LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 94380116701

Issued 05/19/94
Expires 11/19/94
Revenue Code 18754

Establishment
RICHARD SHAW
T9N R7E SEC 29
BLK 4 LOT 8
KENSINGTON ESTATES

FEES: $150.00

TOTAL $150.00

Permittee
RICHARD SHAW
8511 SUNRIDGE RD
LINCOLN NE 68505

Issued By M. Jane Ford
Health Director

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

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ A 150 00

FILE NO. _____

DATE: 5-17-94

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 9N ; Range 7E ; Section 29 ;
   Block 4 : Lot 8 : Addition Kensington Estates
   Street Address 5200 Carlisle Ct

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: _____ ft.

~~WILL INSTALL WHATEVER SOIL PERCOLATION TEST INDICATES~~
EXPERIMENTAL

Richard Shaver
Signature of Applicant (Owner or Lessee)

8511 Sandridge Rd
Address Lincoln Nebr 68505

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/17/94. Date Frwd. 5/17/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 5-17-94. Date Frwd. 5-17-94 ACTION: Approved ☒ Disapproved ☐ Signature: _____

3. City or County Engineer : Date Rec'd. 5-17-94. Date Frwd. 5-17-94. ACTION: Approved ☒ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-23-94 by: R.D (Tank & sewer only)
Date: 8-24-94 by: P.D.
Date: _____ by: _____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-24-94 By: Paul Williamson
X provisional approval only
Experimental system

FORM 23-43

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

Test Location
52 + Yankee Hill Rd.

FILE NO. _____

PROPERTY WHERE SOIL TESTED: 5200 Carlisle Ct. Lot 6

Location: Township 9N ; Range 7E ; Section & ¼ Section 29.
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: 5-19-94 to 5-20-94. Weather: Precip. 0 Temp. 80°.

Richard Shaw OWNER: Wellmann Plumbing

Address: _____
Tim - 434-2400

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	36"	5-19	8:00 pm	5-20	6:00 pm	5-20	6:00 pm	6"	6:30 pm	5 3/4"	30m	1/4"	120
2	36"	5-19	8:00 pm	5-20	6:00 pm	5-20	6:00 pm	6"	6:30 pm	5 7/8"	30m	1/8"	230
3	36"	5-19	8:00 pm	5-20	6:00 pm	5-20	6:00 pm	6"	6:30 pm	5 7/8"	30m	1/8"	230
4	36"	5-19	8:00 pm	5-20	6:00 pm	5-20	6:00 pm	6"	6:30 pm	5 1/2"	30m	1/2"	60
5	36"	5-19	8:00 pm	5-20	6:00 pm	5-20	6:00 pm	6"	6:30 pm	5 5/8"	30m	3/8"	79
6	36"	5-19	8:00 pm	5-20	6:00 pm	5-20	6:00 pm	6"	6:30 pm	5 7/8"	30m	1/8"	230

Sum of Percolation Rates: 949
Average of Rates: 158
Mean of Rates: _____

Mike Bouchard
Signature of Person Conducting Test

Address 2700 Daw Ave Lincoln NE Phone 464-0638
Precast Products Inc.

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

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

_____
Signature of Reviewing Official

441-8323

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEP
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

D

DATE: 8-24-94

FILE NO. _____

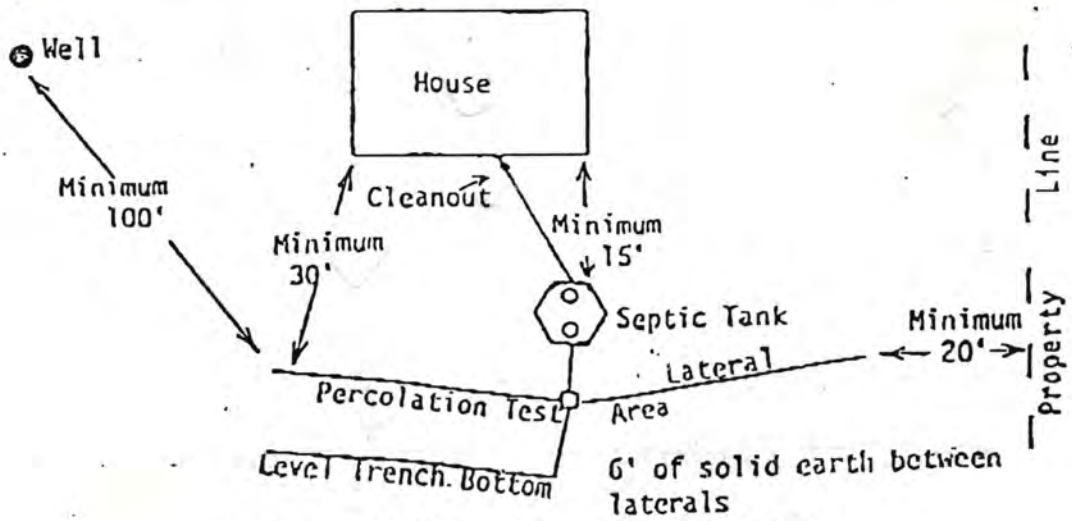
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Plast; Diameter 4 in.
2. Distance above basement floor ___ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 118' ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line 65' ft.; Stream No ft.; Pressure Line ___ ft.; Property Line 110 ft.

