Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 99380202801

Issued 06/28/99
Expires 12/28/00
Revenue Code 3157

FEES: $150.00

Establishment

MARVIN JACQUES
T9N R7E SEC 28
COUNTRYLANE ESTS-1ST BLK 2 LOT 1
6501 VANDERSLICE LANE

Permitee

MARVIN JACQUES
2536 CLAYTON CT
LINCOLN NE 68507

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010594

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.

☐ 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 6501 Vanderslice Lane (no rural route) City Lincoln NE, Zip

Legal Description 28 9N 7E Countryclane Estates Phase 2 2 1
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 Marvin Jacques Signature

Address 2536 Clayton Ct City/State/Zip Lincoln Ne 68507

☐ Check if owner designed system Home Phone 467-2552 Work Phone

C. Contractor

Name John Kramer Company Name Kramer & Son Construction Co

Address 4600 Rentfro Dr City/State/Zip Lincoln Ne 68526

☐ Check if contractor designed system Work Phone 489 9209

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 6/25/99 Date frwd 6/28/99 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood

2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6-29-99 Date frwd 6-29-99 **ACTION** ☒ Approved ☐ Disapproved Signature

3. **City or County Engineer** Date rec'd 6/29/99 Date frwd 6/29/99 **ACTION** ☒ Approved ☐ Disapproved Signature

11/16/99 LIFT STATION FIELD
11/17/99 Sewer, force line to lift station. SH

Installation Final Written Approval PROVISIONAL EXPERIMENTAL

By Jerrold C. Hood P.E. & L.S.

Date NOVEMBER 24, 1999

Business Office Use Only

Date Rec'd 06/25/99
Amt Paid 150 00
Rec'd By
Cash/Check No. 6638

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 6501 Vanderslice Lane (no rural route) City Lincoln NE, Zip _____

Owner _____ Addresss _____

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

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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)
				Does		not	Perk						
						Will		build	a	Lagoon			

