Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 01380227901

Issued 01/04/01
Expires 07/04/01
Revenue Code 3157

Establishment

GREG HATTAN
T9N R7E SEC 28
COUNTRY LANE ADDN BLK 4 LOT 2
9445 S 67 ST

FEES: $200.00

Permitee

GREG HATTAN
6142 OLD FARM CT
LINCOLN NE 68512

TOTAL: $200.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

014187

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

A

Permit Number: 0138022 79

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 9445 So. 67th St. (no rural route) City Lincoln NE, Zip NE

Legal Description ____ ____ 28 9N 7E Country Lane ADDN. 4 2
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 Dr. Greg Hattan Signature Greg Hattan MD

Address 6142 Old Farm Ct. City/State/Zip Lincoln, NE. ~~68510~~ 68512

☐ Check if owner designed system Home Phone ____ Work Phone ____

C. Contractor

Name Mark Resseguie Company Name Innovative Homes & Deign

Address 3700 Village Blvd. #600 City/State/Zip Lincoln, NE. 68516

☐ Check if contractor designed system Work Phone 402-423-6565

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 1/4/00 Date frwd 1/4/00 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 1-4-00 Date frwd 1-4-00 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 1/4/00 Date frwd 1/4/00 ACTION ☒ Approved ☐ Disapproved Signature Chase Baker

9/14/01 Tanks, sewer, distribution box, 2950' lateral J.C.H.
9/13/01 L.C.H.

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.
Date September 13, 2001

Business Office Use Only
Date Rec'd 9/04/01
Amt Paid 200.00
Rec'd By ____ Cash/Check No. 13682

FORM 23-100 9-00 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: 0138 02279

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ (no rural route) City _____ NE, Zip _____

Owner _____ Addresss _____

Soil Type (SCS): WYMORE SILTY CLAY LOAM Percolation Rate: 44 min./inch

Date of Tests 12-2-99 to 12-3-99 Weather: Precipitation Dry Temperature 42

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	30	12-2	3:00	12-3	3:00	12-3	3:00	6	12-3	3:30	30	3/4	40
2	30	"	"	"	"	"	"	"	"	"	30	3/4	40
3	30	"	"	"	"	"	"	"	"	"	30	3/4	40
4	30	"	"	"	"	"	"	"	"	"	30	5/8	48
5	30	"	"	"	"	"	"	"	"	"	30	5/8	48
6	30	"	"	"	"	"	"	"	"	"	30	5/8	48

Sum of Percolation Rates: 264
Average of Rates: 44
Rate Used for Calculation: 44

Person Conducting Percolation Tests

Name: Dave Vogt
Phone: 560-4267
Address P.O. Box 181
Elmwood, NE 68349

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood Date JANUARY 4, 2001

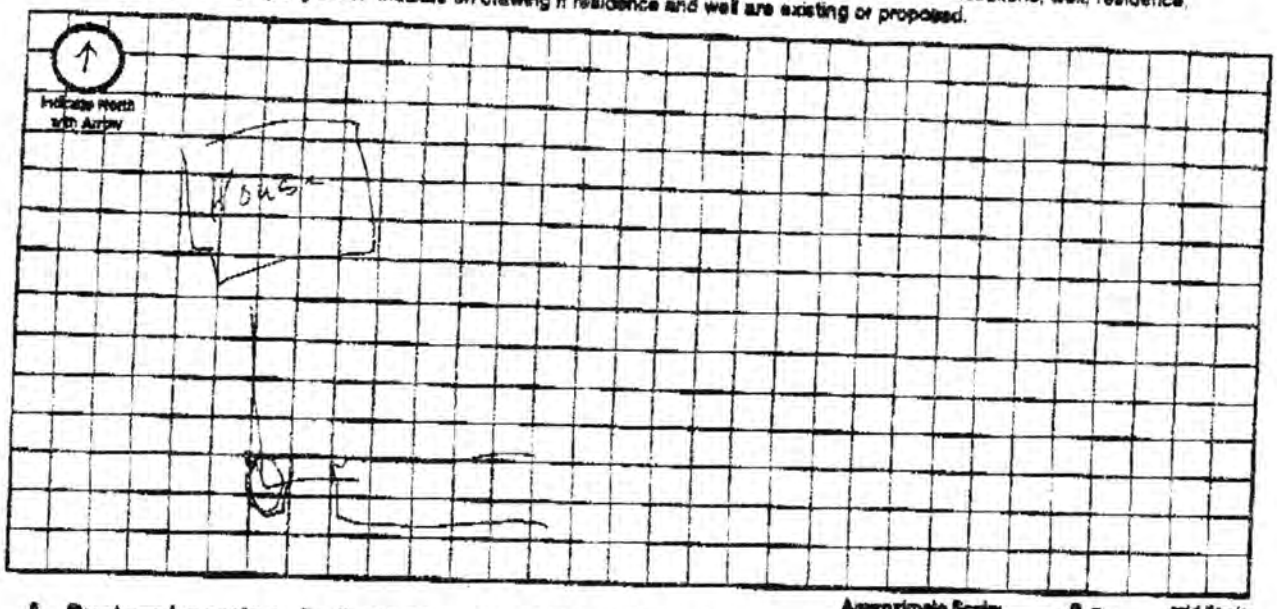
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1614
Phone: 402-441-8022

