LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 98380178501

Issued 06/23/98
Expires 12/23/98
Revenue Code 3157

PAID

FEES: $150.00

Establishment
LARRY LUCKE
T12N R8E SEC 5 QTR NE
13101 ASHLAND RD-CERESCO

TOTAL $150.00

Permittee
LARRY LUCKE
BOX00131
BOX 00131
HICKMAN NE 68372

Issued By Health Director
Lincoln-Lancaster County Health Department

007662

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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

A

Permit Number:

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 13101 ASHLAND RD (no rural route) City CERESCO NE, Zip NE

Legal Description ~~NE~~ NE 1/4 SEC 5 TWNSHIP 12 N R 8 E 6 P.M. 160 Acres
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 LARRY LUCKE Signature Larry Lucke

Address PO Box 131 City/State/Zip HICKMAN NE 68372

☐ Check if owner designed system Home Phone 402-466-6885 Work Phone 402-556-5544

C. Contractor

Name Mike Dietze Company Name Waverly Plumbing & Well

Address PO Box 116 City/State/Zip Waverly NE 68462

☐ Check if contractor designed system Work Phone 402 432-2923 Fax 786-5620

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 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** (on high ground) rm
   Date rec'd 6/23/98 Date frwd 6/23/98
   ACTION ☒ Approved ☐ Disapproved
   Signature Jerrold C. Hood

2. **Supt. Bldg. Insp. or Village Clerk**
   * Flood plain on property. Verify Septic is not in flood plain.
   Date rec'd 6/23/98 Date frwd 6/23/98
   ACTION ☒ Approved * ☐ Disapproved
   Signature _____

3. **City or County Engineer**
   Date rec'd 6-23-98 Date frwd 6-23-98
   ACTION ☒ Approved ☐ Disapproved
   Signature _____

7-8-98 rm

Installation Final Written Approval

By Ron Maynard

Date 7-8-98

Business Office Use Only

Date Rec'd 6-23-98

Amt Paid #150 cc

Rec'd By _____ Cash/Check No. 602

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

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 13101 ASHLAND Rd City CERESCO NE, Zip 68 -
(no rural route)

Owner LARRY LUCKE Addresss BOX 131 HICKMAN NE 68372

Soil Type (SCS): Sharpsburg silty clay loam Percolation Rate: 17 min./inch

Date of Tests May 6 98 to — Weather: Precipitation OVERCAST DRY 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	36"	5/6	4:30P	5-7	5:00P	5-7	5:00P	6	5-7	5:30P	30	2	15
2	36"	5/6	4:30P	5-7	5:00P	5-7	5:00P	6	5-7	5:30P	30	1½	20
3	36"	5/6	4:30P	5-7	5:00P	5-7	5:00P	6	5-7	5:30P	30	1½	20
4	36"	5/6	4:30P	5-7	5:00P	5-7	5:00P	6	5-7	5:30P	30	1¾	17
5	36"	5/6	4:30P	5-7	5:00P	5-7	5:00P	6	5-7	5:30P	30	2	15
6	36"	5/6	4:30P	5-7	5:00P	5-7	5:00P	6	5-7	5:30P	30	1¾	17
													104
													6 | 104
													17

Person Conducting Percolation Tests

Name: LARRY LUCKE
Phone: 402-466-6285
Address PO Box 131 HICKMAN NE 68372

Sum of Percolation Rates: 104
Average of Rates: 17 mpi
Rate Used for Calculation: 17 mpi

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Rather fast "perc" rate for Sharpsburg soil

