LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 471-8000

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 93380094401

Issued 01/07/93
Expires 07/07/93
Revenue Code 18754

Establishment
MICHAEL PETERSEN
T9N R7E SEC 28
YANKEE RIDGE BLK 4 LOT 1

FEES: $150.00

TOTAL $150.00

Permittee
MICHAEL PETERSEN
5039 GOLDENROD LN
LINCOLN NE 68512

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

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: $ 150.00

FILE NO. _____

DATE: _____

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. 9N ; Range 7E ; Section 28 ;
   Block 4 : Lot 1 : Addition Yankee Ridge 2nd Addition
   Street Address 8501 S. 68th St.

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____

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

4. Distance to public sewer: _____ ft. EXPERIMENTAL SYSTEM

Michael D. Peterson
Signature of Applicant (Owner or Lessee)

5039 Goldenrod Ln. Lincoln Ne 68516
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 1/6/93 . Date Frwd. 1/7/93 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 1/7/93 . Date Frwd. 1/7/93 . ACTION: Approved ☐ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 1-7-93 . Date Frwd. 1-7-93 . ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL HAVEN'T DECIDED ON WATER SOURCE YET.

Site Visits:
Date: 5/19/93 by: [illegible]
Date: 5/20/93 by: [illegible]
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/14/93 By: Jerrold C. Hood *

* PROVISIONAL APPROVAL EXPERIMENTAL SYSTEM

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. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9N ; Range 7E ; Section & ¼ Section 28 NE
Property Dimensions: 663 ft. x 190 ft. Area: 3.3 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐
Dates of Tests: Oct 5. '92 to Oct 6 '92. Weather: Precip. dry Temp. 72

OWNER: Mike & Barb Petersen
Address: 8501 S. 68th St

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"	10-5	1:30	10-5	6:30	10-6	1:45	17 1/2	5:45	17 7/8	240	3/8	640
2								19 1/4		19 1/2		1/4	960
3								18 1/4		18 1/2		1/4	960
4								20		20		0	-0-
5							1:45	17 1/2		18 1/4		3/4	320
6								19 1/2		20		1/2	480
7								18 1/4		18 3/8		1/8	1920
8	36"	10-5	1:30	10-5	6:30	10-6	1:45	17 1/2	5:45	18 1/4	240	3/4	320

Sum of Percolation Rates: 5000
Average of Rates: 700
Mean of Rates: 700

Mike Petersen
Signature of Person Conducting Test

Address 5039 Goldenrod Ln Lincoln, Ne 68512 Phone 423-0956

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

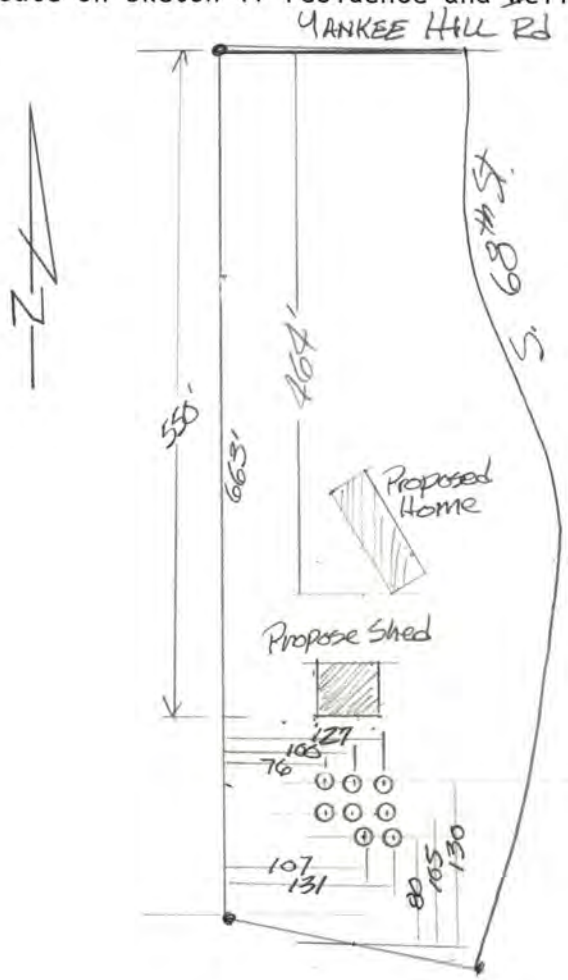
Date: _____

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

_____
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._____

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



*Rural Water.

