Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005702

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit #: 04380289001

Issued: 09/13/04
Expires: 03/13/05
Revenue Code: 3157

Establishment:
BRETT & CYNTHIA NEAL
T9N R7E SEC 29
KENSINGTON ESTS-1ST BLK 4 LOT 7
9301 S 53 ST

FEES: $200.00

Permittee:
BRETT & CYNTHIA NEAL
7911 KARL DR
LINCOLN NE 68516

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

RECEIVED SEP 14 2004

A

Permit Number: 04360289001

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

CHANGE TO ☒ 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 9301 S. 53rd St (no rural route) City Lincoln NE, Zip

Legal Description 29 9N 7E Kensington Estates 1st 4 7
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 Brett & Cynthia Neal * Signature Brett Neal

Address 7911 Karl Dr City/State/Zip Lincoln, NE 68516

☐ Check if owner designed system * Home Phone 488-3370 * Work Phone 474-2400

C. Contractor

Name Mike Manzitto Company Name Michael Builders Corp

Address 700 Lakewood Drive City/State/Zip Lincoln ne. 68510

☐ Check if contractor designed system Work Phone 402/450-4525

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

Designer Name Lloyd Jakoubek Firm Raymond Contracting & Inc. Work Phone 402-890-6009

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 600 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 9/13/04 Date frwd 9/14/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9/14/04 Date frwd ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 9/14/04 Date frwd 9/14/04 ACTION ☒ Approved ☐ Disapproved Signature Chase Baker

11/16/04 Need drawing for file

Installation Final Written Approval

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

Date NOVEMBER 22, 2004

Business Office Use Only

Date Rec'd 9/13/04
Amt Paid $200.00
Rec'd By CW Cash/Check No. 5482

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

Neal
~~Stranahan~~

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 9301 S. 53rd St (no rural route) City Lincoln NE, Zip 68516

Owner Brett & Cynthia Neal Addresss 7911 Karel Dr Lincoln, NE 68516

Soil Type (SCS): JuC (Judson) Percolation Rate: 40 min./inch

Date of Tests 9-29-04 to 9-30 04 Weather: Precipitation 0 Temperature 75°

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	27	9-29	12:30p	9-29	4:30p	9-30	12:30p	6	9-30	4:30p	30	2 3/4	30/2.75 = 11
2	27	"	"	"	"	"	"	"	"	"	"	3 3/4	30/3.75 = 8
3	28	"	"	"	"	"	"	"	"	"	"	3 1/2	30/3.50 = 9
4	27	"	"	"	"	"	1:00p	"	"	2:00p	10	2	10/2.00 = 5
5	27	"	"	"	"	"	12:30p	"	"	4:30p	30	2 1/4	30/2.25 = 13
6	26	"	"	"	"	"	"	"	"	"	"	3/4	30/0.75 = 40

Person Conducting Percolation Tests

Name: Terri Jakoubek, Raymond Contracting, Inc

Phone: 402-783-2163 or 402-890-3870

Address 13800 NW 70th St

Raymond, NE 68428 PO Box 98

Sum of Percolation Rates: 86

Average of Rates: 14

Rate Used for Calculation: 40 (20 min variance)

