LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514
PERMIT

(402) 441-8000

Permit
SEWAGE INSTALLATION

No. 96380139001

Issued 01/16/96
Expires 07/16/96
Revenue Code 18754

Establishment
JOHN ROLLIS
T9N R7E SEC 32
SILVER SPRINGS ADD BLK 4 LOT 1

FEES: $150.00

TOTAL $150.00

Permittee
JOHN ROLLIS
6712 HICKORY CREST CI
LINCOLN NE 68516

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: $_____

FILE NO._____

DATE: 12-22-95

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 32 ;
   Block 4 : Lot 1 : Addition Silver Springs Add
   Street Address_____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe ~~8~~

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

4. Distance to public sewer: Greater than ¼ mile ft.

John Rallis
Signature of Applicant (Owner or Lessee)

6712 Hickory Crest Cir.
Address
Lincoln, NE 68516

(Do not write below this double line)

1. Health Department: Date Rec'd. 1/3/96. Date Frwd. 1/3/96. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 1-3-96. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature:

3. City or County Engineer: Date Rec'd. 1-3-95. Date Frwd. 1-3-95. ACTION: Approved ☒ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 5/6/96 by: L.C.H. ~~Need drawing~~
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/8/96 By: Jerrold C. Hood

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

FORM 23-43

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

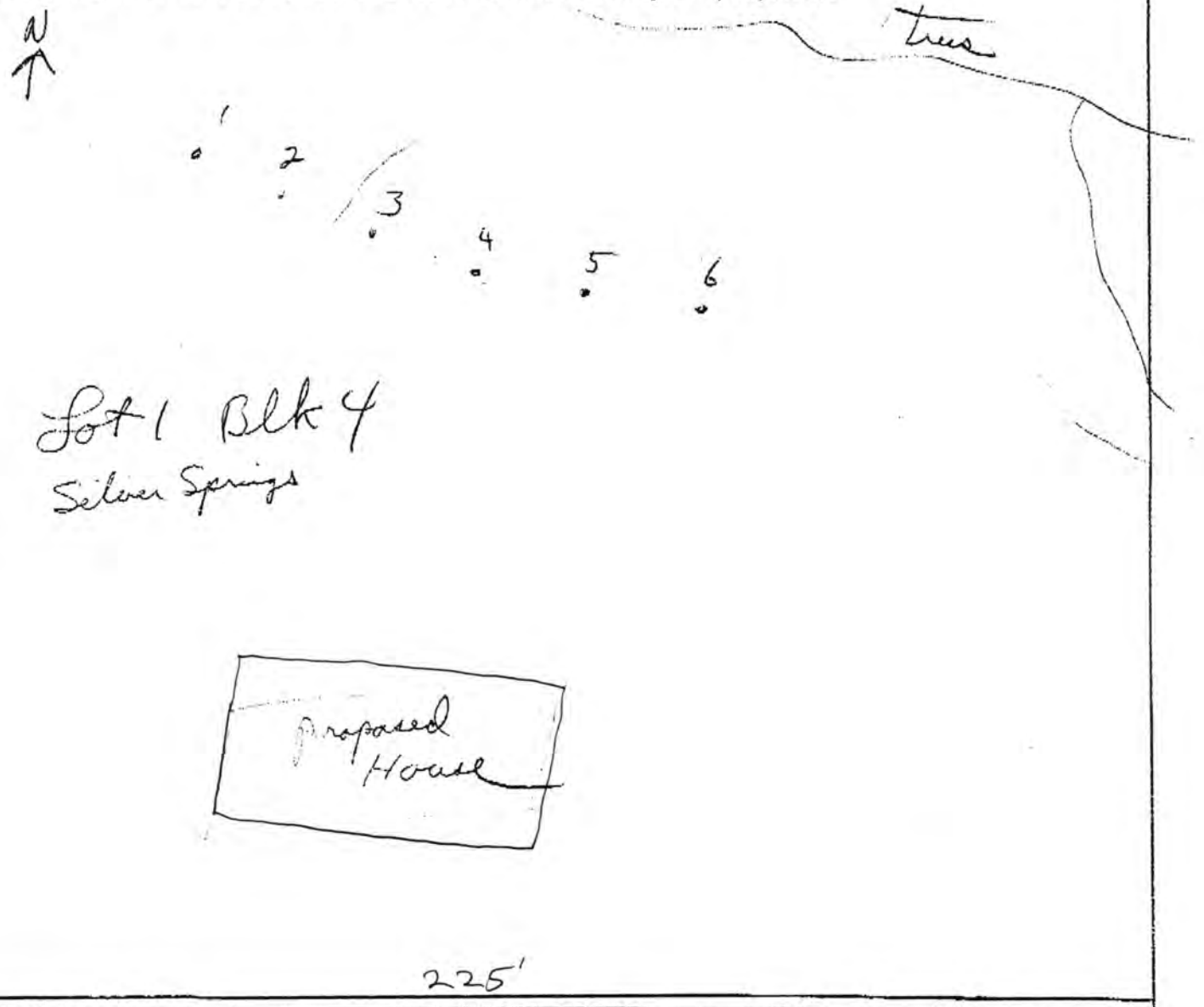
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks:_____

