Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003188

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380273801

Issued 10/30/03
Expires 04/30/04
Revenue Code 3157

Establishment: OWEN & JANE STEWART
T9N R7E SEC 28
COUNTRYLANE ADD BLK 5 LOT 1
6701 WILDFLOWER CT

FEES: $200.00

Permittee: OWEN & JANE STEWART
5941 CULWELLS RD
LINCOLN NE 68516

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 03380273801

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 6701 Wildflower Ct (no rural route) City Lincoln NE, Zip 68516

Legal Description Country Lane ~~East~~ Addition 5 1
1/4 1/4 Section Township Range Subdivision Addition Block Lot
28 9N 7E

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Owen & Jane Stewart Signature _____

Address 5941 Culwells City/State/Zip Lincoln 68516

☐ Check if owner designed system Home Phone 488-3846 Work Phone _____

C. Contractor

Name Steve Fulton Company Name Fulton Construction

Address 3639 N. 39th St City/State/Zip Lincoln, NE 68504

☐ Check if contractor designed system Work Phone 402-464-7272

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

Designer Name Lloyd Jakoubek Firm Raymond Contracting Work Phone 402-890-6009

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 10/30/03 Date frwd 10/30/03	ACTION ☒ Approved ☐ Disapproved Signature Gerrold C. Hood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 10/31/03 Date frwd _____	ACTION ☑ Approved ☐ Disapproved Signature [illegible]	
3. City or County Engineer	Date rec'd 10/31/03 Date frwd 10/31/03	ACTION ☒ Approved ☐ Disapproved Signature [illegible]	

Installation Final Written Approval

By Gerrold C. Hood R.E.H.S.

Date JANUARY 2, 2004

Business Office Use Only

Date Rec'd 10/30/03
Amt Paid 200.00
Rec'd By [illegible] ~~Cash~~/Check No. 5113

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: 033802738

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6701 Wildflower Ct (no rural route) City Lincoln NE, Zip 68516

Owner Owen + Jane Stewart Addresss 5941 Cedarwells, Lincoln, NE 68516

Soil Type (SCS): WYMORE + SHARPSBURG SILTY CLAY LOAM BOTH IN AREA Percolation Rate: 36 min./inch

Date of Tests 10/27/03 to 10/28/03 Weather: Precipitation 0 Temperature 50°

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	28	10/27	10:30a	10/27	2:30p	10/28	8:30a	6	10/28	12:30p	30	1	30
2	28	"	"	"	"	"	"	"	"	"	"	3/4	40
3	29	"	"	"	"	"	"	"	"	"	"	1	30
4	28	"	"	"	"	"	"	"	"	"	"	3/4	40
5	27	"	"	"	"	"	"	"	"	"	"	5/8	48
6	30	"	"	"	"	"	"	"	"	"	"	3/4	30

Sum of Percolation Rates: 218

Average of Rates: 36

Rate Used for Calculation:

