LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514
PERMIT

(402) 441-8000

Permit

SEWAGE INSTALLATION
LAGOON

No. 97380161801

Issued
Expires 07/15/97
Revenue Code 01/15/98
18754

FEES: $150.00

Establishment

ANDREW MONSON
T9N R7E SEC 28
COUNTRY LANE BLK 1 LOT 3
9550 S 64 STREET

TOTAL $150.00

Permittee

ANDREW MONSON
1401 N 41 ST
LINCOLN NE 68503

Issued By M. Jane Ford
Health Director

5032

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:

Sewage Disposal System

Request for Site Clearance and Permit

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

Changed to — ☒ 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 9550 South 64th Street (no rural route) City Lincoln NE NE, Zip 68516

Legal Description 28 9N 7E Country Ln. 1st 1 3
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 Andrew Monson Signature Andrew Monson

Address 1401 N 41st Street City/State/Zip Lincoln NE 68503

☐ Check if owner designed system Home Phone 467-6148 Work Phone 423-4800

C. Contractor

Name Owner Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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 3 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 _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd _____

Amt Paid _____

Rec'd By _____ Cash/Check No. _____

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:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 9550 South 64th Street (no rural route) City Lincoln NE NE, Zip 68516

Owner Andrew Monson Addresss

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

Date of Tests Aug 23rd to Aug 24th Weather: Precipitation None Temperature 90°

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	44"	8/23	1:30	8/23	5:30	8/24	5:01	6"	8/24	5:31	30	1"	30 MIN/IN
2	44"	"	"	"	"	"	5:02	6 1/2"	"	5:32	"	3/4"	40 MIN/IN
3	44"	"	"	"	"	"	5:03	6"	"	5:33	"	3/4"	40 MIN/IN
4	44"	"	"	"	"	"	5:04	6"	"	5:34	"	3/4"	40 MIN/IN
5	44"	"	"	"	"	"	5:06	6 3/4"	"	5:36	"	5/8"	48 MIN/IN
6	44"	"	"	"	"	"	5:07	6"	"	5:37	"	5/8"	48 MIN/IN

Sum of Percolation Rates:

Average of Rates: 41 MIN/IN

Rate Used for Calculation: 41 MIN/IN

Person Conducting Percolation Tests

Name: Andrew Monson (Owner)