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

C

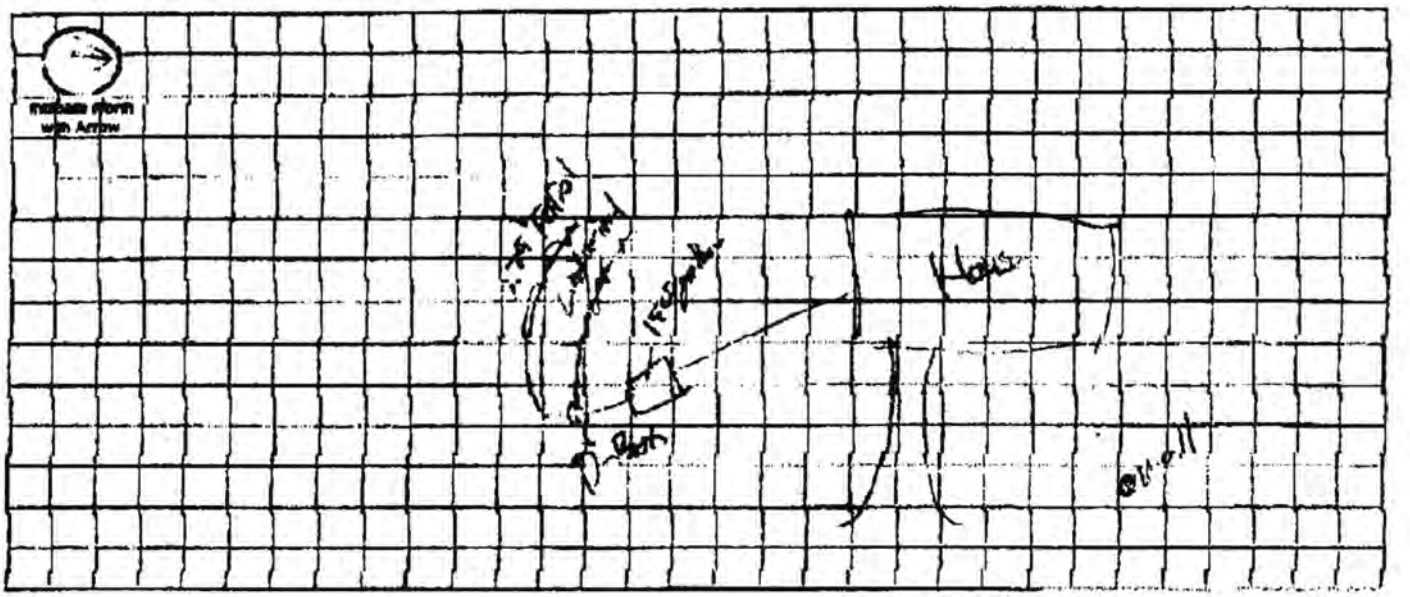
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1814
Phone: 402-441-8022

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

Mahrt Ho / Neal

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 lines

A. System Location (Indicate correct number and street)

Address (no rural route) 9301 S. 53rd St City Lincoln NE, Zip 68514

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Table 5 for Percolation Information)

Percolation Rate 40 (min. per inch) Soil Type: Ju C (Judson) Land Slope: _____ %

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

Total Square Feet of Field Required: 1100 sq. ft.

Type of Laterals: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: DOS #-10

Capacity of Septic Tank: 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 275 ft. Number of Trenches _____ Trench Width 4'

D. Setbacks Check the Boxes Below If the Required Setback has been Satisfied

Distances From	Private Well	Public Well	Surface Water	Ground Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	600 ☒	50 ☒	NA ☐	25 ☒	20 ☒	15 ☒	20 ☒	☒
Field (ft)	100 ☒	600 ☒	50 ☒	4 ☒	30 ☒	20 ☒	20 ☒	40 ☒	☒
Lagoon (ft)	100 ☐	600 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	300 ☐	☐

