LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 96380152301

Issued 12/03/96
Expires 06/03/97
Revenue Code 18754

Establishment

JIM SLATTERY
T9N R7E SEC 28
COUNTY LANE ESTATES BLK 3 LOT 5
6341 COUNTRYVIEW COURT

FEES: $150.00

Permittee

JIM SLATTERY
6341 COUNTRYVIEW CT
LINCOLN NE 68516

TOTAL $150.00

Issued By M. Jane Ford
Health Director

2851

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

Reg is #G-104488 GW

PID # 16-28-410-005-000

A

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

Permit Number: 96 3801523

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 6341 Country View Ct (no rural route) City Lincoln NE, Zip 68516

Legal Description SE (1/4) 1/4 28 (Section) 9N (Township) 7E (Range) County Lane Estates (Subdivision) 1st (Addition) 3 (Block) 5 (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Jimc Marylu Slattery Signature _____

Address _____ City/State/Zip Lincoln Ne. 68516

☐ Check if owner designed system Home Phone 421-8053 Work Phone _____

C. Contractor

Name Dennis Kriz Company Name Custom Design Homes & Remodel

Address 5640 Stonecliffe Ct City/State/Zip Lincoln Ne. 68516

☐ Check if contractor designed system Work Phone 432-0457

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 12/3/96 Date frwd 12/3/96	ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 12/3/96 Date frwd 12/3/96	ACTION ☒ Approved ☐ Disapproved Signature _____	
3. City or County Engineer	Date rec'd 12-3-96 Date frwd 12-3-96	ACTION ☒ Approved ☐ Disapproved Signature _____	

Installation Final Written Approval

By Jerrold C. Hood

Date JUNE 6, 1997

Business Office Use Only $225 W&S well 3026

Date Rec'd 11/21/96

Amt Paid 150.00

Rec'd By LS Cash/Check No. 9391

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

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

B

Permit Number: 9638 01523

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6341 County View Ct (no rural route) City Lincoln NE, Zip 68516

Owner Jim Slattery Addresss

Soil Type (SCS): Wymore Silty Clay Loam Percolation Rate: 24 min./inch

Date of Tests 7-31 to 8-1 Weather: Precipitation — Temperature 78

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	7-31	6:30A	8-1	7:00Am	8-1	7:00A	6"	8-1	7:30A	30min	1 1/4	24 MIN/IN
2	36	7-31	"	"	"	8-1	"	6"	8-1	7:30A	30min	1"	30 MIN/IN
3	36	7-31	"	"	"	8-1	"	6"	8-1	7:30A	30min	1"	30 MIN/IN
4	36	7-31	"	"	"	8-1	"	6"	8-1	7:30A	30min	1 1/2"	20 MIN/IN
5	36	7:31	"	"	"	8-1	"	6"	8-1	7:30A	30min	2"	15 MIN/IN
6	36	7:31	"	"	"	8-1	"	6"	8-1	7:30A	30min	1 1/4"	24 MIN/IN

Sum of Percolation Rates:

Average of Rates: 24

Rate Used for Calculation:

Person Conducting Percolation Tests

Name: Dennis Kriz

Phone: 432-0451

Address 5640 Stonecliffe Ct
Lincoln Ne 68510

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

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

D

Permit Number: 9638 01523

Sewage Disposal System

As Built Plans & Specifications

Date 6-6-97

System Location (Indicate correct number and street)

Address 6341 Country view Ct. (no rural route) City Lincoln NE, Zip _____

A. Building Sewer

1. Material: Class 160 Plastic
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: 40 ft.
4. Number of clean-outs: one
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
   Number of compartments: one
2. Capacity: 1250 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter no in.
   Over outlet, diameter no in.
   Riser: ☑ above ☐ below grade 4 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 100 + ft.
   Stream 100 + ft.
   Pressure line 100 + ft.
   Property line 100 + ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 64' ft.

