Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC OR LAGOON BASED ON RETEST

Establishment

DAN R LOECK
T9N R7E SEC 22
CLARENDON HILLS-1ST BLK 2 LOT 3
7201 BADGER DRIVE

Permitee

DAN R LOECK
731 YUKON CT
LINCOLN NE 68521

Permit # 99380207001

Issued 08/23/99
Expires 02/23/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010885

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

A

Permit Number: 993B02070

Sewage Disposal System

*Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ← OR → ☒ Lagoon ☐ Other (Refer to Form C)

BASED ON RETEST

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 7201 BADGER DRIVE (no rural route) City LINCOLN NE, Zip 68516

Legal Description 22 9N 7E CLARENDON HILLS 1ST ADD 2 3
(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 LOECK Signature D l R Lh

Address 731 YUKON CT City/State/Zip LINCOLN, NE 68521

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

C. Contractor

Name LOECK DESIGNS ← Company Name DAN LOECK

Address 731 YUKON CT City/State/Zip LINCOLN, NE 68521

☐ Check if contractor designed system Work Phone 450-1500

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

Designer Name LARRY SCHWARCK Firm SCHWARCK ENGINEERING Work Phone 489-7294

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 *SEE TOP OF PAGE

1. Health Department	Date rec'd 8/19/99 Date frwd 8/23/99	ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 8/23/99 Date frwd 8/23/99	ACTION ☒ Approved ☐ Disapproved Signature	
3. City or County Engineer	Date rec'd 8-23-99 Date frwd 8-23-99	ACTION ☒ Approved ☐ Disapproved Signature	

10-12-99, rm one kitchen tank & berg -(3- need drawing

Installation Final Written Approval

By Ron Mayer

Date 10-18-99

Business Office Use Only

Date Rec'd 08/19/99

Amt Paid 150 CK

Rec'd By _____ Cash/Check No. 8916

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. #9938020 70

7201 Badger Drive

PROPERTY WHERE SOIL TESTED:

Location: Township ____; Range ____; Section & ¼ Section ____.
Property Dimensions: 363 ft. x 345 ft. Area: 3.0 acres. (Attach Sheet & with sketch of property).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐; Silt Loam ☐; Clay Loam ☐.
Dates of Tests: 10-5-95 to 10-6-95. Weather: Precip. ____ Temp. ____.

OWNER: X Don Loesk

W side

Address: 731 YUKON CT

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./Day)	Time (Hr./Min.)	Date (Mo./Day)	Time (Hr./Min.)	Date (Mo./Day)	Time (Hr./Min.)	Water Level (in.)	Time (Hr./Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	30	10-5	3:00	10-6	12:30	10-6	3:30	13 ¼	4:30	14 ¼	60	1	
2								14 ¼	1	15		3/4	
3								12 ½		13 ¾		1 ¼	
4								11 ¼		12		¾	
5								10		10 ¼		¾	
6								12		13 ¼		1 ¼	
Newtest 9-12-99 1	30	9:10	3:00	9-12	2:30	9-12		10		14		4	
2								12				2	
3								12 ¼				2 ¼	

Larry Schwarck

Larry Schwarck

Signature of Person Conducting Test

Sum of Percolation Rates: ____
Average of Rates: ____
Mean of Rates: ____

Address 8200 old Cheney Phone 489 7294

use 60 min/inch

4 bd House

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. ____ min./inch
B. ____ min./inch
C. ____ min./inch

