Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 99380192601

Issued 01/22/99
Expires 07/22/99
Revenue Code 3157

FEES: $150.00

Establishment

ARTZ & SONS
T9N R7E SEC 28
COUNTRY LANE-1ST ADD BLK 3 LOT 2
6400 COUNTRY VIEW LN

TOTAL: $150.00

Permitee

ARTZ & SONS
4215 W BUCKS DR
LINCOLN NE 68523

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011000

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 6400 Country View Lane (no rural route) City Lincoln NE, Zip 68516

Legal Description 28 (1/4) 9N (1/4) 7E (Section, Township, Range) Country Lane 1st Add (Subdivision) 3 (Addition) 2 (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 Tommy J. Ault Signature Tommy J. Ault

Address 4215 W Bucks Dr City/State/Zip Lincoln Ne.

☐ Check if owner designed system Home Phone 797-8200 Work Phone 432-1418

C. Contractor

Name Ault & Sons Company Name Tommy J. Ault

Address 4215 W. Bucks Dr City/State/Zip Lincoln Ne 68523

☐ Check if contractor designed system Work Phone 432-1418

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

Designer Name Clint Purcell Firm Wellmann Plumbing Work Phone 434-2400

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 5 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 1/15/99 Date frwd 1/15/99	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 1-15-99 Date frwd 1-15-99	**ACTION** ☒ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 1-15-99 Date frwd 1-15-99	**ACTION** ☒ Approved ☐ Disapproved Signature	

Installation Final Written Approval

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

Date SEPTEMBER 10, 1999

Business Office Use Only

Date Rec'd 01/15/99

Amt Paid 150 ck

Rec'd By lo Cash/Check No. 6546

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector Also well

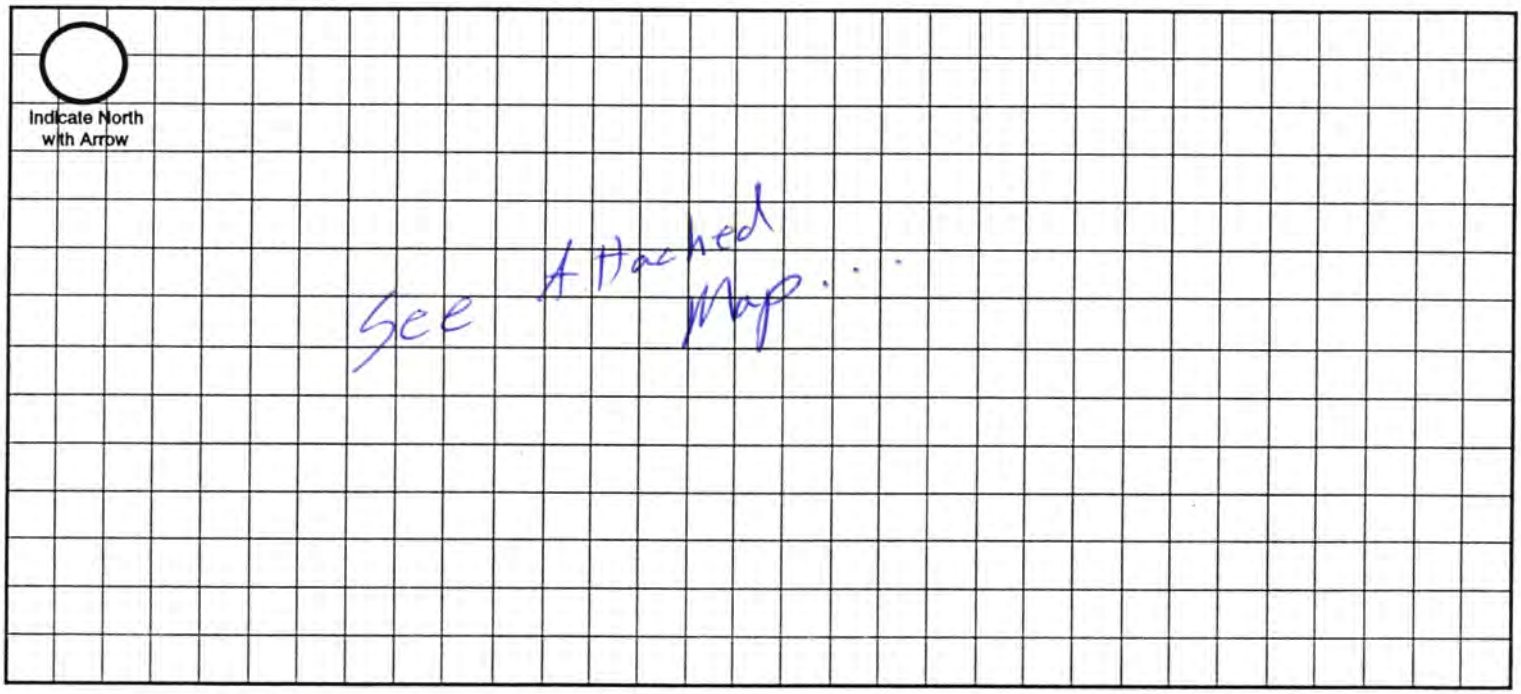
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 6400 Country View Lane 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 20.2 (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 798 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: ~~2~~ 4 Number of Distribution Laterals per Bed 1

Total Length of Laterals 396 ft. Number of Trenches ~~2~~ 4 Trench Width 36"

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 Tommy J. Clark Date 1-15-98

Installer [illegible] Date 1-15-98

FORM 23-102 10-96

Nebraska State Health Department
Division of Housing & Environmental Health

SAN 1701

SOIL ABSORPTION TEST DATA REPORT

PROPERTY WHERE SOIL TESTED: Owner: COUNTRYLANE ESTATES

Location: Township T9N, R7E

Section & ¼ Sect. SE 1/4 SEC 28 Address: LOT 2, BLOCK 3, 1ST ADDITION

Property Dimensions: _____ ft. x _____ ft. IRREGULAR, SEE SKETCH

Area: 3.0 acres. (Attach sketch of property showing hole location).

Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐

WYMORE OVER PAWLEE Silty Loam ☐ ; Clay Loam ☐ ; Sandy Clay ☐

Dates of Tests: 10/30/96 to 10/31/96. Weather: Precip. 0 Temp. 40° F

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation readings					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch
1	52	10/30	2:28P	10/30	6:28P	10/31	1:53P	29.16	2:28P	33.36	35	4.2	8.3
2	53	"	2:32	"	6:32	"	1:55	26.76	2:29	28.86	34	2.1	16.2
3	53	"	2:35	"	6:35	"	1:56	24.12	2:30	25.56	34	1.44	23.6
4	52	"	2:38	"	6:38	"	1:57	20.52	2:31	22.2	34	1.68	20.2
5	54	"	2:42	"	6:42	"	1:58	32.4	2:32	34.26	34	1.86	18.3
6	54	"	2:45P	"	6:45P	"	1:59P	35.16	2:33P	37.2	34	2.04	16.7

Sum of Percolation Rates 103.3
Average of Rates: 17.2
Inches per minute: 0.058

Signature of Person Conducting Test

Address 7941 PORTSCHE LANG, LINCOLN, NE 68516
Phone 402-423-0559

(Do not write below this line)

REVIEWING ACTION

REMARKS: Wymore Silty Clay Loam

Approved Percolation Rate(s)
A. 17.2 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: January 15, 1999

Signature of Reviewing Official

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 7-29-99

System Location (Indicate correct number and street)

Address 6400 Country Views (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 39 in.
3. Distance between dwelling and septic tank: 31' ft.
4. Number of clean-outs: _____
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 6" in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 30 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: 12' ft.

D. Absorption Field

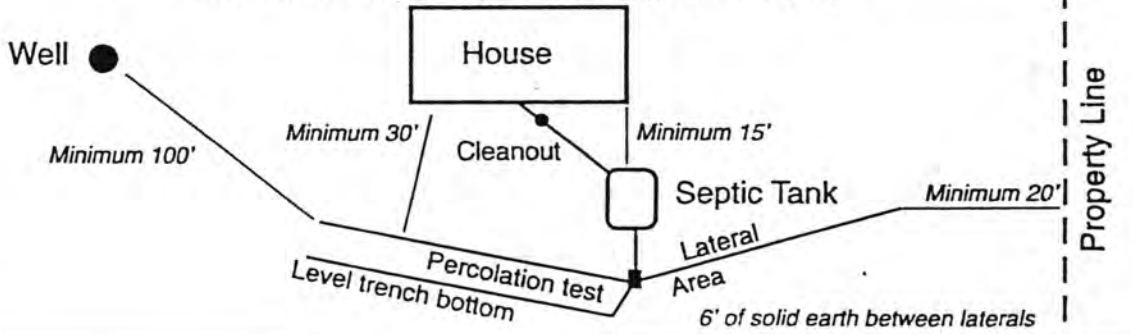
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 15" Infiltrator
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 110 ft. 100 ft.
   100 ft. 100 ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 2' in/100 ft.
   Average depth 22 – 40 in
4. Filter material: Road Gravel
   Depth of material 15 in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

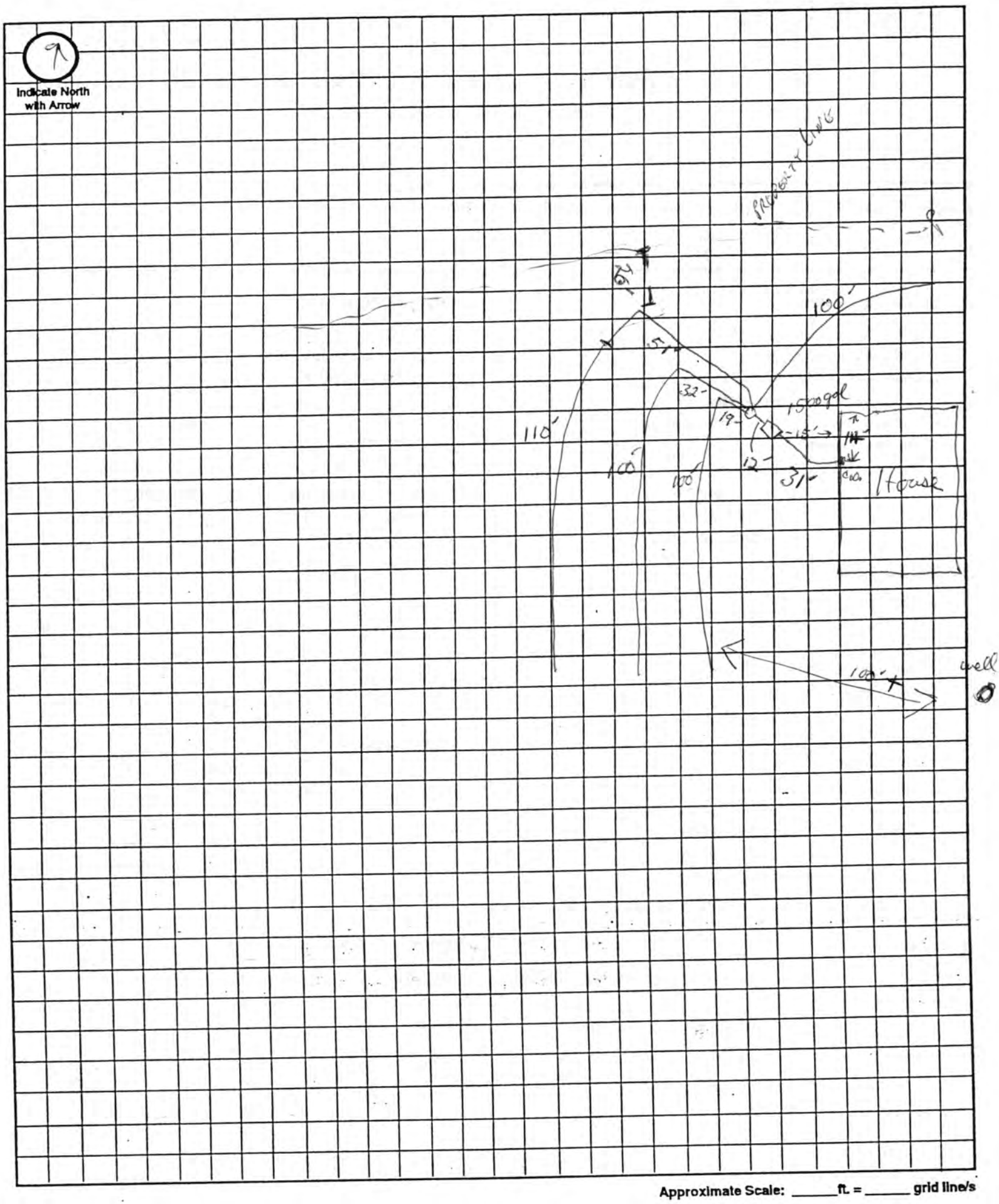
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

Permit No. 99400080701

WATER WELL
NEW WATER WELL CONSTRUCTION

Issued 01/22/99
Expires 07/22/99
Revenue Code

PAID

FEES: $75.00

TOTAL $75.00

Establishment

ARTZ & SONS
T9N R7E SEC 28
COUNTRY LANE-1ST ADD BLK 3 LOT 1
6400 COUNTRY VIEW LN

Permittee

ARTZ & SONS
4215 W BUCKS DR
LINCOLN NE 68523

Issued By Health Director
Lincoln-Lancaster County Health Department

008637

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

P.I.D.# 16-28-410-002-000

Permit No. 94000807

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

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 6400 Country View Lane City Lincoln, NE Zip 68516
   (No Rural Route Please)
   Legal description of property:
   Twp 9N; Range 7E; Section 28; Block 3; Lot 2; Addition 1st Country Acres

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

3. Distance to Public Water Supply 1000 feet.

Signature of Owner Tommy J Artz

Print Name Tom Artz
Current Address 4215 W. Bucks DR

Current Home Phone 797-8200
Work Phone 432-1418

Signature of Contractor Tommy J Artz

Print Name Tom Artz
Address 4215 W Bucks DR

Home Phone 797-8200
Work Phone 432-1418
Cellular Phone _____

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 1/15/99; Date forwarded 1/15/99 — ACTION ☒ Approved ☐ Disapproved; Signature: Jerald C. Hood
2. Building & Safety — Date received 1/15/99; Date forwarded 1/15/99 — ACTION ☒ Approved ☐ Disapproved; Signature: _____
3. City Engineer — Date received 1/15/99; Date forwarded 1/15/99 — ACTION ☒ Approved ☐ Disapproved; Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits:
Date: 1/28/99 By _____ Water not hooked up
Date: 2/24/99 By _____
Date: ____/____/____ By _____

Installation Final Written Approval
By: _____
Date: 10/12/99

Nitrate Level 1.4 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory
Yes ✓ No ____
Other _____

Business Office Use Only
Date Rec'd: 01/15/99
Amt Paid: $ 75.00
Rec'd By ____ Cash/Check No. 6546

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

Also Sewage