Phone: 467-6148

Address 1401 N 41st

Lincoln NE 68503

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date SEPTEMBER 29, 1997

FORM 23-101 10-96

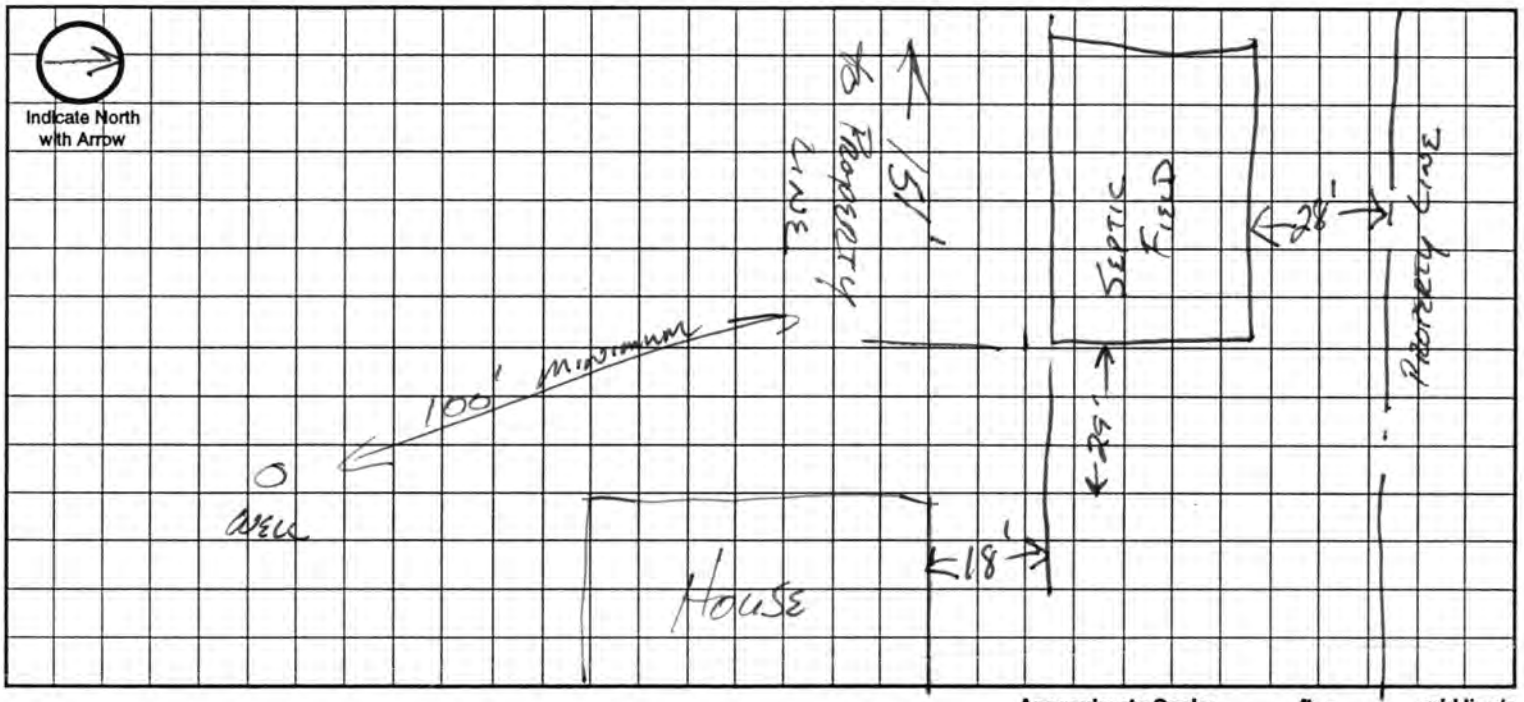
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 9550 S. 64th Street City Lincoln NE, Zip 68516

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 41 (min. per inch) Soil Type: WILMORE SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 870 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

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 _____

Installer _____ Date _____

JAN 8 1998

D

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

Permit Number: 9738016 18

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 9330 South 68th Street (no rural route) City Lincoln NE, Zip 68516

A. Building Sewer

1. Material: Sch 40 PVC
   Diameter: 4 in.
2. Distance above basement floor: 5'0" in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 27 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100' ft.
   stream NA ft.
   pressure line NA ft.
   property line NA ft.

B. Septic Tank

1. Material: PRECAST
   Number of compartments: _____
2. Capacity: 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☑ above ☐ below grade 2 in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line 95 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line NA ft.

C. Distribution Box

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

D. Absorption Field

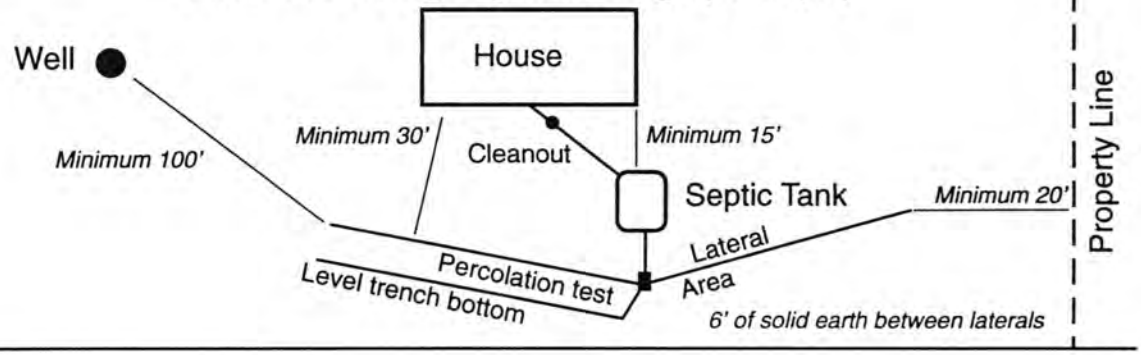
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☑ other INFILTRATOR
2. Lateral lines: Number 3
   Length of each line: 100 ft. 100 ft.
   32 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 3 in
4. Filter material: STRAW
   Depth of material 2 in.
5. Distances to: Well or suction line 100 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line 25' ft.

