LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 98380185601

Issued 09/28/98
Expires 03/28/99
Revenue Code 3157

FEES: $150.00

PAID

Establishment

TIM BOHLKE
T9N R7E SEC 28
COUNTRYLANE-1ST ADDN BLK 3 LOT 5
6700 WILDFLOWER COURT

TOTAL $150.00

Permittee

TIM BOHLKE
4243 CRIPPLE CREEK RD
LINCOLN NE 68516-2968

Issued By Health Director
Lincoln-Lancaster County Health Department

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

008151

A

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

Permit Number: 98380185 6

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)

CR 3786

Address 6700 WILDFLOWER COURT City LINCOLN NE, Zip 68516
(no rural route)

Legal Description 9600 28 9N 7E COUNTRY LANE 3 5
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 TIM BOHLKE Signature Tim Bohlke

Address 4243 CRIPPLE CREEK RD. City/State/Zip LINCOLN, NE 68516

☐ Check if owner designed system Home Phone 423-5432 Work Phone _____

C. Contractor

Name PAUL SWINSON Company Name PREMIER BUILDERS, INC.

Address 2310 S. 61 City/State/Zip LINCOLN, NE 68506

☐ Check if contractor designed system Work Phone 489-3003

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

~~Designer~~ Name Michael Shramek Firm Capital City Trenching Work Phone 476-6313

E. This System Will Serve a

P7726-38

☒ 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 9-25-98 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Lon Mangen
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9/25/98 Date frwd 9/25/98 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 9-25-98 Date frwd 9-25-98 ACTION ☒ Approved ☐ Disapproved Signature Dennis Bartels

11-19- Tank + 2 laterals only per 11/23/98 Need Drawing - J.C.H.

Installation Final Written Approval

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

Date MARCH 16, 1999

Business Office Use Only

Date Rec'd 09/25/98
Amt Paid 150.00
Rec'd By LS Cash/Check No. 4198

Also well

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 6700 WILDFLOWER COURT (no rural route) City LINCOLN NE, Zip 68516

Owner TIM BOHLKE Address 4243 CRIPPLE CREEK ROAD LINCOLN NE 68516

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

Date of Tests 9-23-98 to 9-24-98 Weather: Precipitation 0 Temperature 80

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	36	9-23	8:00	9-24	8:30	9-24	8:30	6	9-24	1030	30	5/8	48
2	36	9-23	8:00	9-24	8:30	9-24	8:30	6	9-24	1030	30	5/8	48
3	36	9-23	8:00	9-24	8:30	9-24	8:30	6	9-24	1030	30	5/8	48
4	36	9-23	8:00	9-24	8:30	9-24	8:30	6	9-24	1030	30	1/2	60
5	36	9-23	8:00	9-24	8:30	9-24	8:30	6	9-24	1030	30	1/2	60
6	36	9-23	8:00	9-24	8:30	9-24	8:30	6	9-24	1030	30	5/8	48
													5 1/2
													6 | 33 30 3/12

Person Conducting Percolation Tests

Name: Brian Shafer

Phone: 464-0638

Address 2700 Dan Ave.