Remarks: ____

Soil Type (SCS): ____

Date: ____

Signature of Reviewing Official

TOTAL P.02

Dan Leach

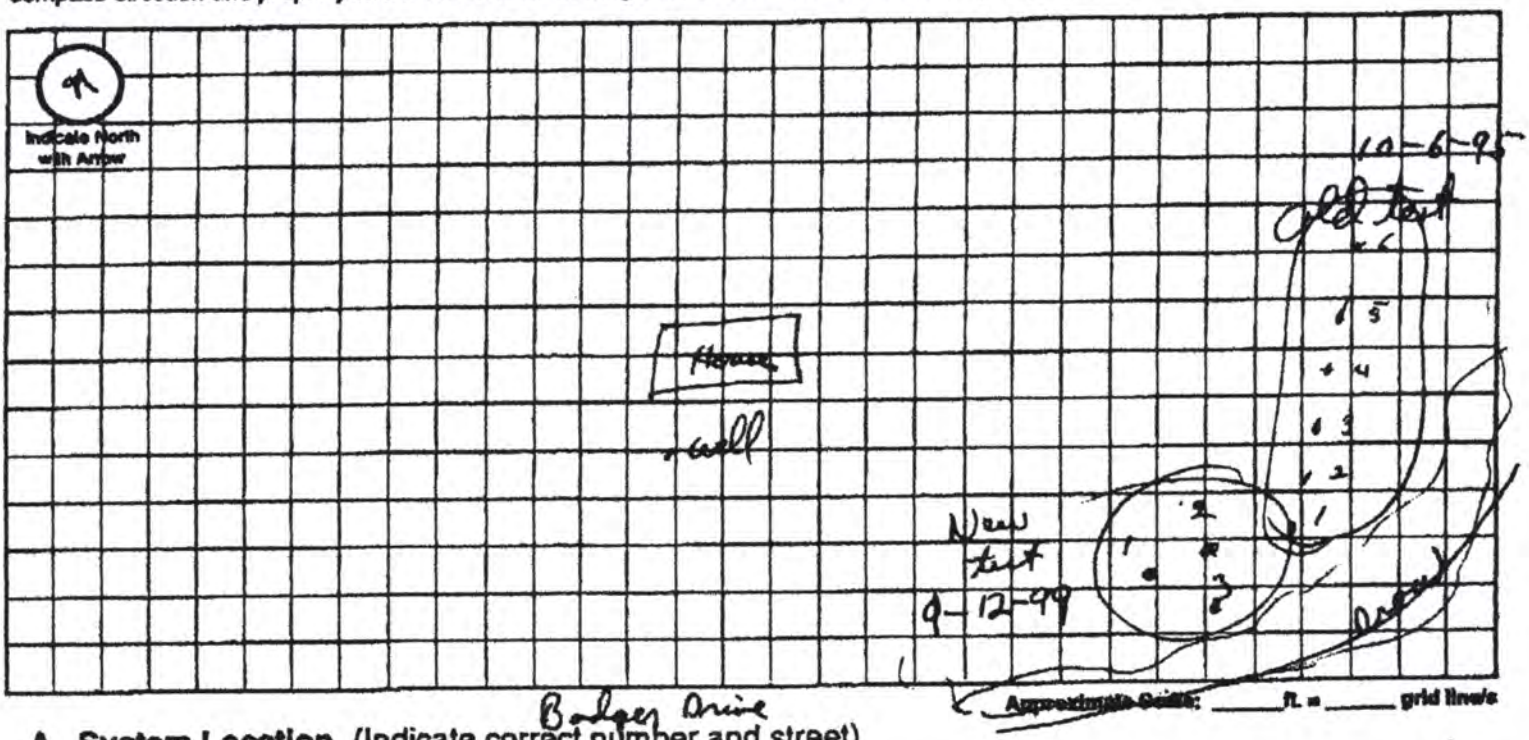
C

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

Permit Number: #93802070

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.



A. System Location (Indicate correct number and street)

Address (no rural route) 7201 Badger Drive 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 60 (min. per inch) Soil Type: _____ Land Slope: 2 % 1 2

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: Infiltrator

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

Total Length of Laterals _____ ft. Number of Trenches 4 Trench Width 5'

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 Larry Schwarck Date 9-12-99

10/14/1999 22:03 402-489-7294 SCHWARCK TRENCHING PAGE 03

OCT 15 1999

D

Permit Number:

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

Sewage Disposal System

As Built Plans & Specifications

Date 10-13-99

System Location (Indicate correct number and street)

Address 7201 Badger Dr. (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 15 in.
3. Distance between dwelling and septic tank: 45' 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: Precast
   Number of compartments: _____
2. Capacity: 1250 gal. (344 total)
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: 8 in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: 3 plastic drop boxes
   Number available outlets: 17-33' 43' + 54'
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

