LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit No. 95380128101

SEWAGE INSTALLATION

Issued 03/08/95
Expires 09/08/95
Revenue Code 18754

Establishment

H. ELLIS SIMMONS
T9N R7E SEC 28
COUNTRY LANE ADD BLK 3 LOT 2
6801 COUNTRYVIEW ROAD

FEES: $150.00

TOTAL $150.00

Permittee

H. ELLIS SIMMONS
6140 LUANN LN
LINCOLN NE 68516

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"

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

FILING FEE: $ 150.00

FILE NO. _____

DATE: _____

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 9N ; Range 7E ; Section 28 ; Block 3 : Lot 2 : Addition COUNTRY LANE ADDITION
   Street Address 6801 COUNTRYVIEW RD
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 4/5/95 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☒ OR LAGOON ; Other ☐
4. Distance to public sewer: _____ ft.

H. Ellis Jennings
Signature of Applicant (Owner or Lessee)

6140 LuAnn Lane
Address Lincoln 68516
423-4947

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/8/95 . Date Frwd. 3/8/95 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 3/8/95 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: [signature]
3. City or County Engineer : Date Rec'd. 3-8-95 . Date Frwd. 3-8-95 . ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5/31/95 by: J.C.H.
Date: 6/6/95 by: J.C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/6/95 By: Jerrold C. Hood

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 23 43

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 DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

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: _____ to _____. Weather: Precip. _____ Temp. _____.

OWNER: Ellis Simmons
Address: RFD 8 Lincoln

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
Hold No.	Hole Depth (in.)	Pre-Saturation Period Start Date (Mo./Day)	Pre-Saturation Period Start Time (Hr./Min.)	Pre-Saturation Period End Date (Mo./Day)	Pre-Saturation Period End Time (Hr./Min.)	Percolation Readings Start Date (Mo./Day)	Percolation Readings Start Time (Hr./Min.)	Percolation Readings Start Water Level (in.)	Percolation Readings End Time (Hr./Day)	Percolation Readings End Water Level (in.)	Elapsed Time (Min.)	Results Water Level Drop (in.)	Percolation Rates (Min./in.)
							12:00	5 3/4	12:30	6	30	1/4	
								5 1/2		6		1/2	
								5 1/2		6		1/2	
								4 7/8		6 1/8		1 1/4	
								4 3/4		6		1 1/4	
								4 3/4		6		1 1/4	

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

_____
Signature of Person Conducting Test

Address _____ Phone _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: June 15, 1995

Approved Percolation Rate (a)
A. 37 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

D

DATE: _____

FILE NO. _____

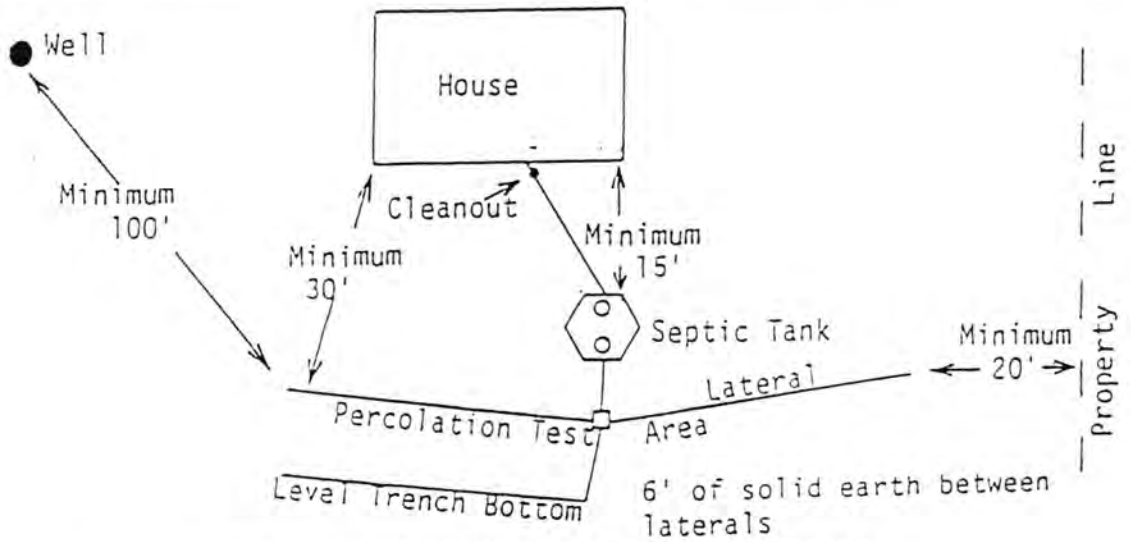
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material C 40 PVC; Diameter 4" in.
2. Distance above basement floor ____ in., or below basement floor 17 in.
3. Distance between dwelling and septic tank 62 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 > 20 ft.