C

Permit Number: 0138022-99

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 lines

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 44 (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM Land Slope: 4 %

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

Total Square Feet of Field Required: 1320 sq. ft.

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

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

Total Length of Laterals 413 / 330 ft. Number of Trenches 5 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 Mark Resseguie by Cheryl Haecker Date 1-3-01

Installer [signature] Date 1-3-01

FORM 20-102 10-98

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 9-13-01

System Location (Indicate correct number and street)

Address 9445 So. 61st (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: 24 in.
3. Distance between dwelling and septic tank: 55 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 50+ ft.
   property line 50+ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 3
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 16 in.
   Over outlet, diameter 12 in.
   Riser: ☒ above ☐ below grade 1 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 16 in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 60+ ft.
   Property line 60+ ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 8
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 6' ft.

D. Absorption Field

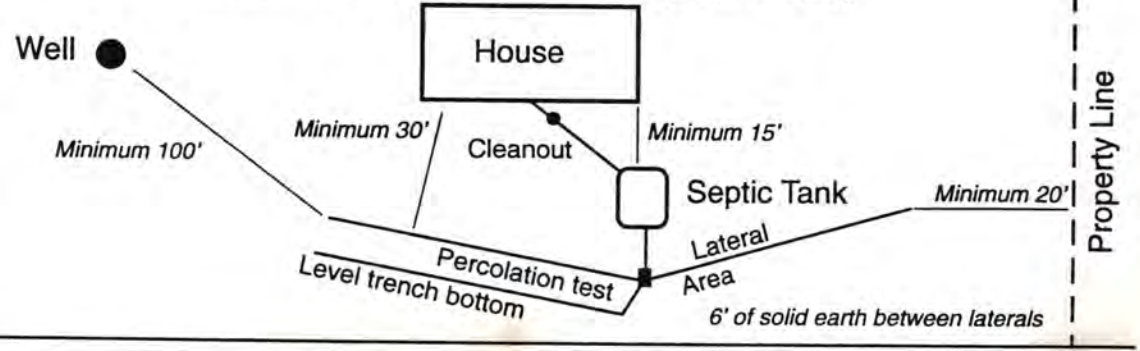
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltrator 24
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 5
   Length of each line: 50 ft. 58 ft.
   84 ft. 84 ft., 58 ft.
3. Trench dimensions: Width 4 ft.
   Slope 1 in/100 ft.
   Average depth 43 in
4. Filter material: Road Gravel
   Depth of material 18 in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 20 ft.

