Lincoln-Lancaster County Health Department

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

ermit

SEWAGE INSTALLATION
SEPTIC OR LAGOON BASED ON SOIL RETEST

lishment

OHN TRAPP
9N R7E SEC 28
OUNTRY LANE-1ST ADD BLK 1 LOT 1
33 COUNTRYVIEW LN

JOHN TRAPP
5111 N ST
LINCOLN NE 68510

Permit # 00380213601

Issued 01/13/00
Expires 07/13/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

N A PROMINENT PLACE • NOT TRANSFERABLE

011612

JAN 3 2000 A

Permit Number: 003802136

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

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☑ Septic System OR ☒ Lagoon OR ☒ Other (Refer to Form C) ~~DEPENDING ON SOIL RETEST~~

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 6433 Country view Ln. (no rural route) City Lincoln NE, Zip

Legal Description Lot 1, Block 1, Country View Estates 1st Add. 1st Addition Country ~~LAKE~~ Estates

1/4	1/4	Section	Township	Range	Subdivision	Addition	Block	Lot
		28	9N	7E			1	1

Geographical Location (if known): Longitude Latitude

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

B. Owner

Name John Trapp Signature

Address 511 N St. City/State/Zip Lincoln Ne. 68510

☐ Check if owner designed system Home Phone 483 7035 Work Phone 488-1919

C. Contractor

Name Kinning / Sydow Company Name Kinning / Sydow

Address 5401 Rebel Dr. City/State/Zip Lincoln Ne.

☐ Check if contractor designed system Work Phone 421-1334

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Clint Presnell Firm Wellmann Plumbing Work Phone 434-2400

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 5 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 1/3/00 — Date appr'd 1/4/00 — ACTION ☒ Approved ☐ Disapproved — Signature Jerrold C. Hood
2. Supt. Bldg. Insp. or Village Clerk — Date rec'd 1/4/2000 — Date appr'd 1/4/2000 — ACTION ☒ Approved ☐ Disapproved — Signature
3. City or County Engineer — Date rec'd 1/4/00 — Date appr'd 1/4/00 — ACTION ☒ Approved ☐ Disapproved — Signature Chase D Baker

~~6/22/00 Partial f.c.h.~~

Installation Final Written Approval

By Jerrold C. Hood R. E. H. D.

Date JUNE 23, 2000

Business Office Use Only
Date Rec'd 01/03/2000
Amt Paid 150.00
Rec'd By Cash/Check No. 20270

FORM 33-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

JAN 3 2000

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 DEPT.
Division of Environmental Health
3140 "N" Street
Lincoln, Nebraska 68510
Phone: 402-441-8000

B

FILE NO. 003802136

PROPERTY WHERE SOIL TESTED: ~~9800 Country View Ln; Lincoln NE~~ 6433 CountryView Ln. Lot 1, Block 1 Country Estates 1st Addition LANE

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: 6/17/99 to 6/18/99. Weather: Precip. ____ Temp. LLCN

OWNER: John Schwery

Address: 7100 So. 30th Place
Lincoln NE 68516

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.
P1	36"	6/17	1:00	6/18	11:00	6/18	2:30	11	3:00	14.5	30	3.5	8.6
P2	36"	"	"	"	"	"	"	17.25	"	22.25	30	5	6
P3	36"	"	"	"	"	"	"	15.25	"	18	30	2.75	6.5
P4	36"	"	"	"	"	"	"	5	"	8.5	30	3.5	8.6
P5	36"	"	"	"	"	"	"	4.375	"	7.5	30	3.125	9.6
P6	36"	"	"	"	"	"	"	9	"	12	30	3	10
DH1	144"	Drilled to monitor groundwater encountered at 94"											

Sum of Percolation Rates: 49.3
Average of Rates: 8.22
Mean of Rates: 8.62

Geotechnical Services, Inc.
Jacob Robison
Signature of Person Conducting Test

Address 4817 N. 56th St; Ste 27 Phone 402-466-8154
Lincoln NE 68504

(Do not write below this line)

