LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit No. 97380167101

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 10/16/97
Expires 04/16/98
Revenue Code 18754

Establishment

MICHAEL KEVALIS
T9N R7E SEC 28
COUNTRYLANE ESTATES BLK 3 LOT 4

FEES: $150.00

Permittee

MICHAEL KEVALIS
639 DANVILLE CIR
LINCOLN NE 68510

TOTAL $150.00

Issued By Gregg Wright MD.
~~M. Jane Ford~~
Health Director

5331

97380167

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

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

A

Permit Number: 97380167 1

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 9500 (no rural route) 50.6TH City Lincoln NE, Zip 68516

Legal Description Lot 4 BLK 3 28 9N 7E Country Lane Estates COUNTRY LANE ESTATES 3 4
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 Michael Kovacs Signature Michael Kovacs

Address 6039 Danville Court City/State/Zip Lincoln ne 68510

☐ Check if owner designed system Home Phone 489-6031 Work Phone 489-6161

C. Contractor

Name Michael Builders Corp Company Name Same

Address 7801 Lillibridge St. City/State/Zip Lincoln ne 68506

☐ Check if contractor designed system Work Phone 450-4525

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** Date rec'd 10/16/97 Date frwd 10/16/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10.16.97 Date frwd 10/16/97 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10-16-97 Date frwd 10-16-97 ACTION ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date 5/27/98

Business Office Use Only

Date Rec'd 10/16/97
Amt Paid 150.00
Rec'd By ns Cash/Check No. 2626

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector (225' Also well)

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

Country Lane Estates

System Location (Indicate correct number and street)

Address 5067 (no rural route) City LINCOLN NE, Zip 68516

Owner Michael Keralis Addresss Lincoln, Ne

Soil Type (SCS): WTC2 / Shd. Percolation Rate: _____ min./inch

Date of Tests 8-26 to 8-27-97 Weather: Precipitation 0 Temperature 80s-90s

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	36	8/26	9:00	8/27	10:20	8/27	2:35	3 1/2	8/27	3:05	30	1/2	60
2			AM		AM		PM	4 7/8		PM		5/8	48
3								4 3/4				1/2	60
4								5 1/2				5/8	48
5								4 1/4				1/2	60
6								5 3/4				5/8	48

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 475-2462 / 430-7606
Address 17201 So 72
Hickman, Ne 68372

Sum of Percolation Rates: 324
Average of Rates: 54
Rate Used for Calculation: 54

4Bdrm Home - 1250 gallon Septic Tank w/ 1400 FT² of Lateral area (1326) - 4 x 84' x 4"

