Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 00380226601

Issued 11/21/00
Expires 05/21/01
Revenue Code 3157

Establishment

TIM WRIGHT
T9N R7E SEC 29
KENSINGTON ESTS BLK 2 LOT 5
5300 AARON CIR

FEES: $200.00

Permitee

TIM WRIGHT
6509 S 41 ST
LINCOLN NE 68516-2907

TOTAL: $200.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013925

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

A

Permit Number: 00380226

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 5300 Aaron Circle (no rural route) City Lincoln NE, Zip 68516

Legal Description 28 9N 7E Kensington Estates — 2 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 Wright Signature Tim Wright

Address 6509 So. 41st St. City/State/Zip Lincoln, NE 68516

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

C. Contractor

Name Mark Resseguie Company Name Innovative Homes & Designs

Address 3700 Village Blvd., #600 City/State/Zip Lincoln, NE 685

☐ Check if contractor designed system Work Phone _____

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

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms _____ 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 11/14/00 Date frwd 11/15/00 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11-15-00 Date frwd 11-15-00 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 11/15/00 Date frwd 11/15/00 ACTION ☒ Approved ☐ Disapproved Signature Chester J. Baker

~~12/01 Need Drawing. J.C.H~~

Installation Final Written Approval

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

Date JULY 13, 2001

Business Office Use Only

Date Rec'd 11/14/00
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 13581

FORM 23-100 9-00 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 5300 Aaron Circle (no rural route) City Lincoln NE, Zip

Owner Addresss

Soil Type (SCS): Percolation Rate: 60 min./inch

Date of Tests 4-29-01 to 4-30-01 Weather: Precipitation Light Rain Temperature 68°

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	30	4-29	12:00	4-30	8:15 PM	4-30	8:15 PM	6"	4-30	8:45	30	½	60
2	30	4-29	12:00	4-30	8:15	4-30	8:15	6"	4-30	8:45	30	½	60
3	30	4-29	12:00	4-30	8:15	4-30	8:15	6"	4-30	8:45	30	½	60
4	30	4-29	12:00	4-30	8:15	4-30	8:15	6"	4-30	8:45	30	½	60
5	30	4-29	12:00	4-30	8:15	4-30	8:15	6"	4-30	8:45	30	½	60
6	30	4-29	12:00	4-30	8:15	4-30	8:15	6"	4-30	8:45	30	1⅛	26.66

Person Conducting Percolation Tests

Name: Dave Vogt
Phone: 560-4267
Address P.O. Box 181
Elmwood, NE 68349

Sum of Percolation Rates: 326.66
Average of Rates: 54.44
Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

