LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit No. 98380183401

SEWAGE INSTALLATION
SWITCH FROM LAGOON TO SEPTIC

Issued 08/25/98
Expires 02/25/99
Revenue Code 3157

PAID

Establishment

BRIAN TEKOLSTE
T9N R7E SEC 28
COUNTRYLANE ADD BLK 6 LOT 4
9900 S 66 STREET

FEES: $150.00

TOTAL $150.00

Permittee

BRIAN TEKOLSTE
9900 S 66 ST
LINCOLN NE 68516-9252

Issued By Health Director
Lincoln-Lancaster County Health Department

008057

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: 98801834

Sewage Disposal System

SWITCH FROM LAGOON TO SEPTIC 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 9900 S 66th (no rural route) City Lincoln NE, Zip 68516

Legal Description 28 9N 7E COUNTRYLANE 6 4
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 Brian TeKolste Signature B TeKolste

Address 9900 S 66th City/State/Zip Lincoln NE 68516

☐ Check if owner designed system Home Phone 421-2252 Work Phone _____

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 17201 S 72 City/State/Zip Hickman NE 68372

☐ Check if contractor designed system Work Phone 792-2462

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 8/20/98 Date frwd 8/24/98 ACTION ☒ Approved ☐ Disapproved Signature Jerrold E. Hook
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6-22-00 Date frwd 6-22-00 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 6/22/00 Date frwd 6/22/00 ACTION ☒ Approved ☐ Disapproved Signature Chase Baker

Installation Final Written Approval

By Paul Drotzmann

Date 12-11-98

Business Office Use Only

Date Rec'd 08/20/98

Amt Paid 150.00

Rec'd By _____ Cash/Check No. 423

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: 98380 1834

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 9900 S 66th City Lincoln NE, Zip 68516
(no rural route)
Owner Brian TeKolste Addresss 9900 S. 66th

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests 8-15 to 8-16 Weather: Precipitation none Temperature 90

Percolation Test Data Table

A.	B.	C. D. Pre-Saturation Period		E. F.		G. H. Percolation Readings		I.	J. K.		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"	8/15	12:30			8/16	1:00		8/16	5:00	30		
2	"	"	"			"	"		"	"	30		
3	"	"	"			"	"		"	"	10		
4	"	"	"			"	"		"	"	30		
5	"	"	"			"	"		"	"	30		
6	"	"	"			"	"		"	"	30		

Person Conducting Percolation Tests

Name: Brian TeKolste
Phone: 421-2252
Address 9900 S 66th
Lincoln NE 68516

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 30

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks VISITED SITE AND MADE BORING. IS AN INCLUSION.