REVIEWING ACTION

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

Remarks: ____

Soil Type (SCS): ____

Date: ____

Signature of Reviewing Official

JAN 3 2000

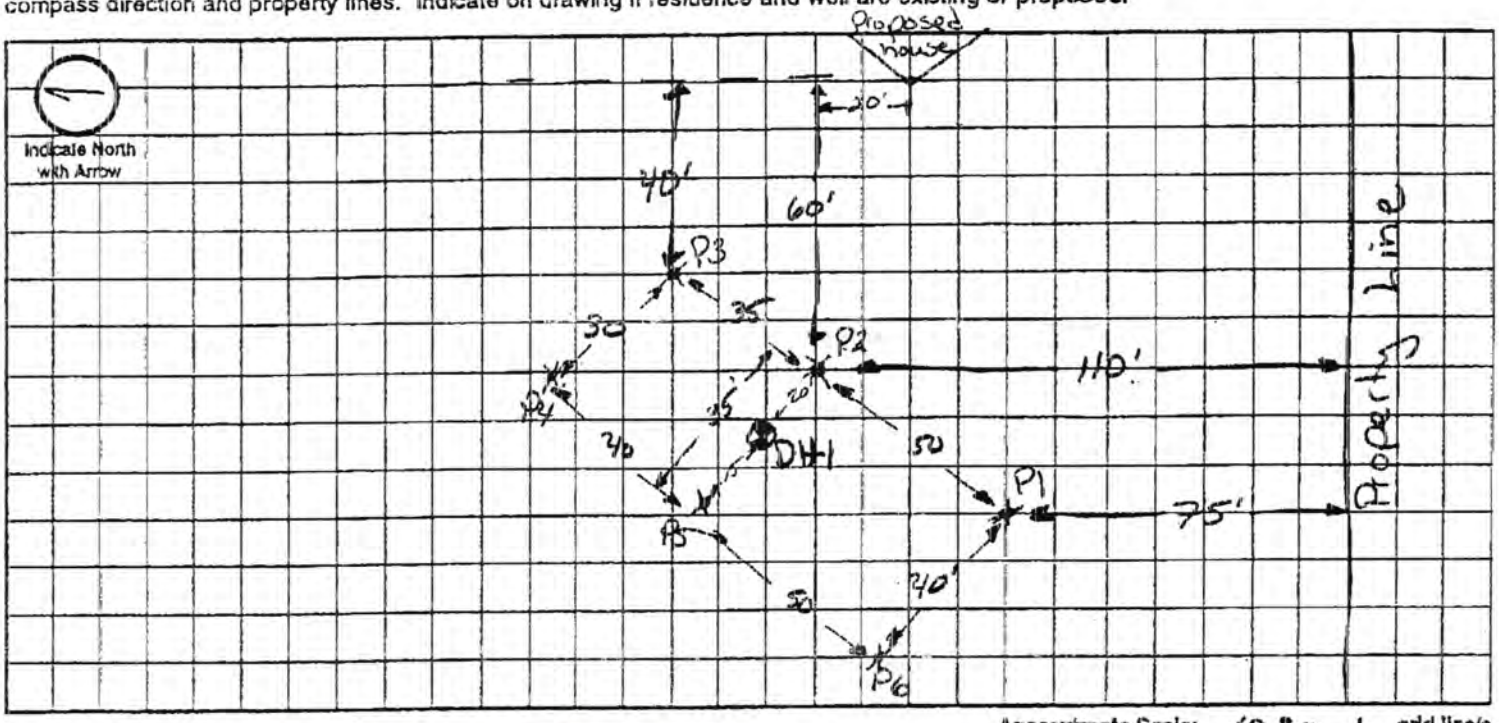
C

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

Permit Number: 00380236

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: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 6433 Country View Ln City Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 10 (min. per inch) Soil Type: _____ Land Slope: 2 %

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

Total Square Feet of Field Required: 850 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: 1 Number of Distribution Laterals per Bed 3

Total Length of Laterals 290 ft. Number of Trenches 3 Trench Width 3'

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 Mary Kenning Date 12-24-99

Installer Wellmann Plumbing Inc Date 12-23-99

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 6433 Country View (no rural route) City Lincoln NE, Zip _____

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 85 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100 + ft.
   stream _____ ft.
   pressure line _____ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: _____
2. Capacity: 1750 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade None in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line 100 + ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 28 ft.