D. Absorption Field

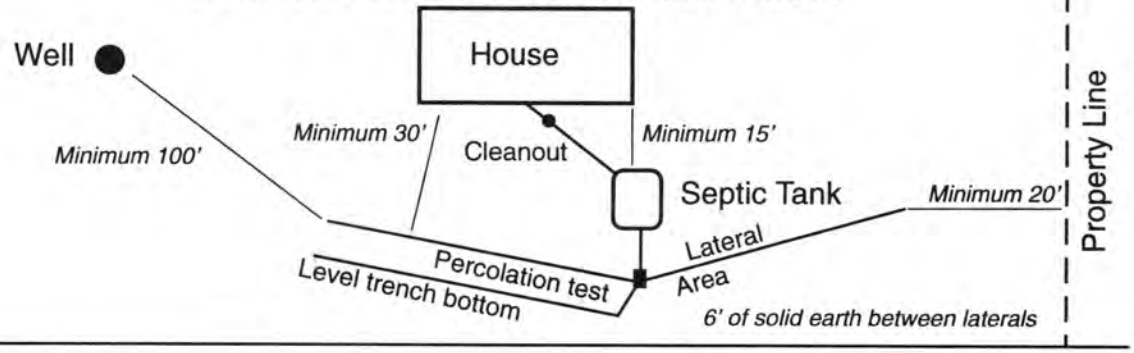
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: Precast plastic laterals
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 96 ft. 96 ft.
   40 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 1 or 2 in/100 ft.
   Average depth 24 in
4. Filter material: Road Gravel
   Depth of material 18 in.
5. Distances to: Well or suction line 110 ft.
   Stream 51.5 ft.
   Pressure line 100 + ft.
   Property line 95 + ft.

Indicate North with Arrow

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

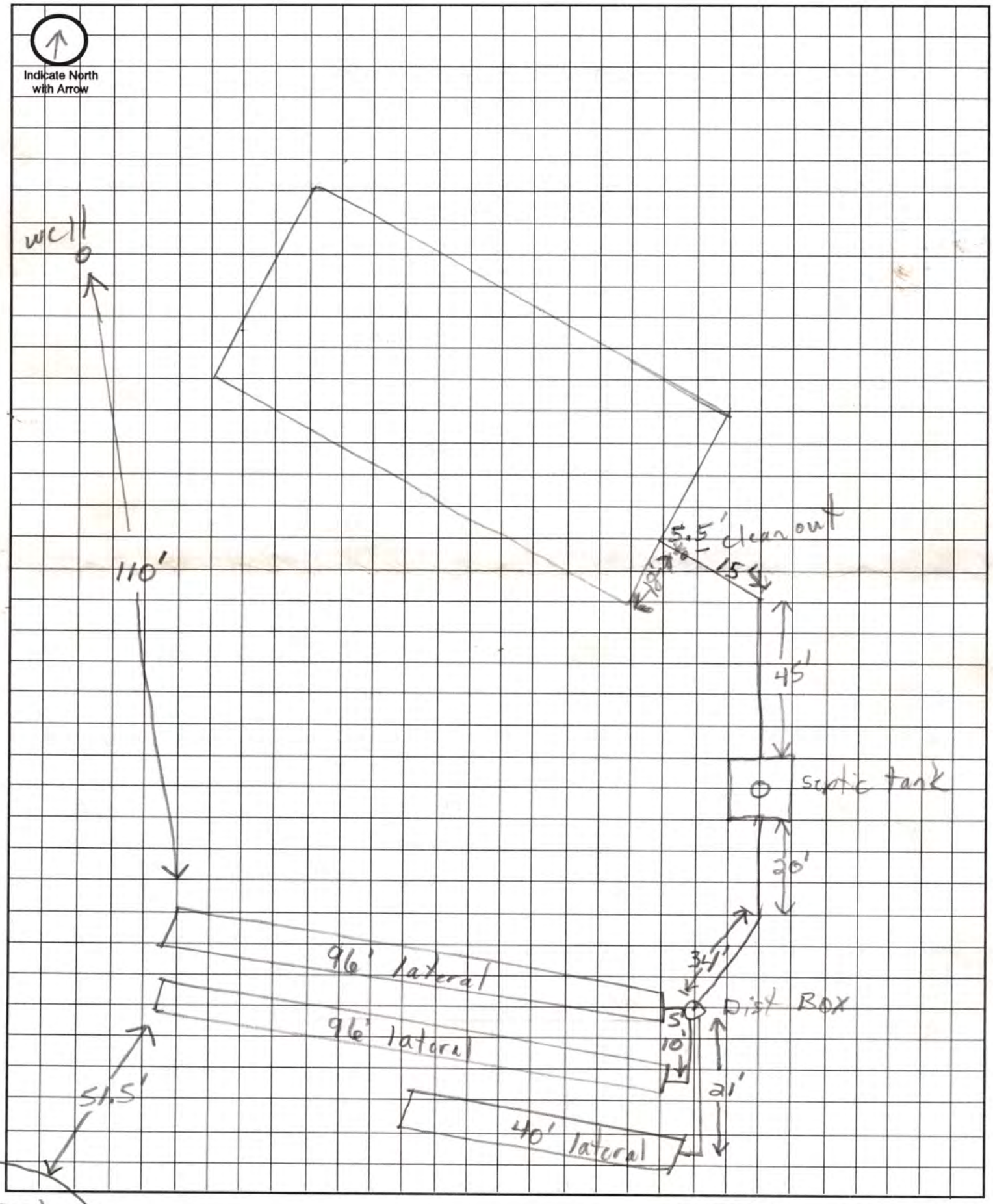
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