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date OCTOBER 16, 1997

FORM 23-101 10-96

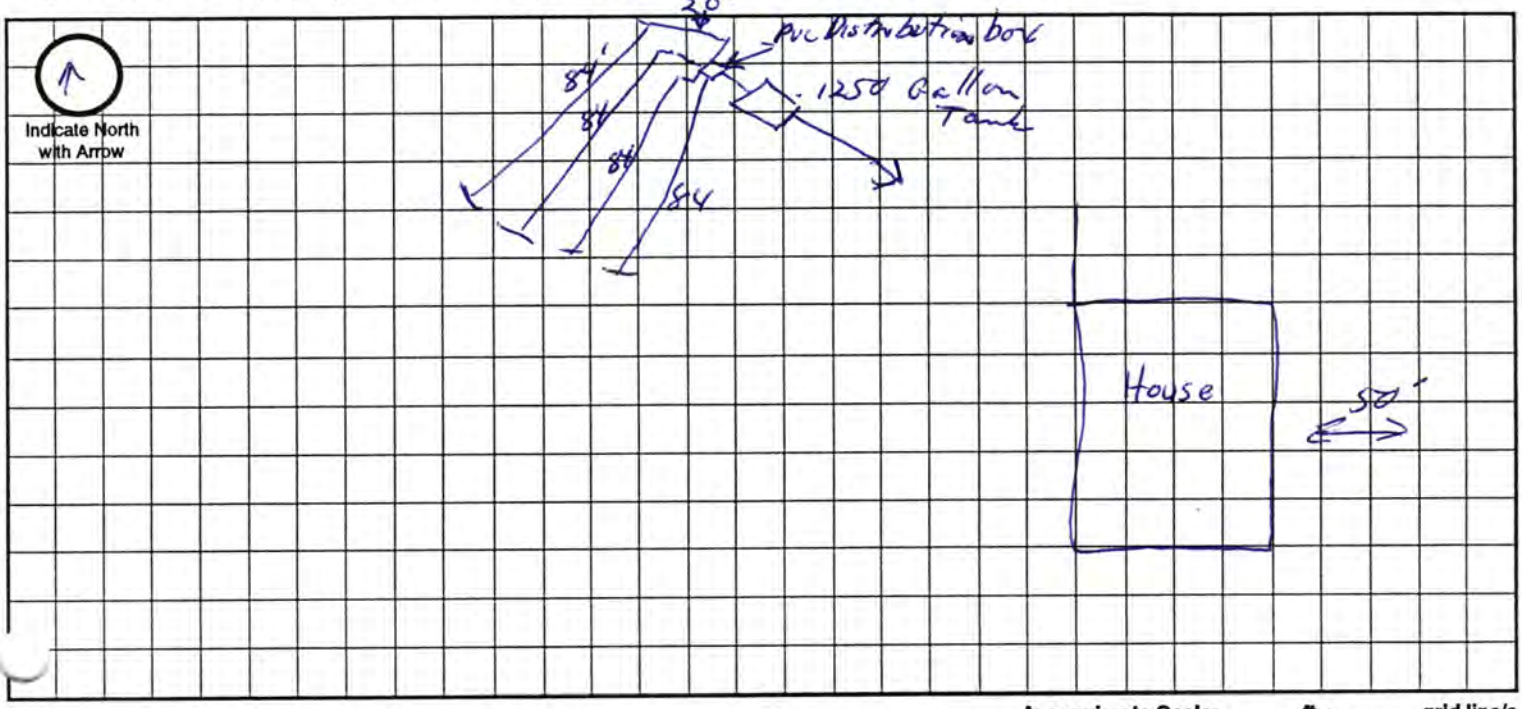
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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.



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

A. System Location (Indicate correct number and street)

Address (no rural route) _____ 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 54 (min. per inch) Soil Type: WTC 2 Land Slope: _____ %

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

Total Square Feet of Field Required: 1326 sq. ft.

Type of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

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

Total Length of Laterals 336 ft. Number of Trenches 4 Trench Width 4

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 10-16-97

Installer _____ Date 10-14-97

Countryside 9N 7E S 28 BKI D Lot 2

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

Permit Number:

Southwind Sewer + Drain

Sewage Disposal System

As Built Plans & Specifications

Date 5/98 Michael Kerulis

System Location (Indicate correct number and street)

Address 9500 So 67 (no rural route) City Lincoln NE, Zip 68516

A. Building Sewer

1. Material: PVC Sch 40
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 10 in.
3. Distance between dwelling and septic tank: 63' ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line >50 ft.
   stream NA ft.
   pressure line NA ft.
   property line >5 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 6x9 in.
   Over outlet, diameter 6x9 in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 11 in.
8. Distances to: Well or suction line >50 ft.
   Stream NA ft.
   Pressure line >35 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: 30' ft.

D. Absorption Field

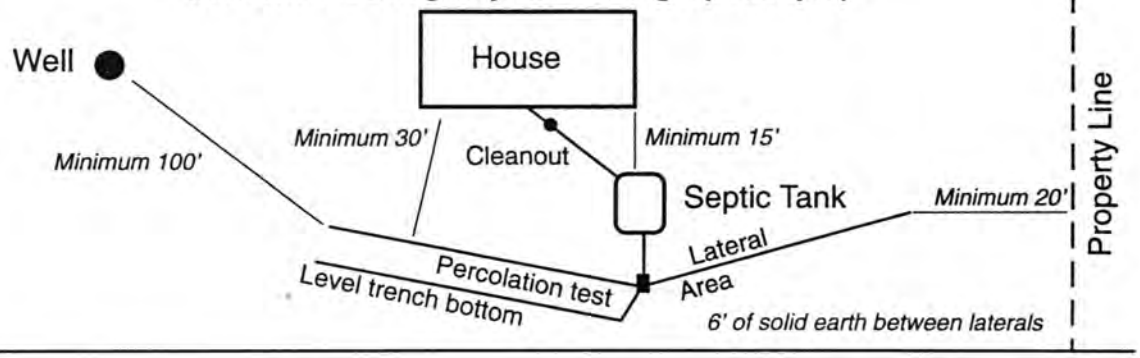
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 12
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 85 ft. 85 ft.
   85 ft. 85 ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 4.5 in/100 ft.
   Average depth 34 in
4. Filter material: Road Gravel
   Depth of material 18 in.
5. Distances to: Well or suction line >100 ft.
   Stream NA ft.
   Pressure line >35 ft.
   Property line >20 ft.