_____

Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed____sq.ft.

_____
Signature of Reviewing Official

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: Lot 1 Blk 4 Selcer Springs add.

Location: Township 9N ; Range 7E ; Section & ¼ Section 32.
Property Dimensions: 325 ft. x 670 ft. Area: 4 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 12-5 to 12-6-95 . Weather: Precip. — Temp. 40° .

OWNER: Doug Bar

Address: 7805 Bonnie Brae Dr 68506

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	30"	12-5	2:00	12-6	7:00	12-6	10:30	15 3/4	11:30	17 1/4	60	1 1/2	40 MIN/IN
2		1						20	~~—~~	21 1/2		1 1/2	40 MIN/IN
3								14 1/8		15 1/8		1	60 MIN/IN
4								13 3/4		15 3/4		2	30 MIN/IN
5								13 3/4		15 1/2		1 3/4	34 MIN/IN
6								14 1/4		17		2 3/4	22 MIN/IN

Larry Schwarck
Signature of Person Conducting Test

Address 8200 old cheney Phone 489-7294

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

(Do not write below this line)

REVIEWING ACTION

Remarks: Some but not entirely some Mayberry?
Soil Type (SCS): JUDSON SILT LOAM
Date: JANUARY 3, 1996

Approved Percolation Rate (a)
A. 38 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

