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. 97380165401

Issued 09/10/97
Expires 03/10/98
Revenue Code 18754

Establishment

DUANE GROSSE
T9N R7E SEC 29
KENSINGTON ESTATES BLK 3 LOT 2.
8900 S 55 STREET

FEES: $150.00

TOTAL $150.00

Permittee

DUANE GROSSE
1335 N 38 ST
LINCOLN NE 68503

Issued By M. Jane Ford
Health Director

.31

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 8900 So 35th (no rural route) City Lincoln NE, Zip 68516

Legal Description 29 SE 9N 7E Kensington 3 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 Duane Grosse Signature Duane Grosse by Mary Kinning

Address 1335 N 38th City/State/Zip Lincoln Ne. 68503

☐ Check if owner designed system Home Phone 467-5408 Work Phone _____

C. Contractor

Name Kinning-Sydow Company Name same

Address P.O. Box 65541 City/State/Zip Lincoln 68506

☐ Check if contractor designed system Work Phone 421-1334

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

Designer Name Clint Presnell Firm Wellmann Plumbing inc. Work Phone 434-2400

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 3 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 9/9/97 Date frwd 9/9/97 ACTION ☒ Approved ☐ Disapproved Signature Harold C. Hook
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9/9/97 Date frwd 9/9/97 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 9-9-97 Date frwd 9-9-97 ACTION ☒ Approved ☐ Disapproved Signature Dennis Bartels

Installation Final Written Approval

By John Cherry

Date 9/17/97

Business Office Use Only

Date Rec'd 9/09/97
Amt Paid 150.00
Rec'd By m ~~Cash~~/Check No. 17029

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

PROPERTY WHERE SOIL TESTED: ~~9740006701~~ Block B Lot 3

Location: Township 9N ; Range 7E ; Section & ¼ Section 29 SE.
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: 10-7-96 to 10-8-96 . Weather: Precip. 0.0 Temp. 60° .

OWNER: Dennis Grosse

Address: 8900 South 55th .

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				
Hold 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./Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	48	10-7	8:38	10-8	9:30	10-8	1:05	21.0"	1:35	22.50	30	1.5	20
2	48	"	8:40		9:32	"	1:08	21.0"	1:38	22.25	30	1.25	24
3	51	"	8:43		9:34	"	1:12	21.0"	1:42	18.25	30	1.25	24
4	50	"	8:46		9:36	"	1:15	20.0"	1:45	21.125	30	1.125	26
5	53	"	8:49		9:38	"	1:20	20.0"	1:58	20.75	38	0.75	51
6	53	"	8:55		9:40	"	1:25	21.0"	2:05	21.875	40	0.875	46
										Σ	198	6.75	29.3

Wm C. Ramson. P.E
Signature of Person Conducting Test

Address 4817 N. 56th St Lincoln, NE Phone 402 466-8154

Sum of Percolation Rates: 191.0
Average of Rates: 31.8
Mean of Rates: 29.3

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): Wymore Silty Clay Loam

Date: OCTOBER 14, 1996

Approved Percolation Rate (a)
A. 51 min./inch
B. _____ min./inch
C. _____ min./inch