Signature of Reviewing Official Gerrald C. Hood R.E.H.S. Date AUGUST 24, 1998

FORM 23-101 10-96

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

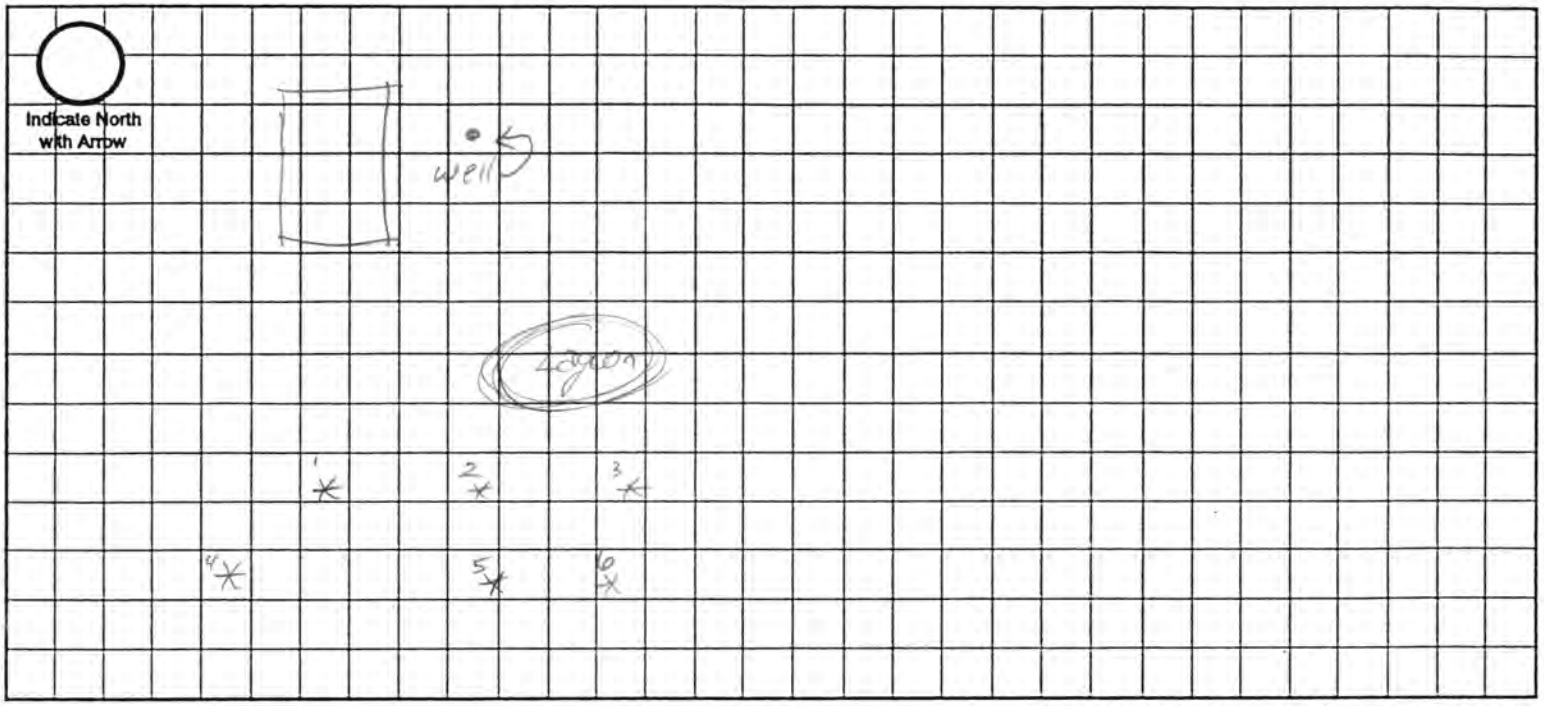
C

Permit Number: 9838 01834

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) 9900 S. 66 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 _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1000 sq. ft.

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

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 250 ft. Number of Trenches 3 Trench Width 4'

