written Approval

By Jerrold C. Hood

Date NOVEMBER 18, 2003

Business Office Use Only

Date Rec'd 5/6/03

Amt Paid 200.00

Rec'd By CW Cash/Check No. 1482

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

D

Permit Number: 033802632

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

A. Building Sewer

1. Material: ~~plastic~~ PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line @200' ft.
   stream 100'+ ft.
   pressure line 50' ft.
   property line 50' ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 6" in.
   Over outlet, diameter 6" 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 _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: None
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

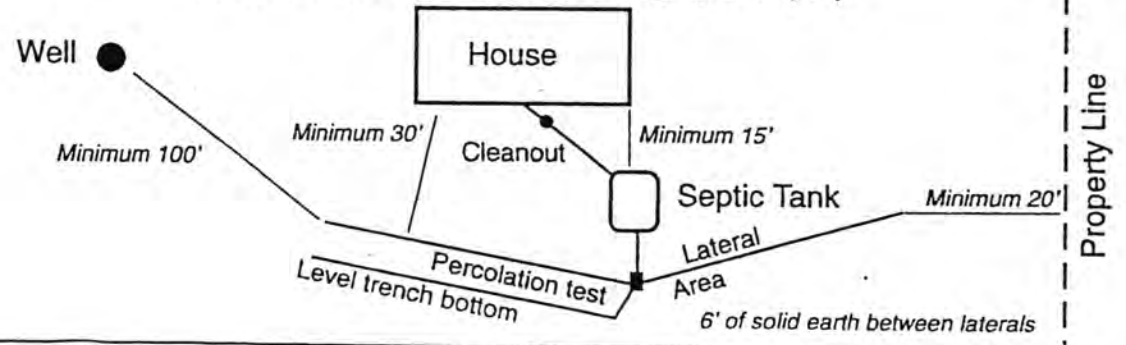
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 1
   Length of each line: 50' ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width ~~24~~ 2 ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

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

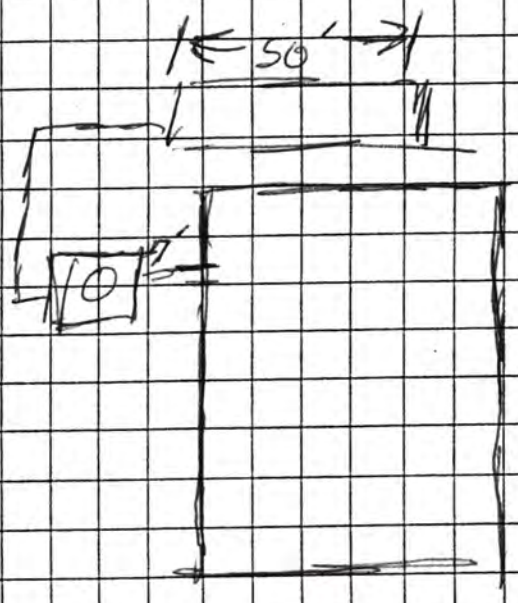
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