Sum of Percolation Rates: 312

Average of Rates: 52

Rate Used for Calculation: 52 mpi

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Wymore or Sharpsburg soil

Signature of Reviewing Official Ron Mayer Date _____

FORM 22-101 10-96

TOTAL P.02

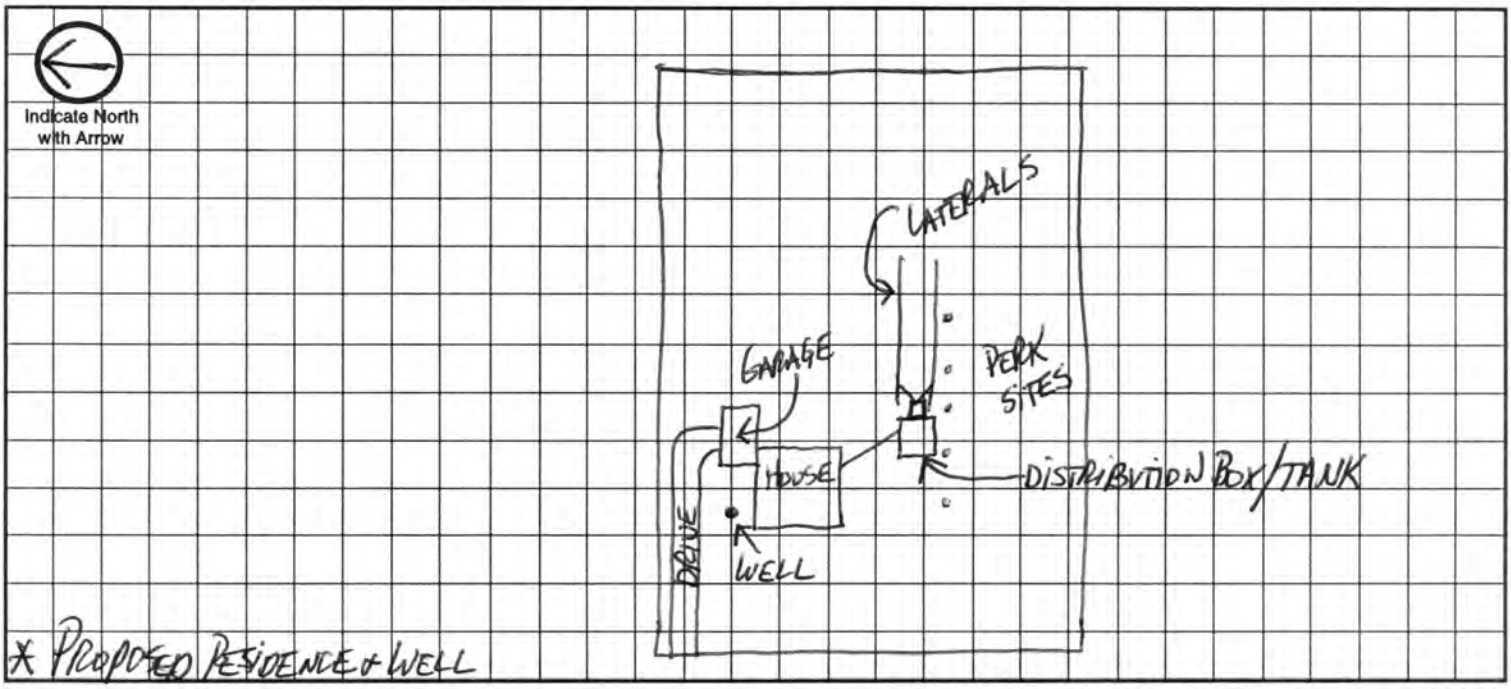
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 6700 WILDFLOWER CT. 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 52 (min. per inch) Soil Type: Wymore & Sharpsburg Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other trench or bed.

Total Square Feet of Field Required: 1245 sq. ft. 3' wide = 415' lineal; 4' wide = 311

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 _____ Date 9/21/98

Installer _____ Date 9/25/98

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

D

Permit Number: 983801856

Sewage Disposal System
As Built Plans & Specifications

Date 11-23-98

System Location (Indicate correct number and street)

Address 6700 Wild Flower Ct (no rural route) City Lincoln NE, Zip 68516

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 43 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100 ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line 140 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

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

D. Absorption Field

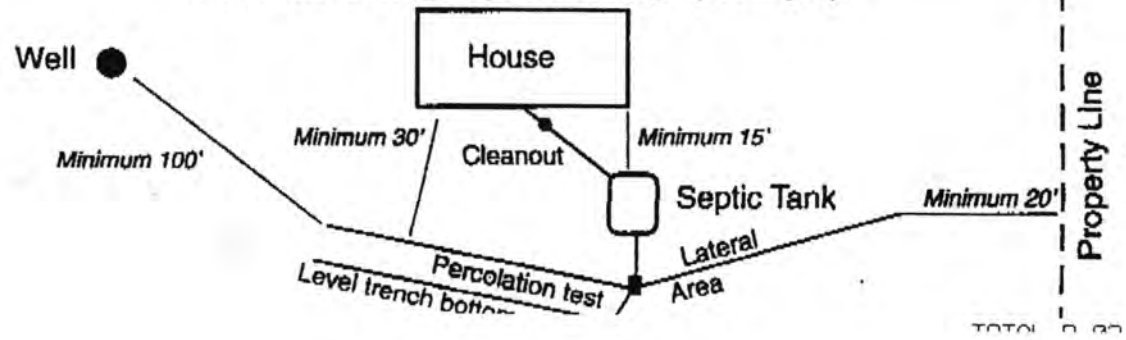
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 18
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 100 ft. 100 ft.
   96 ft. 18 ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope — in/100 ft.
   Average depth 36 in
4. Filter material: Gravel
   Depth of material 22 in.
5. Distances to: Well or suction line 130 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