D. Absorption Field

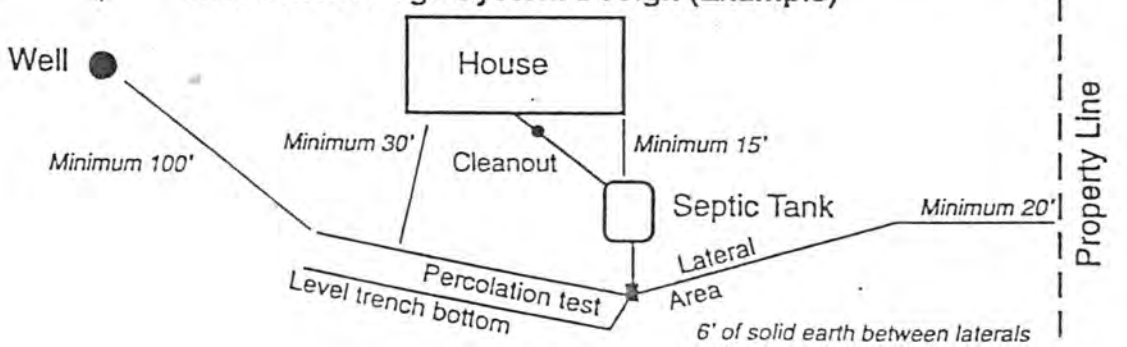
(Provide as-built drawings on back of this form)

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

Indicate North with Arrow

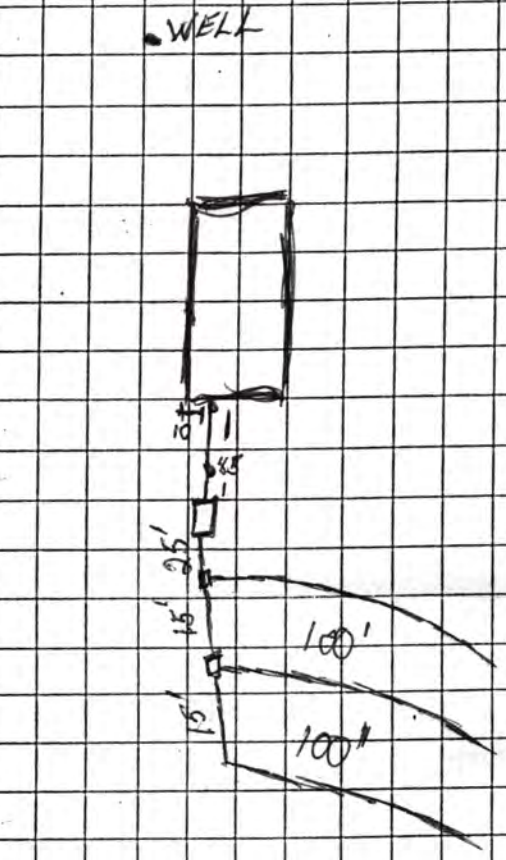
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



As Built Drawing

Indicate North with Arrow



Lincoln-Lancaster County Health Department

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

Permit

WATER WELL
NEW WATER WELL CONSTRUCTION

Permit # 00400087301

Issued 01/13/00
Expires 07/13/00
Revenue Code 3162

Establishment

JOHN TRAPP
T9N R7E SEC 28
COUNTRY LANE-1ST ADD BLK 1 LOT 1
6433 COUNTRYVIEW LN

FEES: $75.00

Permitee

JOHN TRAPP
5111 N ST
LINCOLN NE 68510

TOTAL: $75.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011611

JAN 3 2000

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

Permit No. 0040000873

Request for Site Clearance and Permit for Individual Water Well

The undersigned hereby requests:

- ☑ 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

1. Well Site Address 6433 Countryview Ln City Lincoln, NE Zip 68516
(No Rural Route Please)
Legal description of property:
Twp 9N; Range 7E; Section 28; Block 1; Lot 1; Addition Country ~~View~~ LANE Estates 1st

2. Well use: ☑ Residential; ☐ Commercial; ☐ Other; Describe: _____

3. Distance to Public Water Supply _____ feet.

Signature of Owner _____

Print Name John & Stacy Trapp
Current Address 5111 N St
Lincoln NE 68510
Current Home Phone 483-7035
Work Phone 483-1919