Person Conducting Percolation Tests

Name: Terri Jakoubek, Raymond Contracting Inc

Phone: 402-850-3870, 402-783-2463

Address 13800 N 70th St., Raymond, NE 68428

1,500 Gallon Tank
5 Bedroom - 344' of Lateral

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood Date October 30, 2003

FORM 23-101 10-96

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

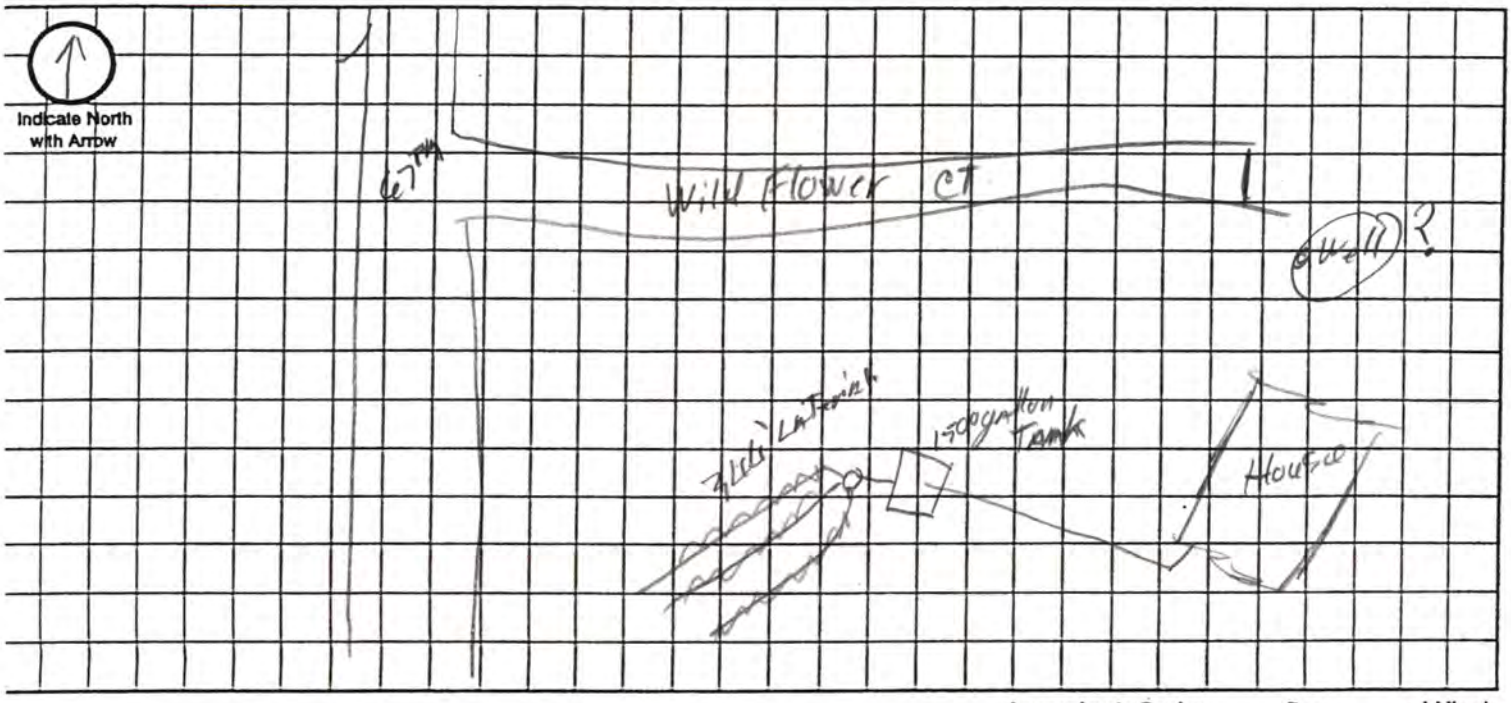
C

Permit Number: 033802738

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) 6701 Wildflower Ct City Lincoln NE, Zip 68514

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 36 (min. per inch) Soil Type: WYMORE + SHARPSBURG SILTY CLAY LOAM BOTH IN AREA Land Slope: _____ %

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

Total Square Feet of Field Required: 1,375 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☑ Other Lateral Material: 11-10 Standard Equalizer

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

Total Length of Laterals 344 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 _____ Date _____

Installer Lloyd J. Jabaluk Date 10-29-03

FORM 23-102 10-96

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 11/2/04

System Location (Indicate correct number and street)
Address 6701 Wildflower CT (no rural route) City Lincoln NE, Zip 68516

A. Building Sewer
1. Material: class 160 PVC
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 120 ft.
4. Number of clean-outs: 2
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: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☐ below grade at grade 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 100+ ft.
   Property line 100+ ft.