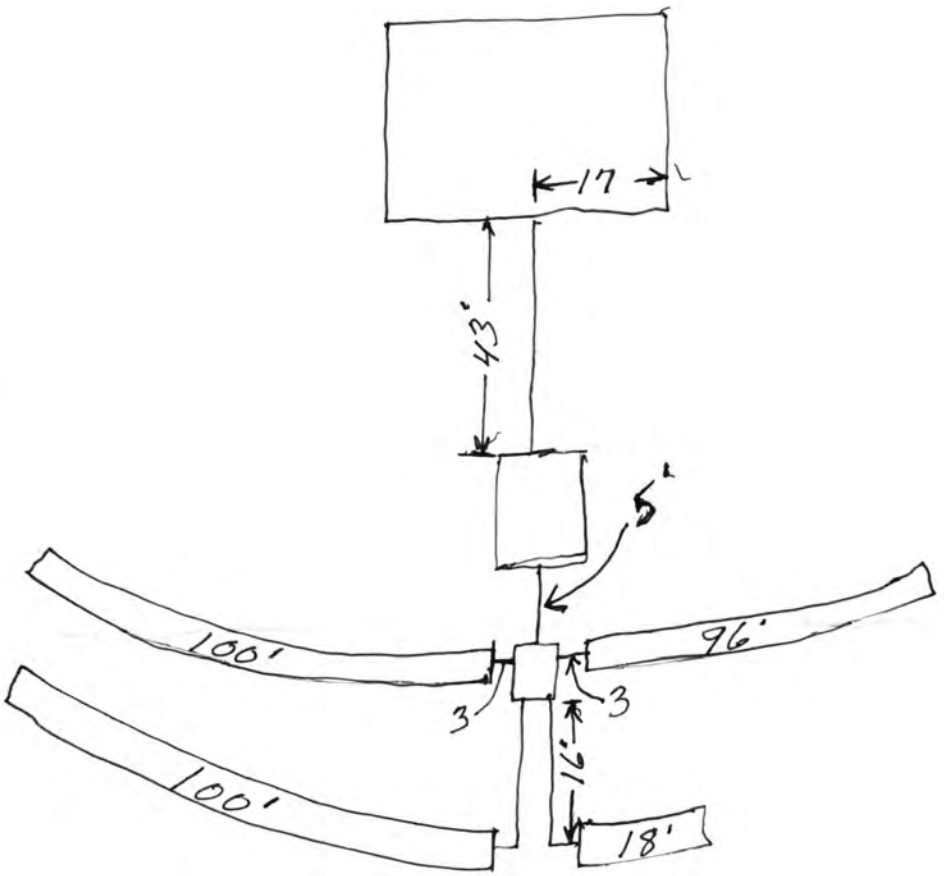
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

N



Capital City Trenching
11-23-98

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit

WATER WELL
NEW WATER WELL CONSTRUCTION

No. 98400078601

Issued 09/28/98
Expires 03/28/99
Revenue Code 3162

FEES: $75.00

PAID

TOTAL $75.00

Establishment

TIM BOHLKE
T9N R7E SEC 28
COUNTRYLANE-1ST ADDN BLK 3 LOT 5
6700 WILDFLOWER COURT

Permittee

TIM BOHLKE
4243 CRIPPLE CREEK RD
LINCOLN NE 68516-2968

Issued By Health Director
Lincoln-Lancaster County Health Department

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

008150

184 008

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

Permit No. 98400786

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 6700 WILDFLOWER CT. City LINCOLN, NE Zip
   CR 3786 (No Rural Route Please)
   Legal description of property:
   Twp 9 ; Range 7 ; Section 28 ; Block 3 ; Lot 5 ; Addition COUNTRY LANE ADDITION 1ST
2. Well use: ☒ Residential; ☐ Commercial; ☐ Other; Describe:
3. Distance to Public Water Supply ? feet.