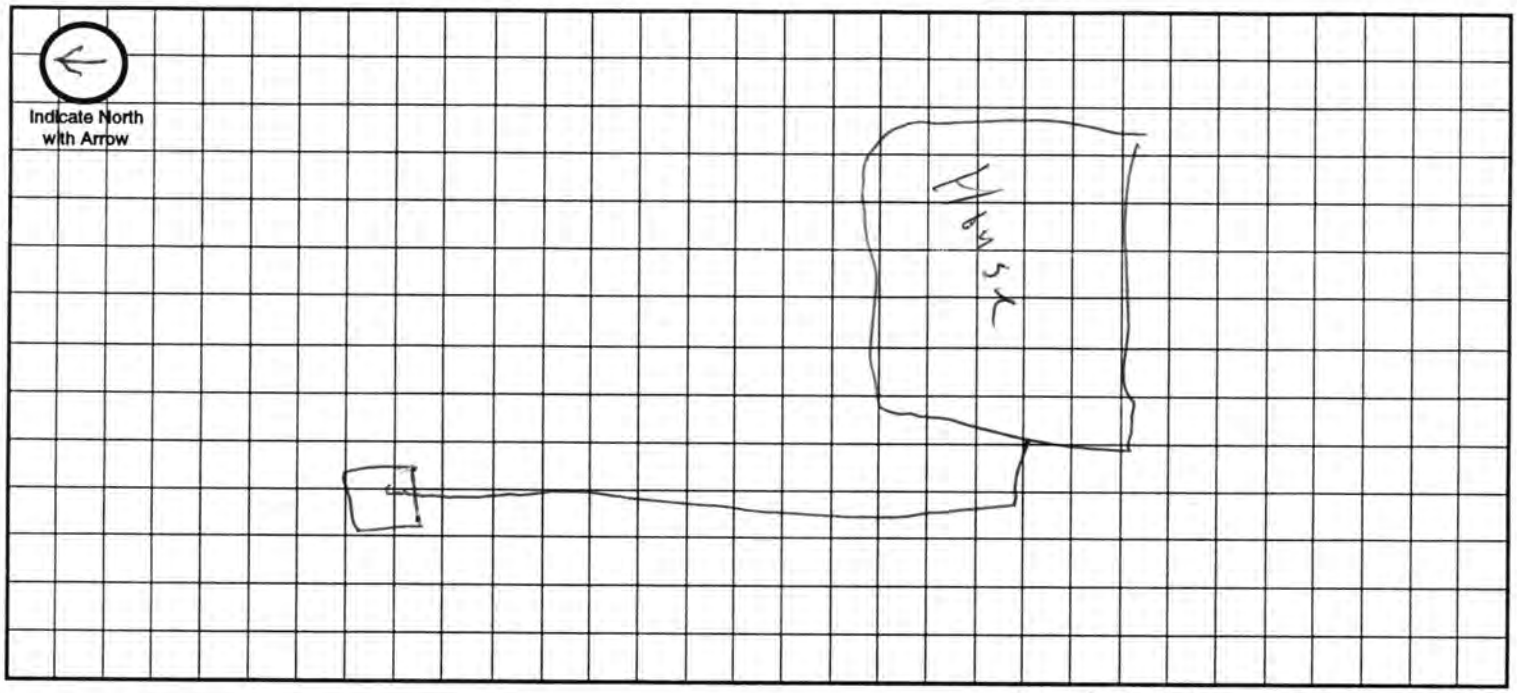
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 5300 Haron Circl 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 60 (min. per inch) Soil Type: _____ Land Slope: 4% %

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 Filtrator

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 4 Trench Width 4'

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 _____

Installer _____ Date 5-9-01

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 7-3-01

System Location (Indicate correct number and street)

Address 5500 Aaron Ct (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: ~~0~~ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: 147 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 50+ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 3
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 16 in.
   Over outlet, diameter 10 in.
   Riser: ☒ above ☐ below grade 2 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 14 in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 60+ ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 8
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 15 ft.

D. Absorption Field

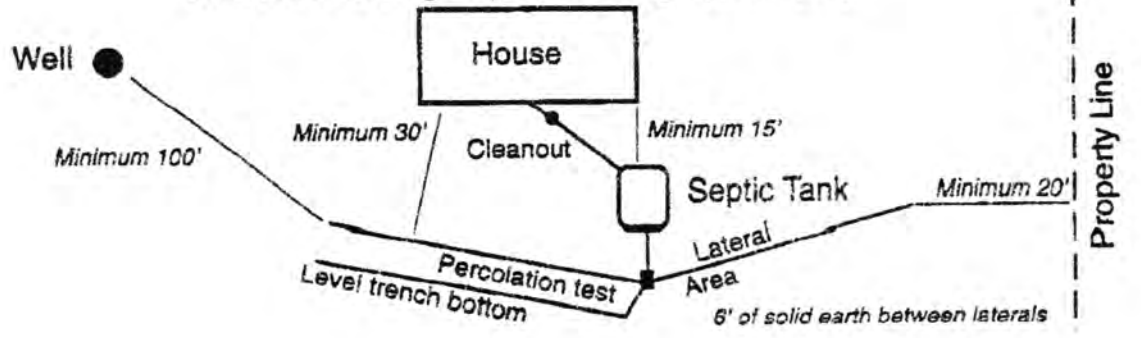
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: ~~6" Infiltrator~~
   or perforated pipe: 4" Infiltrator
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other
2. Lateral lines: Number 4
   Length of each line: 83 ft. 83 ft.
   92 ft. 92 ft., ft.
3. Trench dimensions: Width 4 ft.
   Slope 2 in/100 ft.
   Average depth 26 in
4. Filter material: Gravel
   Depth of material 14 in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 25+ ft.