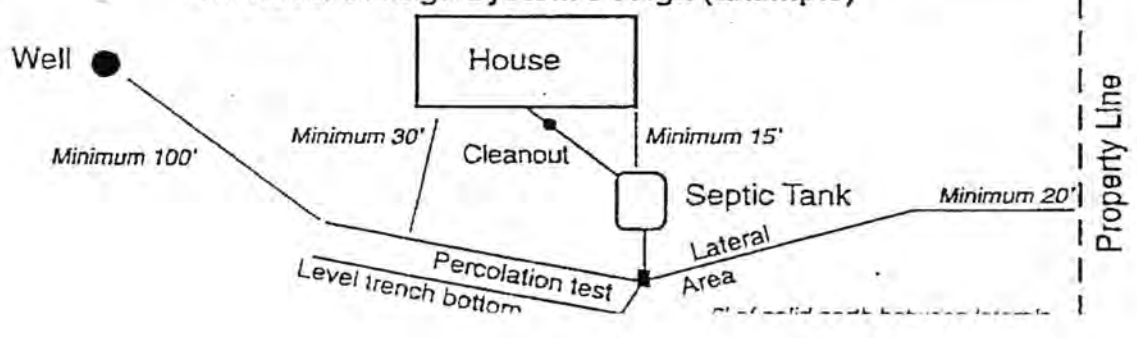
C. Distribution Box
1. Material: PVC 2-Drop Boxes
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 13' ft.

D. Absorption Field
(Provide as-built drawings on back of this form)
1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 4-10 Standard
   or perforated pipe: ____
   Material: ☒ fiberglass ☐ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 4
   Length of each line: 120 ft. 120 ft.
   50' ft. 56 ft., ____ ft.
3. Trench dimensions: Width 4 ft.
   Slope Flat in/100 ft.
   Average depth 26" in
4. Filter material: Gravel - Dirt
   Depth of material ____ in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 25' ft.

