LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 95380127001

Issued 01/17/95
Expires 07/17/95
Revenue Code 18754

Establishment
DENNIS FREY
T9N R7E SEC 28
COUNTRY LANE ADD. BLK 2 LOT 1

FEES: $150.00

TOTAL $150.00

Permittee
DENNIS FREY
RR0001
BOX 0088A
HICKMAN NE 68372

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 2 : Lot 1 : Addition Country Lane add.
   Street Address _____

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.

Dennis Fry
Signature of Applicant (Owner or Lessee)

RT 1 Box 88A Nickmen NE 68372
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 1/17/95. Date Frwd. 1/17/95. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 1-20-95. Date Frwd. _____. ACTION: Approved ☑ Disapproved ☐ Signature: [signature]

3. City or County Engineer : Date Rec'd. 1-17-95. Date Frwd. 1-17-95. ACTION: Approved ☑ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5/11/95 by: J.C.H. Sewer, tank & distribution box
Date: 5/31/95 by: J.C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/14/95 By: Jerrold Hood

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. _____

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: 5-18-95 to 5-19-95. Weather: Precip. _____ Temp. 68

OWNER: _____

Address: 9301 So 66th

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	32"	5/18	10 AM	5/19	10:30	5/19		6"	12:00	5 3/8	30	5/8	
2	"	"	"	"	"	"		"		4 1/2	"	1 1/8	
3	"	"	"	"	"	"		"		4 3/4	"	1 1/4	
4	"	"	"	"	"	"		"		3 3/4	"	2 1/4	
5	"	"	"	"	"	"		"		5	"	1	
6	"	"	"	"	"	"		"		3 3/4	"	2 1/4	

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

Signature of Person Conducting Test

Address Box 181 Elmwood NE 68349 Phone 560-4267

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 21 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks:
Soil Type (SCS): Wymore Silty Clay Loam
Date: June 15, 1995

Signature of Reviewing Official

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: 5/31/95

FILE NO. _____

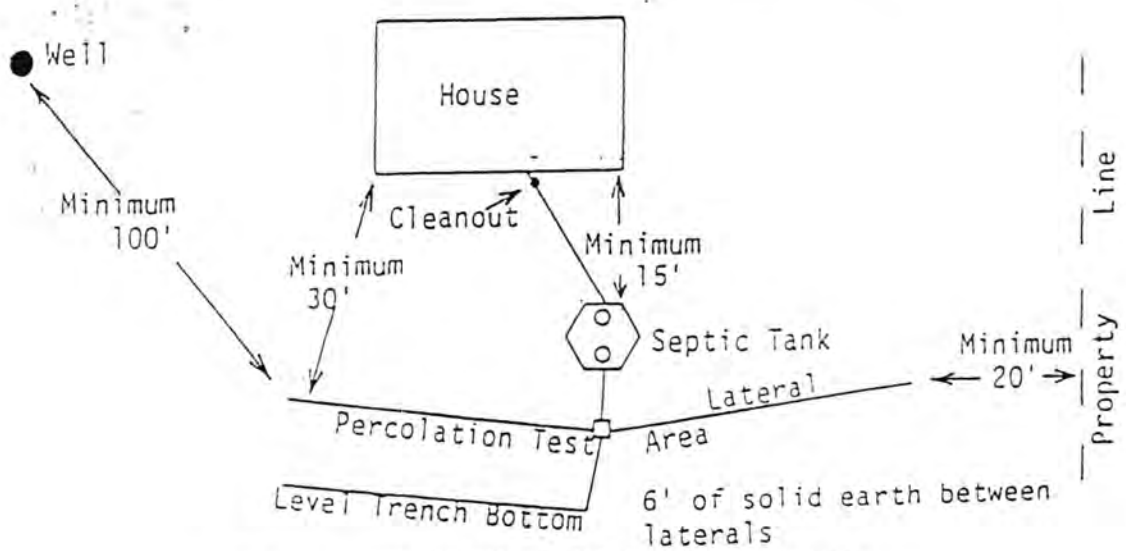
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Cast ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 16 in.
3. Distance between dwelling and septic tank 29 ft.
4. Number of clean-outs none .
5. Distances to:
Well or Suction Line 100+ ft.; Stream NA ft.; Pressure Line ____ ft.; Property Line 50+ ft.