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

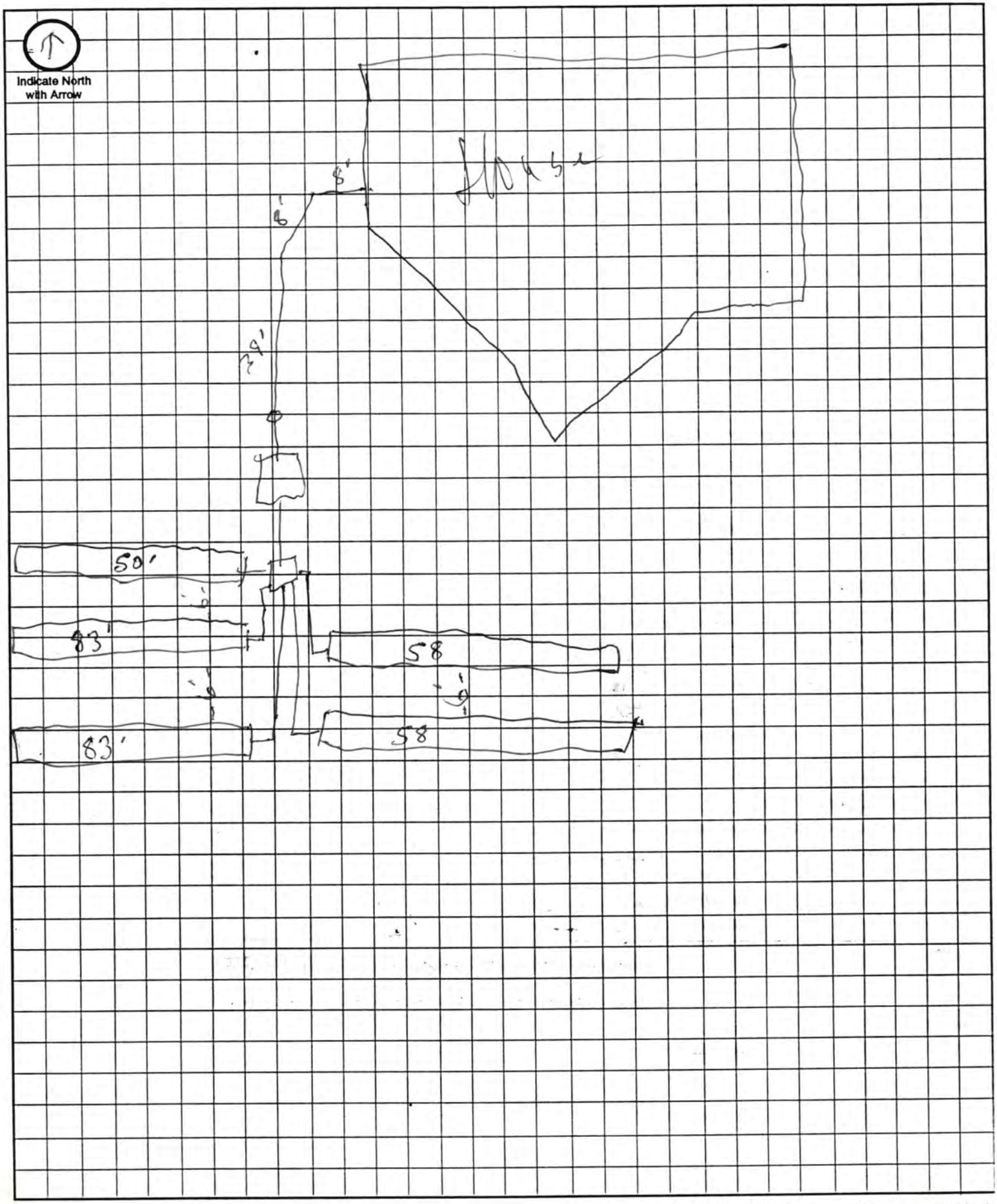
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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

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 # 99400086701

Issued 11/30/99
Expires 05/30/00
Revenue Code 3162

Establishment

JUDSON CARPENTER
T9N R7E SEC 28
COUNTRY LANE ADDN BLK 4 LOT 2
9445 S 67 ST

FEES: $75.00

Permitee

JUDSON CARPENTER
1712 MILLSTREAM WAY
HENDERSON NV 89014

TOTAL: $75.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011218

N. of Rokeby Rd 9445

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

Permit No. _____

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 9445 So. 67th St. City LINCOLN, NE Zip 68516
(No Rural Route Please)
Legal description of property:
Twp 9N; Range 7E; Section 28; Block 4; Lot 2; Addition Country Lane Addn,