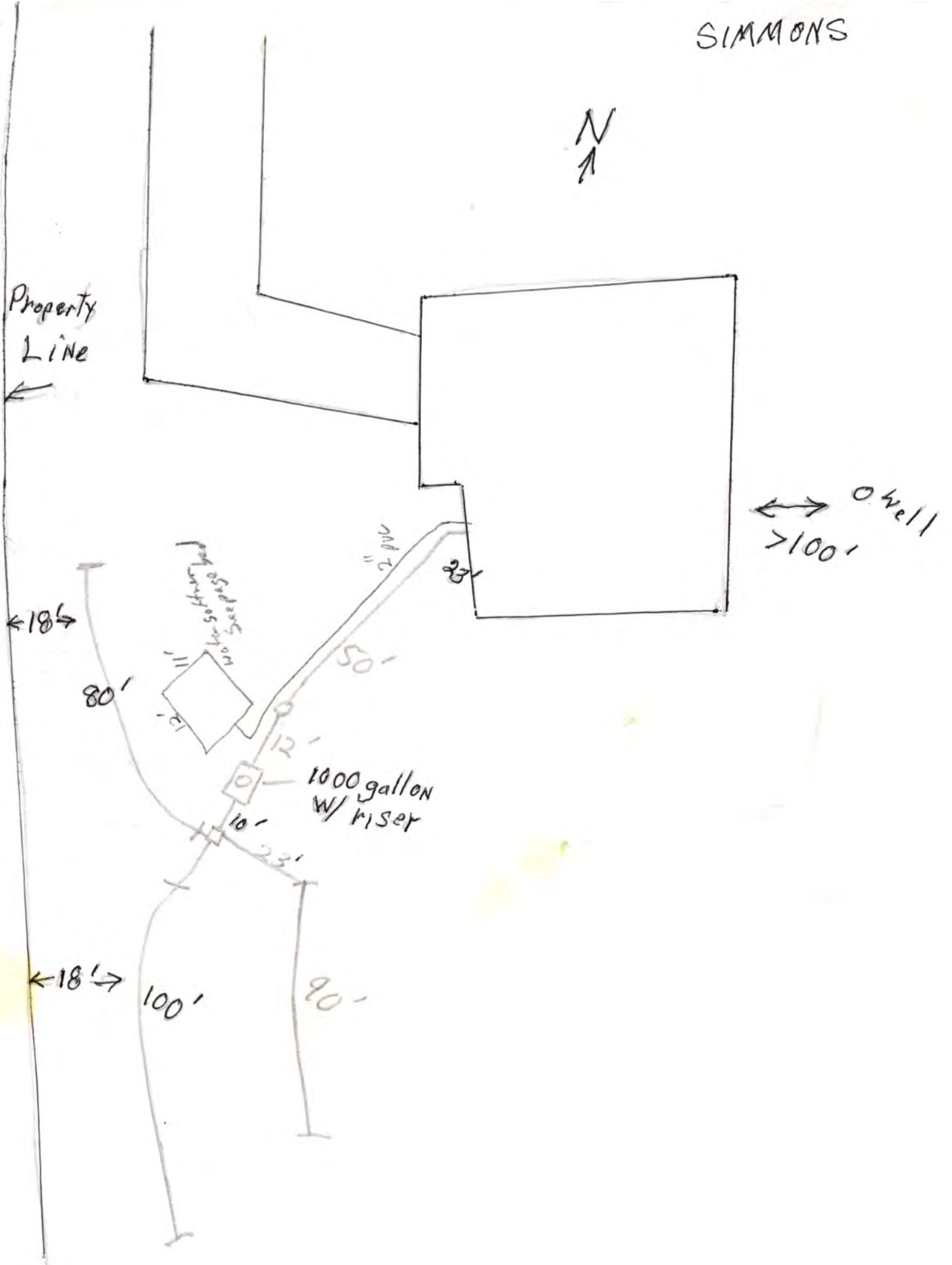
B. SEPTIC TANK:
1. Material Concrete; No. of compartments 1.
2. Capacity 1,000 gals.;
3. Factory Built: Yes ☐ No ☐ (Company Pre Cast Step)
4. Manholes: Over Inlet; diam. 10 in. Over Outlet; diam. 15 in. Riser Above ☐ Below ☒ Grade 2 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 36 in.
8. Distances to: Well or Suction Line > 100 ft.; Stream NA ft.; Pressure Line NA ft.; Property Line > 20 ft.