Gerald C. Hoad

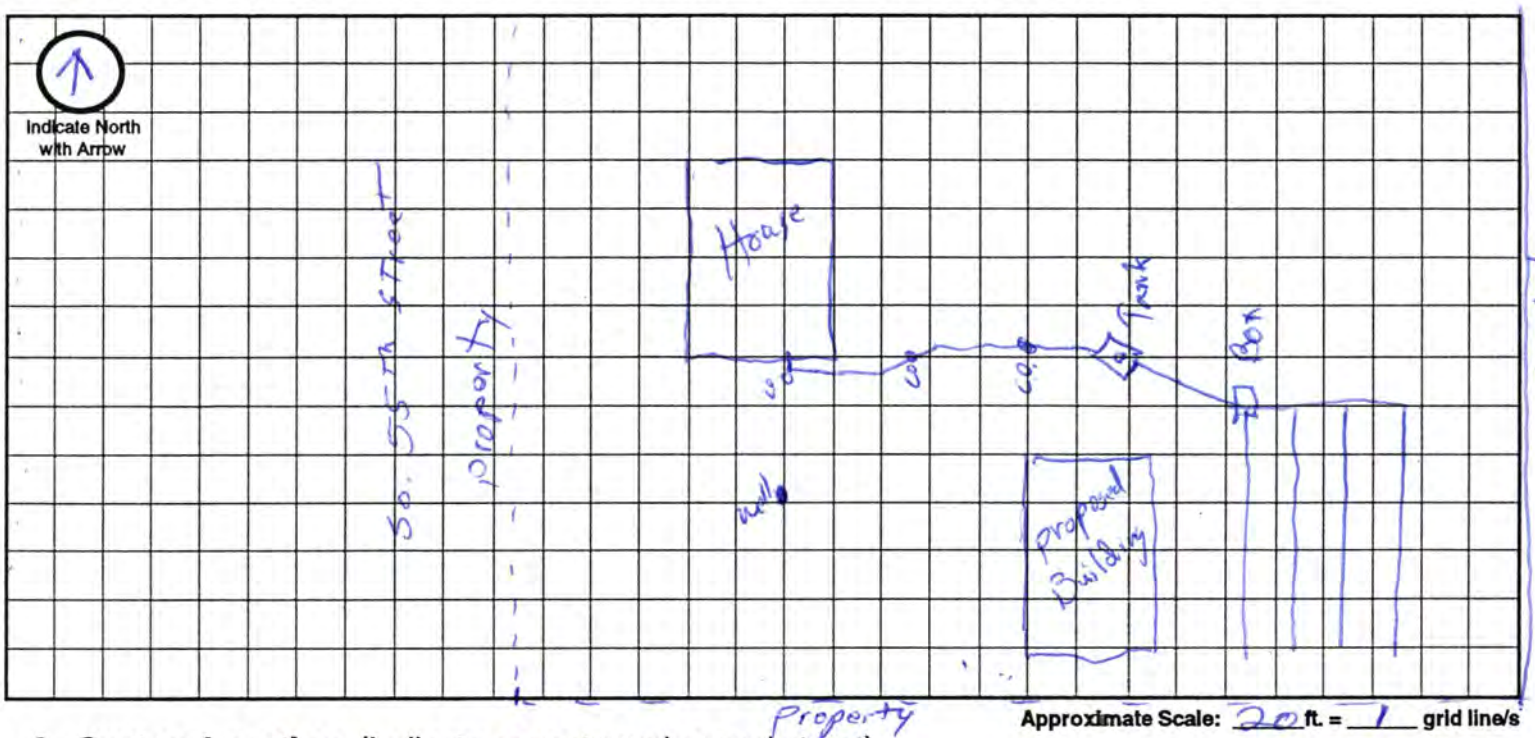
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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.



A. System Location (Indicate correct number and street)

Address (no rural route) 8900 So 55th City Lincoln NE, Zip 68516

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other ~~430 of 3 ft~~ 3 to 4 ft

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 51 (min. per inch) Soil Type: Silty Clay Loam Land Slope: ____ %

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

Total Square Feet of Field Required: 1239 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 4 Number of Distribution Laterals per Bed 1

Total Length of Laterals 300 ft. Number of Trenches 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 Marcy Benning Date ____

Installer Cliff Wellmann (Wellmann Plumbing Inc.) Date 9-8-97

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 9-16-97

System Location (Indicate correct number and street)

Address 8900 50 55th (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: 4" Sch. 40
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 1 ft in.
3. Distance between dwelling and septic tank: 30 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100 ft.
   stream ~~0~~ ft.
   pressure line ~~0~~ ft.
   property line over 100 ft.

B. Septic Tank

1. Material: ~~Concrete Precast~~ N/R
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: 1 Over inlet, diameter 8 in.
   Over outlet, diameter _____ in.
   Riser: ☑ above ☐ below grade 1 in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☐ baffle ☑ tee
7. Depth to top of tank, below unfinished grade: 1 ft in.
8. Distances to: Well or suction line 100 ft.
   Stream — ft.
   Pressure line — ft.
   Property line — ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 30 ft ft.