323 ft.
LOT 1 BLOCK 4
SILVER SPRINGS ADDITION
671 FT
709 FT
225 FT.
NEW CASTLE ROAD
15 ft
125 ft
88 ft

MAY 8 1996

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

Lincoln-Lancaster County Health Dept.
3140 "N" Street
Lincoln, NE 68510

D

DATE: _____

FILE NO: _____

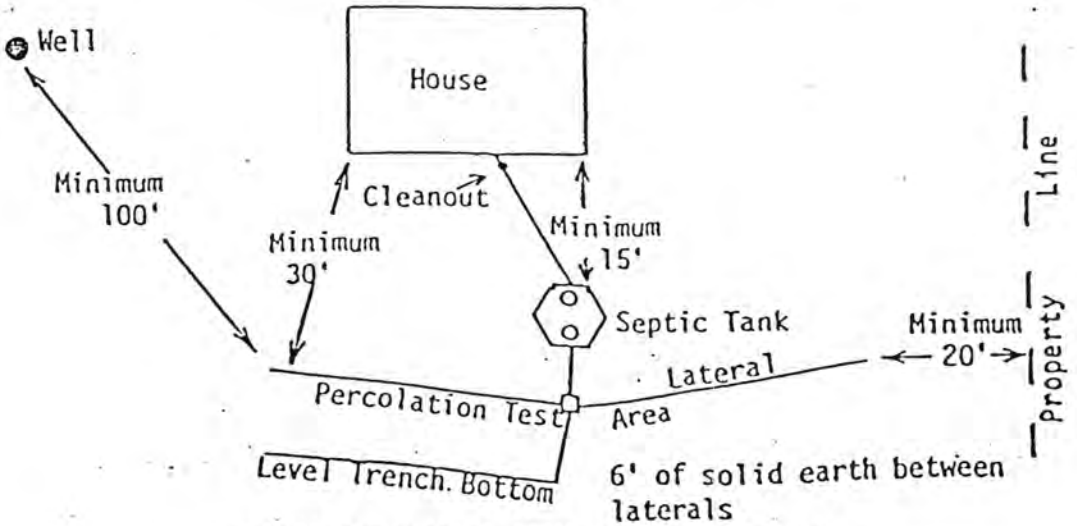
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Class 160; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 14 in.
3. Distance between dwelling and septic tank 180 ft.
4. Number of clean-outs 3.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Precast; No. of compartments _____.
2. Capacity 1250 gals.;
3. Factory Built: Yes ☒ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade 12 in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Precast; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 8 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 S.
2. Lateral Lines:
Number 5; Length of each line 100, 100, 100, 100, 50 ft.;
Total length of laterals 450 ft.;
Distance between lateral lines 8 ft.
3. Trench dimensions: Width 3 ft.;
Slope 6 in/100 ft.; Average Depth 36-20 in.
4. Filter Material: Road Gravel
Depth of Material 14 in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

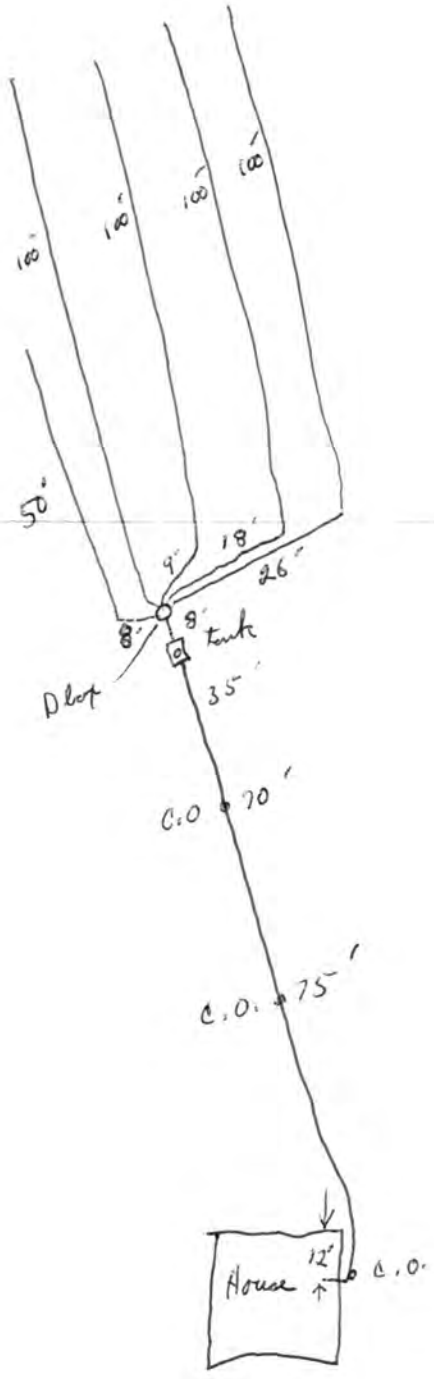


TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

5-6-96

Larry Sokewark

5000 New Castle Rd
Lot 1 Blk 4 Silam Springs Add.



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit

WATER WELL

No. 96400053201

Issued 01/16/96
Expires 07/16/96
Revenue Code 19851

Establishment

DOUGLAS BARNES
T9N R7E SEC 32
SILVER SPRINGS ADD BLK 4 LOT 1

FEES: $75.00

TOTAL $75.00

Permittee

DOUGLAS BARNES
7805 BANCROFT AV
LINCOLN NE 68506

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: 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 $ _____

FILE NO. 96000532

DATE: 12-22-95

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:

