Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003128

(402) 441-8000

Permit SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380272701

Issued 10/16/03
Expires 04/16/04
Revenue Code 3157

Establishment RICK & MARIETA HARTWIG
T9N R7E SEC 29
KENSINGTON ESTS-1ST BLK 2 LOT 1
5301 AARON CIR

FEES: $200.00

Permittee RICK & MARIETA HARTWIG
5501 AARON CIR
LINCOLN NE 68516

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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OCT 15 2003

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

A

Permit Number: 03380272701

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 5301 AARON CIRCLE (no rural route) City LINCOLN NE, Zip NEBR

Legal Description 99 9N 7E KENSINGTON ESTATES. 1ST 2 1
(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 RICK & MARIETA HARTWIG Signature Marieta A Hartwig

Address _____ City/State/Zip _____

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name MIKE REZAC Company Name REZAC CONST.

Address 140 NORTH. 1ST City/State/Zip LINCOLN NEBR.

☐ Check if contractor designed system Work Phone 477-8844 cell 890-3180

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

Designer Name BRAD SOUTHWICK Firm _____ Work Phone 475 2462

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 10/16/03, Date frwd 10/16/03 — ACTION ☒ Approved ☐ Disapproved — Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** — Date rec'd 10/16/03, Date frwd _____ — ACTION ☑ Approved ☐ Disapproved — Signature _____
3. **City or County Engineer** — Date rec'd 10/16/03, Date frwd 10/16/03 — ACTION ☒ Approved ☐ Disapproved — Signature Chase Baker

5/19/04 J.C.H. Need drawing.

Installation Final Written Approval

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

Date JUNE 17, 2004

Business Office Use Only

Date Rec'd 10/16/03
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 5978

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: 033802727

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (indicate correct number and street)

Address _____ City Lincoln NE, Zip 68516

(no rural route)

Owner R.G. Hartwig Address 5501 Acorn Cir. Lincoln, Ne. 68516

Soil Type (SCS): _____ Percolation Rate: _____ min.

Date of Tests 4-17 to 4-18-02 Weather: Precipitation — Temperature 50

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	24	4/17	6:30 PM	4/18	9:00 AM	4/18	12:00 NOON	9 1/8	4/18	12:30	30	2	15
2	24							8 1/2				1/2	60
3	24							11 3/8				3/8	34
4	36							7 1/4				1/2	60
5	↓							15				1 7/8	28
6								14 3/8				1 1/8	28
7								10 3/8				1	30
8	↓							17 5/8				1 1/8	28

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

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 475-2462
Address 17201 So 72nd St.
Lincoln, Ne. 68822