Indicate North with Arrow



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

OCT 5 1998

return forever — Chas

FORM HD-32a(67) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

6909 Pine Lake

FILE NO. 87

SPECIFICATIONS
Rood,

DATE: _____

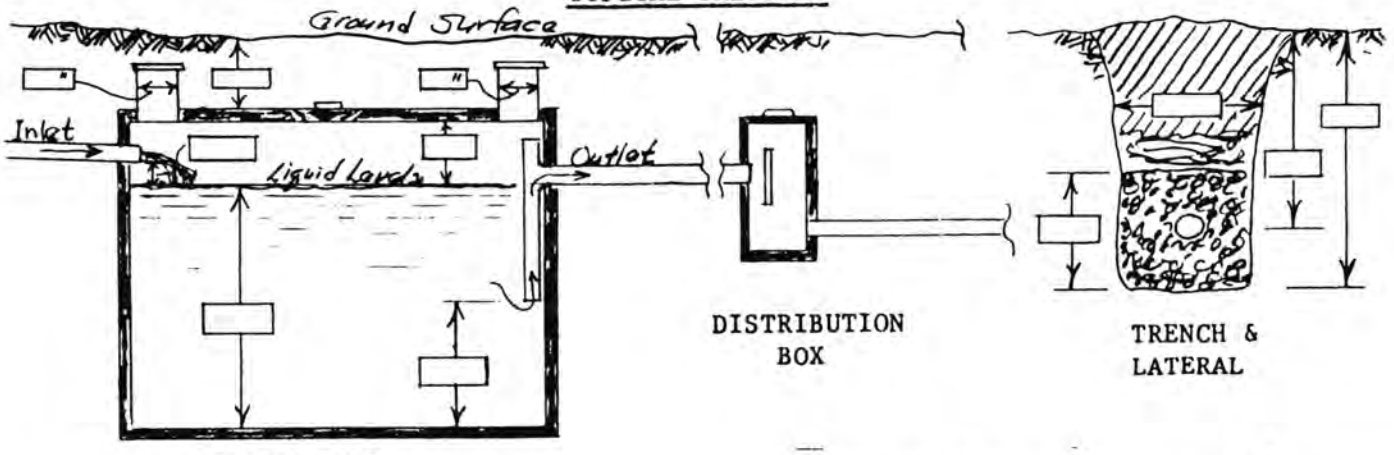
A. BUILDING SEWER:
1. Material PLASTIC; Diameter 4 in.
2. Distance above basement floor ___in.; or below basement floor ___in.
3. Distance between dwelling and septic tank ___ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line ___ft.;
Stream ___ft.; Pressure Line ___ft.;
Property Line ___ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material CON-; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 47 in.
3. Factory Built: Yes ☒ (Company _____)
No ☐
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 in.
Below Grade _____in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☒
Depth of outlet below inlet ___in.
7. Depth of top of tank below finished grade ___in.
8. Distances To:
Well or Suction Line ___ft.;
Stream ___ft.; Pressure Line ___ft.;
Property Line ___ft.

C. DISTRIBUTION BOX
1. Material Concrete No. available outlets 4.
2. Factory Built: Yes ☒, (Company Pre Cast) No ☐
3. Dimension: Length ___in.; Width 24 in. Depth ___in.
4. Distance from Septic Tank 6 ft.
5. Serial Distribution: Yes ☐, No ☒ (If yes, show detailed plans.)

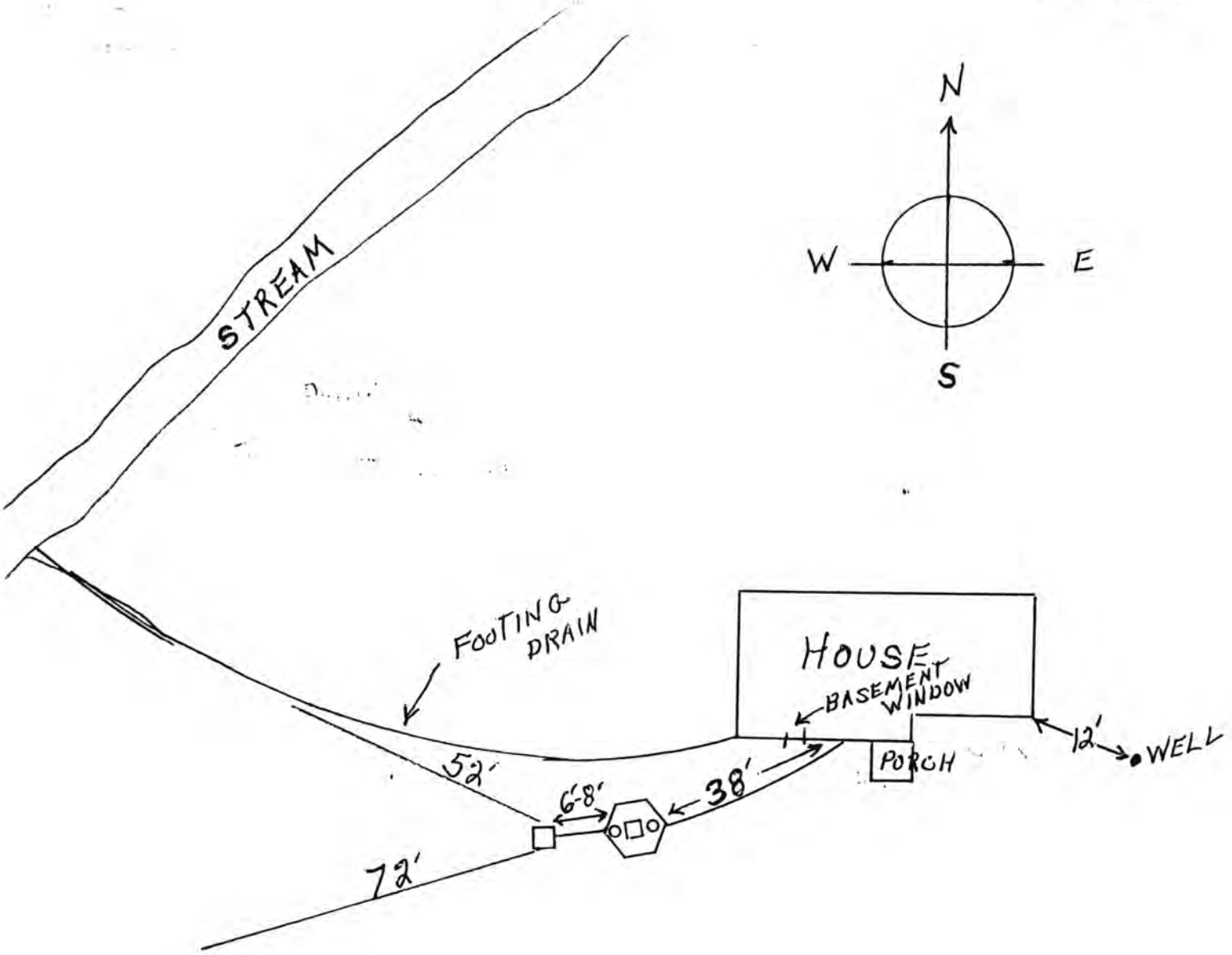
D. ABSORPTION FIELD: (Provide drawings.)
1. Type: CONCRETE HALF MOON
2. Lateral Lines: Depth below grade ___in. Number 2; Length of each line 72 ft Total length of Laterals 124 ft.; 55
Slope 6 in/100 ft. Diameter of pipe 24 in.; Shape ∩
Material: concrete ☒; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ___ft.
3. Trench Dimensions: Depth ___in.; Width 48 in.
4. Filter Material: GRAVEL.
Depth of material from trench bottom ___in.
5. Distances To:
Well or Suction Line 100 ft.;
Stream ___ft.; Pressure Line ___ft.
Property Line ___ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