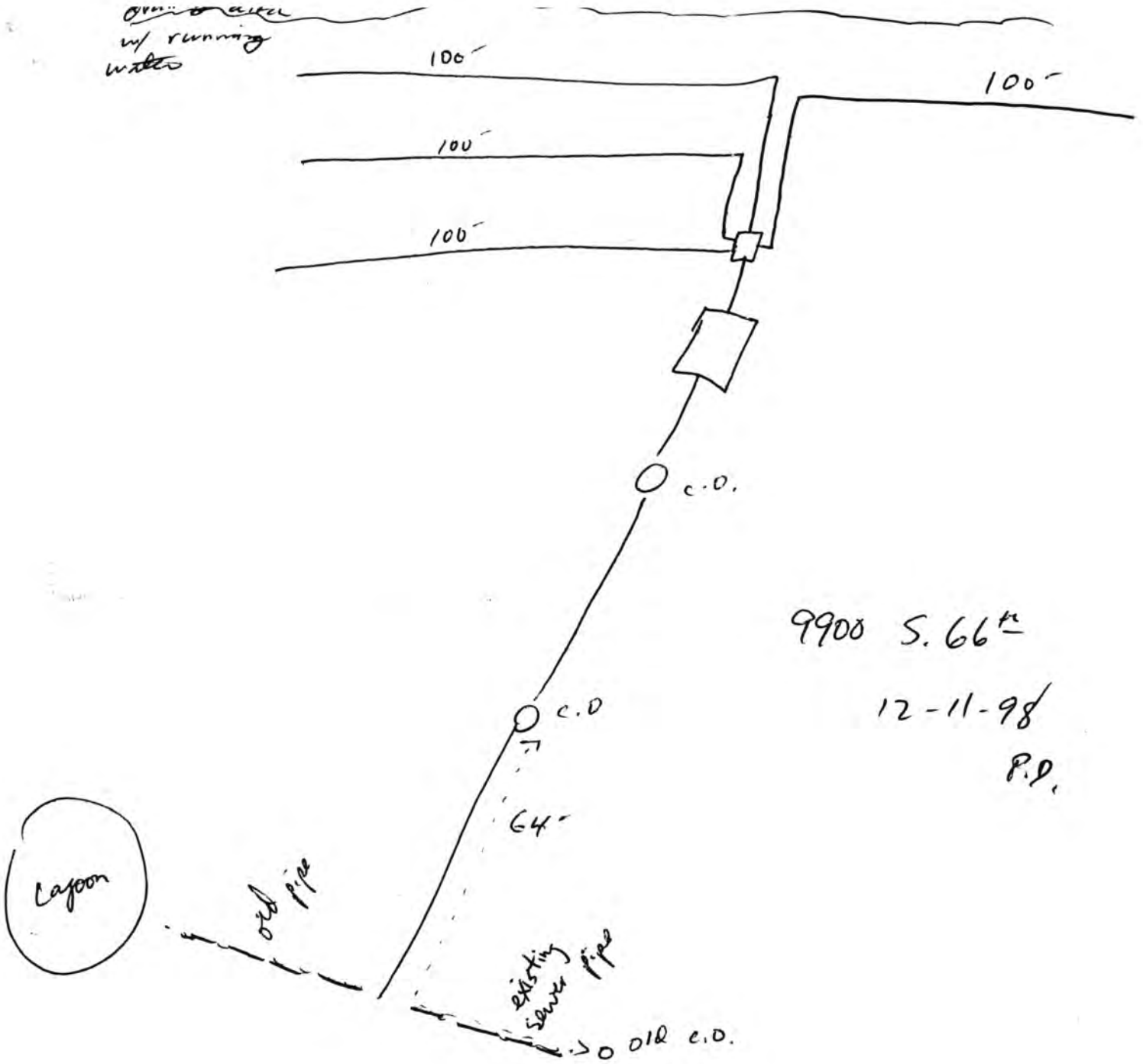
D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 EXISTING Date _____

Installer _____ Date _____



9900 S. 66th

12-11-98

P.D.

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET ENVIRONMENTAL HEALTH DIVISION (402)
Lincoln, NE 68510-1514 441-8000
NON TRANSFERABLE

PERMIT

Permit

WATER WELL

No. 96400059001

Issued 10/07/96
Expires 04/07/97
Revenue Code 19851

Establishment

MARY KINNING
T9N R7E SEC 28
COUNTRYLANE ADD BLK 6 LOT 4
9900 S 66 STREET

FEES: $75.00

TOTAL $75.00

Permittee

MARY KINNING
BOX06554
BOX 06554
LINCOLN NE 68506

2686

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"

SEP 24 1996

FORM: 20222-0483
REQUEST FOR SITE CLEARANCE AND PERMIT FOR INDIVIDUAL WATER WELL

RECEIVED SEP 25 1996

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502
PHONE: 471-8000

FILING FEE $ 75.00 #15375

FILE NO. _____

DATE: 9-19-96

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 6 : Lot 4 : Addition Countryland Addition
2. Well use: Residential ☑ ; Commerical ☐ ; Other Use ☑
   Describe single family w/ single bowl beauty shop
3. Distance to Public Water Supply: 3 Ft.
4. Intended use of well single family residence

mary Kunning
Kinking-Syadel Bldrs
Signature of Applicant (owner or lessee)

P.O. Box 6554
Lincoln, NE 68506
Address

City Water Yes ☐ No ☐

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 9/25/96. Date Frwd. 9/26/96. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 9/26/96. Date Frwd. 9/26/96. Action: Approved ☒ Disapproved ☐ Signature: _____
3. City or County Engineers: Date Rec'd _____. Date Frwd. 9-26-96. Action: Approved ☐ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6/23/00 by Jerrold C. Hood
Date: _____ by _____
Date: _____ by _____

Nitrate Level 0.9 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: 9-15-00

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

NEEDS WELL LOG / NEEDS TO REGISTER WELL WITH STATE.

