FILE #W-200

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL WATER WELL CONSTRUCTION — TYPE OF LICENSE OR PERMIT

DECEMBER 25, 1987 — THIS LICENSE OR PERMIT EXPIRES

GARY N. ZIAB — LICENSEE OR PERMITTEE

6601 PINECREST DR. LINCOLN, NE 68516 — ADDRESS

T9N; R7E; Sec W½ of N½ of SW¼ 28; Approx. 9400 So. 56 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 $45.00

FILE NO. W-200

DATE: June 25, 1987

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 28
   W½ OF N½ OF SW¼
   Block _____ : Lot _____ : Addition _____
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: _____ Ft.
4. Intended use of well _____

Gary M Zal
Signature of Applicant (owner or lessee)

6601 PINECREST DR
Address

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 6/25/87. Action: Approved ☒ Disapproved ☐
   Date Frwd. 6/26/87. Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd _____. Action: Approved ☐ Disapproved ☐
   Date Frwd. _____. Signature: _____
3. City or County Engineers: Date Rec'd 6/26/87. Action: Approved ☒ Disapproved ☐
   Date Frwd. 6/26/87. Signature: Jerome G. Morris

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11/18/87 by L. C. Hood
Date: _____ by _____
Date: _____ by _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/20/87 By: L. C. Hood

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

FORM 23-13

JUL 9 1987

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. W-200

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. 28 T. 9N R. 7E Block ___ Lot ___ Addition N½ OF SW¼

Owner Builder - George Zlab Address ½ mi S. of 56th & Yankee Hill Rd

LOG OF WELL	
	Description
Depth Ft. to	
0-5	dk. brn. c.
5-50	yell c.
50-65	sand
65-70	yell c.
70-110	red, gray & white aff sh.
110-120	black & blue sh.
120-160	yell ss
160-185	light brn. ss
185-205	yell ss
205-210	shale
210-227	med - some coarse ss
227-235	blue sh.

WELL COMPLETION RECORD

Drilling Method: Rot Cic.

Depth (from ground level), Ft. 227
Date Completed 7-2-87

Casing: Length, Ft. 207; Dia. In. 4"
Wall Thickness, In. 200; type PVC

Screen: Length, Ft. 20 Dia. In. 4
Type Keystone wrap, slot Size .025

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

Water Level, Surface to top of water, Ft.:
Static 125, Pumping 35 gpm air

Yield: 100 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 <0.1 ppm. BACTERIOLOGICAL O.K.

