# Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 00380221701

Issued 07/21/00
Expires 01/21/01
Revenue Code 3157

Establishment

BOB SLONE
T9N R7E SEC 32
SILVER SPRINGS ADDN BLK 2 LOT 8
5410 NEW CASTLE RD

FEES: $150.00

Permitee

BOB SLONE
5211 SHERMAN ST
LINCOLN NE 68506

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013549

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

**A**

Permit Number: 03802217

# 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 5410 New Castle Road (no rural route) City Lincoln NE, Zip 68516

Legal Description 1/4 32 1/4 9N Section 7E Township Range Silver Springs Subdivision 2 Addition 8 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 Bob Slone Signature _____

Address _____ City/State/Zip _____

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

### C. Contractor

Name Michael Builders Corp Company Name Mike Murtha

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

☐ Check if contractor designed system Work Phone 489-6161

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

Designer Name Brad Southwick Firm _____ Work Phone _____

### 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 400 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 7-21-00<br>Date frwd 7/25/00 | **ACTION** ☒ Approved ☐ Disapproved<br>Signature John E Munn | |
| 2. **Supt. Bldg. Insp. or Village Clerk** | Date rec'd 7/25/00<br>Date frwd 7/25/00 | **ACTION** ☒ Approved ☐ Disapproved<br>Signature | |
| 3. **City or County Engineer** | Date rec'd 7-25-00<br>Date frwd 7-25-00 | **ACTION** ☒ Approved ☐ Disapproved<br>Signature | |

## Installation Final Written Approval

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

Date APRIL 13, 2001

***Business Office Use Only***

Date Rec'd 07/21/00

Amt Paid 150.00

Rec'd By _____ Cash/Check No. 2924

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector Also WC 11

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

B

Permit Number
00380217

# Sewage Disposal System

## Soil Absorption Test Data Report

## Annex to Application

PLEASE PRINT OR TYPE

Lot 3 Salter Springs

**System Location** (Indicate correct number and street)

Address _____ (Rural route) City Saltillo NE Zip 68310

Owner Michael Bulvance Address _____

Soil Type (SCS) SbC Percolation Rate _____ min./inch

Date of Tests 7-11 to 7-11-00 Weather Precipitation 0 Temperature 70's

## 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 | | | | |
| 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 | 36 | 7/10 | 7:00 | 7/11 | 7:30 | 7/11 | 12:30 | 14½ | 7/11 | 12:30 | 5 | 2 | 2.5 |
| 2 | 1 | | 1PM | | 1PM | | 2PM | 13⅝ | | 1PM | | 5 | 6 |
| 3 | | | | | | | | 13⅜ | | | | 2⅝ | 4.5 |
| 4 | | | | | | | | 12⅝ | | | | 1 | 30 |
| 5 | | | | | | | | 18 | | | | 1 | 60 |
| 6 | " | | | | | | | 8⅞ | | | | ½ | 60 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Sum of Percolation Rates 265
Average of Rates 52
Rate Used for Calculation 60

### Person Conducting Percolation Tests

Name: Brad Santanach
Phone 415-2462
Address 12201 S. 72nd St
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