1. Legal description of property: Twp. 9N : Range 7E : Section 32
   Block 4 : Lot 1 : Addition Silver Springs Addition
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe Single Family residence
3. Distance to Public Water Supply: ____ Ft.
4. Intended use of well Residential water Supply

Signature of Applicant (owner or lessee)

7805 BANCROFT DR
Address 68506

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 1/3/96. Date Frwd. 1/3/96. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 1/3/96. Date Frwd. _____. Action: Approved ☒ Disapproved ☐ Signature: Mick McElhaney
3. City or County Engineers: Date Rec'd 1/3/96. Date Frwd. 1/3/96. Action: Approved ☒ Disapproved ☐ Signature: Mick McElhaney

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8/6/96 by Jerrold Hood
Date: 1/3/97 by Jerrold Hood
Date: 6/26/97 by Jerrold Hood OK

Depressions around well

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: JUNE 30, 1997 By: J.C. Hood

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

FORM 23-13

JUL 2 3 1996

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. 9640000532

Lincoln-Lancaster County
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 32 T. 9 R. 7E Block ___ Lot ___ Addition SILVER SPRINGS ADDITION 5000 NEW CASTLE ROAD

Owner DOUG BARNES Address 7805 BANCROFT AVE. LINCOLN 68506

LOG OF WELL	
Depth ft. --to--	Description
0- 20	GRAY & YEL CLAY
20- 45	RED & GRAY CLAY
45- 65	DARK RED SANDY SHALE
65-145	FINE YEL SS & SHALE
145-164	CRS LIGHT YEL SS
164-175	DARK RED & YEL SHALE
175-178	DARK BLUE SHALE
178	LIMESTONE

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level), Ft. 164
Date Completed 5-21-96

Casing: Length, Ft. 154 ; Dia. In. 4"
Wall Thickness, Inc. 214 ; type PVC

Screen: Length, Ft. 10' Dia. In. 4"
Type PVC WOP , slot Size 4"

Drop Pipe: Length, Ft. 100 Dia. In. 1¼"

Water Level, Surface to top of water, Ft.:
Static 84', Pumping 90'

Yield: 20 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 _____ (Signed)

P. O. BOX 308
Address HICKMAN, NEBRASKA 68372

REMARKS NITRATE NITROGEN <0.1PPM
BACTERIOLOGICAL O.K.

Date 22 JULY 1996

DO NOT WRITE BELOW THIS DOUBLE LINE

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

FORM 33-A

~~9/16/98~~ 11-19-98

LLCHD -- Well Data Entry

Permit Number: 964000532 ID Number: Date Abandoned:

Lat Deg: Min: Sec: Lng Deg: Min: Sec: Elev:

Township: 9N Range: 7E Section: 32 Quarter: Quarter/Quarter:

Blk: 4 Lot: 1 Addition: Silver Springs

House No: 7805 Dir: St. Name: Bancroft St. Type: AV Suf:

Well Use: RES Applicant: Doug Barnes

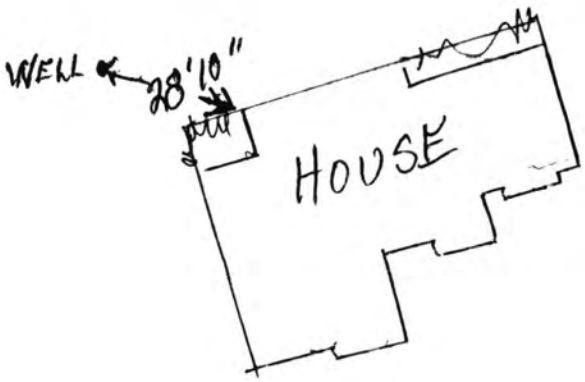
Owner: Doug Barnes Drlr: Moser Well Drilling

Drl Method: Roto Date Cmpltd: 05/21/98 Well Depth: 164' Cs Lngth: 154' Cs Dia: 4"

Cs. Type: PVC Screen Length: 10' Static Lvl: 84' Pumping Lvl: 90' Yield: 20 gpm

AREA OF
SEPTIC SYSTEM





STREET