Indicate North with Arrow

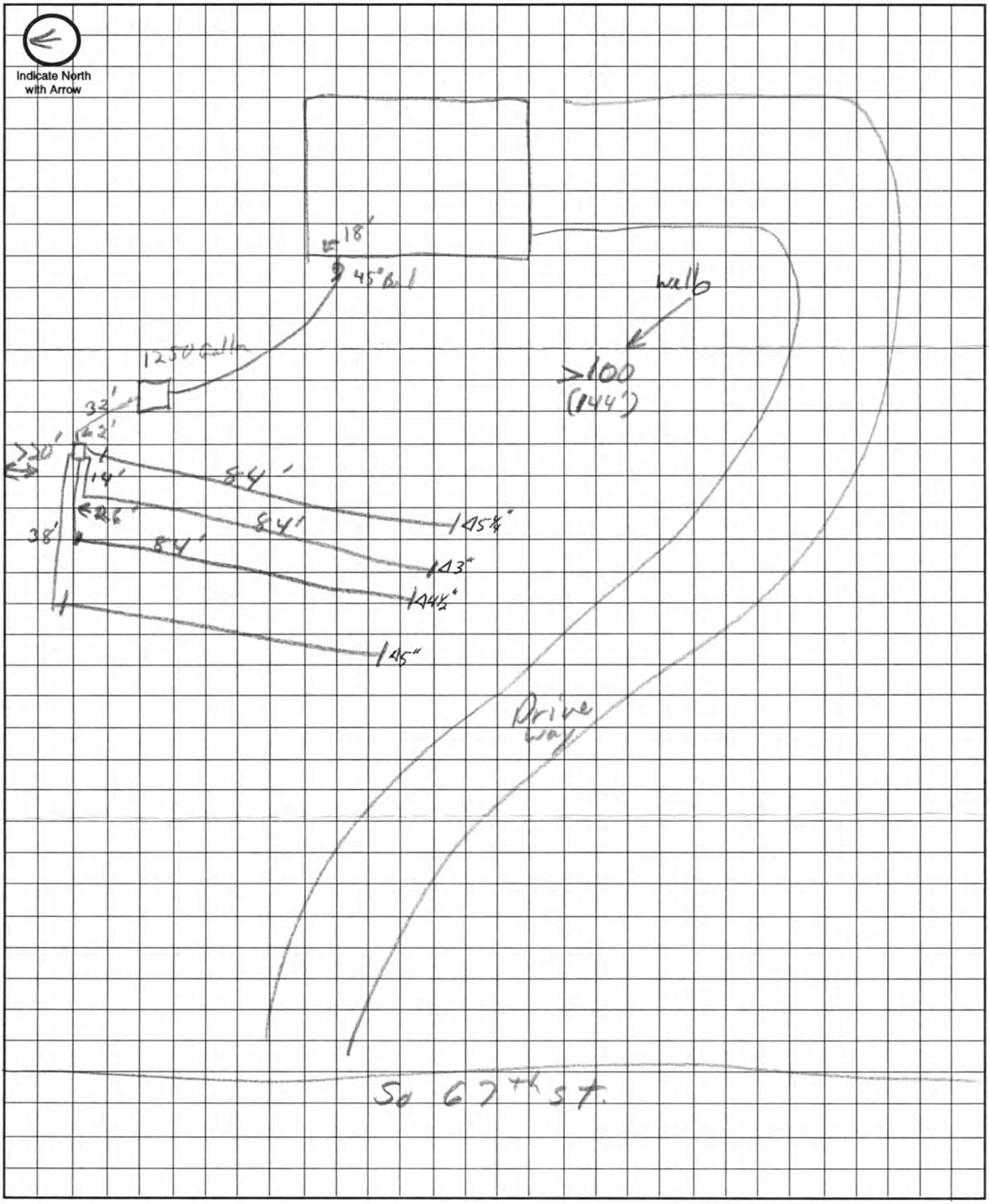
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