### Reviewing Action

Remarks OK

Signature of Reviewing Official _____ Date 7-21-00

FORM 23-101 10-96

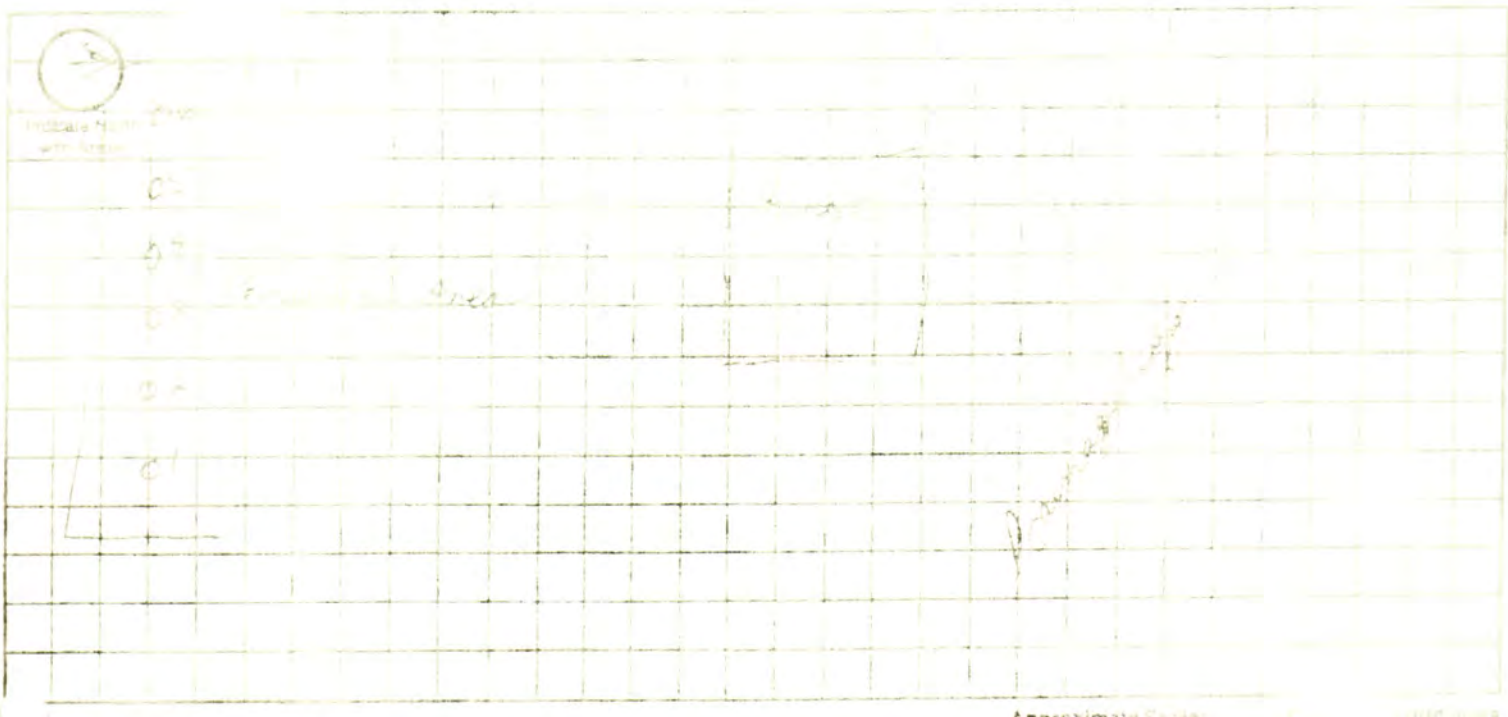
Lincoln-Lancaster County Health Department
Environmental Health Division
[illegible] Lincoln, NE 68510-1514
Phone: [illegible]

C

Permit Number
003802217

# Sewage Disposal System
## Preliminary Plan Specifications

Show & Dimension ... system, location lines, distribution box, tank and laterals, percolation test hole locations, well, residence, property lines, etc. Indicate on drawing if residence and well are existing or proposed.




## A. System Location (Indicate correct number and street)

Address (no rural route) _____ City Lincoln NE 2[illegible]

## 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: Silt Loam Land Slope [illegible]

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: [illegible]

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 ft

## 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 | Neighbors | All Other Setbacks |
|---|---|---|---|---|---|---|---|---|---|
| Tank (ft) | 50 ☒ | 500 ☒ | 50 ☒ | N/A ☐ | 25 ☒ | 20 ☒ | 15 ☒ | 25 ☒ | ☐ |
| Field (ft) | 100 ☒ | 500 ☒ | 50 ☒ | 4 ☒ | 30 ☒ | 20 ☒ | 30 ☒ | 45 ☒ | ☐ |
| Lagoon (ft) | 100 ☐ | 500 ☐ | 50 ☐ | N/A ☐ | 30 ☐ | 50 ☐ | 100 ☐ | 200 ☐ | ☐ |

## E. Required Signatures

Home Building Contractor: [signature] Date 7-20-00

Installer [signature] Date 7-11-00

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 4-13-01

**System Location (Indicate correct number and street)**

Address 5401 New Castle (no rural route) City Lincoln NE, Zip 68516

## A. Building Sewer

1. Material: Sch 40 PVC
   Diameter: 4" in.
2. Distance above basement floor: 80 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 262 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

## B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 6x9 in.
   Over outlet, diameter 6x9 in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☐ baffle ☒ tee w/Filter
7. Depth to top of tank, below unfinished grade: 6 in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

## C. Distribution Box

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

## D. Absorption Field

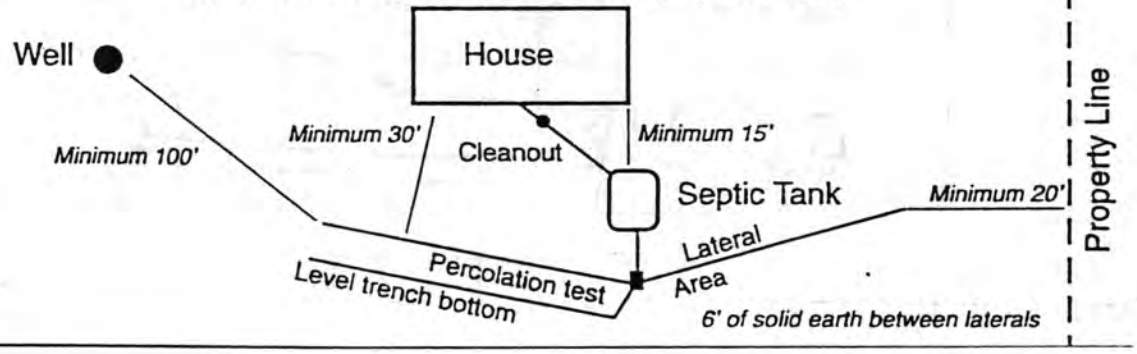
*(Provide as-built drawings on back of this form)*