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

3. Distance to Public Water Supply _____ feet.

Signature of Owner Williams, Agent Home
Print Name Jud & Sheila Carpenter
Current Address 1712 Mill Stream Way Henderson NV 89014
Current Home Phone 707-434-5318
Work Phone 707-893-3125 (Sheila)

Signature of Contractor _____
Print Name Moser Well Drilling & Sv
Address PO Box 308 Hickman NE 68372
Home Phone _____
Work Phone 477-7291
Cellular Phone Hickman - 792-2515

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 11/30/99 Date forwarded 11/30/99	ACTION ☒ Approved ☐ Disapproved Signature: Jerrold E. Hood	
2.	Building & Safety	Date received 11/30/99 Date forwarded 11/30/99	ACTION ☐ Approved ☐ Disapproved Signature:	
3.	City Engineer	Date received 11/31/99 Date forwarded 11/30/99	ACTION ☒ Approved ☐ Disapproved Signature:	

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits:
Date: 1/3/02 By Jerrold Hood
Date: ___/___/___ By _____
Date: ___/___/___ By _____

Installation Final Written Approval
By: Jerrold E. Hood
Date: 1/4/01

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

Nitrate Level 0.5 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory
Yes X No ____
Other _____

Business Office Use Only
Date Rec'd: 11/30/99
Amt Paid: $ 75.00
Rec'd By _____ ~~Cash~~/Check No. 2110

FEB 3 1999

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. 994000867

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 4 Lot 2 Addition COUNTRY LANE ADDITION 9445 S. 67TH ST.

Owner JUDSON CARPENTER Address 1010 CLAREMONT, LINCOLN, NE 68508

LOG OF WELL	
Depth ft. --to--	Description
0- 10	BRN CLAY
10- 85	YEL CLAY
85- 95	BLUE CLAY
95-130	FINE SS & YEL SHALE
130-160	BLUE SHALE
160-245	FINE TO MED FINE YEL & TAN SANDSTONE
245-260	CRS BRN SS
260-299	MED CRS TAN & BRN SS
299-301	YEL SHALE

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level), Ft. 294'

Date Completed 1/28/99

Casing: Length, Ft. 269'; Dia. In. 4"

Wall Thickness, Inc. .214"; type PVC

Screen: Length, Ft. 25' Dia. In. 4"

Type PVC WOP & SLOTTED, slot Size .025

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

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

Static 179', Pumping 185' EST

Yield: 40 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 [signature] (Signed)

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

Date 2 FEBRUARY 1999

REMARKS NITRATE NITROGEN 0.5ppm. 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 21-4

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

432944
Jr Adams
2855
So 70
06

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☒ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 9445 So. 67th St.
Twp 9N Range 7E Section 28 1/4 ___ 1/4 ___ Block 4 Lot 2 Addition Country Lane Addn.
Directions to Property So. on 70th past Yankee Hill, R. on Country View Ln on 67th
Location of Well NW corner of Lot - Lot only Tap Location: Inside ☐ Outside ☐
Location of Sewage System None - no house Year Installed 1999

	NAME	ADDRESS	PHONE
Present Owner:	Sheila & Judson Carpenter	1712 Millstream Way Henderson NV 89014	702-893-3125 (Sheila work)
Tenant/Buyer:	Gregory Hattan	2941 Crown Point Rd LINCOLN NE 68506	475-8877 (Greg work)
Return to:	GREGORY HATTAN		

X Signature of Applicant Greg Hattan, MD Address same - Hattan Date 11/18/99

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 11/19/99
Initials ___
Amount 150.00
Check No. 2109 ✓

DATA ENTRY
Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By John Olsen **DATE:** 11/23/99

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☐
Bacteria	☐ ___/ml	☐ ___/ml
Nitrate	☐ ___ppm	☐ ___ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☐
Disapproved ☐