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

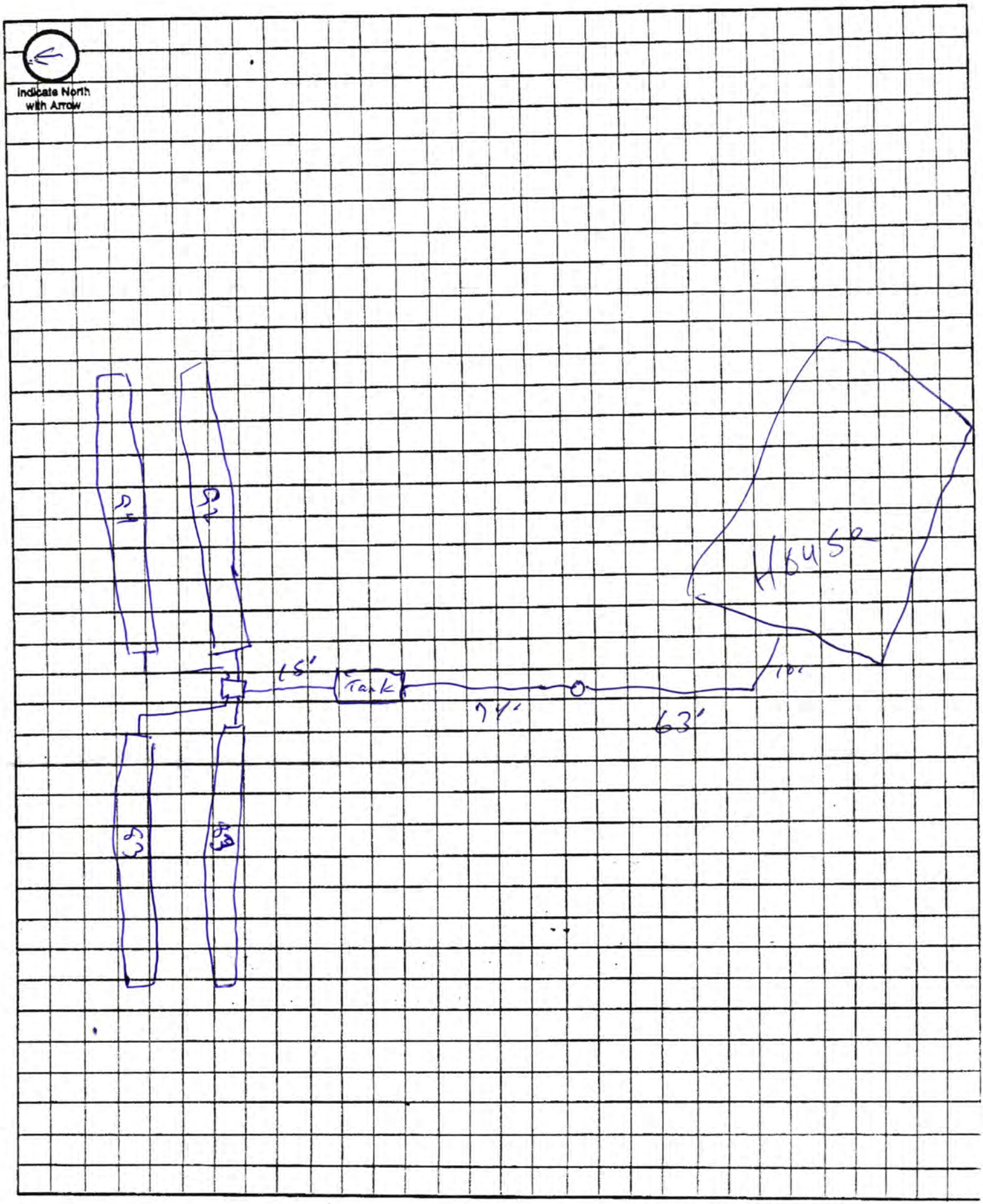
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: 1" = grid lines

Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

WATER WELL
NEW WATER WELL CONSTRUCTION

Permit # 00400094001

Issued 11/14/00
Expires 05/14/01
Revenue Code 3162

Establishment

TIM WRIGHT
T9N R7E SEC 29
KENSINGTON ESTS BLK 2 LOT 5
5300 AARON CIR

FEES: $100.00

Permitee

TIM WRIGHT
6509 S 41 ST
LINCOLN NE 68516-2907

TOTAL: $100.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013904

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

Permit No. 0040009 40

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 5300 Aaron Cr. City Lincoln, NE Zip 685
(No Rural Route Please)
Township 9N Range 7E Section 29 1/4 Section
Block 2 Lot 5 Addition Kensington Estates 1st Add.
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 Tim Wright Print Name Tim Wright
Current Address 6509 S. 41st, Lincoln, NE. 68516
Current Home Phone 423-3468 Work Phone

Signature of Contractor Print Name Mark Resseguie Innovative Homes
Address 3700 Village Blvd. Suite 600, Lincoln, NE 68516
Home Phone 423-1636 Work Phone 423-6565 Cellular Phone 730-6200

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 11/8/00 Date forwarded 11/8/00	ACTION ☑ Approved ☐ Disapproved Signature: Jerrold C. Hood
2. Building & Safety	Date received 11/8/00 Date forwarded ___/___/___	ACTION ☑ Approved ☐ Disapproved Signature:
3. City Engineer	Date received 11/8/00 Date forwarded ___/___/___	ACTION ☑ Approved ☐ Disapproved Signature: Dave Wilson

REMARKS OR REASONS FOR DISAPPROVAL:

Site Visits
Date: 7/13/01 By Jerrold Hood
Date: ___/___/___ By
Date: ___/___/___ By

Nitrate Level 0.8 mg/L
Chloride Level ____ mg/L
Bacteriological Analysis Satisfactory ____ Yes ____ No
Other

7/17/01

Installation Final Written Approval
Date: 7/17/01 By

Business Office Use Only
Received: Date: 11/08/00 Amount 100.00 Check No. 13565 Initials

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

APR 1 0 2001

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PREMIT
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 WELL 5300 Aaron Circle

Legal Description: Sec. 29 T. 9 R. 7 Block ____ Lot ____ Addition Kensington Estates

Owner Timothy L. Wright Address 6509 S. 41st, Lincoln, Nebraska 68509

LOG OF WELL	
Depth Ft to:	Description
0- 10	SANDY BROWN CLAY
10- 35	BROWN CLAY
35- 55	BROWN & BLUE CLAY MIX
55- 70	YELLOW SHALE
70- 90	BLUE & RED SHALE
90- 95	RED & WHITE SHALE
95-100	YELLOW SHALE
100-110	SANDSTONE & LITTLE SHALE
110-175	FINE WHITE SANDSTONE
175-185	MEDIUM TAN SANDSTONE
185-210	COARSE TAN SANDSTONE
210-220	YELLOW SHALE
220-240	BLUE SHALE

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level). Ft. 210'

Date Completed 3/23/01

Casing: Length, Ft. 190' :Dia. In. 4"

Wall Thickness, Inc. .214 :Type PVC

Screen: Length, Ft. 20' Dia. In. 4"

Type PVC WOP & SLOTT, Slot Size .030 & .025

Drop Pipe: Length, Ft. 160' Dia. In. 1 1/2"

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

Static 117' M, Pumping 125'

Yield: 20 gpm, Measured XX. Est. ____

Chlorination Completed Yes XX No ____

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

Driller _____ (Signed)

Address: P.O. BOX 308
HICKMAN, NE 68372

Date: 9 APRIL 01

Remarks _____

DO NOT WRITE BELOW THIS DOUBLE LIN

Health Department forwarded copy of record to Nebraska Conservatioin and Survey Department for Scientific Record _____



AREA OF SEPTIC SYSTEM