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other Infiltrator EQ36
2. Lateral lines: Number 5
   Length of each line: 100 ft. 100 ft.
   92 ft. 83 ft., 83 ft.
3. Trench dimensions: Width 2 ft.
   Slope 4"-5" in/100 ft.
   Average depth 36 in
4. Filter material: NONE
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

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

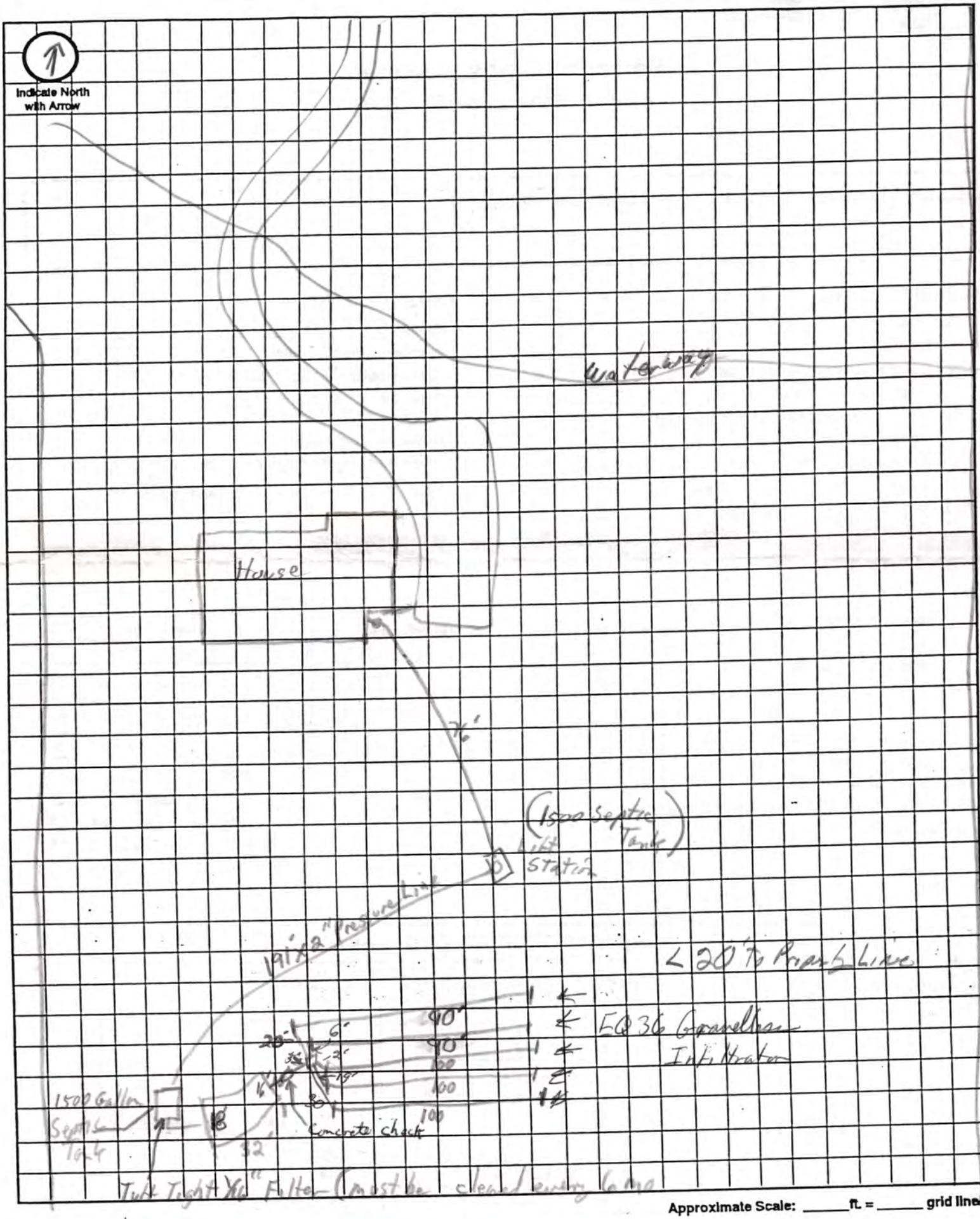
Indicate North with Arrow

### Individual Sewage System Design (Example)




FORM 23-103 10-96

# As Built Drawing




Approximate Scale: _____ ft. = _____ grid line/s

# 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 # 00400090001

Issued 07/21/00
Expires 01/21/01
Revenue Code 3162

Establishment

BOB SLONE
T9N R7E SEC 32
SILVER SPRINGS ADDN BLK 2 LOT 8
5410 NEW CASTLE RD

FEES: $75.00

Permitee

BOB SLONE
5211 SHERMAN ST
LINCOLN NE 68506

TOTAL: $75.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013548

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

Permit No. 0040009 00

# 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 5410 New Castle Road City Lincoln, NE Zip _____
(No Rural Route Please)
Legal description of property:
Twp 9N; Range 7E; Section 32; Block 2; Lot 8; Addition Silver Springs Addition

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

3. Distance to Public Water Supply _____ feet.

Signature of Owner [signature] Signature of Contractor M. Manzitto

Print Name Bob Slone Print Name Michael Builders
Current Address 5211 Sherman Road Address 700 Lakewood Drive

Current Home Phone 327-8794 Home Phone 489-6031
Work Phone 450-4525 Work Phone 489-6161
Cellular Phone _____

Sewage Permit Applied for: ☒ Yes ☐ No ☐ Not applicable

**Please Submit Permit Fee with This Request**
**Please Do Not Write Below This Line**

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Approval Process: Lincoln Municipal Code 8.44

| | | | | |
|---|---|---|---|---|
| 1. Health Department | Date received 7/21/00<br>Date forwarded 7/25/00 | ACTION ☒ Approved ☐ Disapproved<br>Signature: [signature] |
| 2. Building & Safety | Date received 7/25/00<br>Date forwarded 7/25/00 | ACTION ☒ Approved ☐ Disapproved<br>Signature: [signature] |