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

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

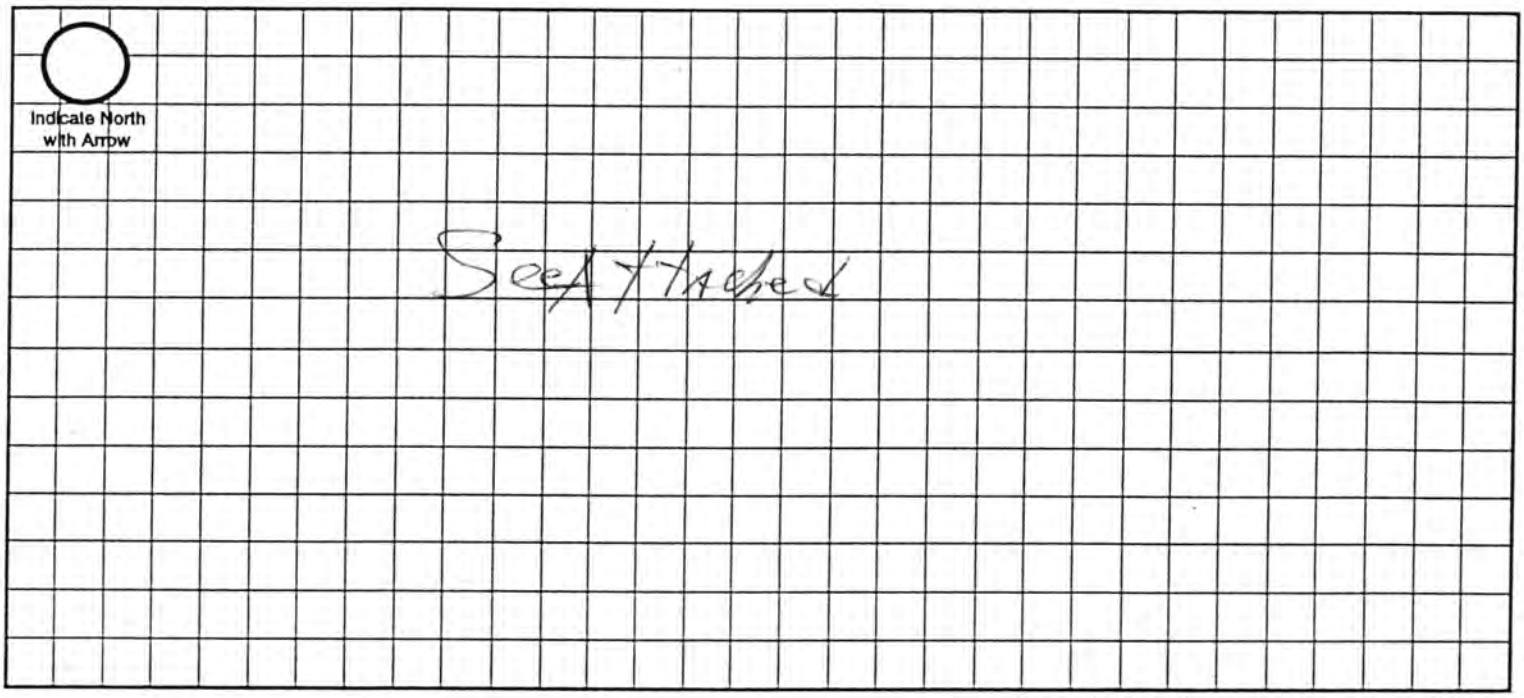
C

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) 6501 Vanderslice Lane City Lincoln NE, Zip _____

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: _____ sq. ft.

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

Capacity of Septic Tank _____ 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 Kramer & Son Const Co Date 6-25-99

Installer _____ Date _____

NOV 24 1999

D

Permit Number:

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

Sewage Disposal System

As Built Plans & Specifications

Date 11-18-99

System Location (Indicate correct number and street)

Address 6501 Vandeslice (no rural route) City Lincoln NE, Zip

Evaporation-Transpiration Absorbtion System

A. Building Sewer

1. Material: class 160
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 42" in.
3. Distance between dwelling and septic tank: 53' ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line ____ ft.
   stream ____ ft.
   pressure line ____ ft.
   property line ____ ft.

B. Septic Tank

1. Material: Precast
   Number of compartments: ____
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter ____ in.
   Over outlet, diameter ____ in.
   Riser: ☒ above ☐ below grade 24" in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 24 in.
8. Distances to: Well or suction line ____ ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

C. Distribution Box

1. Material: Precast
   Number available outlets: ____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: 122' To Left Stake ft.
   98' on to D. box

D. Absorption Field

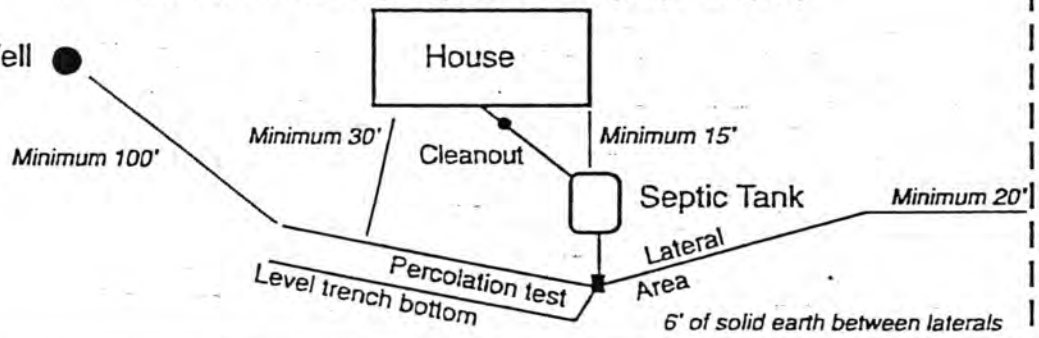
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 3' Standard Infiltration
   or perforated pipe: ____
   Material: ☐ fiberglass ☐ plastic ☒ concrete
   ☐ other ____
2. Lateral lines: Number 2
   Length of each line: 95 ft, 95 ft,
   ____ ft, ____ ft., ____ ft,
3. Trench dimensions: Width 5' ft.
   Slope ____ in/100 ft.
   Average depth 30" in
4. Filter material: Washing Sand
   Depth of material ____ in.
5. Distances to: Well or suction line ____ ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