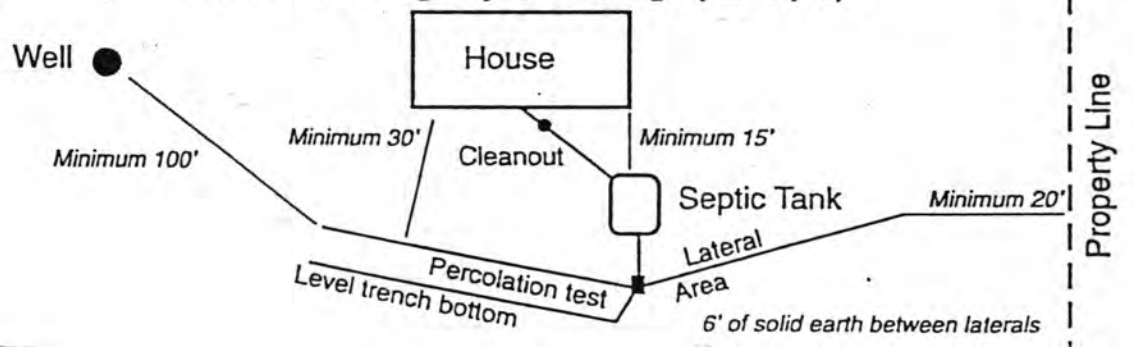
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: 15" Infiltrator
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 104 ft. 109 ft.
   86 ft. 58 ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 3 in/100 ft.
   Average depth 30 in
4. Filter material: Road Gravel
   Depth of material 16 in.
5. Distances to: Well or suction line _____ ft.
   Stream 50' ft.
   Pressure line _____ ft.
   Property line _____ ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)