Permit
WATER WELL

No. 97400066201

Issued 10/16/97
Expires 04/16/98
Revenue Code 19851

FEES: $75.00

Establishment
MICHAEL KERALIS
T9N R7E SEC 28
COUNTRYLANE ESTATES BLK 3 LOT 4

Permittee
MICHAEL KERALIS
639 DANVILLE CIR
LINCOLN NE 68510

TOTAL $75.00

Gregg Wright MD.
Issued By ~~M. Jane Ford~~
Health Director

5330

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

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

Permit No. 974000662

1012 Rokeby Rd

Request for Site Clearance and Permit for Individual Water Well

The undersigned hereby requests:

- [x] 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

Lot 4 Block 3 Country View Estates

1. Well Site Address 9500 SO. 16TH City Lincoln, NE Zip 68516
(No Rural Route Please)

Legal description of property:
Twp 9N; Range 7E; Section 28; Block 3; Lot 4; Addition COUNTRYLANE ESTATES

2. Well use: [x] Residential; [ ] Commercial; [ ] Other; Describe: _____

3. Distance to Public Water Supply _____ feet.

Signature of Owner MICHAEL KERALIS

Print Name Michael Kerr
Current Address 639 Danville Ct. 68510
Current Home Phone 489-5968
Work Phone _____

Signature of Contractor Mike Manzitto

Print Name MIKE MANZITTO
Address 7801 Lillibridge St Lincoln Neb 68506
Home Phone 489-6031
Work Phone 450-4525
Cellular Phone _____

Sewage Permit Applied for: [x] 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 10/16/97 Date forwarded 10/16/97	ACTION [x] Approved [ ] Disapproved Signature: Jerrold C. Hood	
2. Building & Safety	Date received 10/16/97 Date forwarded 10/16/97	ACTION [x] Approved [ ] Disapproved Signature:	
3. City Engineer	Date received 10/16/97 Date forwarded 10/16/97	ACTION [x] Approved [ ] Disapproved Signature:	

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits:
Date: 5/24/00 By Jerrold C. Hood
Date: ___/___/___ By _____
Date: ___/___/___ By _____

Installation Final Written Approval
By: Jerrold C. Hood R.E.H.S.
Date: 6/1/00

Nitrate Level 1.8 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory
Yes X No ____
Other _____

Business Office Use Only
Date Rec'd: 10/16/97
Amt Paid: $ 75.00
Rec'd By LS Cash/Check No. 2626

(+225.00 Also Sewage)

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

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. 97400662

Lincoln-Lancaster County
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 28 T. 9N R. 7E Block 3 Lot 4 Addition COUNTRY LANE ESTATES
Owner MICHAEL KERALIS Address 9500 SOUTH 67TH STREET

LOG OF WELL	
	Description
Depth Ft. to	

WELL COMPLETION RECORD

Drilling Method: ROTARY
Depth (from ground level), Ft. 252
Date Completed NOVEMBER 25, 1997

Casing: Length, Ft. 232 ; Dia. In. 4.072
Wall Thickness, Inc. .214 ; type PVC

Screen: Length, Ft. 20 Dia. In. 4.026
Type PVC, , slot Size .018

Drop Pipe: Length, Ft. 220 Dia. In. 1¼

Water Level, Surface to top of water, Ft.:
Static 195 , Pumping 210

Yield: 20 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 EARNEST WELL DRILLING
(Signed)

REMARKS NITRATE NITROGEN 1.8 p.p.m.
BACTERIOLOGICAL O.K.

Address 2796 WEST MILFORD ROAD
MILFORD, NEBRASKA

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

October 1995
DWR Form 145

MAY 26 2000

STATE OF NEBRASKA
DEPARTMENT OF WATER RESOURCES
WATER WELL REGISTRATION

FOR DEPARTMENT USE ONLY

Registration Date 1-7-98 Sequence No. 109699 Registration No. G-94189
Owner Code No. 49930 Receipt No. 94158 20 LOWER PLATTE SOUTH NRD

(COUNTRY LANE ESTATES)

1. Well Owner MICHAEL KERALIS Telephone Number ( ) 489-5968
Address 639 DANVILLE DR
City LINCOLN, NE State NE Zip Code 68510 +