Indicate North with Arrow

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

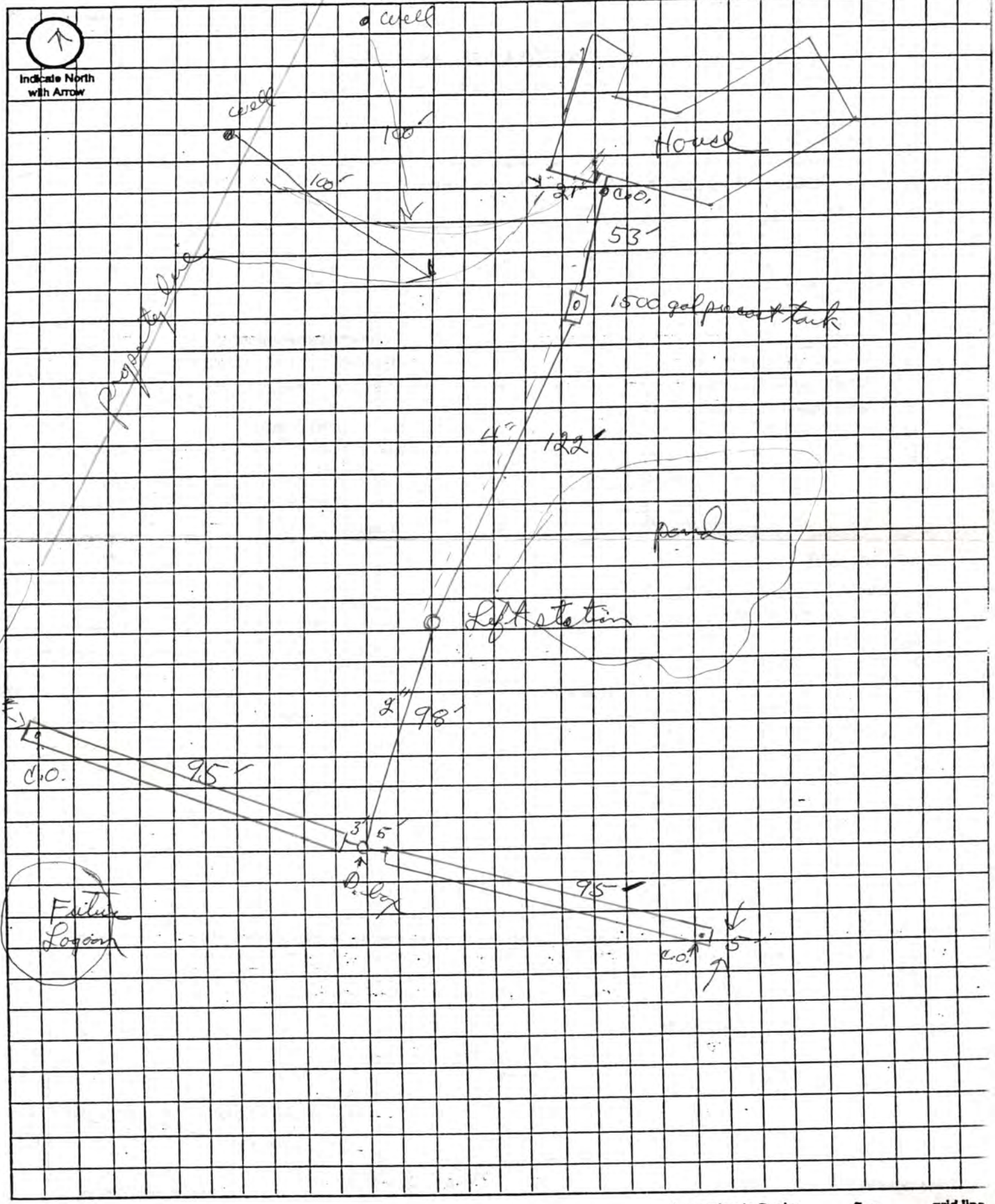
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing by Larry Schwarck 11-18-99