Indicate North with Arrow

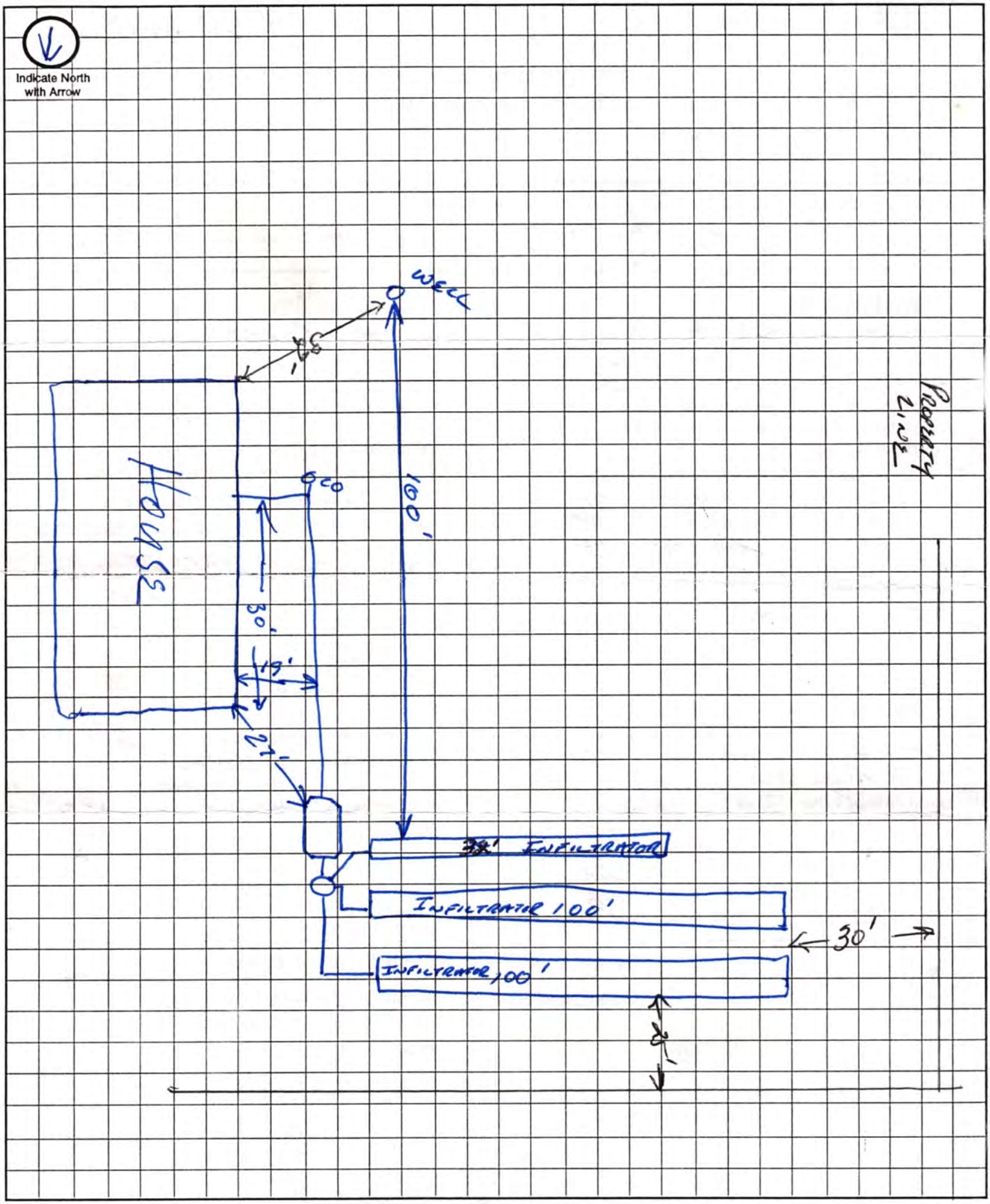
Complete "As Built" drawing on back of this form.