FORM 23-13

FILE

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. 9N R. 7E Block 6 Lot 4 Addition COUNTRY LANE ADD
Owner BRIAN TE KOLSTE Address _____

LOG OF WELL	
	Description
Depth Ft. to	

WELL COMPLETION RECORD

Drilling Method: DIRECT ROTARY
Depth (from ground level), Ft. 234
Date Completed _____

Casing: Length, Ft. 214; Dia. In. 5
Wall Thickness, Inc. 265; type PVC #200

Screen: Length, Ft. 20 Dia. In. 5
Type 200# PVC, slot Size .013

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

Water Level, Surface to top of water, Ft.:
Static 154, Pumping 180

Yield: 30 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 _____

Address _____

Date _____

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

AUG 4 2000

STRADER'S
BLUE VALLEY DRILLING

Roger Strader
Office: (402) 673-3465

Well Contractor's License
#39022

Rt. #1 Box 89A
Pickrell, NE 68422



WELL LOG

Name Brian Tekolste **Date** September 27, 19 95

Address 9900 S. 66th ~~4220 Fran Avenue~~ - Lincoln, NE 68516 **Phone** 421-2252 ~~489-0501~~

Location of Water Well					
County: Lancaster	1/4 | SW 1/4 | SW 1/4	Section 28	Township T 9 N	Range R 7 E/W
Distance and Direction from nearest town (or) street address (or) Block, Lot and Addition	70th & east Rokeby Road - west to 66th - north 500' - east 300'		Ground elevation ____ ft.	Well use Domestic - new

Depth of completed well 234 ft
Method drilled Direct rotary
Bore hole diameter 8 in.
Static water level 154 ft.

Yield	Pumping Water Level
30+ gpm at	180 ft. lift
gpm at	ft. lift
gpm at	ft. lift

Hrs. Development 2 Method Air

Blank Casing: Length 214 ft
Inside diameter 5 in. Outside diameter 5½ in.
Type of Material PVC
Wall thickness or grade .265" - 200#
Joints: ~~Welded~~ / Glued / ~~Knocked~~
Guides at ____ ft. & ____ ft.

Screen: Inside Diameter 5 in.
Type of material & grade 200# PVC
Screen interval(s):
214 ft. to 234 ft.
____ ft. to ____ ft.
Slot size .013 Type Saw slot
Trade name ____ Guides @ ____ ft.
Bottom Cap: Type PVC Size 5 in.

Gravel Pack Intreval(s):
180 ft. to 234 ft.
____ ft. to ____ ft.
____ ft. to ____ ft.
Grade size Type B Amount 1000#

Grout:
6 to 10 ft., with Bentonite
90 to 95 ft., with Bentonite
____ to ____ ft., with ____

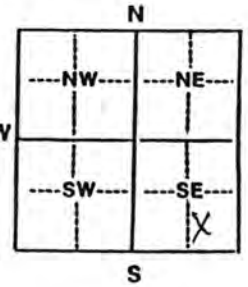
TOP	BOTTOM	FORMATION
0	35	Clay - brown, yellow & tan
35	51	Clay - yellow
51	54	Clay - blue
54	66	Clay - gray - brown
66	70	Sand - medium fine to medium brown
70	74	Clay - red & yellow - ironstone
74	84	Clay - red & white
84	93	Clay - gray & brown
93	96	Limestone & gray shale
96	111	Clay - gray
111	113	Clay - red with ironstone
113	119	Sandstone - dark brown
119	121	Pyrite
121	152	Sandstone - fine yellow
152	156	Sandstone - harder orange
156	196	Sandstone - yellow & orange with ironstone layers
196	198	Pyrite
198	214	Sandstone - yellow with layers of ironstone
214	217	Pyrite
217	232	Sandstone - yellow
232	235	Limestone & ironstone