D. Absorption Field

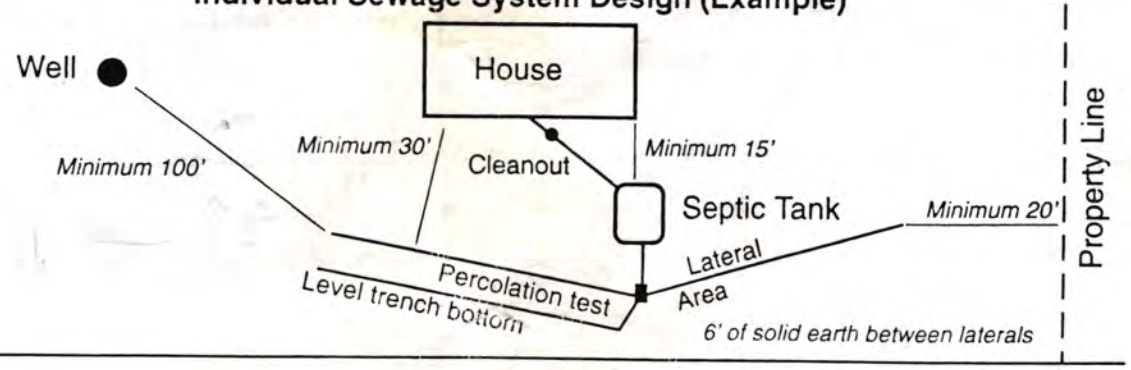
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☑ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: 4"
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: ~~420~~ ft Number _____
   Length of each line: 100 ft. 100 ft.
   100 ft. 100 ft., 20 ft.
3. Trench dimensions: Width 3 ft ft.
   Slope Level in/100 ft.
   Average depth 3 1/2 ft+ in
4. Filter material: Road Gravel
   Depth of material 6" in.
5. Distances to: Well or suction line 100 ft.
   Stream — ft.
   Pressure line — ft.
   Property line — ft.

Indicate North with Arrow

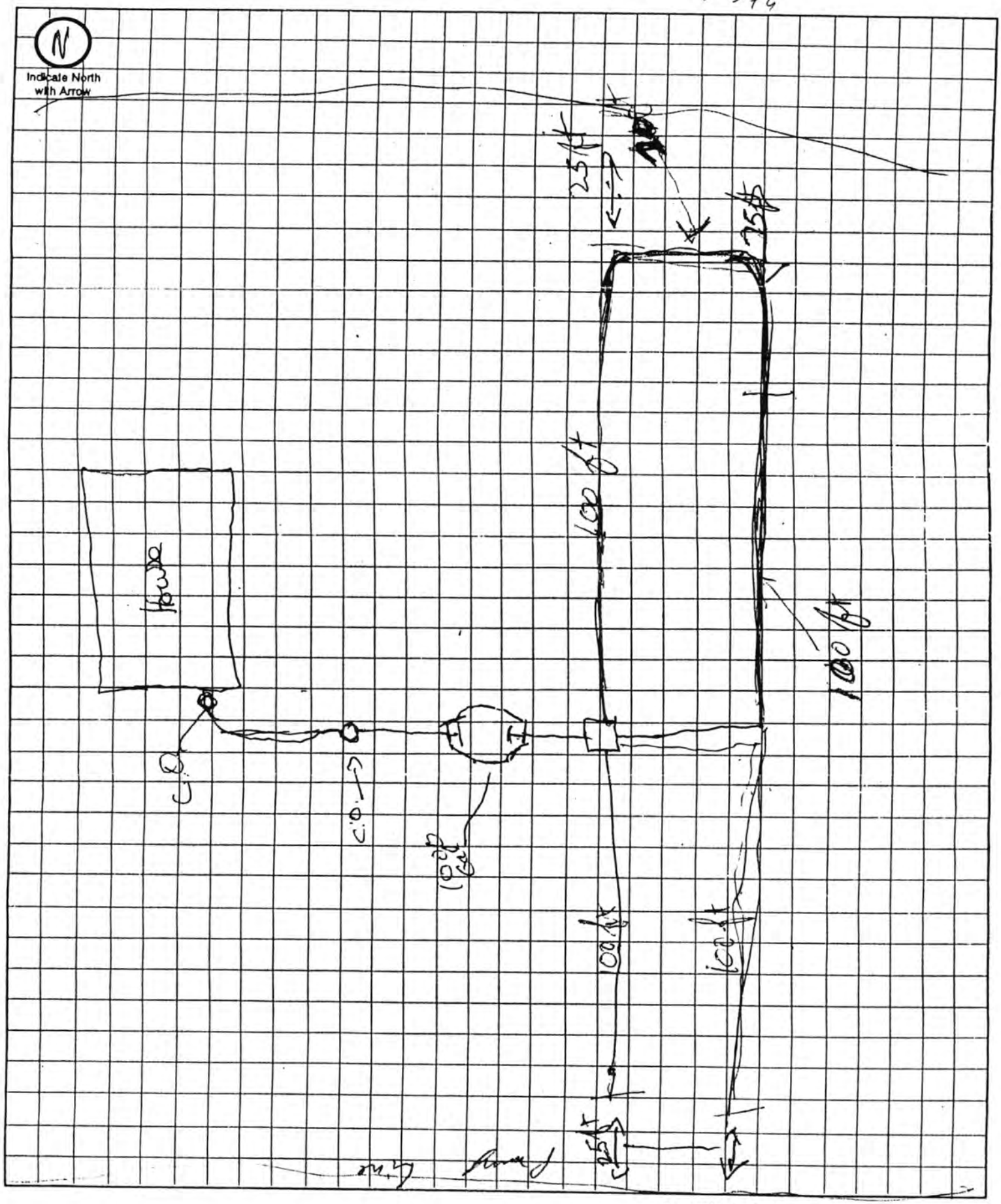
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