6341 Country View Ct.



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

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. 96400059801

Issued 12/03/96
Expires 06/03/97
Revenue Code 19851

Establishment
DENNIS KRIZ
T9N R7E SEC 28
COUNTY LANE ESTATES BLK 3 LOT 5
6341 COUNTRYVIEW COURT

FEES: $75.00

Permittee
DENNIS KRIZ
5640 STONECLIFFE CT
LINCOLN NE 68516

TOTAL $75.00

Issued By M. Jane Ford
Health Director

2846

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 # 9391
11/21/96 MS (225 Also Sewage)

FILE NO. 9640 00598

DATE: 11-20-96

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 3 : Lot 5 : Addition Country Lane Estates
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe
3. Distance to Public Water Supply: ____ Ft. 2 miles
4. Intended use of well Single Family Residence

Dennis R Kiz
Signature of Applicant (Owner or lessee)

5640 Stonecliffe Ct.
Address

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 12/2/96. Action: Approved ☒ Disapproved ☐
   Date Frwd. 12/3/96. Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 12/3/96. Action: Approved ☒ Disapproved ☐
   Date Frwd. 12/3/96. Signature:
3. City or County Engineers: Date Rec'd 12/3/96. Action: Approved ☒ Disapproved ☐
   Date Frwd. 12/3/96. Signature: M McGlynn

REMARKS OR REASONS FOR DISAPPROVAL

Site Visits:
Date: 5/23/00 by Jerrold C. Hood
Date: ____ by ____
Date: ____ by ____

Nitrate Level 1.3 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: MAY 26, 2000 By: J. C. Hood

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

FORM 23-13

JUL 1 0 1997

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. 7 Block 3 Lot 5 Addition COUNTRYLANE 1ST ADD. 6341 COUNTRY VIEW LANE

Owner JIM SLATTERY Address 4421 ABBOTT RD. LINCOLN, 68516

LOG OF WELL	
Depth ft. --to--	Description
0- 25	YELLOW CLAY
25- 30	SAND
30- 40	YELLOW CLAY
40- 70	BLUE CLAY
70- 82	RED & YELLOW SHALE
82- 95	YEL & BLUE SHALE
95-100	BLUE SHALE
100-110	ORANGE & BLUE SHALE
110-127	BLUE SHALE
127-185	SANDSTONE
185-190	WHITE & YELLOW SHALE
190-200	MED FINE OR MED YEL SS
200-205	MED FINE RED SS
205-223	MED TO MED CRS SS & GRAVEL
223-230	RED & YEL SHALE
230-237	RED & BLUE SHALE
237+	LIMESTONE

REMARKS NITRATE NITROGEN 1.3 p.p.m.
BACTERIOLOGICAL O.K.

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER
Depth (from ground level), Ft. 223'
Date Completed 5/9/97

Casing: Length, Ft. 207; Dia.In. 4"
Wall Thickness, Inc, 214; type PVC

Screen: Length, Ft. 15' Dia.In. 4"
Type PVC WOP/SLOTTED Slot Size .030, .025

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

Water Level, Surface to top of water, Ft.:
Static 148', Pumping 155' EST

Yield: 15 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)

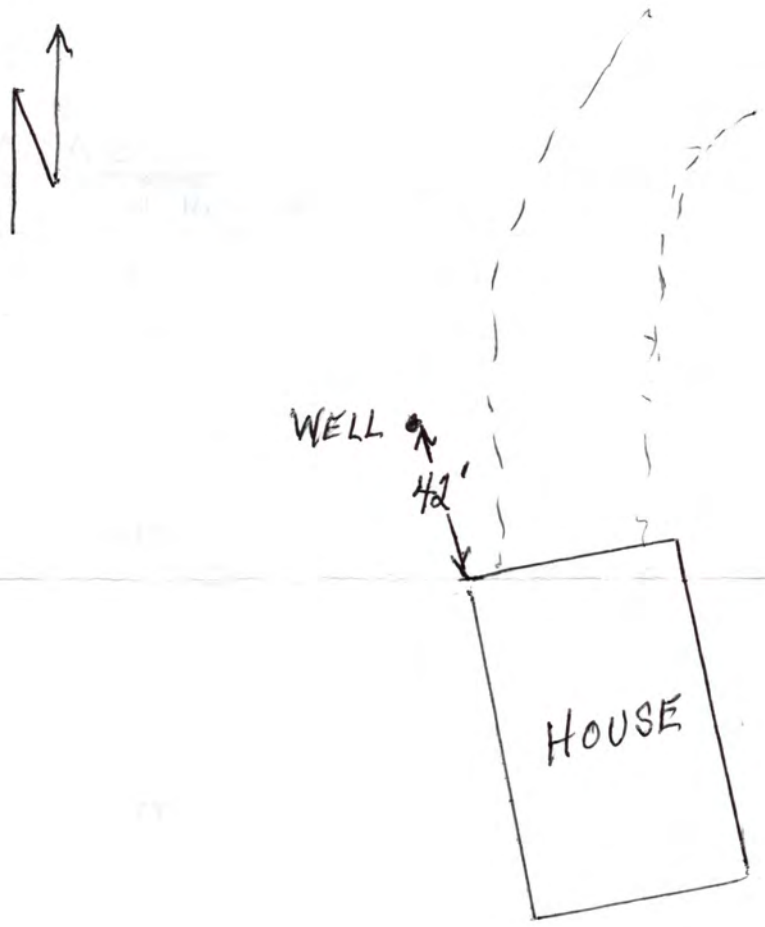
Address P. O. BOX 308 Hickman, Nebraska 68372-0308