Signature of Reviewing Official Ron Meyer Date 6-22-98

FORM 23-101 10-96

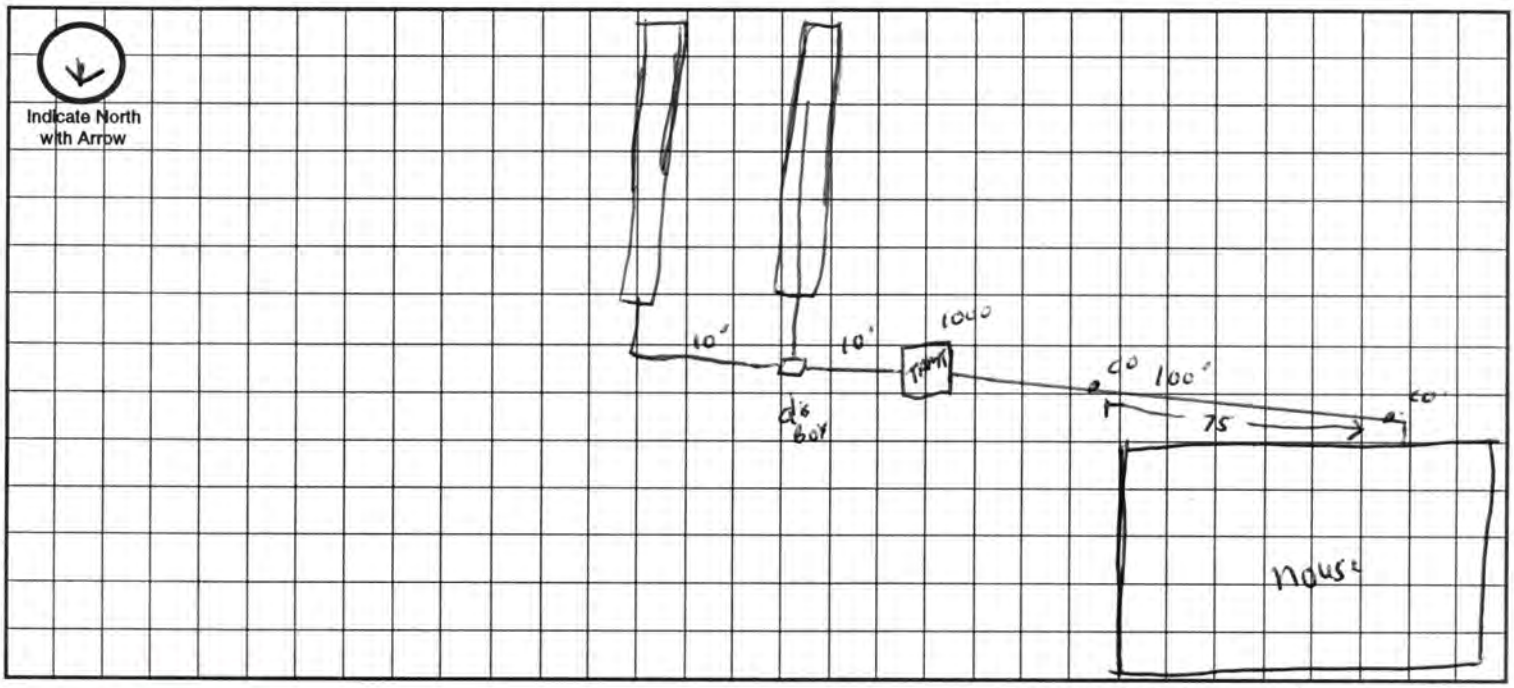
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 13101 Ashland rd City Ceresco NE, Zip NC

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 17 (min. per inch) Soil Type: Lean Clay to Silt Land Slope: 3 %

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

Total Square Feet of Field Required: 595 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 149 / 198 ft. Number of Trenches 2 / 2 Trench Width 4 ft / 3 ft

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 ☐ N/A	50 ☐ N/A	NA ☐ N/A	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☒	500 ☐ N/A	50 ☐ N/A	4 ☐ N/A	30 ☒	20 ☒	30 ☒	40 ☒	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor Don Johnson Date 6-22-98

Installer Mike Dietze Date 6-15-98

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 7-8-98

System Location (Indicate correct number and street)

Address 13101 Ashland Rd (no rural route) City Crelgton NE, Zip

A. Building Sewer

1. Material: PVC SDR 26
   Diameter: 4" in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: ____ ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 65' ft.
   stream NA ft.
   pressure line 18' ft.
   property line 100' Plus ft.

B. Septic Tank

1. Material: concrete
   Number of compartments: ____
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 12 in.
   Over outlet, diameter 6" in.
   Riser: ☐ above ☐ below 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 NA ft.
   Pressure line 65' ft.
   Property line 150 Plus ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 30' ft.