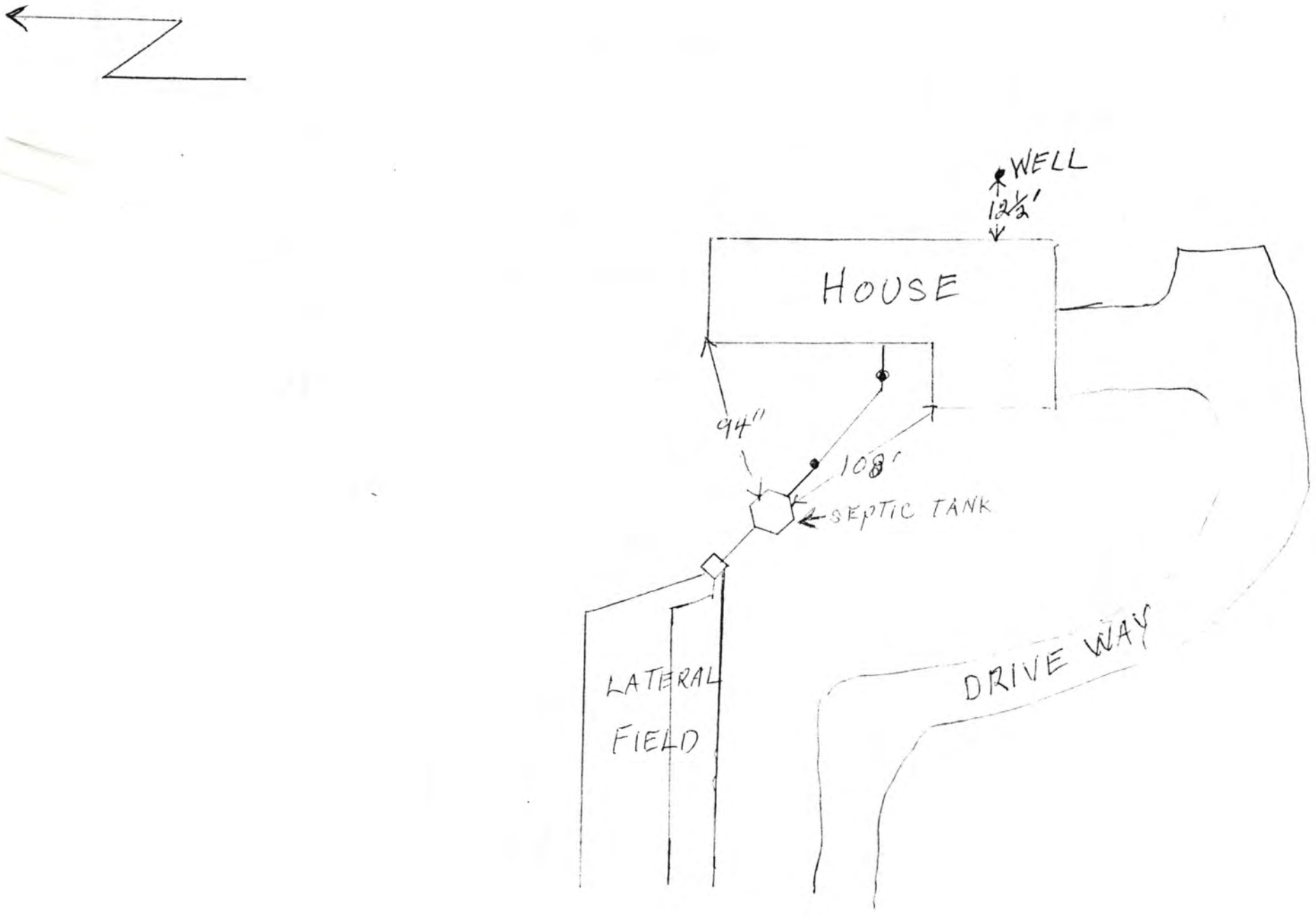
Address ___

Date 7-2

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


WELL
12½'
HOUSE
94"
108'
SEPTIC TANK
LATERAL
FIELD
DRIVE WAY

FILE #2516

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

DECEMBER 26, 1987 — THIS LICENSE OR PERMIT EXPIRES

GARY N. ZLAB — LICENSEE OR PERMITTEE

6601 PINECREST DR. LINCOLN, NE 68516 — ADDRESS

T9N: R7E: Sec W½ of N½ of SW¼ 28: Approx 9400 So. 56 Street — NAME OF ESTABLISHMENT, IF ANY / ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 60.00	018754	$ 60.00

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 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

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

A

FILING FEE: $60.

FILE NO. 2516

DATE: June 25, 1987

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. ~~28~~ 9N; Range 7E; Section 28; W½ OF N½ OF SW¼
   Block _____: Lot _____: Addition _____
   Street Address appx. 9400 So. 56

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3. Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: _____ ft.

Gary N Hall
Signature of Applicant (Owner or Lessee)

6601 Pinecrest Dr.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/25/87. Date Frwd. 6/26/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: M. Goddard

3. City or County Engineer: Date Rec'd. 6/26/87. Date Frwd. 6/26/87. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10-7-87 by: [illegible] line, tank & lateral
Date: 10-8-87 by: [illegible] need drawings
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-23-87 By: Ron Bazant

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 23-43

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. 2516

PROPERTY WHERE SOIL TESTED:

Location: Township_____; Range_____; Section & ¼ Section_____.
Property Dimensions: _____ft. x _____ft. Area:_____acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ■ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 6-11-87 to 6-12-87. Weather: Precip. 0 Temp. 80°.