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of

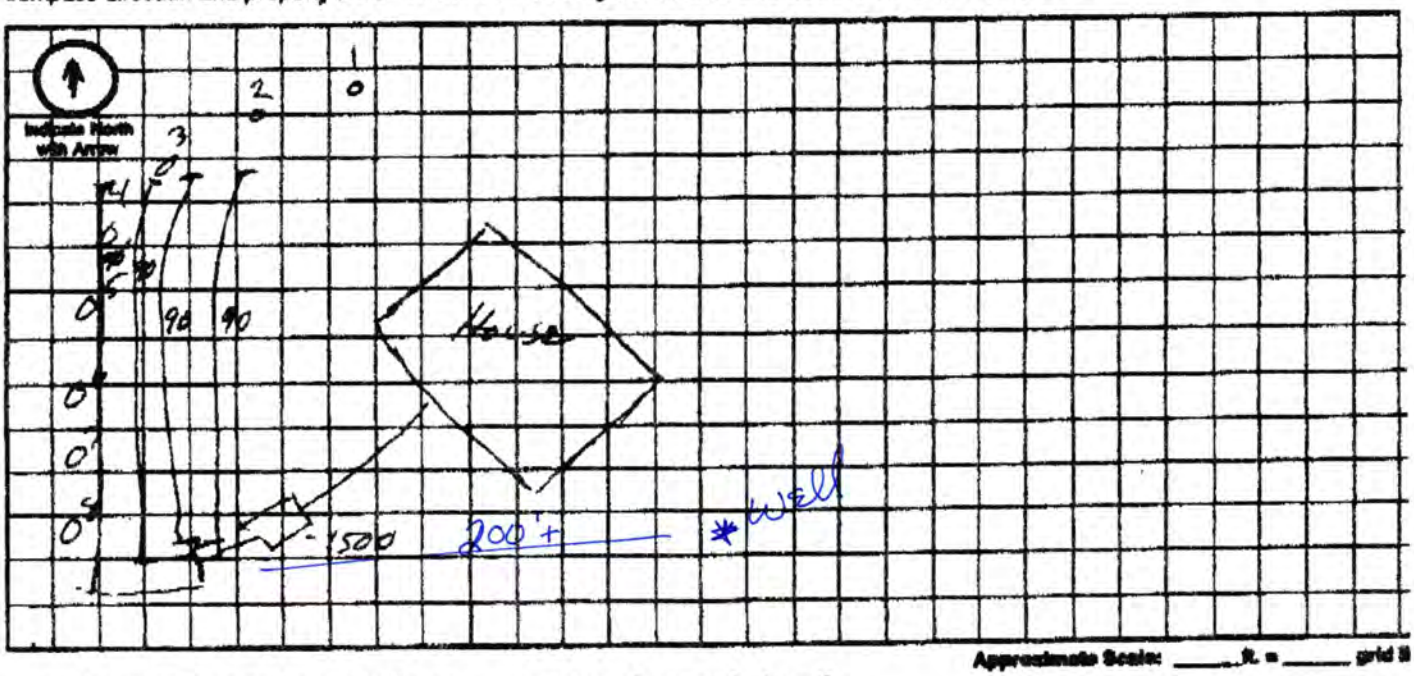
C

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

Permit Number: 033802727

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 ft

A. System Location (Indicate correct number and street)

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

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: WTC Land Slope: _____

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

Total Square Feet of Field Required: 1400 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: In-L-Hator

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

Total Length of Laterals 350 ft. Number of Trenches _____ Trench Width 4'

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

Distance From	Private Well	Public Well	Surface Water	Ground 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 _____

Installer Brad Southwick Date 4-27-03

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

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date _____ Legal Description _____ 1/4 _____ 1/4 29 Section 9 Township 7 Range Blk 2 Lot 1

Onsite System Location

Address (no rural route) 5301 Aaron Cr. City Lincoln NE, Zip _____

Owner Ricky Hartwig Address _____

A. Sewer Pipe Lateral Add.

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

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ 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" dia. inspection pipe
6. Outlet: ☐ baffle ☐ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. ☐ Distribution Box ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

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

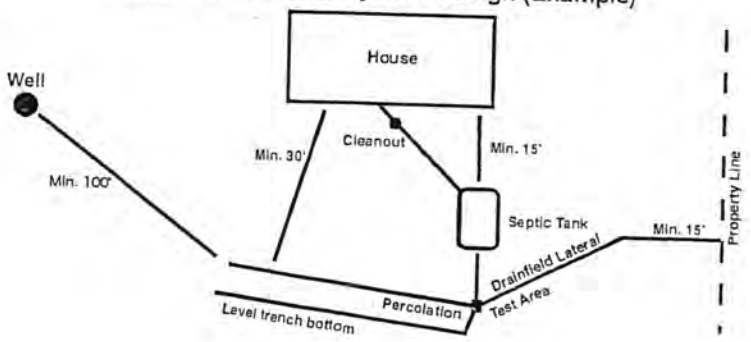
D. Drainfield Absorption

☐ Trench ☐ Bed ☐ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width _____ ft.
   Distribution Pipe Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   House or building _____ ft.
   Lake or Stream _____ ft.

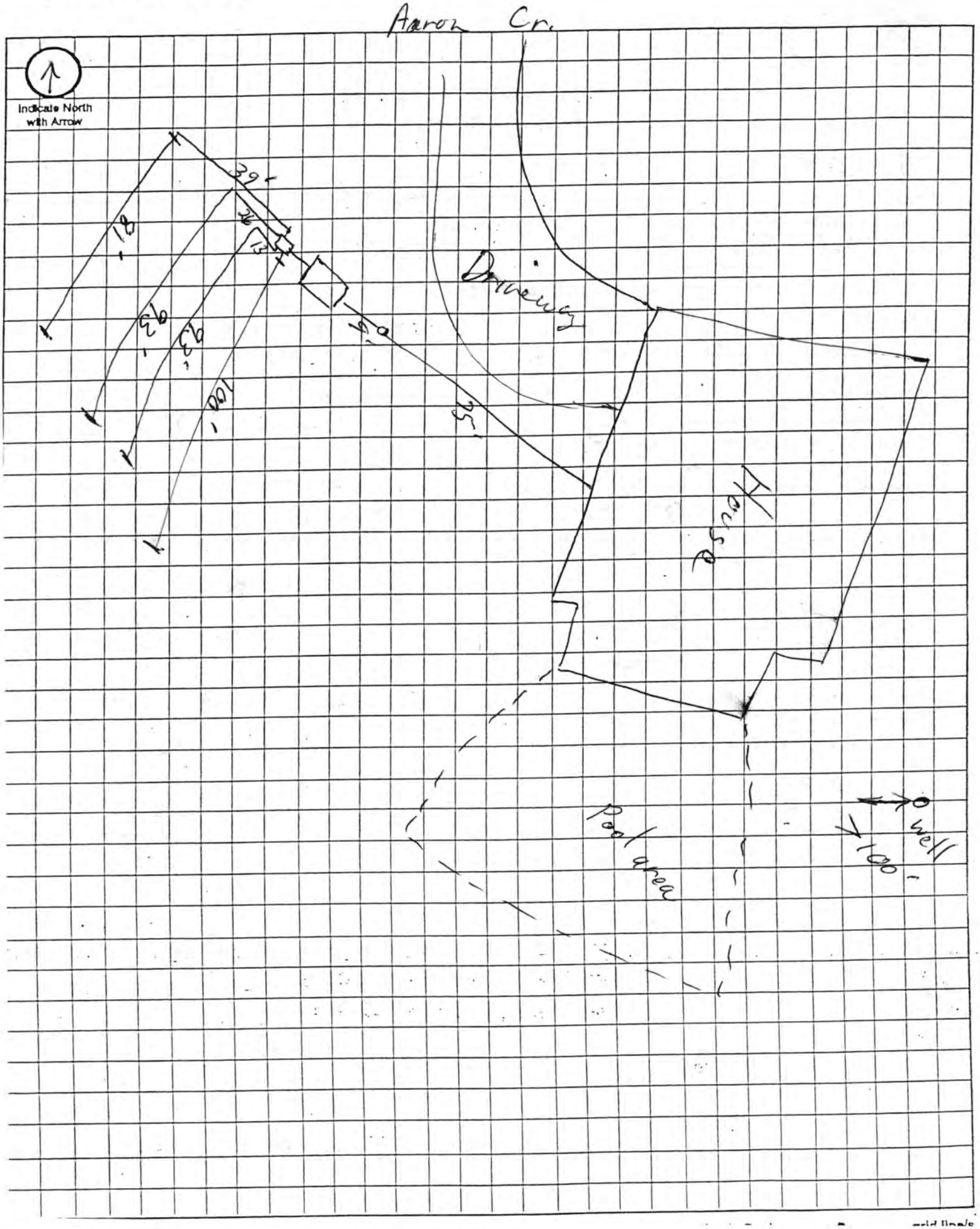
Complete As-Built drawing on the back fo this form.