D. Absorption Field

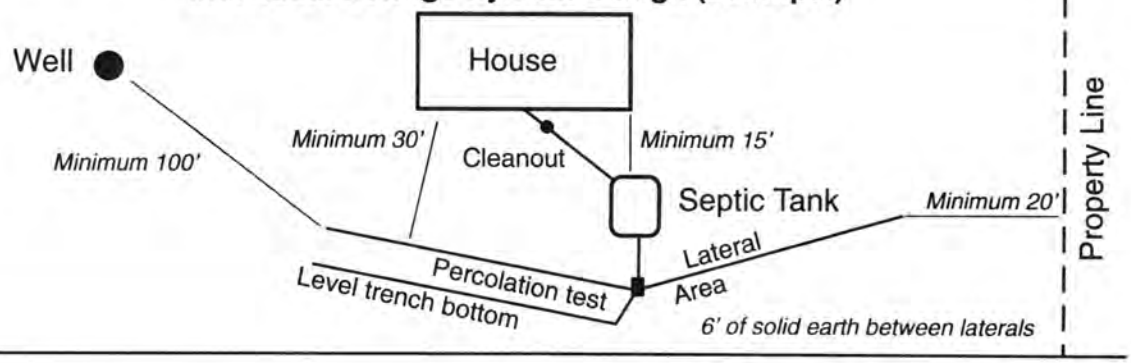
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 1N filtrator
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 2
   Length of each line: 100 ft. 100 ft.
   ____ ft. ____ ft., ____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 36 in
4. Filter material: gravel
   Depth of material ____ in.
5. Distances to: Well or suction line 200 ft.
   Stream NA ft.
   Pressure line 150 ft.
   Property line 60 ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)




LANCASTER COUNTY, NEBRASKA
new septic
134 feet
Ashland Rd
R. 8
T. 12 N.
(Joins sheet 4)
Rock Creek
Sa
Wb
Ke
Sc
Sb
CsB
Co
JuC
GeD2
ShD2
ShC
ShD
Sk
Zc
Zp
Lm
DcD
CrC
CrB
WtC2
MrD2
MnD2
WtD
Cp
No
Zo
int
6
5
4
7
8
9
18
17
16

L L 4sNe

October 1995
DWR Form 14

STATE OF NEBRASKA
DEPARTMENT OF WATER RESOURCES
WATER WELL REGISTRATION

FOR DEPARTMENT USE ONLY

Registration Date _____ Sequence No. _____ Registration No. _____
Owner Code No. _____ Receipt No. _____ _____ NRD

DRILLED FOR WAVERLY WELL 130th AND ASHLAND ROAD

1. Well Owner LARRY LOCKE Telephone Number (402) 466-6285
Address 132 Ashland Rd
City @ CERESCO NE State NE Zip Code 68054 +

2. Drilling Firm EARNEST WELL DRILLING INC. Telephone Number (402) 761-2281
Address 2796 W. MILFORD RD Contractor's License No. 39051
City MILFORD State NE Zip Code 68405 +

3. Permit Number(s) _____

4. Purpose of well (indicate one): ___Dewatering (over 90 days) X Domestic ___Geothermal ___Ground Heat Exchanger ___Ground Water Source Heat Pump ___Industrial ___Injection ___Irrigation ___Livestock ___Monitoring ___Observation ___Public Water Supply (with spacing (46-638)) ___Public Water Supply (without spacing) ___Recovery ___Aquaculture ___Other _____ (indicate use)

5. Replacement and abandoned well information.
A. Is this well a replacement well? ___Yes X No B. Registration number of abandoned well: _____
C. Replacement well is _____ feet from abandoned well. D. Abandoned well last operated _____, 19____
E. Original well pump column size: _____ inches. F. Completion of original well abandonment on _____, 19____
G. Location of water use of abandoned well: _____