Hole-6 had water in From Pre-Test

Test Taking At 9500 50.56th

OWNER: ZLAB Homes INC.
Address: 6601 PinCrest Dr. 421-3141

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	36"	6-11	5:00 PM	6-12	6:00 AM	6-12	6:00 AM	6"	10:00 AM	5"	30m	1"	
2	36"	6-11	5:00 PM	6-12	6:00 AM	6-12	6:00 AM	6"	10:00 AM	4 3/4"	30m	1 1/4"	
3	36"	6-11	5:00 PM	6-12	6:00 AM	6-12	6:00 AM	6"	10:00 AM	4 3/4"	30m	1 1/4"	
4	36"	6-11	5:00 PM	6-12	6:00 AM	6-12	6:00 AM	6"	10:00 AM	5 1/4"	30m	3/4"	
5	36"	6-11	5:00 PM	6-12	6:00 AM	6-12	6:00 AM	6"	10:00 AM	5"	30m	1"	
6	36"	6-11	5:00 PM	6-12	6:00 AM	6-12	6:00 AM	6"	10:00 AM	5 3/4"	30m	1/4"	

Mike Wardle
Signature of Person Conducting Test

Address 2525 Cleveland Ave Lot 22 Phone 464-0638

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM
Date: JUNE 25, 1987

Approved Percolation Rate (a)
A. 32 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Wood
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

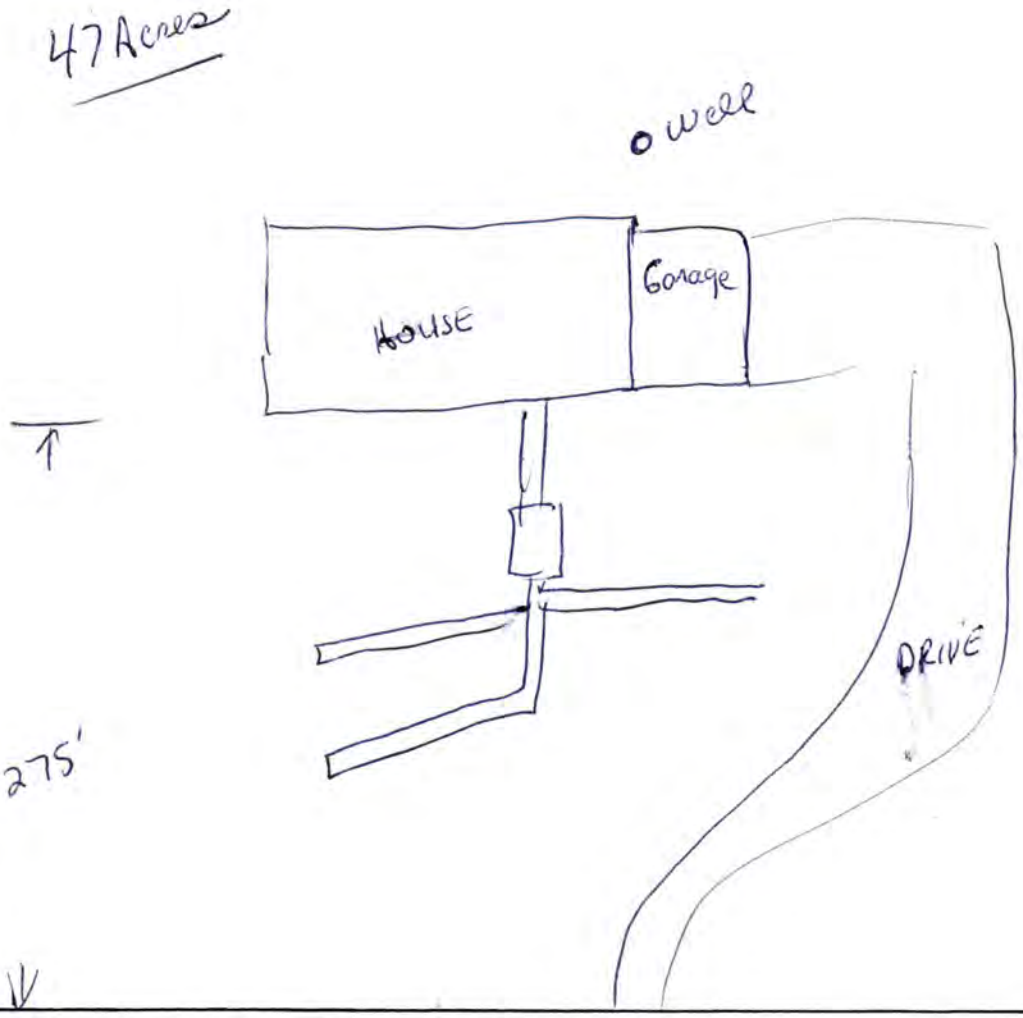
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 2516