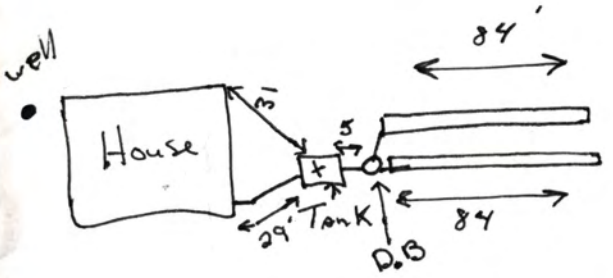
B. SEPTIC TANK:
1. Material Concrete ; No. of compartments ____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
4. Manholes: Over Inlet; diam. 4 in.
Over Outlet; diam. 4 in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 12 in.
8. Distances to:
Well or Suction Line 150 ft.; Stream NA ft.; Pressure Line ____ ft.; Property Line 100+ ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number available outlets 5 .
2. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
3. Distance from Septic Tank 5 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 2 ; Length of each line 84', 84', ____, ____, ____ ft.;
Total length of laterals 168 ft.;
Distance between lateral lines 7 ft.
3. Trench dimensions: Width 4 ft.; Slope 2 in/100 ft.; Average Depth 36 in.
4. Filter Material: Gravel
Depth of Material 30 in.
5. Distances to:
Well or Suction Line 100+ ft.; Stream NA ft.; Pressure Line 100+ ft.; Property Line 100+ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN



→ N

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
WATER WELL

No. 95400046501

Issued 01/17/95
Expires 07/17/95
Revenue Code 19851

Establishment
DENNIS FREY
T9N R7E SEC 28
COUNTRY LANE ADD. BLK 2 LOT 1

FEES: $75.00

TOTAL $75.00

Permittee
DENNIS FREY
RR0001
BOX 0088A
HICKMAN NE 68372

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 $ 75.00

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 2 : Lot 1 : Addition Country Lane Add.
2. Well use: Residential ☑ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: _____ Ft.
4. Intended use of well Private use

Signature of Applicant (owner or lessee)

RT 1 Box 88A Hickman NE 68372
Address

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 1/17/95. Date Frwd. 1/17/95. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 1-20-95. Date Frwd. 1-20-95. Action: Approved ☒ Disapproved ☐ Signature: [signature]
3. City or County Engineers: Date Rec'd 1/17/95. Date Frwd. _____. Action: Approved ☐ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5/15/95 by J. C. Hood
Date: _____ by _____
Date: _____ by _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/28/95 By: J. C. Hood

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

FORM 23-13

JUN 1 2 1995

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

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

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 28 T. 9 R. 7E Block 2 Lot 1 Addition COUNTRY LANE ADDITION
Owner B & F BUILDERS(Dennis Frey) Address R.R., HICKMAN, NEBRASKA 68372

LOG OF WELL	
Depth ft. --to--	Description
- 35	BRN CLAY
35- 95	YEL CLAY
95-102	BLUE CLAY
102-107	SANDSTONE
107-195	YEL, BLUE & RED SHALE W/
	SANDSTONE
195-205	BLK & BLUE SHALE
205-220	YEL & RED SHALE
220-255	MED SANDSTONE
255-279	CRS SS TRNG CRS
279-285	RED & BLUE SHALE

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER
Depth (from ground level), Ft. 279'
Date Completed 5-18-95

Casing: Length, Ft. 259 ; Dia. In. 4"
Wall Thickness, Inc 200# ; type PVC

Screen: Length, Ft. 20 Dia. In. 4"
Type PVC WOP&SLOTTED Slot Size .030 & .025

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

Water Level, Surface to top of water, ft.:
Static 195, Pumping NA

Yield: 50 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 _____ (Signed)

REMARKS NITRATE NITROGEN <0.1 ppm, BACTERIOLOGICAL O.K.

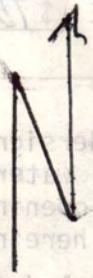
Address P. O. BOX 308
HICKMAN, NEBRASKA 68372

Date 9 June 1995

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



AREA OF SEWAGE SYSTEM