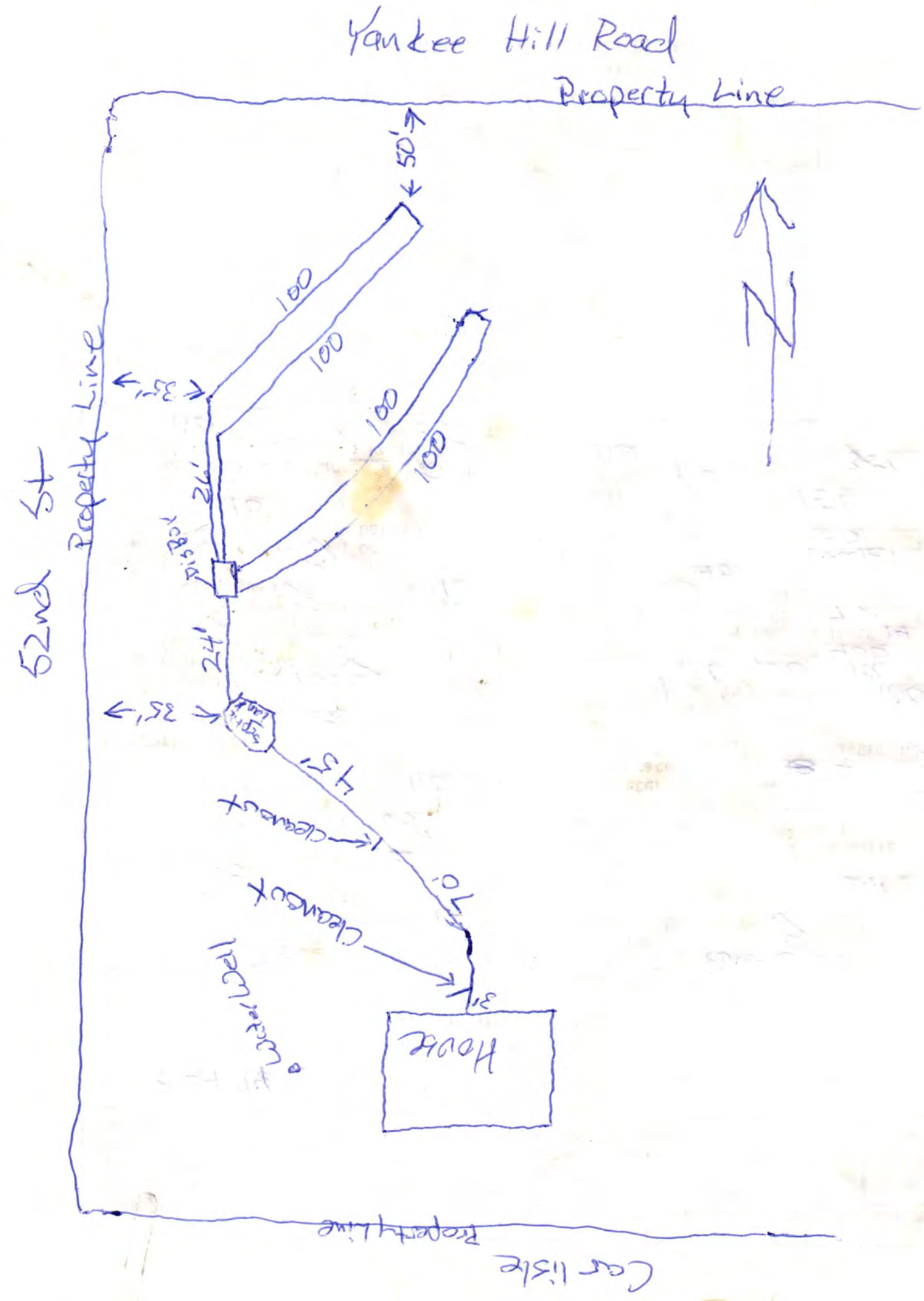
B. SEPTIC TANK:
1. Material Concrete; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. No in.
Over Outlet; diam. No in.
Riser Above ☑ Below ☐ Grade 10 in.
5. Inlet: Baffle ☑; or Tee ☐
6. Outlet: Baffle ☑; or Tee ☐
7. Depth of top of tank below finished grade 10 in.
8. Distances to:
Well or Suction Line 100 ft.; Stream No ft.; Pressure Line No ft.; Property Line 35 ft.