6501 Vandalia



Approximate Scale: ft. = _____ grid line

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

Establishment

MARVIN JACQUES
T9N R7E SEC 28
COUNTRYLANE ESTS-1ST BLK 2 LOT 1
6501 VANDERSLICE LANE

Permitee

MARVIN JACQUES
2536 CLAYTON CT
LINCOLN NE

Permit # 99400083601

Issued 06/28/99
Expires 12/28/99
Revenue Code 3162

FEES: $75.00

TOTAL: $75.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010595

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

Permit No. 9940000836

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 6501 Vandenslice Lane City Lincoln, NE Zip _____
(No Rural Route Please)
Legal description of property:
Twp 9N; Range 7E; Section 28; Block 2; Lot 1; Addition Country Lane Estates 1st

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

3. Distance to Public Water Supply _____ feet.

Signature of Owner _____

Print Name Marvin Jacques
Current Address 2536 Clayton Ct
Lincoln Ne 68507
Current Home Phone 467-2552
Work Phone _____

Signature of Contractor John P Kramer

Print Name John P Kramer
Address 4600 Pentzer Dr
Home Phone _____
Work Phone 489 9209
Cellular Phone 430-6338

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 6/25/99, Date forwarded 6/28/99 — ACTION ☒ Approved ☐ Disapproved — Signature: Jerrold C. Hood
2. Building & Safety — Date received 6/28/99, Date forwarded 6/28/99 — ACTION ☒ Approved ☐ Disapproved — Signature: _____
3. City Engineer — Date received _____, Date forwarded 6/28/99 — ACTION ☒ Approved ☐ Disapproved — Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits:
Date: 5/25/00 By Jerrold Hood
Date: ____/____/____ By _____
Date: ____/____/____ By _____

Installation Final Written Approval
By: Jerrold C. Hood R.E.H.S.
Date: 5/31/00

Nitrate Level 2.3 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory
Yes X No ____
Other _____

Business Office Use Only
Date Rec'd: 06/25/99
Amt Paid: $ 77.00
Rec'd By S Cash/Check No. 2131

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

MAY 31 2000

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13553
FILE NO. 99H000836

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN NE 68502
Phone: 471-7300

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 28 T. 9N R. 7E Block 2 Lot 1 Addition COUNTRY LANE ESTATES 1ST
Owner MARVIN JAQUES Address 6501 JANDERSLICE LN. LINCOLN, NE 68512

LOG OF WELL	
	Description
Depth Ft. to	
0 - 1	TOP SOIL
1 - 18	BROWN CLAY
18 - 20	BLUE CLAY
20 - 28	BROWN CLAY
28 - 34	SAND AND SHALE
34 - 42	BROWN CLAY
42 - 55	SAND
55 - 65	BROWN & RED CLAY
65 - 72	LIGHT GRAY CLAY
72 - 120	BLUE AND BROWN CLAY
120 - 154	LIGHT GRAY CLAY
154 - 164	SANDSTONE (RED, BROWN)
164 - 166	SHALE
166 - 217	SANDSTONE (RED COURSE BROWN)
217 - 221	WHITE & YELLOW CLAY
221 - 240	SANDSTONE (RED - COURSE, BROWN)

WELL COMPLETION RECORD

Drilling Method: ROTARY
Depth (from ground level), Ft. 240
Date Completed 9-8-99

Casing: Length, Ft. 230 ; Dia. In. 4"
Wall Thickness, Inc. .214 ; type PVC

Screen: Length, Ft. 10 Dia. In. 4"
Type SLOTTED , slot Size .018

Drop Pipe: Length, Ft. 200 Dia. In. 1 1/2 PVC

Water Level, Surface to top of water, Ft.:
Static 130 , Pumping 180 EST.