REVIEWING ACTION

Remarks:_____

_____

Date:_____

Minimum Design Requirement

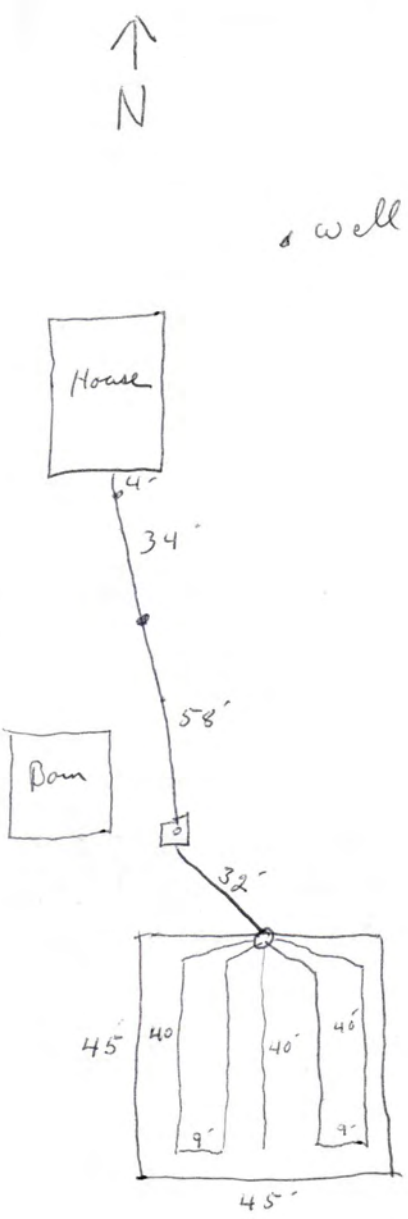
1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed____sq.ft.

_____

Signature of Reviewing Official

Larry Schwarck

5-19-93



Mike Peterson 8501 S68th

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. _____

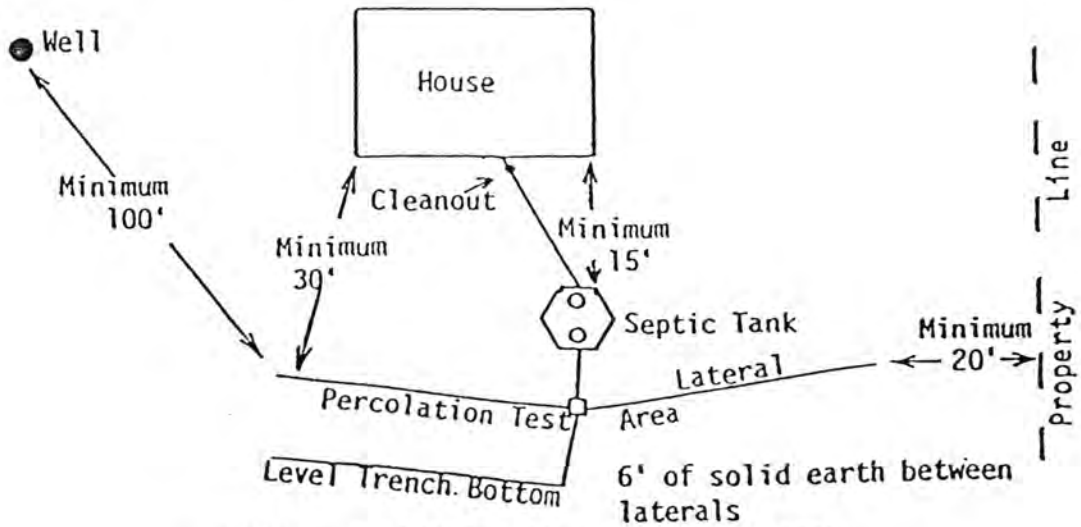
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC 160; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 14 in.
3. Distance between dwelling and septic tank 96' ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Precast; No. of compartments _____.
2. Capacity 1250 gals.;
3. Factory Built: Yes ☒ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ 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 16-18 in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Precast; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 32 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 Perf 4".
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 5; Length of each line _____, _____, _____, _____, _____ ft.;
Total length of laterals 270' ft.;
Distance between lateral lines ___ ft.
3. Trench dimensions: Width 45x45" ft.;
Slope Level in/100 ft.; Average Depth _____ in.
4. Filter Material: 255 ton
Depth of Material 4' in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

P E R M I T

Permit
WATER WELL

No. 93400037201

Issued 06/01/93
Expires 12/01/93
Revenue Code 19851

Establishment
MICHAEL PETERSEN
T9N R7E SEC 28
YANKEE RIDGE BLK 4 LOT 1

FEES: $75.00

TOTAL $75.00

Permittee
MICHAEL PETERSEN
5039 GOLDENROD LN
LINCOLN NE 68512

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

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 $_____

FILE NO._____

DATE: _____

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
   Block 4 : Lot 1 : Addition Yankee Ridge 2nd Add.
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: ____Ft.
4. Intended use of well Rural residence

Michael D Petersen
Signature of Applicant (owner or lessee)

5039 Goldenrod Ln.
Address Lincoln Ne 68512

Sewage Permit Applied For Yes ☐ No ☒ Not Applicable ☐

1. Health Department: Date Rec'd 4/16/93. Action: Approved ☒ Disapproved ☐
   Date Frwd. 4/19/93. Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 4/19/93. Action: Approved ☒ Disapproved ☐
   Date Frwd. 4/19/93. Signature: Walt Klug
3. City or County Engineers: Date Rec'd 4/19/93. Action: Approved ☒ Disapproved ☐
   Date Frwd. 4/19/93. Signature: Mick McEhon

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6/11/93 by J.C.H. Depression around well.
Date: 6/22/93 by J.C.H. Depression filled
Date: 6/28/93 by J.C.H.