Date 9 JULY 1997

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
SEPTIC SYSTEM

Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

002984

(402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR-EXTEND LATERALS

Permit # 03390075501

Issued 08/14/03
Expires 02/14/04
Revenue Code 3157

Establishment

PATRICK THOMAS
T9N R7E SEC 28
COUNTRYLANE-1ST ADDN BLK 3 LOT 5
6341 COUNTRYVIEW LN

FEES: $100.00

Permittee

PATRICK THOMAS
1657 S COTNER BLVD
LINCOLN NE 68506

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

033900755

Application to Alter, Extend or Repair an Individual Sewage Disposal System

☒ Municipal Code 24.38 ☐ County Resolution Number 2832

The undersigned hereby applies for a permit to: ☐ **ALTER** ☑ **EXTEND** ☐ **REPAIR** an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. **Legal description of property:**
   Township 9 north. Range 7 east Section 28 1/4 Section _____
   Block 3 Lot 5 Addition 1st COUNTRY LANE
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)

   Street Address 6341 Countryview lane.

2. **Property use:** ☑ residential ☐ commercial ☐ other use
   Number of bedrooms _____ Describe _____

3. **Type of Present Individual Disposal System** ☑ septic tank ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** add 2 100' laterals

5. **Work to be done by:** ☐ owner ☑ contractor's name Thomas Const.

6. **Estimated project:**
   a. Repair, replace or minor extension with a cost less than $400 (no fee required).
   (b) Total cost is greater than $400 (Return fee with this application)
   c. A "construction permit" is required if the use, operation, location, or type of the system is being change.

Print Name Patrick Thomas Address 1657 So Cotner Phone 402-476-4262
Applicant Signature (owner or lessee) _____

Please include the permit fee ($100) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

---

HEALTH DEPARTMENT USE ONLY

Date received 8/14/03 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

Site visits
Date ____/____/____ By _____
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date ____/____/____ By _____

Return application to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Business Office Use Only
Received: Date: 08/14/03 Amount 100.00 Check No. 13039 Initials _____

White - Division Copy Pink - Business Office Revised 9/00

H5000010

Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

SCANNED

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

The undersigned hereby applies for a permit to: ☐ **ALTER** ☐ **EXTEND** ☑ **REPAIR** an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

1. **Legal description of property:**
   Township 9 Range 7 1/4 ____ 1/4 ____ Section 28
   Block 3 Lot 5 Addition Country View 1st
   Parcel ID 16-28-410-005-000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 6341 Country View Ct.

2. **Property use:** ☑ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe ____

3. **Type of Present Individual Disposal System** ☑ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** replace D/S Box and added more Lateral

5. **Work to be done by:** ☐ owner ☑ contractor's name Casement Trenching

6. **Estimated project:**
   a. Repair, replace, or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name Michael Casement Address 106 Concord Ave Hickman Phone: (402) 792-8365

Applicant Signature (owner or lessee) [signature]

Please include the permit fee ($160) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

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HEALTH DEPARTMENT USE ONLY

Date received 9/7/07 REVIEW: ☑ Approved ☐ Disapproved By: [signature]

Site visits
Date ___/___/___ By ____
Date ___/___/___ By ____
Date ___/___/___ By ____

Installation final written approval
Date 09/20/07 By [signature]

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Business Office Use Only

Received: Date: 09/10/07 Amount 160.00 Check No. 1067 Initials [initials]

White - Division Copy Pink - Business Office Revised 9-06