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

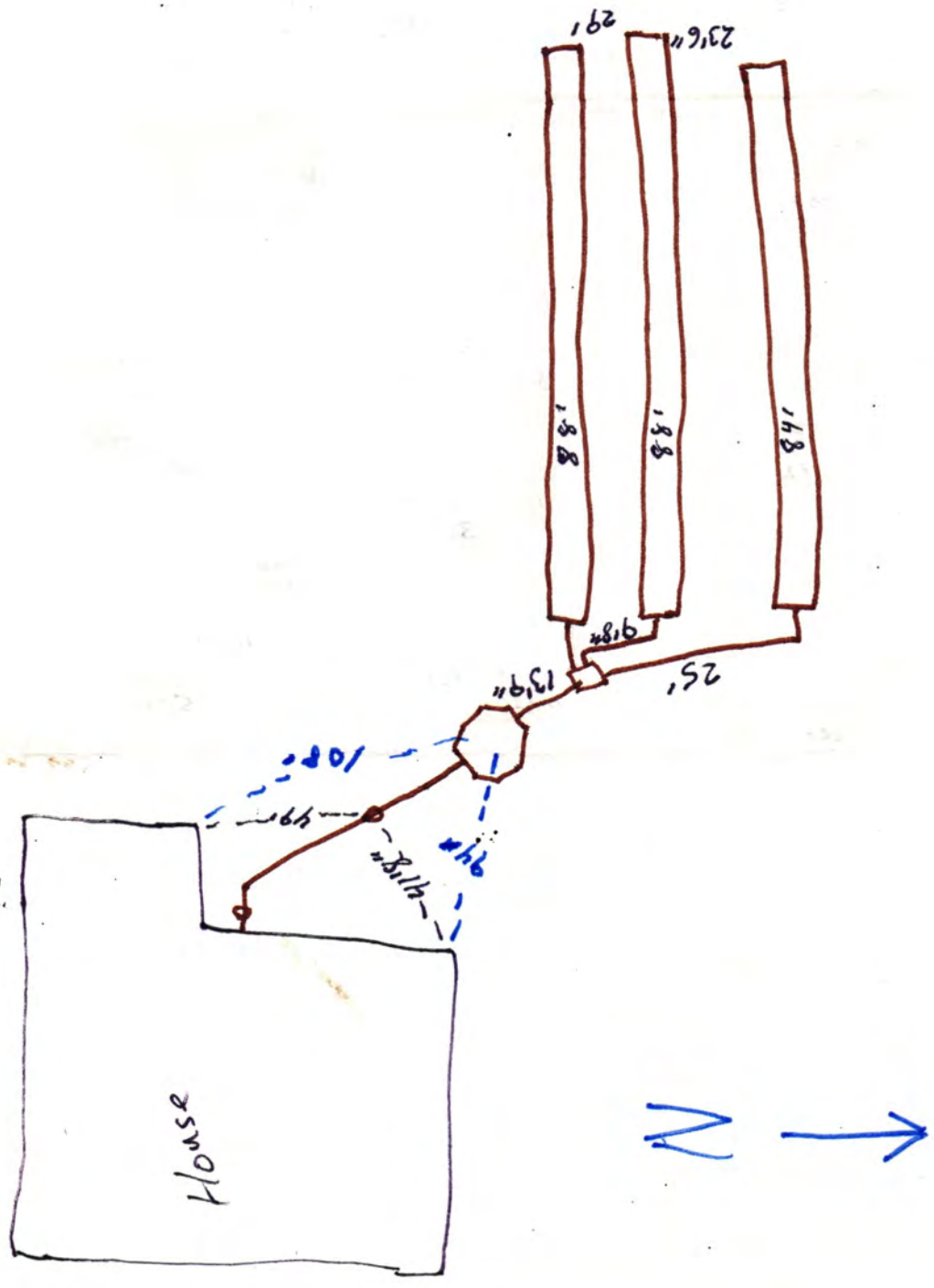
Date: JUNE 25, 1987

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 194 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 774 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