| 3. City Engineer | Date received 7/25/00<br>Date forwarded 7/25/00 | ACTION ☐ Approved ☐ Disapproved<br>Signature: [signature] |

**REMARKS OR REASONS FOR DISAPPROVAL:** _____

**Site Visits:**
Date: 4/17/01 By DS
Date: 1/24/02 By J.C.H. Replacement well
Date: ___/___/___ By _____

**Installation Final Written Approval**
By: [redacted] Jerrold C. Hood
Date: [redacted]

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

0.2 NEW WELL
Nitrate Level 3.1 mg/L
Chloride Level — mg/L
Bacteriological Analysis Satisfactory
Yes ☒ No ☐ NEW WELL
Other _____

***Business Office Use Only***
Date Rec'd: 07/21/00
Amt Paid: $ 75.00
Rec'd By [redacted] Cash/Check No. 2924

Also Sewage

NOV 16 2000

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PREMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. 20000092001

LINCOLN-LANCASTER COUNTY
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

DATA SHEET FOR WATER WELL

Legal Description: Sec. 32 T. 9 R. 7 Block 2 Lot 8 Addition SILVER SPRINGS 5401 NEW CASTLE

Owner MICHAEL BUILDERS Address 700 LAKEWOOD DR., LINCOLN, NE 68510

| LOG OF WELL | |
|---|---|
| Depth Ft to: | Description |
| 0- 10 | BLACK CLAY |
| 10- 15 | BROWN CLAY |
| 15- 20 | RED & YELLOW SHALE |
| 20- 30 | GRAY SHALE |
| 30- 50 | RED & YELLOW SHALE |
| 50- 60 | BLUE SHALE |
| 60- 80 | RED & WHITE SHALE |
| 80- 100 | SANDY YELLOW SHALE |
| 100-147 | SANDY WHITE & LIGHT GRAY |
| | SHALE |
| 147-164 | MEDIUM TO MEDIUM COARSE |
| | YELLOW SANDSTONE |
| 164-170 | RED SHALE |
| 170-195 | GRAY SHALE |
| | |
| | |
| | |

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth ( from ground level ). Ft. 164'

Date Completed 9/28/00

Casing: Length, Ft. 148' :Dia. In. 4"

Wall Thickness, Inc. .214" :Type PVC

Screen: Length, Ft. 16' Dia. In. 4"

Type PVC WOP & SLOTTED Slot Size .025

Drop Pipe: Length, Ft. 120' Dia. In. 1 1/4"

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

Static 86' M , Pumping 90' EST

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 [signature] (Signed)

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

Date: 16 NOVEMBER 00

Remarks NITRATE 0.2 P.P.M.
BACTERIOLOGICAL O.K.

DO NOT WRITE BELOW THIS DOUBLE LIN

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