C. DISTRIBUTION BOX:
1. Material PVC; Number - available outlets 5.
2. Factory Built: Yes ☐ No ☐ (Company _____)
3. Distance from Septic Tank 10 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, 90, 80, ____, ____ ft.; Total length of laterals 270 ft.; Distance between lateral lines 18 ft.
3. Trench dimensions: Width 3 ft.; Slope 4 in/100 ft.; Average Depth 36 in.
4. Filter Material: Road Gravel Depth of Material _____ in.
5. Distances to: Well or Suction Line > 100 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 18 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


SIMMONS
N
Property Line
0 well
>100'
27'
2" PVC
Notch-Leaf Maple Seedpod
11'
12'
80'
50'
12'
1000 gallon W/ riser
10'
23'
18'
100'
90'
18'

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit
WATER WELL

No. 95400047301

Issued 03/08/95
Expires 09/08/95
Revenue Code 19851

Establishment
H. ELLIS SIMMONS
T9N R7E SEC 28
COUNTRY LANE ADD BLK 3 LOT 2
6801 COUNTRYVIEW ROAD

FEES: $75.00

TOTAL $75.00

Permittee
H. ELLIS SIMMONS
6140 LUANN LN
LINCOLN NE 68516

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"

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

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502
PHONE: 471-7800

FILING FEE $ 75.00

FILE NO. _____

DATE: _____

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 3 : Lot 2 : Addition COUNTRY LANE ADDITION
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: _____ Ft.
4. Intended use of well DOMESTIC

H. Ellis Summers
Signature of Applicant (owner or lessee)

6140 Suann Lane
Address Lincoln NE 68516
402 423 4947

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 3/8/95. Date Frwd. 3/8/95. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 3/8/95. Date Frwd. _____. Action: Approved ☐ Disapproved ☐ Signature: _____
3. City or County Engineers: Date Rec'd 3/8/95. Date Frwd. 3/8/95. Action: Approved ☒ Disapproved ☐ Signature: Mark McGhan

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8/25/95 by J.C. Hood Representative close to well
Date: 10/18/95 by J.C. Hood
Date: 11/16/96 by J.C. Hood

Nitrate Level <0.1 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1/22/96 By: J.C. Hood

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

FORM 23-13

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. 7E Block 3 Lot 2 Addition Country Lane Estates

Owner H. ELLIS SIMMONS Address 6140 LUANN LANE, LINCOLN, NE 68516

LOG OF WELL	
Depth ft. --to--	Description
0- 15	BRN CLAY
15- 95	YEL CLAYS
95-120	BLUE CLAY
120-124	SAND & GRAVEL
124-125	HARD LAYER & ROCK
125-130	CRS ORANGE SS
130-220	SHALE
220-260	MED FINE SS
260-275	VRY CRS SS
275-278	SHALE
278-285	VRY CRS SS & GRAVEL
285-295	SHALE

WELL COMPLETION RECORD

Drilling Method: ROTO

Depth (from ground level), Ft. 285'
Date Completed 5-15-95

Casing: Length, Ft. 265'; Dia. In. 4"
Wall Thickness, Inc 200#; type PVC

Screen: Length, Ft. 20' Dia. In. 4"
Type PVC SOP&SLOTTED Slot Size .030 & .025

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

Water Level, Surface to top of water, Ft.:
Static 205', Pumping NA

Yield: 50 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)