Onsite Wastewater System Design (Example)



icate North
ith Arrow

As Built Drawing



Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003127

(402) 441-8000

Permit

WATER WELL
NEW WATER WELL CONSTRUCTION

Permit # 03400109901

Issued 10/16/03
Expires 04/16/04
Revenue Code 3162

Establishment

RICK & MARIETA HARTWIG
T9N R7E SEC 29
KENSINGTON ESTS-1ST BLK 2 LOT 1
5301 AARON CIR

FEES: $100.00

Permittee

RICK & MARIETA HARTWIG
5501 AARON CIR
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. 03400109901

RECEIVED
OCT 16 2003

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 - $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 5301 AARON circle City Lincoln., NE Zip
(No Rural Route Please)
Township 9N Range 7E Section 29 1/4 Section
Block 2 Lot 1 Addition KENSINGTON ESTATES. 1ST APD
Parcel ID ___-___-_____-_____-_____ (i.e. 99-99-999-999-999)

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

3. Distance to Public Water Supply _____ feet.

Signature of Owner [signature] Print Name Rick Hennessy
Current Address
Current Home Phone -NA- Work Phone

Signature of Contractor [signature] Print Name Mike Rozak
Address 140 North 1st
Home Phone 423-2766 Work Phone 477-8844 Cellular Phone 890-3180

Sewage Permit Applied for: ☑ 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 10/16/03 Date forwarded 10/16/03	ACTION ☒ Approved ☐ Disapproved Signature: Jerrold C. Hood		
2.	Building & Safety	Date received 10/16/03 Date forwarded ___/___/___	ACTION ☒ Approved ☐ Disapproved Signature: [signature]		
3.	City Engineer	Date received 10/16/03 Date forwarded 10/16/03	ACTION ☒ Approved ☐ Disapproved Signature: [signature]		

REMARKS OR REASONS FOR DISAPPROVAL:

Site Visits
Date: 6/8/04 By J.C. Hood
Date: ___/___/___ By
Date: ___/___/___ By

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

Installation Final Written Approval
Date: 6/9/04 By J.C. Hood

Business Office Use Only
Received: Date: 10/16/03 Amount 100.00 Check No. 5979 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. 13553
FILE NO. 034-0010990 1

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 2 Lot 1 Addition KENSINGTON ESTATES 1ST ADD.
Owner Rick and Mareitta Hartwig Address 8900 South 56th

LOG OF WELL	
	Description
Depth Ft.	
0-1	Top Soil
1-38	Brown Clay
38-65	Gray + Brown Clay
65-104	Red, Gray, + Brown Clay
104-106	Limestone
106-110	Gray + Red Clay
110-121	Brown + Red Clay
121-132	Sandstone (med, brown)
132-138	Tan Clay
138-161	Sandstone (med, brown)
161-164	Tan Clay
164-200	Sandstone (course, brown)
200-200.5	White Clay
200.5-207	Sandstone (course, brown)
207-208	White Clay

REMARKS
NITRATE NITROGEN 0.0 P.P.M.
BACTERIOLOGICAL O.K.

WELL COMPLETION RECORD

Drilling Method: Rotary
Depth (from ground level), Ft. 207
Date Completed 10/23/03

Casing: Length, Ft. 187; Dia. In. 4
Wall Thickness, Inc. .173; type PVC

Screen: Length, Ft. 20 Dia. In. 4
Type Monoflex, slot Size .018

Drop Pipe: Length, Ft. 180 Dia. In. 1.25

Water Level, Surface to top of water, Ft.:
Static 136, Pumping 150

Yield: 45 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 Ben Earnest III
(Signed)

Address 2796 W. Milford Rd.
Milford, NE 68405
Date 6/18/04

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