Additional Site Visits
Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: Unable to sample: NEED TO Check base if a well permit has been obtained

See Attached Letter ☐

FINAL STATUS Unable to sample

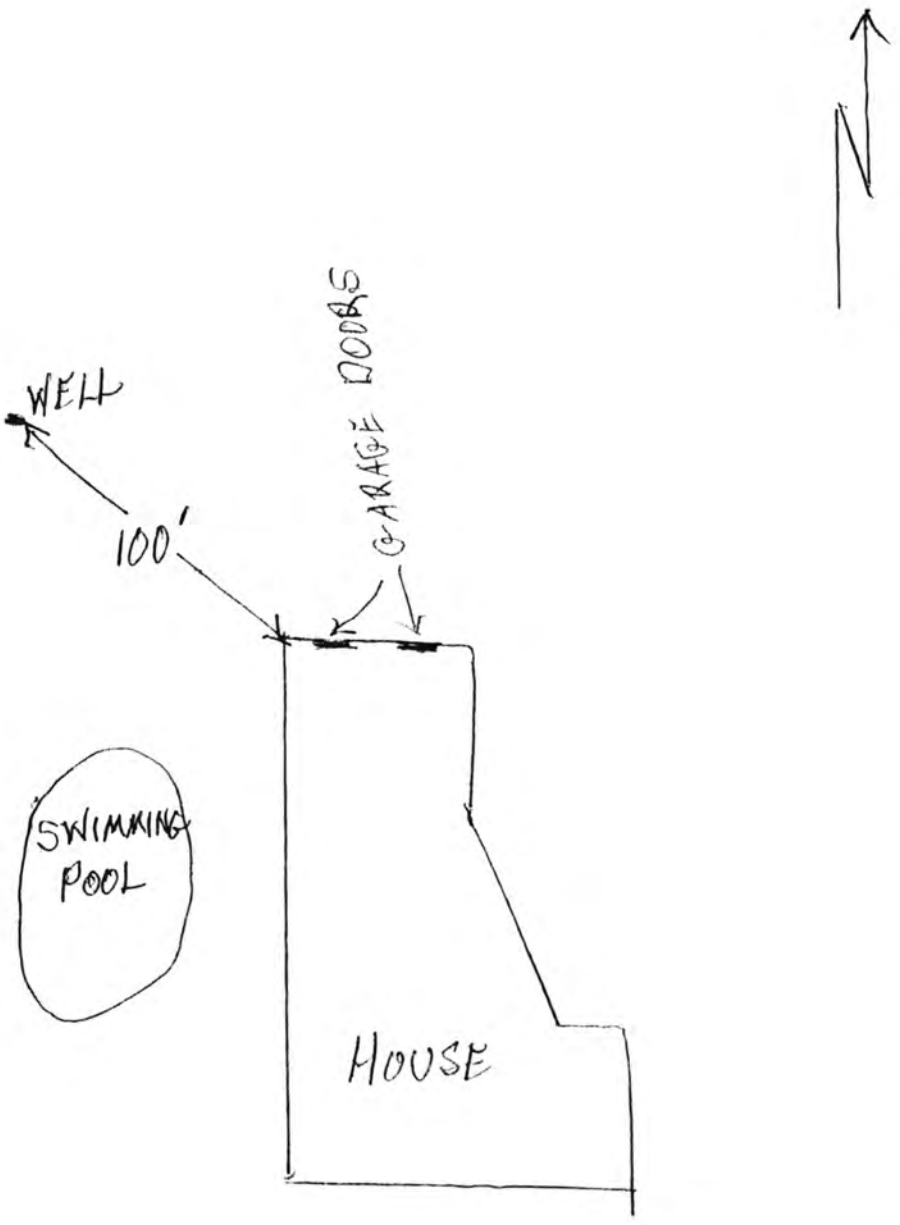
WATER SYSTEM: Approved ☐ **SEWAGE DISPOSAL SYSTEM:** Approved ☐ Provisional Approval ☐

Approved by John Olsen Date 11/24/99

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95


N
WELL
100'
GARAGE DOORS
SWIMMING POOL
HOUSE