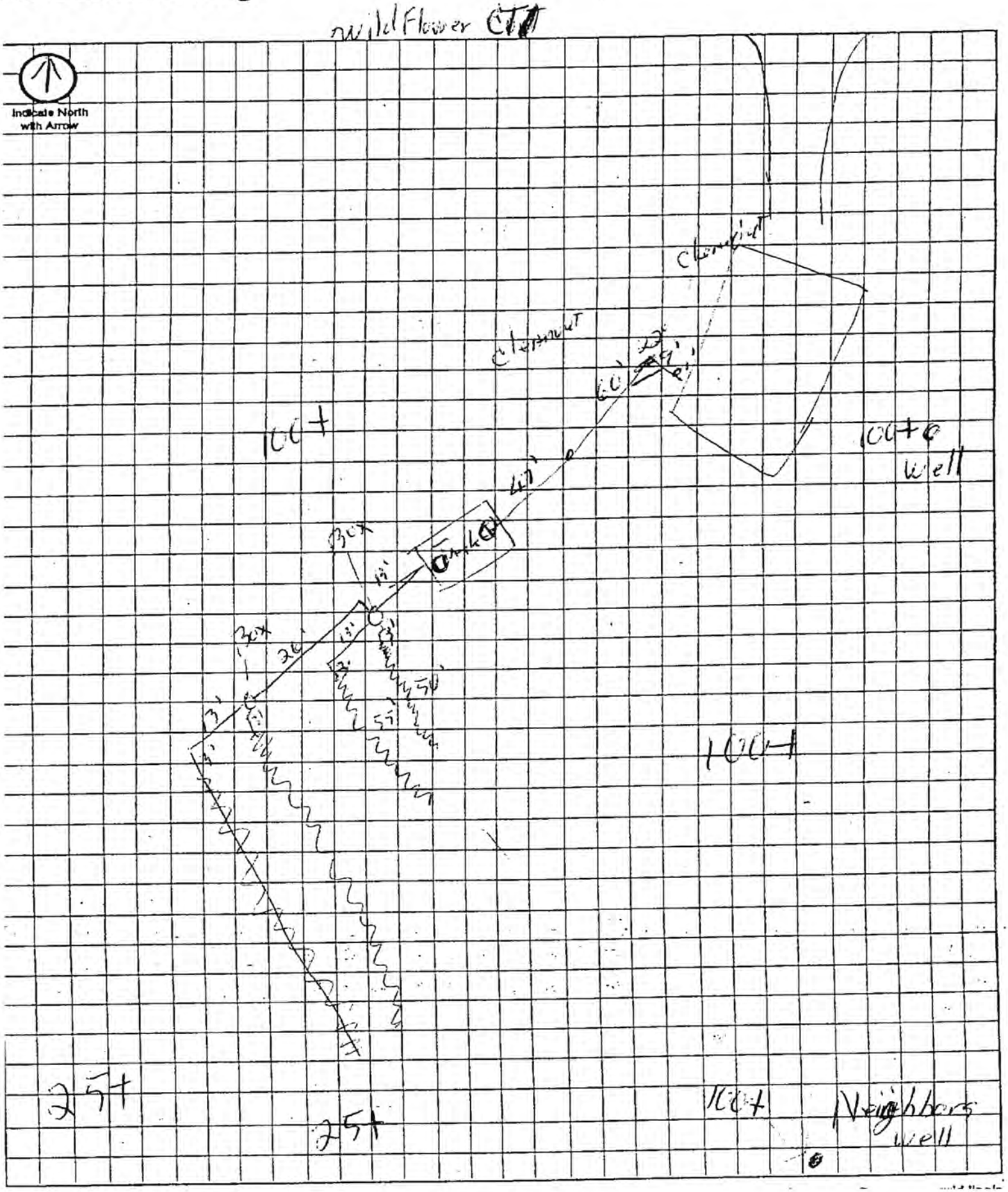
Indicate North with Arrow

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

Individual Sewage System Design (Example)



As Built Drawing



Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003162

(402) 441-8000

Permit

WATER WELL
NEW WATER WELL CONSTRUCTION

Permit # 03400110001

Issued 10/20/03
Expires 04/20/04
Revenue Code 3162

Establishment

OWEN & JANE STEWART
T9N R7E SEC 28
COUNTRYLANE ADD BLK 5 LOT 1
6701 WILDFLOWER CT

FEES: $100.00

Permittee

OWEN & JANE STEWART
5941 CULWELLS RD
LINCOLN NE 68516

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

Permit No. 03400110001

OCT 2 0 2003

Request for Site Clearance and Permit for Individual Water Well

PAID
CK. NO. 3173
DATE 10-16-03

The undersigned hereby requests:

- ☒ Site Clearance and Permit to construct a new individual water well - ~~$75.00~~ 100.00
- ☐ 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 6701 Wildflower CT City LINCOLN, NE Zip _____
(No Rural Route Please)

Legal description of property:
Twp 9N ; Range 7E ; Section 28 ; Block 5 ; Lot 1 ; Addition Country Lane Addition

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

3. Distance to Public Water Supply _____ feet.

Signature of Owner Owen Stewart Owen or Jane Stewart Signature of Contractor _____

Print Name Owen or Jane Stewart
Current Address 5941 Culver Ln
LINCOLN NE 68516
Current Home Phone 488-3846
Work Phone 420-2233

Print Name Fulton Construction
Address PO Box 4438
LINCOLN NE 68504
Home Phone _____
Work Phone 464-7272
Cellular Phone ~~540~~ 430-9979

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 10/20/03 Date forwarded 10/20/03	ACTION ☒ Approved ☐ Disapproved Signature: Jerrold C. Hood	
2. Building & Safety	Date received 10/20/03 Date forwarded 10/20/03	ACTION ☒ Approved ☐ Disapproved Signature: _____	
3. City Engineer	Date received 10/20/03 Date forwarded ___/___/___	ACTION ☒ Approved ☐ Disapproved Signature: _____	

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits:
Date: 6/25/04 By Jerrold Hood
Date: ___/___/___ By _____
Date: ___/___/___ By _____

Installation Final Written Approval
By: Jerrold C. Hood R.E.H.S.
Date: 6/30/04

Nitrate Level 0.0 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory
Yes X No ____
Other _____

Business Office Use Only
Date Rec'd: 10/20/03
Amt Paid: $ 100.00
Rec'd By FW Cash/Check No. 3173