AS BUILT DRAWING OF SYSTEM

DATE 10-2 INSTALLER Vogt T&T



FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

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

D

DATE: _____

FILE NO. _____

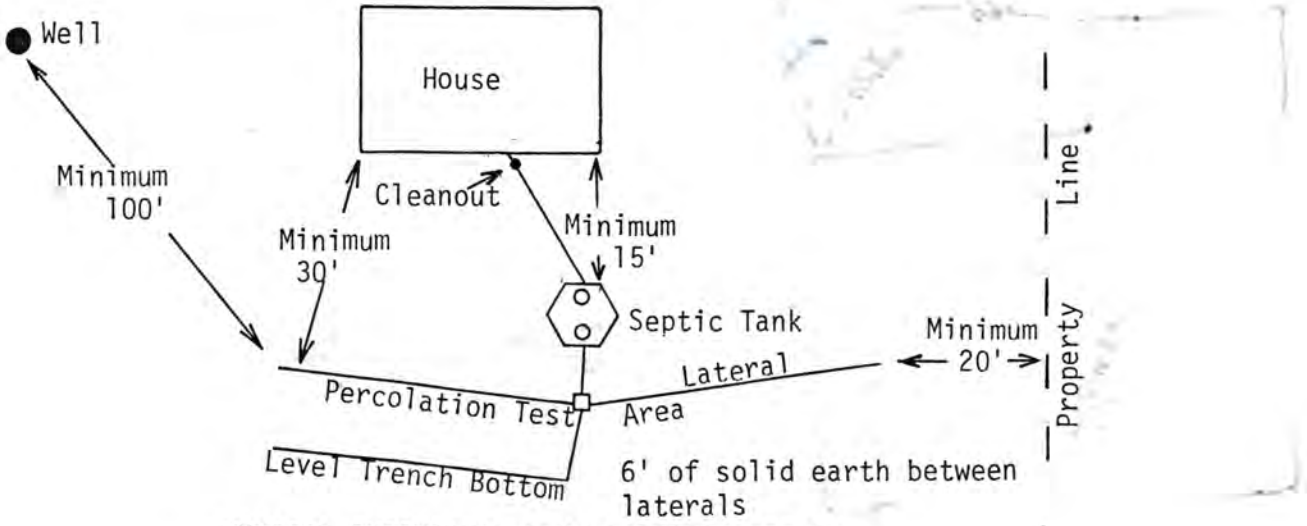
SPECIFICATIONS AS BUILT 9400 So. 56th Slab Homes

A. BUILDING SEWER:
1. Material PVC ; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 94' ft.
4. Number of clean-outs 2 .
5. Distances to:
Well or Suction Line 100+ ft.; Stream 100+ ft.; Pressure Line 100+ ft.; Property Line 100+ ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments 1 .
2. Capacity 1500 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre-Cast)
4. Manholes: Over Inlet; diam. 5 in.
Over Outlet; diam. 12 in.
Riser Above ☐ Below ☐ Grade ___ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 14" in.
8. Distances to:
Well or Suction Line 100+ ft.; Stream 100+ ft.; Pressure Line 160+ ft.; Property Line 100+ ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets _____ .
2. Factory Built: Yes ☒ No ☐
(Company Pre-Cast)
3. Distance from Septic Tank 13'9" ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 22" or Perforated Pipe _____ .
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____ .
2. Lateral Lines:
Number 3 ; Length of each line 88 , 88 , 84 , _____ , _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines 23'6" ft.
3. Trench dimensions: Width 4 ft.; Slope 1 Foot in/100 ft.; Average Depth 36 in.
4. Filter Material: Gravel
Depth of Material 24 in.
5. Distances to:
Well or Suction Line 100+ ft.; Stream 100+ ft.; Pressure Line 100+ ft.; Property Line 50+ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN