LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 98380175801

Issued 05/14/98
Expires 11/14/98
Revenue Code 3157

FEES: $150.00

PAID

TOTAL $150.00

Establishment

LEE T BERKS
T9N R7E SEC 28
COUNTRYLANE ESTS-1ST BLK 4 LOT 2
9701 S 64 ST

Permittee

LEE T BERKS
6041 PRINCESS MARGARET DR
LINCOLN NE 68516-3157

Issued By Health Director
Lincoln-Lancaster County Health Department

007356

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:

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 9701 SOUTH 64TH STREET (no rural route) City LINCOLN NE, Zip 68516

Legal Description 28 9 NORTH 7 EAST COUNTRY LANE ESTATES 4 2
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 LEE T. BERKS, JR. Signature Lee T. Berks Jr.

Address 6041 PRINCESS MARGARET DR City/State/Zip LINCOLN NE 68516

☐ Check if owner designed system Home Phone 421-3745 Work Phone 450-8221

C. Contractor LEE BERKS

Name BERKS HOME IMPROVEMENT Company Name BERKS HOME IMPROVEMENT

Address 6041 PRINCESS MARGT. City/State/Zip LINCOLN NE 68516

☐ Check if contractor designed system Work Phone 432-7444

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

Designer Name LARRY & SINTEK SERVICE CO. Firm SINTEK SERVICE CO. Work Phone 435-8868

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 5/13/98 Date frwd 5/14/98 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-14-98 Date frwd 5-14-98 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5-14-98 Date frwd 5-14-98 **ACTION** ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date 8-5-98

Business Office Use Only

Date Rec'd 05/13/98
Amt Paid 150.00
Rec'd By _____ ~~Cash~~/Check No. 003

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

B

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

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 _____ City _____ NE, Zip _____
(no rural route)

Owner Lee Burke Address _____

Soil Type (SCS): SHARPSBURG 5:11 Clay Loam Percolation Rate: _____ min./inch

Date of Tests 5-6-98 to 5-7-98 Weather: Precipitation 0 Temperature 60

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 Rate (Min/in)
1	36	5-6	730P	5-7	1030P	5-7	1030P	6	5-7	11PM	30	1/2	60MIN/IN
2	36	5-6	730P	5-7	1030P	5-7	1030P	6	5-7	11PM	30	3/4	40MIN/IN
3	36	5-6	730P	5-7	1030P	5-7	1030P	6	5-7	11PM	30	3/4	40MIN/IN
4	36	5-6	730P	5-7	1030P	5-7	1030P	6	5-7	11PM	30	1	30MIN/IN
5	36	5-6	730P	5-7	1030P	5-7	1030P	6	5-7	11PM	30	3/4	40MIN/IN
6	36	5-6	730P	5-7	1030P	5-7	1030P	6	5-7	11PM	30	3/4	40MIN/IN

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 60MIN

Person Conducting Percolation Tests

Name: Brian Shafer
Phone: 464-0638
Address 2700 Don Ave

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood Date MAY 18, 1998

FORM 93-101 10-90

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

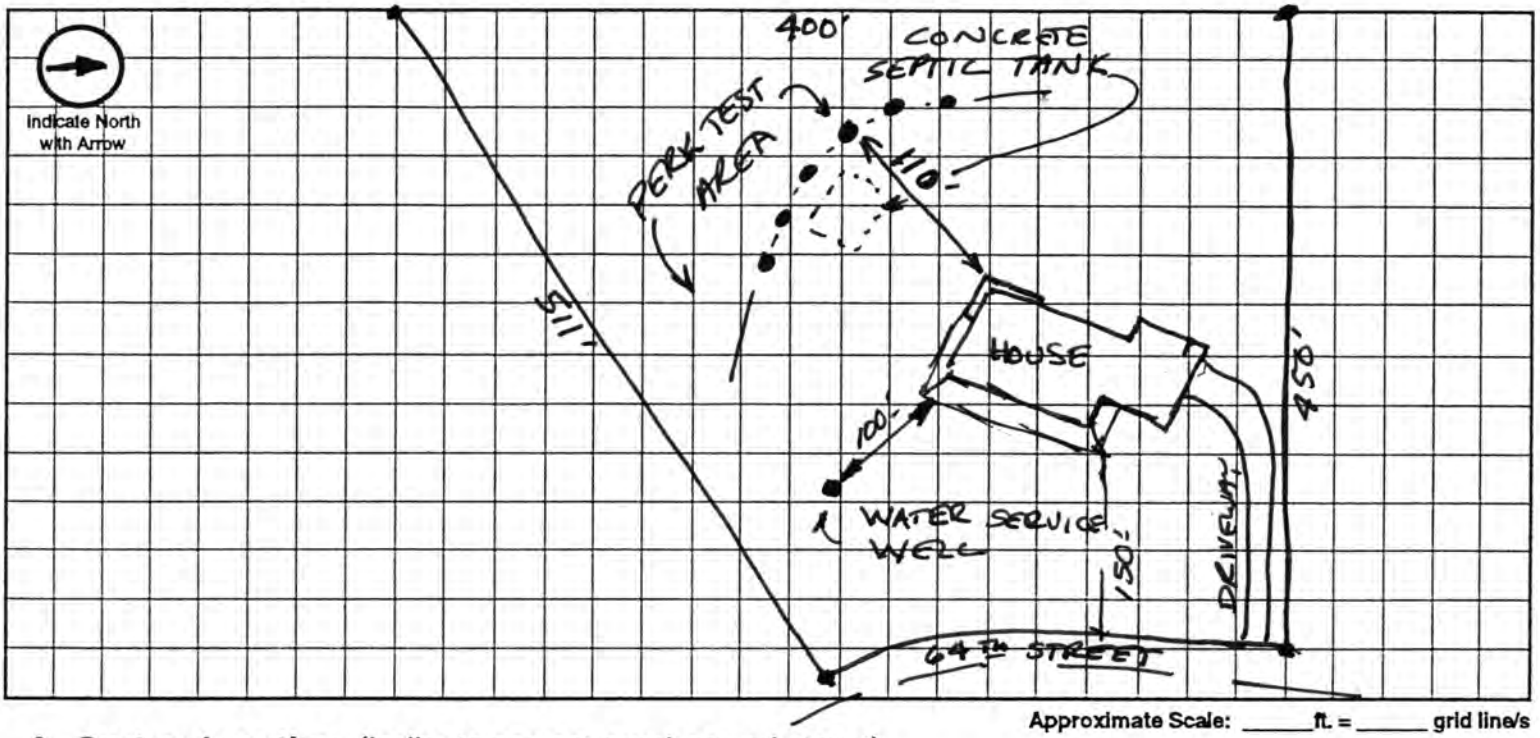
C

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) 9701 SOUTH 64TH STREET 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 60 (min. per inch) Soil Type: WYMORE SHARPSBURG SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 1320 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 _____ 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 Bill T. Baker Jr. Date 11-MAY-98

Installer Sentek Serv Co. Date _____

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 8-5-98

System Location (Indicate correct number and street)

Address 8701 S. 67th St. City _____ NE, Zip _____
(no rural route)

A. Building Sewer

1. Material: PVC CL 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 110 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100 ft.
   stream _____ ft.
   pressure line _____ ft.
   property line 20 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 2
2. Capacity: 1250 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☑ above ☐ below grade 3 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 100+ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line 20+ ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 35' ft.

D. Absorption Field

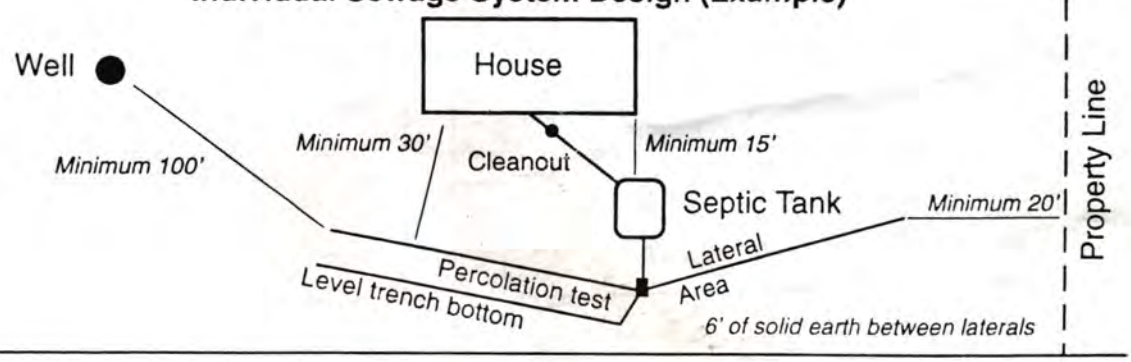
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☑ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: 4"
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 5
   Length of each line: 100 ft. 100 ft.
   100 ft. 100 ft., 40 ft.
3. Trench dimensions: Width 3 ft.
   Slope 6 in/100 ft.
   Average depth 36 in
4. Filter material: Road Gravel
   Depth of material 10 in.
5. Distances to: Well or suction line 100+ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line 20+ ft.

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

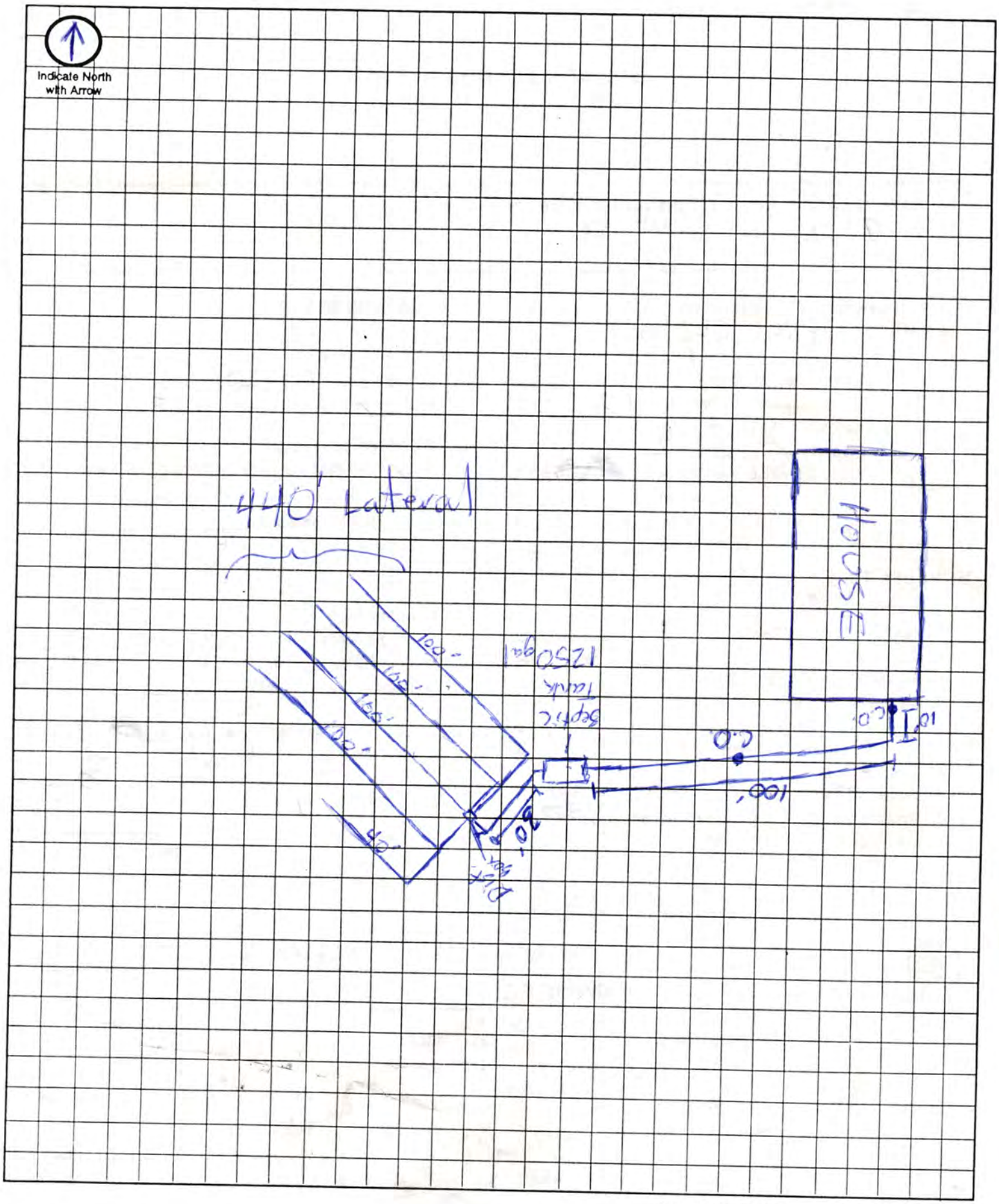
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 98400074401

WATER WELL
NEW WATER WELL CONSTRUCTION

Issued 05/13/98
Expires 11/13/98
Revenue Code 3162

PAID

FEES: $75.00

TOTAL $75.00

Establishment

LEE T BERKS
T9N R7E SEC 28
COUNTRYLANE ESTS-1ST BLK 4 LOT 2
9701 S 64 ST

Permittee

LEE T BERKS
6041 PRINCESS MARGARET DR
LINCOLN NE 68516-3157

Issued By Health Director
Lincoln-Lancaster County Health Department

007357

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

Permit No. _____

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 9701 SOUTH 64TH STREET City LINCOLN, NE Zip 68516
   (No Rural Route Please)
   Legal description of property:
   Twp 9N; Range 7E; Section 28; Block 4; Lot 2; Addition 1ST ADDITION COUNTRY LANE ESTATES

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

3. Distance to Public Water Supply _____ feet.

Signature of Owner Lee T. Berks Jr. Signature of Contractor MOSER WELL DRILLING

Print Name LEE T. BERKS, JR.
Current Address 6041 PRINCESS MARGARETT LN.
LINCOLN, NE 68516
Current Home Phone 421-3745
Work Phone 450-8221

Print Name MOSER WELL DRILLING
Address 111 E 7 HICKMAN NE.
Home Phone 477-7291
Work Phone _____
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 5/13/98 Date forwarded 5/13/98	**ACTION** ☒ Approved ☐ Disapproved Signature: Jerrold C. Hood		
2. Building & Safety	Date received 5/13/98 Date forwarded 5/13/98	**ACTION** ☒ Approved ☐ Disapproved Signature: _____		
3. City Engineer	Date received ___/___/___ Date forwarded ___/___/___	**ACTION** ☐ Approved ☐ Disapproved Signature: _____		

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits:
Date: 5/23/00 By Jerrold Hood
Date: ___/___/___ By _____
Date: ___/___/___ By _____

Installation Final Written Approval
By: Jerrold C. Hood
Date: 5/26/00

Nitrate Level 0.9 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory
Yes X No ____
Other _____

Business Office Use Only
Date Rec'd: 05/13/98
Amt Paid: $ 75.00
Rec'd By _____ ~~Cash~~/Check No. 04

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

AUG 1 9 1998

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. 9N R. 7E Block 4 Lot 2 Addition 9701 S. 64TH, COUNTRY LANE ESTATES

Owner LEE BERKS Address 6041 PRINCESS MARGARET DR., LINCOLN, NE 68516

LOG OF WELL	
Depth ft. --to--	Description
0- 5	RED/BRN CLAY
5- 40	BRN & YEL CLAY
40- 85	RED & YEL SHALE
85-125	BLUE SHALE
125-165	YEL SANDY SHALE
165-210	FINE YEL SS
210-220	MED CRS TO CRS YEL SS
220-235	MED FINE SS & YEL SHALE
235-259	MED YEL SS
259-265	BLUE SHALE

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level), Ft. 258'

Date Completed 7/14/98

Casing: Length, Ft. 243' ; Dia. In. 4"

Wall Thickness, Inc. .214" ; type PVC

Screen: Length, Ft. 15' Dia. In. 4"

Type PVC WOP & SLOTTED , slot Size .030 & .025

Drop Pipe: Length, Ft. 180' Dia. In. 1 1/2"

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

Static 141' M , Pumping 150' EST

Yield: 60 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)

P. O. BOX 308
Address Hickman, Nebraska 68372-0308

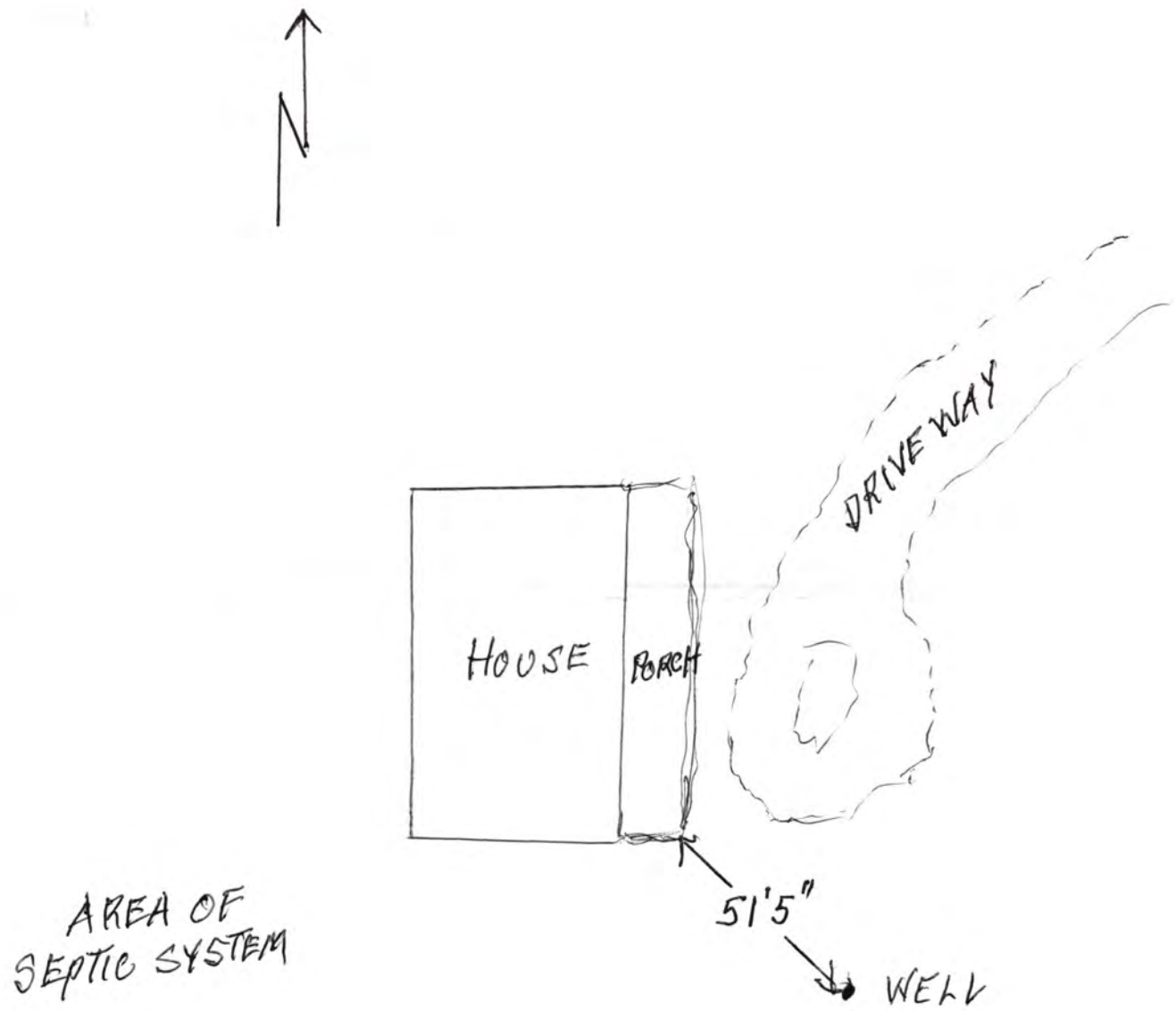
Date 17 AUGUST 1998

REMARKS NITRATE NITROGEN 0.9 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-A


N
DRIVE WAY
HOUSE
PORCH
51'5"
WELL
AREA OF
SEPTIC SYSTEM