E. Required Signatures

Home Building Contractor Mike Mahrt Date 11/4/04

Installer Kevin L. Jakoubek Date 11-8-04

FORM 23-102 10-99

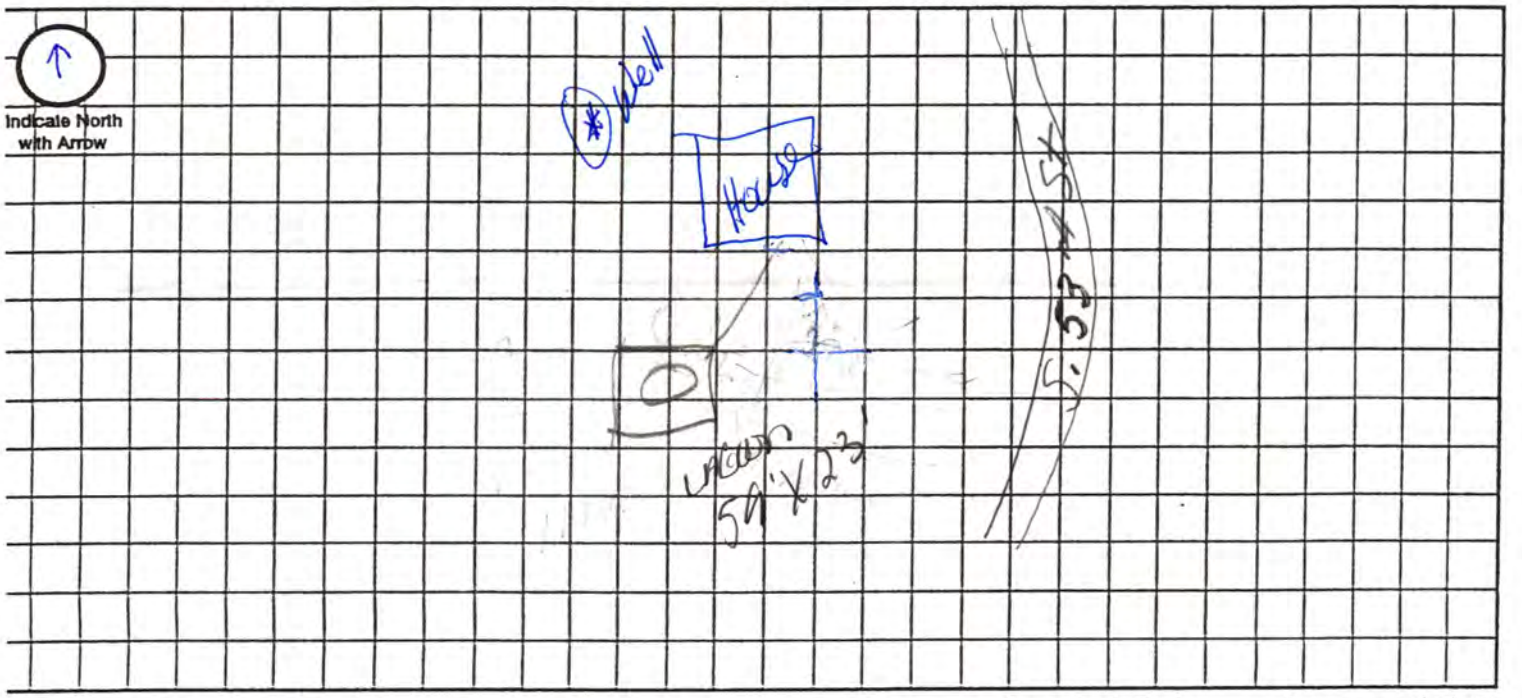
C

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

Permit Number: 043802890

Sewage Disposal System
Preliminary Plan Specifications

raw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, ompass 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) 9301 S. 53rd St City Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

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

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

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

Capacity of Septic Tank _____ 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 9/8/04

Installer _____ Date 9-13-04

RM 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:

Neal / Manzitto

Sewage Disposal System
As Built Plans & Specifications

Date 11-16-04

System Location (Indicate correct number and street)
Address 9301 S. 53rd St (no rural route) City Lincoln NE, Zip 68516

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 42 in. (frost footing)
3. Distance between dwelling and septic tank: 78 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1,560 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☐ below grade at grade 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 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 10 ft.

D. Absorption Field

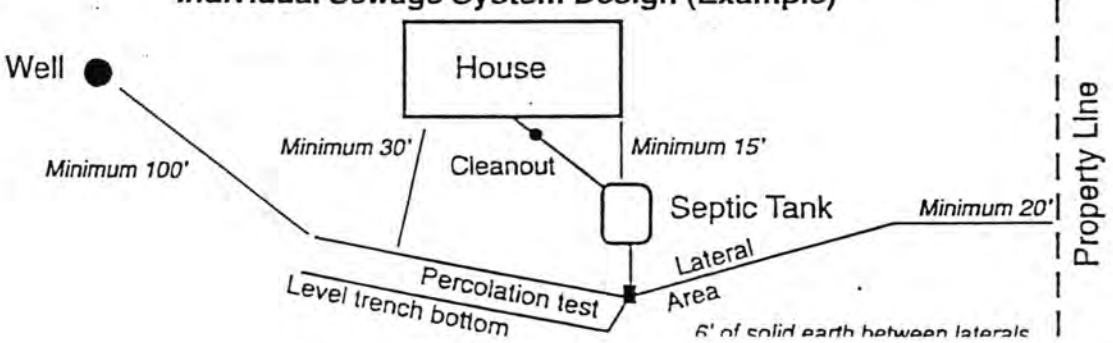
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 11" tall 34" wide
   or perforated pipe: _____
   Material: ☒ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 100 ft. 112.5 ft.
   102.5 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope flat in/100 ft.
   Average depth 30 in
4. Filter material: Dirt
   Depth of material 30 in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