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 ENVIRONMENTAL HEALTH DIVISION (402)
NON TRANSFERABLE Lincoln, NE 68510-1514 441-8000
PERMIT

Permit No. 97400065001

WATER WELL

Issued 05/15/97
Expires 01/15/98
Revenue Code 19851

Establishment

ANDREW MONSON
T9N R7E SEC 28
COUNTRY LANE BLK 1 LOT 3
9550 S 64 STREET

FEES: $75.00

Permittee

ANDREW MONSON
1401 N 41 ST
LINCOLN NE 68503

TOTAL $75.00

Issued By M. Jane Ford
Health Director

5031

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. 974000650

PID# 16-28-400-003-000

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 9550 South 64th Street City Lincoln, NE Zip NE
(No Rural Route Please)
Legal description of property:
Twp 9N; Range 7E; Section 28; Block 1; Lot 3; Addition Country Lane 1st Addition

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

3. Distance to Public Water Supply N/A feet.

Signature of Owner Andrew Monson

Print Name ANDREW MONSON
Current Address 1401 N 41st
Lincoln NE 68503
Current Home Phone 467-6198
Work Phone 423-4800

Signature of Contractor _____

Print Name Moser Well Drilling
Address _____

Home Phone _____
Work Phone _____
Cellular Phone _____

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 7/15/97 Date forwarded 7/15/97	ACTION ☒ Approved ☐ Disapproved Signature: Jerrold C. Hood	
2.	Building & Safety	Date received 7/15/97 Date forwarded 7/15/97	ACTION ☒ Approved ☐ Disapproved Signature:	
3.	City Engineer	Date received 7/15/97 Date forwarded ___/___/___	ACTION ☒ Approved ☐ Disapproved Signature:	

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits:
Date: 1/30/01 By Jerrold C. Hood
Date: ___/___/___ By _____
Date: ___/___/___ By _____

Installation Final Written Approval
By: Jerrold C. Hood, R.E.H.S.
Date: 2/1/01

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

Nitrate Level 0 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory
Yes X No ____
Other _____

Business Office Use Only
Date Rec'd: 07/15/97
Amt Paid: $ 75.00
Rec'd By LS Cash/Check No. 5827

9740 00650
PID # 16-28-408-003-000
NOV 4 1997

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13553
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 1 Lot 3 Addition Country Lane Estates 9550 s. 64th Street

Owner Andrew Monson Address 1401 N. 41st, Lincoln, Ne 68503

LOG OF WELL	
Depth ft. --to--	Description
0- 10	BRN CLAY
10- 70	YEL CLAY
70- 85	YEL & BLUE CLAY MIX
85- 95	RED SHALE
95-120	YEL SHALE
120-140	LIGHT BLUE SHALE
140-150	FINE SANDSTONE
150-155	DARK RED SHALE
155-195	FINE SANDSTONE, MOSTLY SHALE
195-225	FINE LIGHT YEL SANDSTONE
225-255	MED TO MED CRS YEL SHALE
255-270	YEL SHALE

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level), Ft. 256'

Date Completed 10/20/97

Casing: Length, Ft. 236'; Dia.In. 4"

Wall Thickness, Inc. .214 ; type PVC

Screen: Length, Ft. 20' Dia.In. 4"

Type PVC WOP&SLOTTTED, slot Size .030 & .025

Drop Pipe: Length, Ft 220' Dia.In. 1 1/4"

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

Static 150', Pumping 160' EST

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)

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

Date 11/3/97

REMARKS NITRATE NITROGEN 0.0 p.p.m.
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