Signature of Owner

Print Name TIM BOHLKE
Current Address 4243 CRIPPLE CREEK ROAD

Current Home Phone 423-5432
Work Phone

Signature of Contractor

Print Name PAUL SWINSON - PREMIER BUILDERS
Address 2310 S. 61
LINCOLN, NE 68506
Home Phone 488-3788
Work Phone 489-3003
Cellular Phone 430-4133

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 9/25/98 Date forwarded ___/___/___	ACTION ☒ Approved ☐ Disapproved Signature:		
2. Building & Safety	Date received ___/___/___ Date forwarded ___/___/___	ACTION ☐ Approved ☐ Disapproved Signature:		
3. City Engineer	Date received ___/___/___ Date forwarded ___/___/___	ACTION ☐ Approved ☐ Disapproved Signature:		

REMARKS OR REASONS FOR DISAPPROVAL:

Site Visits:
Date: 3/17/98 By
Date: 7/21/___ By
Date: ___/___/___ By

Installation Final Written Approval
By:
Date: 9/21/98

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

Nitrate Level .8 mg/L
Chloride Level ___ mg/L
Bacteriological Analysis Satisfactory
Yes ✓ No ✓
Other 7/21/98

Business Office Use Only
Date Rec'd: 09/25/98
Amt Paid: $ 75.00
Rec'd By ___ ~~Cash~~/Check No. 4198

Also Sewage

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

Permit No. 9840007860 1

Request for Site Clearance and Permit for Individual Water W

P8525-28 P7726-38 P8340-12

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 6700 WILDFLOWER CT. City LINCOLN
(No Rural Route Please)
Legal description of property:
Twp 9N; Range 7E; Section 28; Block 3; Lot 5; Addition COUNTRY LANE ADDITION

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

3. Distance to Public Water Supply ? feet.

Signature of Owner _____

Print Name TIM BOHLKE
Current Address 4243 CRIPPLE CREEK ROAD
Current Home Phone 423-5432
Work Phone _____

Signature of Contractor _____

Print Name PAUL SWINSON - PREMIER BUILDERS
Address 2310 S. 61 LINCOLN, NE 68506
Home Phone 488-3788
Work Phone 489-3003
Cellular Phone 430-4133

P7617-58

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 9/25/98; Date forwarded ___/___/___ — ACTION ☒ Approved ☐ Disapproved; Signature: _____
2. Building & Safety — Date received 9/25/98; Date forwarded 9/25/98 — ACTION ☒ Approved ☐ Disapproved; Signature: _____
3. City Engineer — Date received 9/28/98; Date forwarded ___/___/___ — ACTION ☒ Approved ☐ Disapproved; Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits:
Date: 4/7/99 By RZ Repeat Coliform
Date: ___/___/___ By _____
Date: ___/___/___ By _____

Installation Final Written Approval
By: _____
Date: ___/___/___

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

Nitrate Level .8 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory
Yes ____ No ____
Other _____

Business Office Use Only
Date Rec'd: 09/25/98
Amt Paid: $ 75.00
Rec'd By LL Cash/Check No. 4198

Also Sewage

(*) called left message 4-27

MAR 2 3 1999

4/7 P7617-40

4/20 P7617-44

4/14 P7726-28

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
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 ___ Lot ___ Addition COUNTRYSIDE ESTATES

Owner TIM BOHLKY Address 6700 WILDFLOWER CT LINCOLN, NE

P8340-25 5-4

LOG OF WELL	
	Description
Depth Ft. to	
0-2	FILL, TOP SOIL
2-46	BROWN CLAY
46-48	SAND
48-94	BROWN CLAY
94-100	SAND
100-127	YELLOW, RED AND GRAY
	CLAY
127-152	BLUE CLAY
152-200	SANDSTONE (COURSE, BROWN COLOR)
200-230	" (COURSE, DARK BROWN COLOR)
230-260	" (MED, BROWN COLOR)

WELL COMPLETION RECORD

Drilling Method: ROTARY

Depth (from ground level), Ft. _____

Date Completed _____

Casing: Length, Ft. 250; Dia. In. 4"

Wall Thickness, Inc. .214; type PVC 200#

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

Type PVC SLOTTED, slot Size .018

Drop Pipe: Length, Ft. 250 Dia. In. 1 1/4 SCH 80

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

Static 19, Pumping 240

Yield: 15 gpm, 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 INC.
2796 W. MILFORD RD
MILFORD, NE 68405

REMARKS WELL SEALED WITH BENTONITE (HOLEPLUG) FROM: 10'-20'; 140'-150'. NITRATE NITROGEN 0.8 p.p.m. BACTERIOLOGICAL O.K.