Nitrate Level 0.9 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/30/93 By: J.C. Hood

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

7711 15th 4/16/93 A

FORM 23-13

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

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 4 Lot 1 Addition Yankee Ridge 2nd Add
Owner Mike & Barb Peterson Address 5039 Goldenrod Ln Lincoln, Ne
New Well Loc. 850' S. of 112th St. Home Address 68512

LOG OF WELL	
	Description
Depth Ft. to	
	WELL LOG
	ATTACHED

WELL COMPLETION RECORD

Drilling Method: MUD ROTARY
Depth (from ground level), Ft. 250'
Date Completed 4/23/93

Casing: Length, Ft. 250 ; Dia. In. 4"
Wall Thickness, Inch 200 21 ; type PVC

Screen: Length, Ft. 20' Dia. In. 4"
Type PVC JOHNSON , slot Size 18

Drop Pipe: Length, Ft 200' Dia. In. 1¼"

Water Level, Surface to top of water, Ft.:
Static 183', Pumping 200'

Yield: 30 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 Marvin Roth, Ben Smith
(Signed)

REMARKS NITRATE NITROGEN 0.1 PPM
BACTERIOLOGICAL O.K.

Address RFD 1, MILFORD, NE

Date 6/10/93

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

DATE: 4/23/93

Earnest Pump Co.

WELL DRILLING & REPAIR
P. O. BOX H 400 2ND ST.
MILFORD, NE 68405
(402) 761-2281

NAME: Mike Peterson

ADDRESS: S. 68th + Yankey Hill Road

CITY: Lincoln [redacted] STATE: NE ZIP: 68 PHONE: _____

WELL INFORMATION

WELL DIA. 9" DEPTH 250'

STATIC WATER LEVEL 183'

ESTIMATED G.P.M. 30

GRAVEL PACK C-Pak + washed ~~Road~~ gravel SLOT .018 LENGTH 20' TYPE Florida Johnson

CASING

SIZE 4" TYPE 2001b. Jet stream

SCREEN

WELL LOG

FEET	FORMATION
0-2'	Top soil
2-70'	Brown clay
70-72'	Sand
72-74'	Brown clay
74-76'	Blue clay
76-77'	Brown clay
77-79'	Sand
79-116'	Blue clay
116-140'	Red + White clay
140-146	Yellow + white. clay (Gritty)
146-148'	Red + white clay
148'-156'	White clay

FEET	FORMATION
156-166'	Sandstone
166-170'	Shale + Sandstone
170-173'	White + Yellow clay
173-217'	Sandstone (Course)
217-219'	Yellow clay
219-236'	Sandstone (white)
236-248'	Sandstone (Brown)
248-250'	Yellow clay
166-173'	Hole plug
10'-20'	hole plug

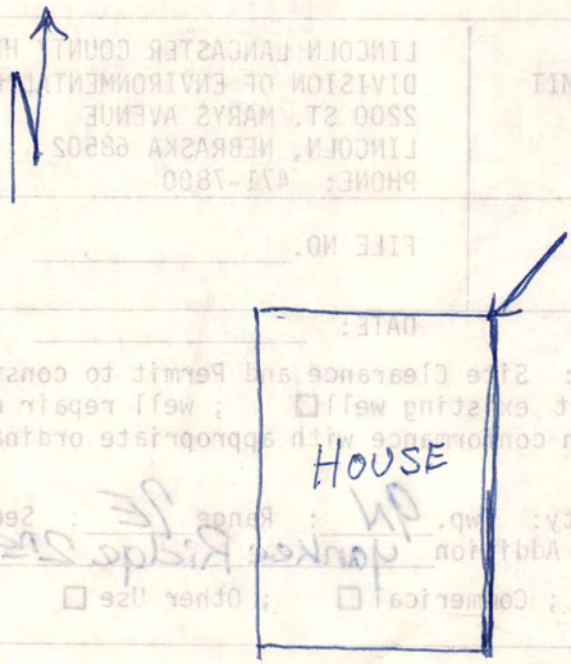
PUMP: _____

DROP PIPE: _____ CABLE: _____

PRESSURE TANK: _____

PREPARED BY Marie Rott

KNOWLEDGE EXPERIENCE national water well association CERTIFIED ABILITY C.W.D./P.I.


WELL
HOUSE
SHED
AREA OF
SEWAGE SYSTEM