Yield: 25 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 Rick Bell (Signed)
EARNEST WELL DRILLING
2796 W. MILFORD RD
Address MILFORD, NE 68405

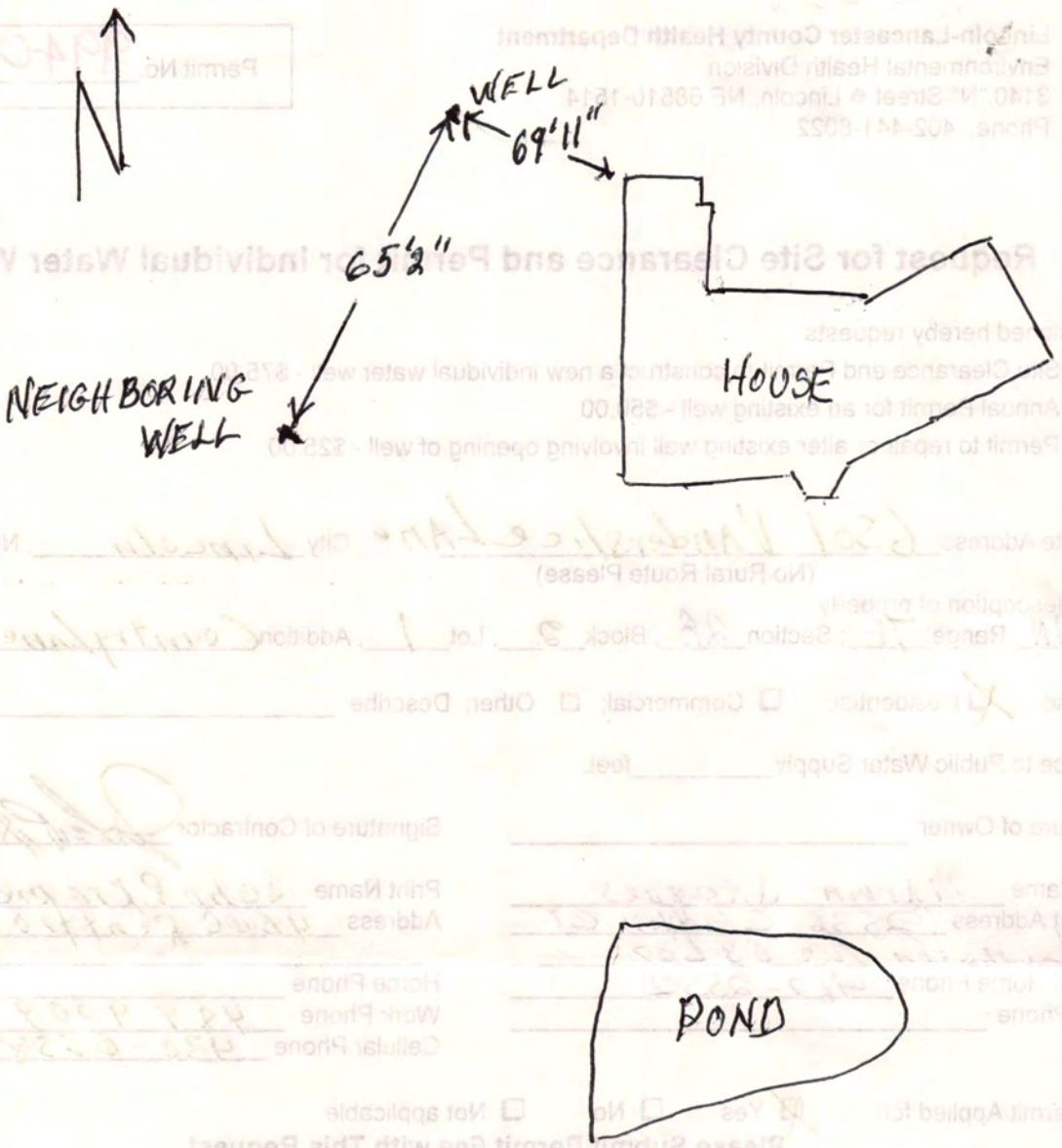
Date 5-26-00

REMARKS
WELL SEALED WITH BENTONITE
HOLEPLUG FROM 10'-20', 140'-150'
NITRATE NITROGEN 2.3 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



AREA OF
SEPTIC FIELD