Indicate North with Arrow

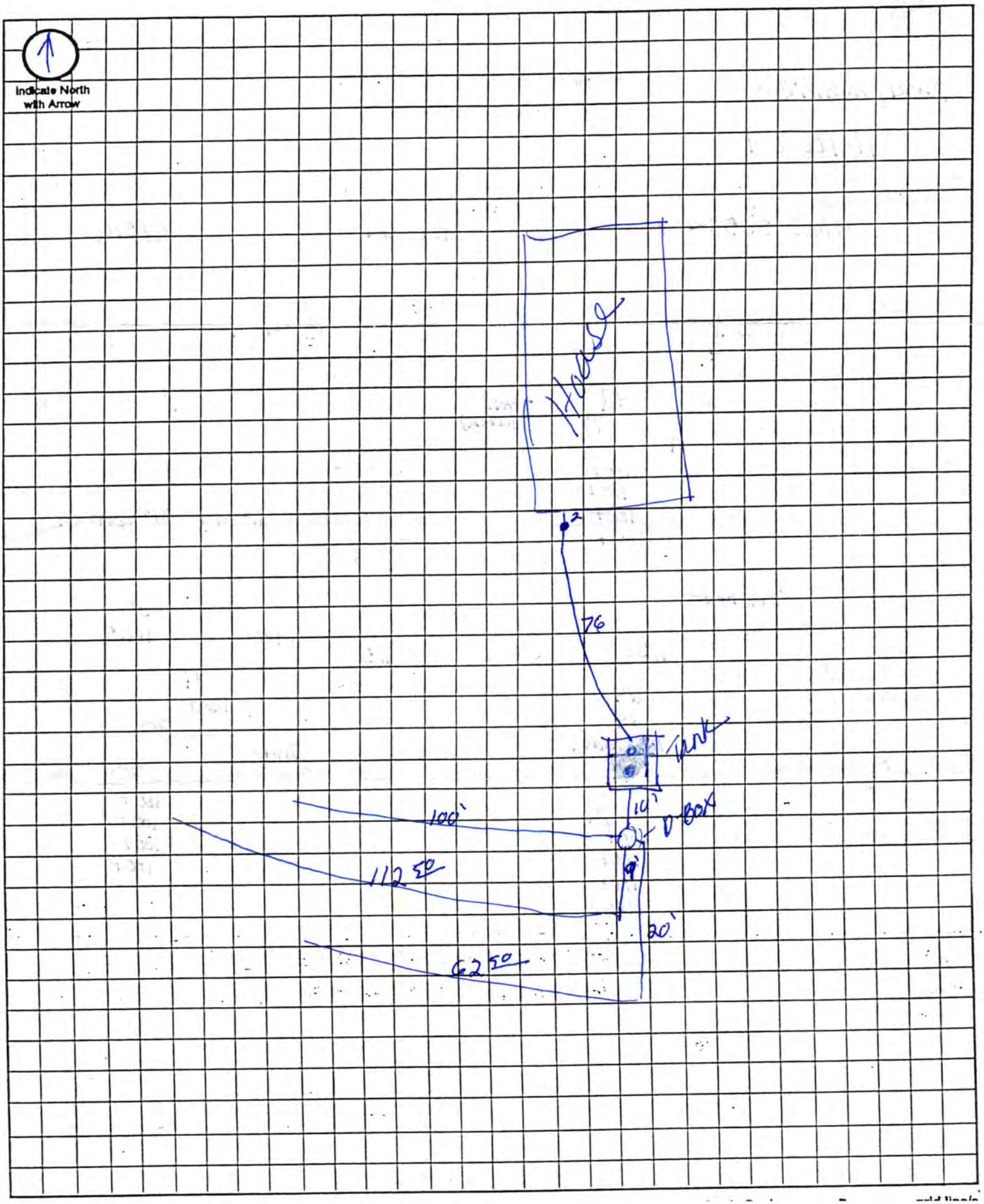
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005717

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit

WATER WELL
NEW WATER WELL CONSTRUCTION

Permit # 04400114201

Issued 09/17/04
Expires 03/17/05
Revenue Code 3162

Establishment

BRETT & CYNTHIA NEAL
T9N R7E SEC 29
KENSINGTON ESTS-1ST BLK 4 LOT 7
9301 S 53 ST

FEES: $100.00

Permittee

BRETT & CYNTHIA NEAL
7911 KARL DR
LINCOLN NE 68516

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

Permit No. 04400114201

Request for Site Clearance and Permit for Individual Water Well

SEP 17 2004

The undersigned hereby requests:

- [X] Site Clearance and Permit to construct a new individual water well - $100
- [ ] Bi-Annual Permit for an existing well - $100 (Renewed every 2 years)
- [ ] Permit to repair or alter existing well involving opening of well - $50