As Built Drawing

Clint 430-6817
8900 South 55th



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

WATER WELL

No. 97400062701

Issued 04/30/97
Expires 10/30/97
Revenue Code 19851

Establishment

DUANE GROSSE
T9N R7E SEC 29
KENSINGTON ESTATES BLK 3 LOT 2
8900 S 55 STREET

FEES: $75.00

TOTAL $75.00

Permittee

DUANE GROSSE
1335 N 38 ST
LINCOLN NE 68503

Issued By M. Jane Ford
Health Director

4465

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

APR 2 9 1997

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 8900 South 55th City Lincoln, NE Zip 68516
(No Rural Route Please)
Legal description of property:
Twp 9N; Range 7E; Section 29; Block 3; Lot 2; Addition Kensington Estates

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

3. Distance to Public Water Supply _____ feet.

Signature of Owner Duane Grosse by Mary Kinning
Print Name Duane Grosse
Current Address 1335 N. 38th St. Lincoln, NE 68503
Current Home Phone 467-5408
Work Phone _____

Signature of Contractor Mary Kinning
Print Name Kinning-Sydow Builders
Address P.O. Box 6554 Lincoln, NE 68506
Home Phone 421-1339
Work Phone same
Cellular Phone 430-6344

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 4/29/97; Date forwarded 4/30/97 — ACTION: ☒ Approved ☐ Disapproved; Signature: Jerrold C. Hood
2. Building & Safety — Date received 4/30/97; Date forwarded 4/30/97 — ACTION: ☒ Approved ☐ Disapproved; Signature: _____
3. City Engineer — Date received 4/30/97; Date forwarded ___/___/___ — ACTION: ☒ Approved ☐ Disapproved; Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits:
Date: 10/8/04 By Jerrold Hood
Date: ___/___/___ By _____
Date: ___/___/___ By _____

Installation Final Written Approval
By: Jerrold C. Hood R.E.H.S.
Date: 10/12/04

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

Nitrate Level 0.0 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory
Yes X No ____
Other _____

Business Office Use Only
Date Rec'd: 04/29/97
Amt Paid: $ 75.00
Rec'd By ____ Cash/Check No. 16336

MAY 5 1997

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. 29 T. 9N R. 7E Block 3 Lot 2 Addition Kensington Estates
Owner Duane & Jennifer Grosse Address 8900 So. 55th St.

LOG OF WELL	
Depth Ft. to	Description
0-1	TOP SOIL
1-25	BROWN CLAY
25-63	BROWN CLAY SOME SHALE
63-70	GRAY CLAY
70-130	BLUE CLAY
130-134	SHALE AND BL CLAY
134-140	GRAY CLAY
140-157	YELLOW, BL, AND RED CLAY
157-200	SANDSTONE (BROWN, MED TO COURSE)
200-210	" (" COURSE)
210	ROCK

WELL COMPLETION RECORD

Drilling Method: ROTARY
Depth (from ground level), Ft. 210
Date Completed 10/30/96
Casing: Length, Ft. 190; Dia. In. 4"
Wall Thickness, Inc. .214; type PVC
Screen: Length, Ft. 20 Dia. In. 4"
Type PVC, MONOFLEX, slot Size .018
Drop Pipe: Length, Ft. ___ Dia. In. ___
Water Level, Surface to top of water, Ft.:
Static 138, Pumping 150' EST
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 Rick Ball (Signed)
EARNEST WELL DRILLING INC
Address # 2796 W. MILFORD RD
MILFORD, NE 68405
Date 5-2-97

REMARKS WELL SEALED WITH BENTONITE (HOLEPLUG) FROM 130'-140', 10'-20'
NITRATE NITROGEN 0.0 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