2. Drilling Firm FARNEST WELL DRILLING INC. Telephone Number (402) 761-2281
Address 2796 WEST MILFORD RD. Contractor's License No. 39051
City MILFORD State NE Zip Code 68405 +

3. Permit Number(s) _____

4. Purpose of well (indicate one): ___Dewatering (over 90 days) X Domestic ___Geothermal ___Ground Heat Exchanger
___Ground Water Source Heat Pump ___Industrial ___Injection ___Irrigation ___Livestock ___Monitoring
___Observation ___Public Water Supply (with spacing (46-638)) ___Public Water Supply (without spacing) ___Recovery ___Aquaculture
___Other _____ (indicate use)

5. Replacement and abandoned well information.
A. Is this well a replacement well? ___Yes X No B. Registration number of abandoned well: _____
C. Replacement well is _____ feet from abandoned well. D. Abandoned well last operated _____, 19____
E. Original well pump column size: _____ inches. F. Completion of original well abandonment on _____, 19____
G. Location of water use of abandoned well: _____

6. A. Well location: NE ¼ of the SE ¼ of Section 28, Township 9 North, Range 7 East/West, Lancaster County.
B. The well is 1386 feet from the (North or South) (Circle one) section line and 660 feet from the (East or West) (Circle one) section line.
C. Street address or block, lot and subdivision, if applicable: _____
D. Location of water use, if applicable (give legal descriptions): _____
E. If for irrigation, the land to be irrigated is _____ acres.
F. Well reference letter(s), if applicable: _____

7. Pump Information.
Is pump installed at this time? X Yes ___No
If yes, complete items A through F.
If no, complete items A and D with estimated information for those wells in which pump will be installed.
A. Actual pumping rate, if applicable: 20 gallons per minute. Measured ☒ or Estimated ☐
B. Pump column diameter: 1¼ inches. C. Length of pump column: 220 feet.
D. Pumping equipment installed: 11/26, 1997. E. Brand/Type: 2 HP DEMPSTER 20 GPM
F. Pump installed by: Contractor ☒ Owner ☐ Pump Installer ☐ License No. 39051

printed on recycled pa

8. Well Construction Information.

A. Total well depth: 252 feet. B. Static water level: 195 feet. C. Pumping water level: 210 feet.
☒ Estimated or ☐ Measured

D. Well Construction began: 11-24, 19 97 E. Well Construction completed: 11-25, 19 97

F. Bore hole diameter: 9 inches.

G. Plain Casing: Diameter 4.072 ID 4.5 OD inches. Type of material: PVC
Wall thickness: .214 inch(es). Joints--Welded/Glued/Threaded/Other: & SCREWED
Length(s) and placement(s) depth from 0 ft. to 232 ft. from ____ ft. to ____ ft.

H. Screen: 4.026 ID 4.5 OD in.; Type of material PVC
Screen openings (slot size): .018 Trade name: MONOFLEX
Length(s) and placement(s) depth from 232 ft. to 252 ft. from ____ ft. to ____ ft. Guides at 237-247 ft.

I. Gravel pack interval(s) from 15 ft. to 120 ft. from 130 ft. to 252 ft. Grade size: B-PAK AND WASHED RIVER GRAVEL

J. Grouted/Sealed from 5 ft. to 15 ft., with BENTONITE (HOLEPLUG) (type)
from 120 ft. to 130 ft., with BENTONITE (HOLEPLUG) (type)

K. Drilling method: Rotary L. Drilling fluid: BENTONIE (QUIK - GEL)

M. Well development technique (total time and method): AIR 1 HR.

N. Will chemicals, fertilizer or antifreeze be injected or utilized in the system? ___Yes __X No
If yes, what will be used: ____