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

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PREMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. 0340011 0001

LINCOLN-LANCASTER COUNTY
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

DATA SHEET FOR WATER WELL

6701 WILDFLOWER COURT (Location OF well)

Legal Description: Sec. 28 T. 9 R. 7 Block 5 Lot 1 Addition COUNTRY VIEW ESTATES

Owner OWEN STEWART Address 5941 CULWELLS ROAD, LINCOLN, NE 68516

LOG OF WELL	
Depth Ft to:	Description
0- 75	Brown clay
75- 85	Sand & clay
85-105	Sandstone
105-110	Yellow shale
110-115	Sandstone
115-125	Red & white shale
125-160	Gray shale
160-165	Ironstone
165-168	Gray shale
168-240	Orange sandstone
240-255	Tan sandstone
255-263	Coarse tan sandstone
263-280	Light yellow & tan shale
280-300	Medium fine tan sandstone
300-320	Medium tan sandstone
320-330	Gray shale

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level). Ft. 320'

Date Completed 4/5/04

Casing: Length, Ft. 310' :Dia. In. 4"

Wall Thickness, Inc. .214" Type PVC 200#

Screen: Length, Ft. 10' Dia. In. 4"

Type PVC WOP, Slot Size .025

Drop Pipe: Length, Ft. 240' Dia. In. 1 1/4" PVC 80

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

Static 195', Pumping 210' EST

Yield: 20 gpm, (OF PUMP) Measured XX Est.

Chlorination Completed Yes XX No

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

Driller [signature] (Signed)

Address: P.O. BOX 308
HICKMAN, NE 68372

Date: 22 JUNE 04

Remarks NITRATE NITROGEN 0.0 PPM.
BACTERIOLOGICAL O.K.

DO NOT WRITE BELOW THIS DOUBLE LIN

Health Department forwarded copy of record to Nebraska Conservatioin and Survey Department for Scientific Record X

Moser Well Drilling and Service Inc.

Marvin Moser
Hickman, NE

Allen Moser
Hickman, NE

Bill Moser
Roca, NE

Chris Thornton
Hickman, NE

Hickman, Nebraska 68372
Phone: (402)792-2515
Lincoln: 477-7291
Fax# 792-2922
www.moserwell.com

Pumps and Well Supplies - Trenching - Drilling

Date: 4/5/04 Well # 18-04 Driller: Bill NRD Lower Platte South

Owner/Builder: Owen Stewart, 5941 Culwells Rd. Lincoln, NE 68516 Phone # 488-3846

Location:
6701 Wildflower Court, Lincoln, NE. This is in Country View Estates at the N.W. corner of 70th & Rokeby Road.

0- 75 Brown clay
75- 85 Sand and clay
85-105 Sandstone
105-110 Yellow shale
110-115 Sandstone
115-125 Red and white shale
125-160 Gray shale
160-165 Ironstone
165-168 Gray shale
168-240 Orange sandstone
240-255 Tan sandstone
255-263 Coarse tan sandstone
263-280 Light yellow and tan shale
280-300 Medium fine tan sanstone
300-320 Medium tan sandstone
320-330 Gray shale

Depth: 320' Elevation

Casing Information

Type: pvc Thicknes 200#
Length 310' Diameter: 4"
Bore Size 8.5" SWL: 195' M
PWL:
GPM: 30 w/air

Filler Pack: 20-300'
Grout: 6-20'

Screen

Length: 10' Diameter 4"
Type: pvc wop
Slot: .025
Area of Screen: 310-320'
Pack: 300-321'
Type of Pack: "B"

Chemical Analysis

Total Chlorides
Sodium:
Hardness:
Nitrates:
Bacteria:
Iron:

Lat. Degrees 40 Minutes 42 Seconds 53
Long. Degrees 96 Minutes 37 Seconds 40

CTY/TN Lancaster/Grant

T.N. 9 R.E. 7 SECT. 28

State & Cty sent 6/22/04

Reg

COPY