Disinfection:
Completed? Yes X No ____
Was a chemical/bacteriological analysis obtained? Yes ____ No ____
If yes, give Mo./Day/Year ____ Laboratory ____
Recommended pump setting 200 ft. Pump Installer Oosting
Remarks ____

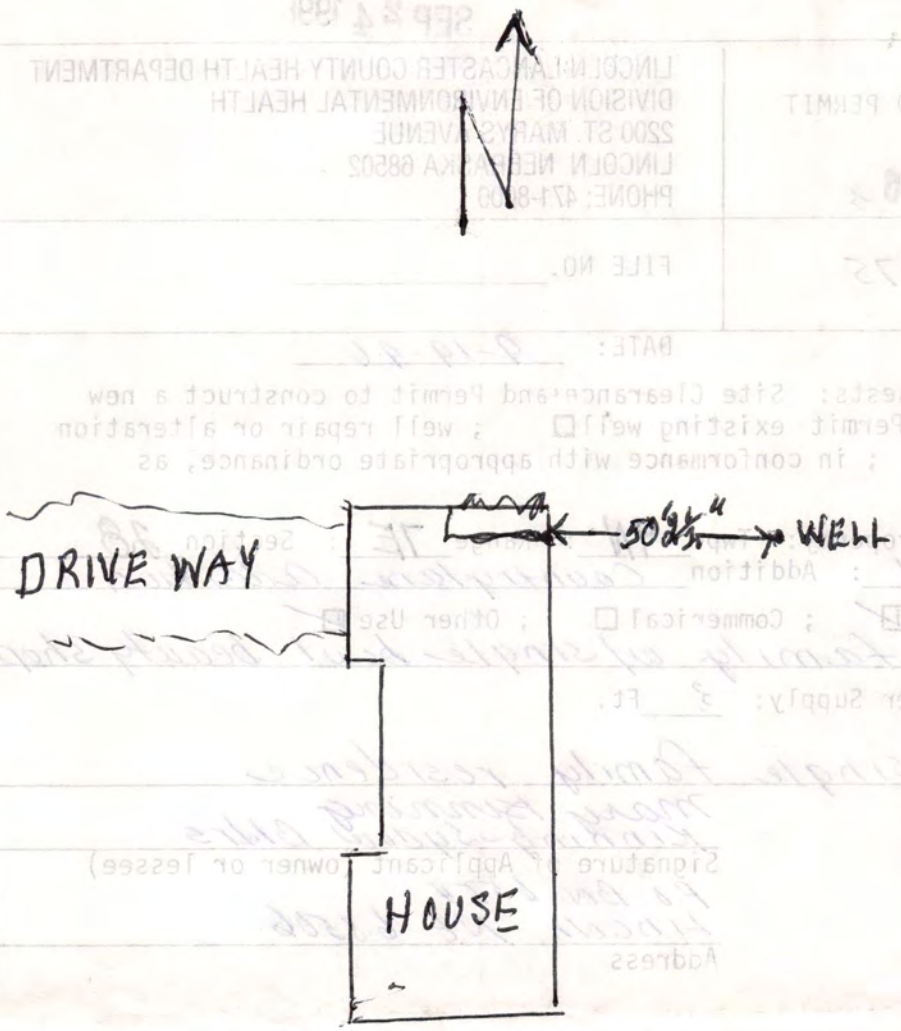
Well Location: 450 ft. from ~~north~~/south section line.
1200 ft. from east/~~west~~ section line

Drillers Signature ____ Drawing on back if needed.

Locate well with an "X" in section block



One Square Mile



AREA OF
SEPTIC SYSTEM