Signature of Applicant

OCT 5 1998


N
W
E
S
STREAM
FOOTING DRAIN
HOUSE
BASEMENT WINDOW
PORCH
12'
WELL
52'
6'-8'
38'
72'

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 $~~25.00~~

FILE NO. 9040002O7

DATE: 10/29/90

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 21
   Block ~~NE~~ : Lot 30 I.T. Addition ~~NE Quarter~~
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe
3. Distance to Public Water Supply: ____ Ft.
4. Intended use of well Domestic

Dan Klein
Signature of Applicant (owner or lessee)

6909 Pine Lake Rd
Address Lincoln NE 68516

City Water Yes ☐ No ☒

Sewage Permit Applied For Yes ☐ No ☐ Not Applicable ☒

1. Health Department: Date Rec'd 10/29/90. Date Frwd. 10/29/90. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 10/29/90 Date Frwd. 10/29/90 Action: Approved ☒ Disapproved ☐ Signature: Mel Goddard
3. City or County Engineers: Date Rec'd 10/29/90. Date Frwd. 10/29/90. Action: Approved ☒ Disapproved ☐ Signature: John D. Murphy

REMARKS OR REASONS FOR DISAPPROVAL

Site Visits:
Date: 10/29/90 by J. C. Hood
Date: ____ by ____
Date: ____ by ____

Nitrate Level 0.1 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/1/90 By: J. C. Hood

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. 90H000207

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

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 21 T. 9N R. 7E Block ___ Lot 30 II Addition 90H000207
Owner Dan Klein Address 1/4 mi W. of 70th & Pine Lake Rd. S. side

LOG OF WELL	
	Description
Depth Ft. to	
0-30	brn & yell cs.
30-45	blue c.
45-135	yell blue, red & white pb ss
135-150	med fine ss
150-185+	med - mod coarse ss

WELL COMPLETION RECORD

Drilling Method: Rot. Circ.
Depth (from ground level), Ft. 184
Date Completed 6-26-90

Casing: length, Ft. 174 ; Dia.In. 4
Wall Thickness, Inc 200# ; type PVC

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

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

Water Level, Surface to top of water, Ft.:
Static 90 , Pumping ___

Yield: 10+ 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 Bill Moser (Signed)

REMARKS NITRATE NITROGEN 0.1ppm
BACTERIOLOGICAL O.K.