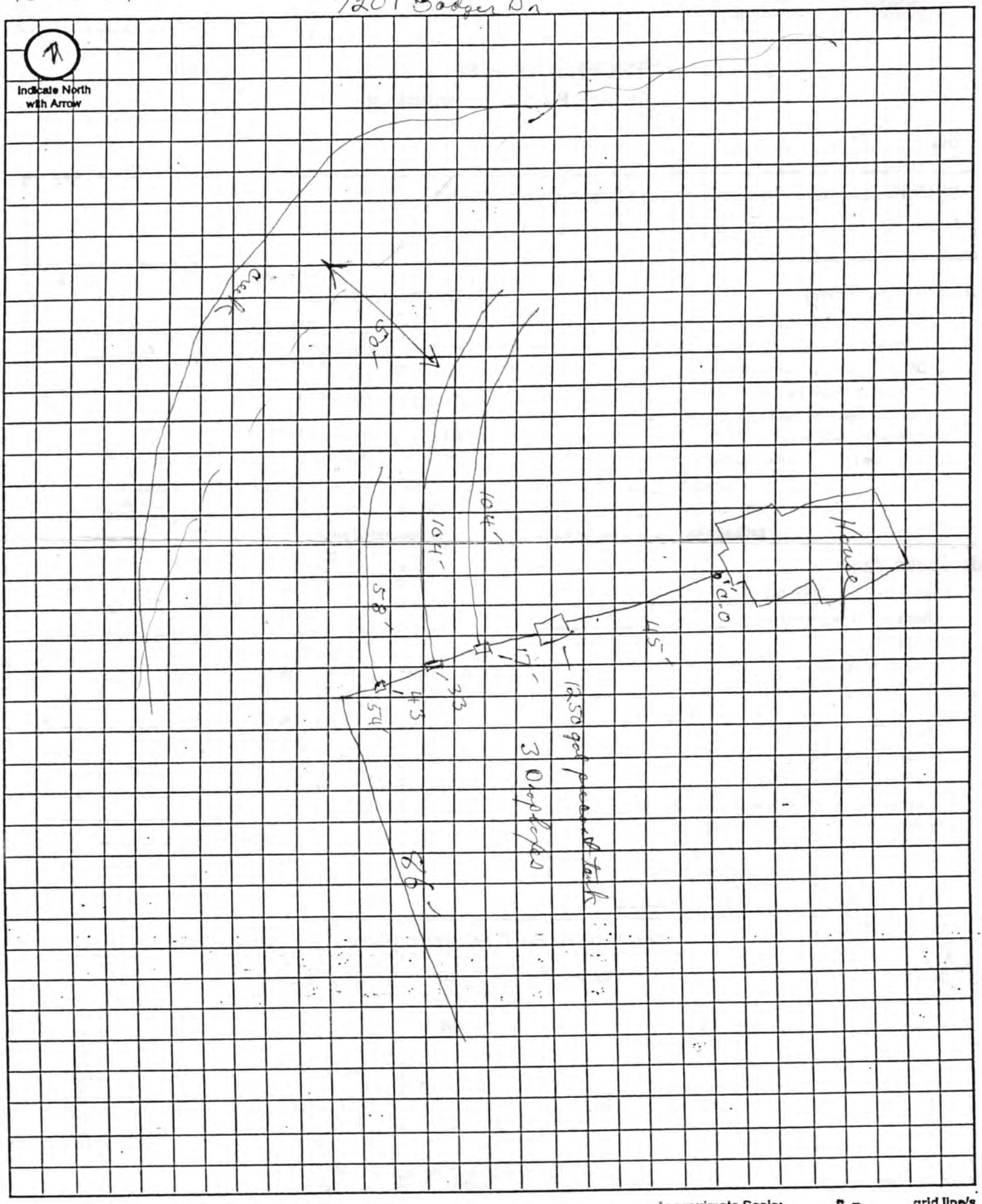


FORM 23-103 10-96

As Built Drawing by Larry Schwarck

10-13-99

7201 Badger Dr



Approximate Scale: 1" = grid line's

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

Permit # 99400085101

Issued 08/26/99
Expires 02/26/00
Revenue Code 3162

Establishment

DAN R LOECK
T9N R7E SEC 22
CLARENDON HILLS-1ST BLK 2 LOT 3
7201 BADGER DRIVE

FEES: $75.00

Permitee

DAN R LOECK
731 YUKON CT
LINCOLN NE 68521

TOTAL: $75.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010900

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

Permit No. 99400851 not

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 - $75.00
- ☐ Annual Permit for an existing well - $50.00
- ☐ Permit to repair or alter existing well involving opening of well - $25.00

1. Well Site Address 7201 BADGER DR. City LINCOLN, NE Zip 68516
(No Rural Route Please)
LCR 4146
Legal description of property:
Twp 9N; Range 7E Section 22; Block 2; Lot 3; Addition CLARIDGE HILLS 1ST

2. Well use: ☒ Residential; ☐ Commercial; ☐ Other; Describe: _____

3. Distance to Public Water Supply 2,000 feet.

Signature of Owner Daniel R Loeck

Print Name DANIEL R LOECK
Current Address 731 YUKON CT
LINCOLN, NE 68521
Current Home Phone 441-1200
Work Phone 450-1500

Signature of Contractor _____

Print Name _____
Address _____
_____
Home Phone _____
Work Phone _____
Cellular Phone _____

Sewage Permit Applied for: ☒ Yes ☐ No ☐ Not applicable

Please Submit Permit Fee with This Request

Please Do Not Write Below This Line

Approval Process: Lincoln Municipal Code 8.44

1. Health Department — Date received 8/26/99, Date forwarded 8/26/99 — ACTION ☒ Approved ☐ Disapproved Signature: Jerrold C. Wood
2. Building & Safety — Date received ___/___/___, Date forwarded ___/___/___ — ACTION ☐ Approved ☐ Disapproved Signature: _____
3. City Engineer — Date received ___/___/___, Date forwarded ___/___/___ — ACTION ☐ Approved ☐ Disapproved Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits:
Date: 9/18/00 By Jerrold C. Wood
Date: ___/___/___ By _____
Date: ___/___/___ By _____

Installation Final Written Approval
By: Jerrold C. Wood R.E.H.S.
Date: 9/20/00

Nitrate Level 0.0 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory
Yes X No ____
Other _____

Business Office Use Only
Date Rec'd: 08/26/99
Amt Paid: $ 75.00
Rec'd By LS Cash/Check No. 963

Distribution:
White - Health Dept. Lt. Green - Engineer Lt. Blue - Bldg Inspector

JAN 1 8 2000

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PREMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. 9940008B1

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

DATA SHEET FOR WATER WELL

Legal Description: Sec. 22 T. 9 R. 7 Block 2 Lot 3 Addition 7201 BADGER DRIVE

Owner DAN LOECK Address 731 YUKON COURT, LINCOLN, NE 68521

LOG OF WELL	
Depth Ft to:	Description
0- 45	BRN & YEL CLAYS
45- 95	BLUE CLAY
95- 98	CRS SAND
98-100	RED SHALE
100-125	YEL SHALE & SS
125-140	YEL SS
140-180	FINE TAN SS
180-195	MED FINE TAN SS
195-210	WHITE SHALE & SOME SS
210-216	MED TAN SS
216-220	YEL SHALE
220-235	RED & BLUE SHALE

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level). Ft. 216'

Date Completed 11/2/99

Casing: Length, Ft. 186' :Dia. In. 4"

Wall Thickness, Inc. .214 :Type PVC

Screen: Length, Ft. 30' Dia. In. 4"

Type PVC WOP & SLOTTED Slot Size .025

Drop Pipe: Length, Ft. 180' Dia. In. 1/1/4"

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

Static 141', Pumping 155' EST

Yield: 20 gpm, Measured XX. Est.