Signature of Contractor Mary Kinning
Print Name Kinning-Sydow Builders, Inc
Address P.O. Box 6554
Lincoln, NE 68506
Home Phone 421-1334
Work Phone 421-1334
Cellular Phone 430-6344

Sewage Permit Applied for: ☑ 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 1/3/00 Date forwarded 1/14/00	ACTION ☒ Approved ☐ Disapproved Signature: Jerrold C. Hood	
2.	Building & Safety	Date received 1/14/00 Date forwarded 1/14/00	ACTION ☒ Approved ☐ Disapproved Signature:	
3.	City Engineer	Date received 1/4/00 Date forwarded 1/4/00	ACTION ☒ Approved ☐ Disapproved Signature:	

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits:
Date: 6/23/00 By Jerrold C. Hood & Recheck Nitrate
Date: 6/26/00 By Jerrold C. Hood
Date: 7/26/00 By Jerrold C. Hood

Installation Final Written Approval
By: Jerrold C. Hood R.E.H.S.
Date: 8/1/00

Nitrate Level 0.83 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory
Yes X No ____
Other _____

Business Office Use Only
Date Rec'd: 01/03/2000
Amt Paid: $ 75.00
Rec'd By ____ ~~Cash~~/Check No. 20270

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

Also Sewage

JAN 3 2000

entered 8/7/00

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. 004090873

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 1 Lot 1 Addition Countryview Estates 1st Addition, LNCN

Owner John + Stacey Trapp Address 6433 Countryview Ln.

LOG OF WELL	
Depth Ft. to	Description
0 1	Top Soil
1 62	Brown Clay
62 66	Blue Clay
66 84	Gray + Brown Clay
84 92	Blue Clay
92 98	Gray Clay
98 119	Gray, Yellow, Brown Clay
119 126	Sandstone (Brown, Med)
126 160	Blue Clay
160 167	Shale + Gray Clay
167 192	Sandstone (Brown, Med)
192 202	Shale + Gray Clay
202 257	Sandstone Brown

WELL COMPLETION RECORD

Drilling Method: Rotary

Depth (from ground level), Ft. 257

Date Completed 10/13/99

Casing: Length, Ft. 0 ; Dia. In. 4"

Wall Thickness, Inc. .214 ; type PVC

Screen: Length, Ft. 15 Dia. In. 4"

Type PVC , slot Size .018

Drop Pipe: Length, Ft. 240 Dia. In. 1¼"

Water Level, Surface to top of water, Ft.:

Static 175 , Pumping 200

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 _____ (Signed)

REMARKS NITRATE NITROGEN 0.83 P.P.M. BACTERIOLOGICAL O.K.

Address 2796 W. Milford Rd Milford, NE 68405

Date 12/22/99

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

JUL 24 2000

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13553
FILE NO. 004

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN NE 68502
Phone: 471-7300

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 28 T. 9N R. 7E Block 1 Lot 1 Addition COUNTRYLANE 1ST ADD.
Owner John + Stacey Trapp Address ~~9400 S. 66th~~ 6433 COUNTRY VIEW LANE

LOG OF WELL	
Depth Ft. To	Description
0-1	Top Soil
1-62	Brown Clay
62-66	Blue Clay
66-84	Gray + Brown Clay
84-92	Blue Clay
92-98	Gray Clay
98-119	Gray, Yellow, + Brown Clay
119-126	Sandstone (Brown, Med)
126-160	Blue Clay
160-167	Shale + Gray Clay
167-192	Sandstone (Brown, Med)
192-202	Shale + Gray Clay
202-257	Sandstone Brown

240-257 (course)

WELL COMPLETION RECORD

Drilling Method: Rotary
Depth (from ground level), Ft. 257
Date Completed 10/13/99

Casing: Length, Ft. 245 ; Dia. In. 4
Wall Thickness, Inc. .214 ; type PVC

Screen: Length, Ft. 15 Dia. In. 4
Type MONOFLEX , slot Size .018

Drop Pipe: Length, Ft. 240 Dia. In. 1¼

Water Level, Surface to top of water, Ft.:
Static 175 , Pumping 200

Yield: 20 gpm, Measured ☒ , Est. ☐
Chlorination Completed Yes ☒ No ☐

The above information including "Log of Well" is a true record of the job performed by me.