Address P. O. BOX 308
HICKMAN, NEBRASKA 68372

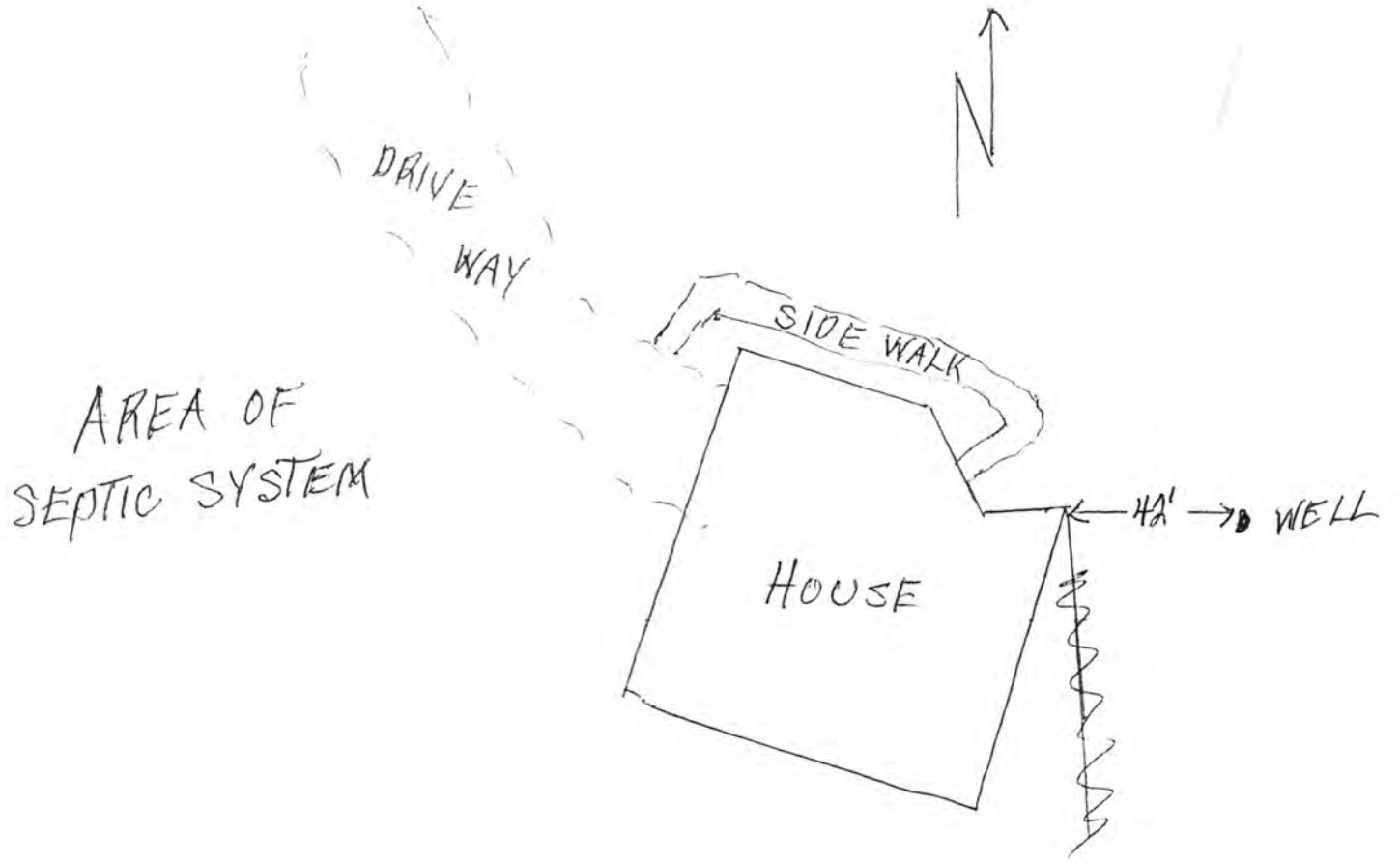
Date 28 June 1995

REMARKS NITRATE NITROGEN <0.1 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


N
DRIVE
WAY
SIDE WALK
AREA OF
SEPTIC SYSTEM
42'
WELL
HOUSE