Chlorination Completed Yes XX No

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

Driller [signature]
(Signed)

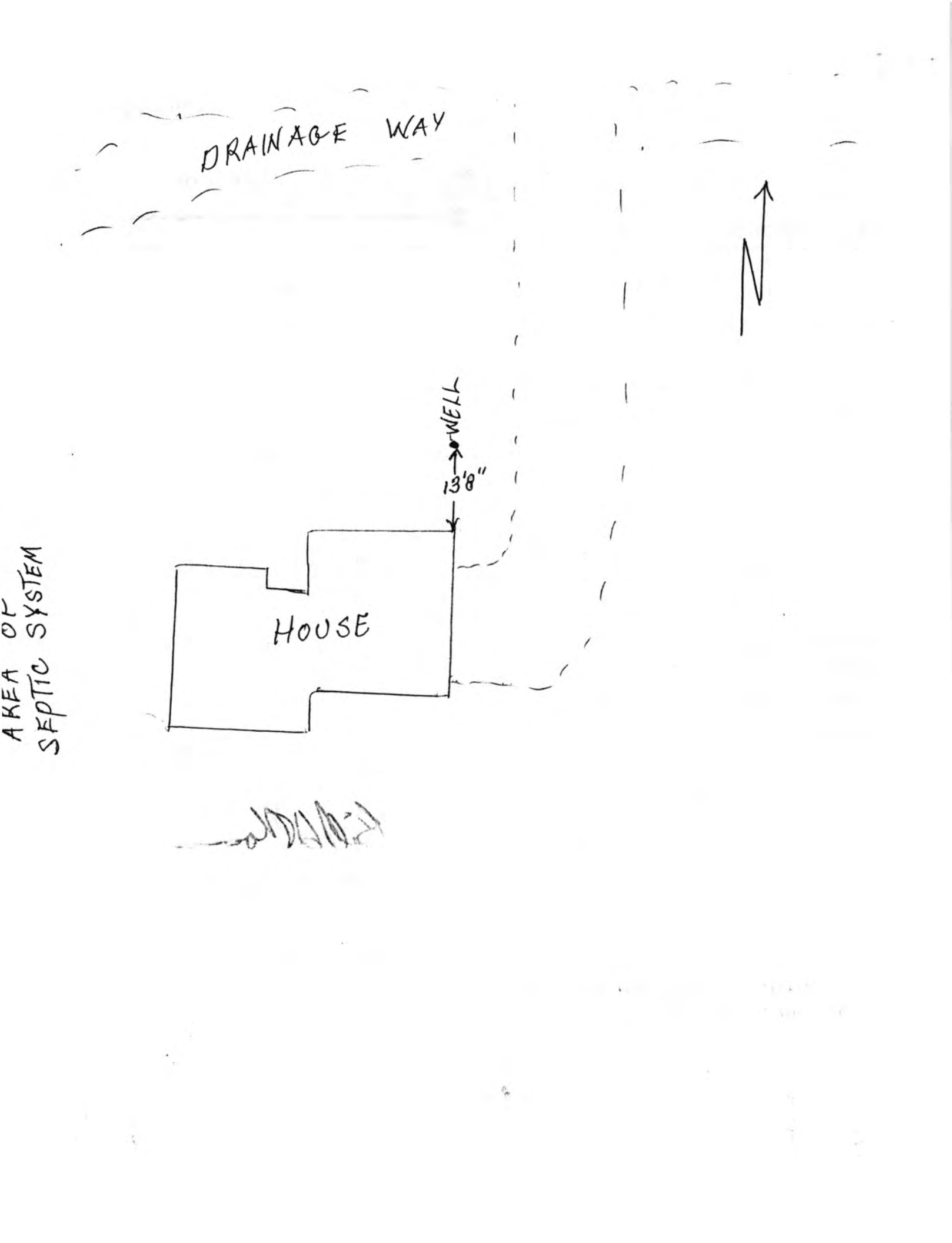
Address: P. O. BOX 308
HICKMAN, NE 68372-0308

Date: 17 JANUARY 2000

Remarks NITRATE NITROGEN 0.0 PPM.
BACTERIOLOGICAL O.K.

DO NOT WRITE BELOW THIS DOUBLE LIN

Health Department forwarded copy of record to Nebraska Conservatioin and Survey Department for Scientific Record X


DRAINAGE WAY
WELL
13'8"
HOUSE
AREA OF
SEPTIC SYSTEM