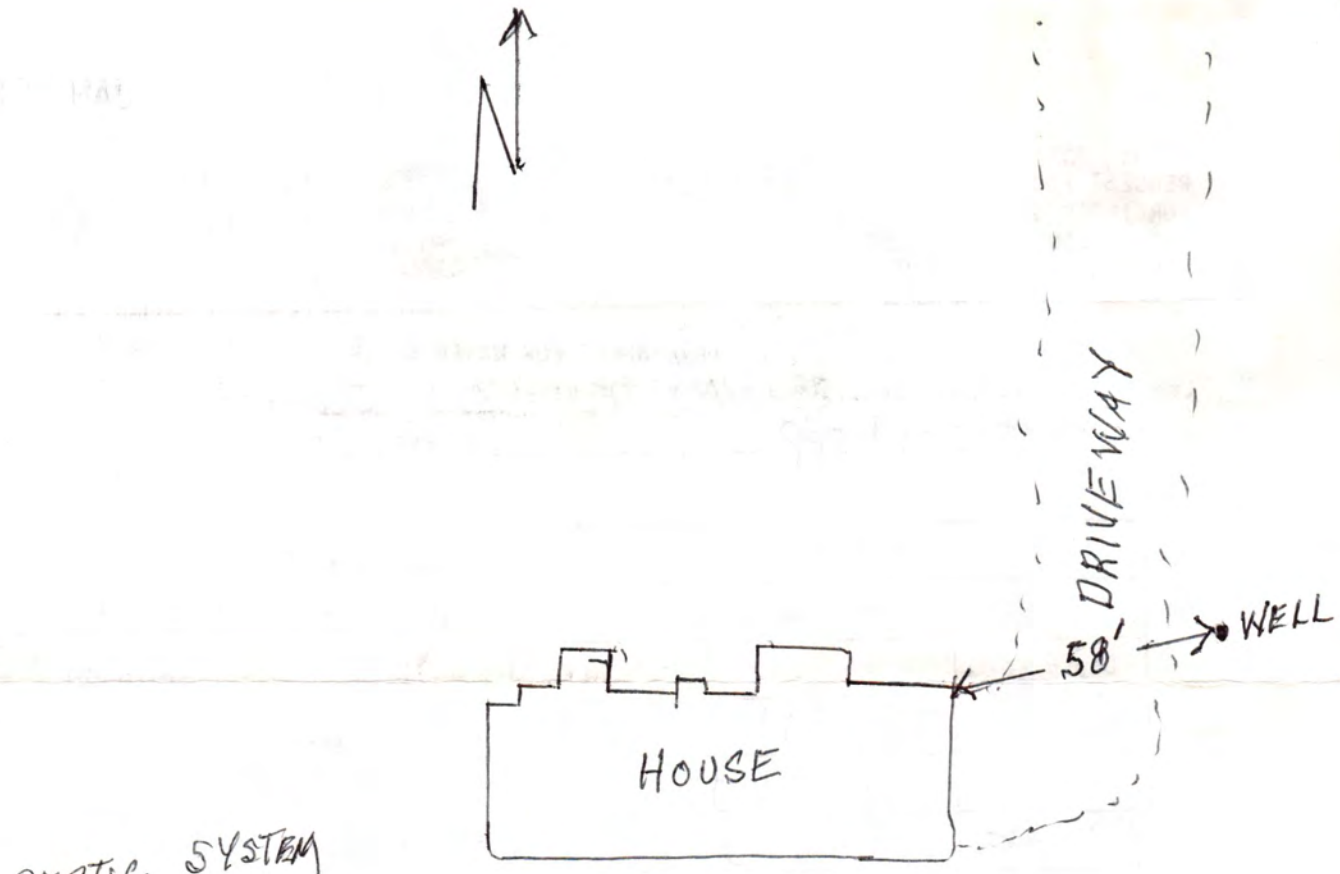
Driller [signature] (Signed)
EARNEST WELL DRILLING INC.
Address P.O. BOX H
MILFORD, NE. 68405
Date 7/19/00

REMARKS
BACTERIOLOGICAL O.K.

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



SEPTIC SYSTEM

AREA OF