C. DISTRIBUTION BOX:
1. Material Plastic; Number - available outlets 5.
2. Factory Built: Yes ☑ No ☐
(Company _____)
3. Distance from Septic Tank 34' 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 4; Length of each line 100, 100, 100, 100 ft.;
Total length of laterals 400 ft.;
Distance between lateral lines 14 ft.
3. Trench dimensions: Width 1'6" ft.;
Slope 0 in/100 ft.; Average Depth 48 in.
4. Filter Material: Gravel
Depth of Material 40 in.
5. Distances to:
Well or Suction Line 150 ft.; Stream No ft.; Pressure Line No ft.; Property Line 35' ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


Yankee Hill Road
Property Line
50'
100
100
100
100
35'
24'
Pad
24'
35'
45'
Clearance
Clearance
70'
Water Well
30'
House
52nd St
Property Line
Property Line
Car Lisle

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

P E R M I T

Permit
WATER WELL

No. 94400042801

Issued 05/19/94
Expires 11/19/94
Revenue Code 19851

Establishment
RICHARD SHAW
T9N R7E SEC 29
BLK 4 LOT 8
KENSINGTON ESTATES

FEES: $75.00

TOTAL $75.00

Permittee
RICHARD SHAW
8511 SUNRIDGE RD
LINCOLN NE 68505

Issued By M. Jane Ford
Health Director

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

RECEIVED AUG 15 1994

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

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. 29 T. 9N R. 7E Block 4 Lot 8 Addition KENSINGTON ESTATES

Owner RICHARD SHAW Address 8511 SUNRIDGE RD, LINCOLN 68505

LOG OF WELL	
	Description
Depth Ft.	
0- 10	DRK BRN CLAY
10- 67	YLW CLAY
67- 69	SAND
69- 85	YLW CLAY
85-110	BLUE CLAY
110-140	BLUE & RED SHALE
140-150	SANDY RED SHALE
150-210	MED SANDSTONE
210-237	VRY CRSE SANDSTONE
237-240	SHALE

WELL COMPLETION RECORD

Drilling Method: ROTO

Depth (from ground level), Ft. 237'
Date Completed 7-20-94

Casing: Length, Ft. 217 ; Dia. In. 4"
Wall Thickness, Inc 200# ; type PVC

Screen: Length, Ft. 20' Dia. In. 4"
Type PVC WOP 10' ~~SLOTTED 10'~~, slot Size .030 .025

Drop Pipe: Length, Ft. ____ Dia. In. ____

Water Level, Surface to top of water, Ft.:
Static 155, Pumping ____

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 /s/ Bill Moser
(Signed)

P. O. BOX 308
Address HICKMAN, NEBRASKA

REMARKS NITRATE NITROGEN <0.1 ppm, BACTERIOLOGICAL O.K.

Date 11 August 1994

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

FORM: 20222-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502
PHONE: 471-7800

FILING FEE $ 75.00

FILE NO. _____

DATE: 5-17-94

The undersigned hereby requests: Site Clearance and Permit to construct a new individual water well ☒ ; Permit existing well ☐ ; well repair or alteration involving opening of well ☐ ; in conformance with appropriate ordinance, as described herein: 5200 CARLISE

1. Legal description of property: Twp. 9N : Range 7E : Section 29
   Block 4 : Lot 8 : Addition Kensington Estates
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: ____ Ft.
4. Intended use of well For home + personal use

Richard Shaver
Signature of Applicant (owner or lessee)

8511 Sunridge Rd
Address
Lincoln Nebr
68505

No city Water

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 5/17/94. Date Frwd. 5/17/94. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd _____. Date Frwd. 5-17-94. Action: Approved ☐ Disapproved ☐ Signature: _____
3. City or County Engineers: Date Rec'd _____. Date Frwd. 5-17-94. Action: Approved ☐ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 2/1/95 by L.C. Hood & J. CHESS
Date: 2/3/95 by L.C. Hood
Date: ____ by _____

Nitrate Level <0.1 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 2/6/95 By: L.C. Hood

Health Department copy: White
Engineers Copy: Light Green
Building Inspectors Copy: Light Blue

FORM 23-13


AREA
OF SEPTIC
SYSTEM
N
WELL
39½"
HOUSE
DRIVEWAY