1. Well Site Address 9301 So. 53rd City Lincoln, NE Zip
(No Rural Route Please)
Township 9N Range 7E Section 29 1/4 Section
Block 4 Lot 7 Addition KENSINGTON ESTATES FIRST
Parcel ID ___-___-___-___-___-___ (i.e. 99-99-999-999-999)

2. Well use: [X] Residential [ ] Commercial [ ] Other Describe

3. Distance to Public Water Supply ____ feet.

Signature of Owner Brett Neal Print Name BRETT NEAL
Current Address 7911 KARL DRIVE LINCOLN 68516
Current Home Phone 488-3370 Work Phone 474-2400

Signature of Contractor Mark A. Wurth Print Name
Address 700 LAKEWOOD DRIVE LINCOLN 68510
Home Phone Work Phone 489-6031 Cellular Phone 450-4525

Sewage Permit Applied for: [X] Yes [ ] No [ ] Not applicable

Please Submit Permit Fee with This Request

Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

Approval Process: Lincoln Municipal Code 8.44

1. Health Department	Date received 9/17/04 Date forwarded 9/22/04	ACTION [X] Approved [ ] Disapproved Signature: Jerrold C. Hood
2. Building & Safety	Date received 9/22/04 Date forwarded 9/22/04	ACTION [X] Approved [ ] Disapproved Signature: Shawn Johnson
3. City Engineer	Date received 9/22/04 Date forwarded ___/___/___	ACTION [X] Approved [ ] Disapproved Signature:

REMARKS OR REASONS FOR DISAPPROVAL:

Site Visits
Date: 2/28/05 By J. Hood Dunbar well
Date: 2/22/05 By J. Hood
Date: ___/___/___ By

Nitrate Level 0.2 mg/L
Chloride Level ____ mg/L
Bacteriological Analysis Satisfactory [X] Yes [ ] No
Other

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

Business Office Use Only
Received: Date: 9/17/04 Amount 100.00 Check No. 3642 Initials

Distribution: White - Health Department Lt. Green - Engineer Lt. Blue - Building Inspector

FORM 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 12558
FILE NO. ~~0430[illegible]~~ 0440011420

LINCOLN-LANCASTER COUNTY
HEALTH DEPARTMENT

3140 "N" STREET LINCOLN, NE 68510-1514

Legal Description Sec. 29 TN. 9 R. 7E Block 4 Lot 7 Addition KENSINGTON ESTATES 1ST ADD

Well location address or nearest road intersection 9301 South 53rd, Lincoln, NE. This is in Kensington Estates. From 56th & Rokeby Rd. go 1/2 mile south, then west 1/8 mile.

Owner BRETT NEAL Address 7911 KARL DRIVE, LINCOLN, NE 68516

LOG OF WELL	
Depth Ft to:	Description
0- 30	Brown clays
30- 50	Sandy yellow shale
50- 70	Hard red & blue shale turning sandy
70-145	Fine top medium fine yellow sandstone
145-157	Medium yellow sandstone
157-163	Shale
163-168	Fine sandstone
168-172	Medium yellow sandstone
172-180	Red & yellow shale
180-185	Dark gray shale

Remarks: NITRATE NITROGEN 0.2 p.p.m. BACTERIOLOGICAL O.K.

WELL COMPLETION RECORD

Drilling Method ROTO-WATER

Depth (from ground level). Ft. 172'

Date Completed 10/22/04

Casing: Length, Ft. 157' : Dia. In. 4"

Wall Thickness, .214" : Type PVC 200 #

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

Type PVC SLOTTED , Slot size .025

Well tested capacity AIR TESTED AT 60 GPM

Static water level 93' Measured XX Est.

Pumping water level 100' at 20 gpm.
Measured Est. XX

Drop pipe: Length, Ft. 140' Dia. In. 1 1/4" Type. pvc-80

Pump model & H.P. 1 H.P. - 20 GPM
Gpm Yield of pump. 20 Measured XX Est.

Chlorination Completed Yes XX No

The above information including "Log of Well" is a true record of the job performed by me.

Driller [signature] (Signed)

Address P.O. BOX 308
HICKMAN, NE 68372

Date: 24 FEBRUARY 2005

DO NOT WRITE BELOW THIS DOUBLE LINE

Health Department forwarded copy of record to Nebraska Conservation and Survey Department for Scientific Record X