9. Geologic Materials Logged

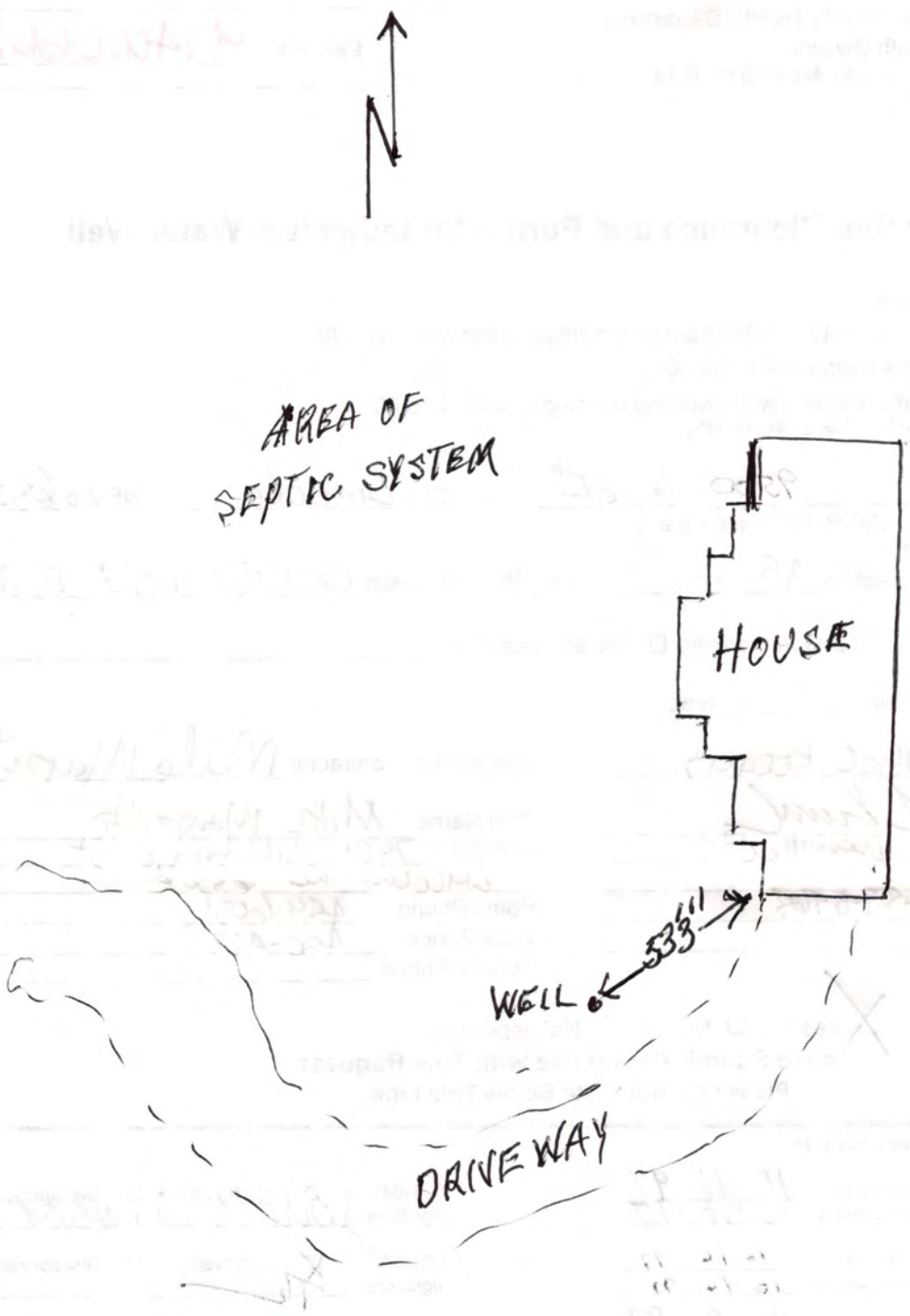
DEPTH IN FEET FROM	TO	DESCRIPTION
0	1	FILL
1	3	TOP SOIL
3	26	BROWN CLAY
26	28	SAND
28	72	BROWN AND GRAY CLAY
72	85	YELLOW AND BROWN CLAY
85	112	SAND, YELLOW CLAY MIX
112	120	RED, BROWN CLAY
120	143	RED, BROWN, AND GRAY CLAY
143	154	BLUE CLAY
155	252	SAND (COURSE DARK BRO.
		ROCK LAYERS
		143' (6")
		154' (4")
		252 (6")

(Additional sheets may be submitted)

10. I am familiar with the information submitted on this registration, and to the best of my knowledge it is true.

Ben Ernest III — Water Well Contractor's Signature — 12-2-97 Date

Michael B. Kerala — Water Well Owner's Signature — 12/13/97 Date


N
AREA OF
SEPTIC SYSTEM
HOUSE
533'
WELL
DRIVE WAY