Address ___

Date 10-4-90

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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-78

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER / L

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

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☑ Evaluation of the Individual Water System Date: 4/5/89

☑ Evaluation of the Sewage Disposal System ☐ Enclosed is $75.00

Legal Description of Property: TWP. 9N ; RANGE 7E ; SECTION NE¼ 21 ; BLOCK ____

LOT 30 ; ADDITION _____ ; Street Address 6909 or (7000 on mail box) Pinelake Rd.

Directions to Property ½ Blk west of 70th on Pinelake Rd. Home is 1½ story Brick, South side of Pinelake, sets back from Road.

Location of Well East + South? of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System West + South of House Year Installed 1969-1970

	NAME	ADDRESS	PHONE
Present Owner:	Guylort Hemsath	47 Raynor Rd, Morristown, NJ.	201-455-7271
Tenant/Buyer:	Sharon Klein	RT 1 PO Box 84, Bennet, Nebr.	782-9776
Return to:	Mike Anderson	1630 "O" St, Lincoln, Nebr. 68508	483-4741

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Mike Anderson Address 1630 "O" St, Lincoln
Woods Bros. Realty

==========

HEALTH DEPARTMENT USE ONLY

Date Received APRIL 6, 1989 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 4-10-89

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 4-10-89 by rm
✓ Bacteria	☒	☐	Provisional:	☑	Date _____ by ____
✓ Nitrate	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: Recommend checking to see if septic tank needs pumping.

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
Approved: ☒	Approved: ☒	Provisional Approval: ☐

APPROVED BY Ron Mayfield DATE 4-14-89

Approval or disapproval is based on written 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 operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

ASAP if possible

Lincoln-Lancaster County Hea[illegible]partment

OCT 5 1998

2200 St. Mary's Avenue, Lincoln, Nebraska 68[illegible]

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER/LOAN AP[illegible]

This form must be completed and returned to request a real estate trans[illegible]

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

☒ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☑ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 16909 Pine Lake Rd

Twp 9N Range 7E Section 21 1/4 ___ 1/4 ___ Block ~~3~~ Lot 30A Addition _____

Directions to Property Hwy #2 East to 70th Turn Rt (South) to Pine Lake Rd Turn Rt (West) to first drive on left (South)

Location of Well South East of Garage shop 20' Tap Location: Inside ☐ Outside ☒

Location of Sewage System Septic & Drain field Southwest off house into field. Year Installed 1979

	NAME	ADDRESS	PHONE
Present Owner:	Dan & Sharon Klein	16909 Pine Lake Rd	421-7909
Tenant/Buyer:	Dan & Sharon Klein		
Return to:	Dan Klein		FAX 483-4453

Signature of Applicant Dan Klein Address _____ Date 4/13/93

HEALTH DEPARTMENT USE ONLY CAP #4403 CB

Date Received 4/13/93 Received $150.00 Check ☑ Cash ☐

PRELIMINARY STATUS--By Jerrold Hood **DATE:** 4/16/93

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED.

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 4/26/93

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.

980929008 rdf

Lincoln-Lancaster County Health Department

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

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

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

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

☒ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☒ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Legal Description of Property CR 3789 Street Address 6904 Pinelake Rd

Twp 7 Range 9 Section 21 1/4 NE 1/4 Block ___ Lot 20 Addition ___

Directions to Property 64th + Pinelake Rd.

Location of Well South of Garage Tap Location: Inside ☐ Outside ☒ ?

Location of Sewage System South of House Year Installed Rebuilt 1990-1991

Build 70 Bought Apr 84

	NAME	ADDRESS	PHONE
Present Owner:	Dan Klein	6409 Pinelake Rd, 68516-3635	421-7904
Tenant/Buyer:	Kelly + Rhonda Jacob	4731 Kirkwood	484-5724
Return to:	David Halverson	3910 South St, 68506	432-9834

Signature of Applicant Rhonda Jacob Address 4731 Kirkwood Dr. Lincoln NE Date 9/16/98

HEALTH DEPARTMENT USE ONLY

Date Received 09/22/98 Received $150.00 Check ☑ #6496 Cash ☐

PRELIMINARY STATUS--By ___ **DATE:** 9/23/98

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria	☑ 0 /ml	☐ ___ /ml
Nitrate	☑ 0.1< ppm	☐ ___ ppm

SEWAGE SYSTEM

Approved ☑

Provisional ☐

Disapproved ☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED

See Attached Letter ☐

FINAL STATUS

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

Approved by John Thrasher Date 10/2/98

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.

Approx phone