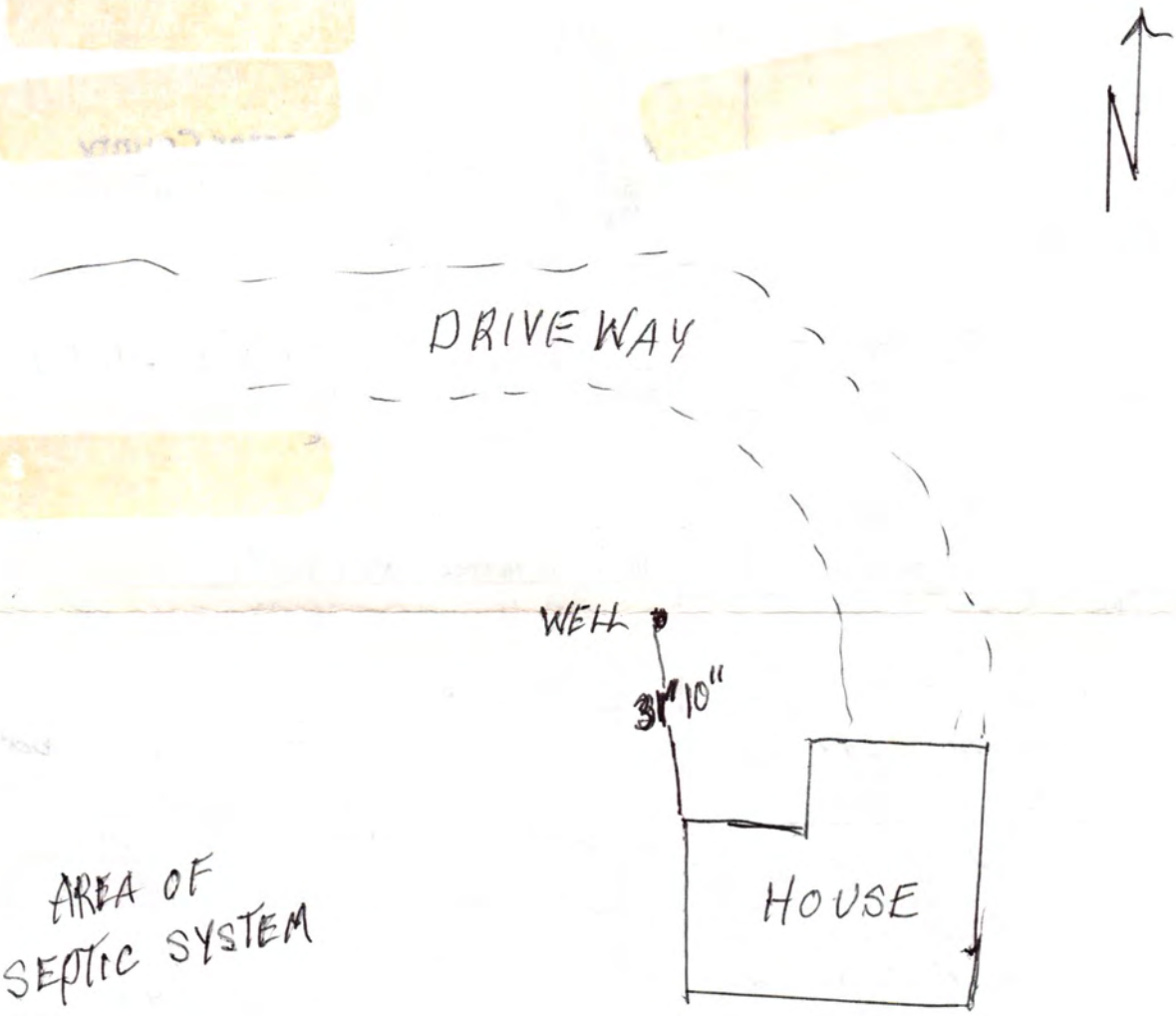
Address _____

Date 3-22-99

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
DRIVEWAY
WELL
3' 10"
HOUSE
AREA OF
SEPTIC SYSTEM