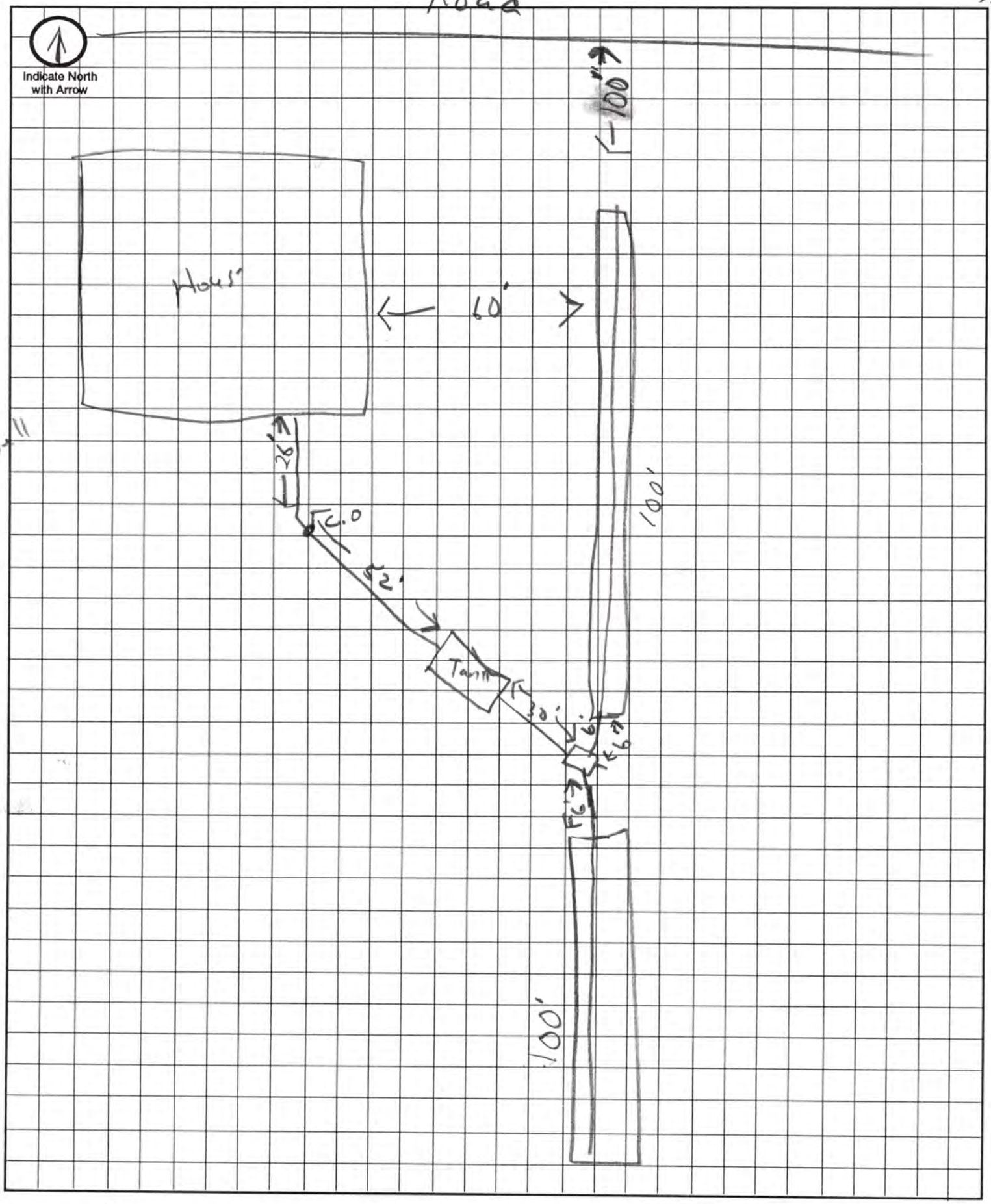
6. A. Well location: N ¼ of the NE ¼ of Section 5, Township 12 North, Range 8 East/West, LANCASTER County
B. The well is 250' feet from the (North or South) (Circle one) section line and 600' feet from the (East or West) (Circle one) section line
C. Street address or block, lot and subdivision, if applicable: 132 & Ashland rd
D. Location of water use, if applicable (give legal descriptions): House
E. If for irrigation, the land to be irrigated is N/A acres.
F. Well reference letter(s), if applicable: N/A

7. Pump Information.
Is pump installed at this time? ___Yes X No
If yes, complete items A through F.
If no, complete items A and D with estimated information for those wells in which pump will be installed.
A. Actual pumping rate, if applicable: _____ gallons per minute. Measured ☐ or Estimated ☐
B. Pump column diameter: _____ inches. C. Length of pump column: _____ fee
D. Pumping equipment installed: _____, 19____. E. Brand/Type: _____
F. Pump installed by: Contractor ☐ Owner ☐ Pump Installer ☐ License No. _____

printed on recycled

As Built Drawing

13101 Ashland Rd



8. Well Construction Information.

A. Total well depth: 150 feet. B. Static water level: 50 feet. C. Pumping water level: 65 feet
☒ Estimated or ☐ Measured

D. Well Construction began: 8-1, 1997 E. Well Construction completed: 8-4, 1997

F. Bore hole diameter: 9 inches.

G. Plain Casing: Diameter 4.072 ID 4.5 OD inches. Type of material: PVC 200#

Wall thickness: .214 inch(es). Joints--Welded/(Glued)/Threaded/Other: AND SCREWED

Length(s) and placement(s) depth from 0 ft. to 140 ft. from _____ ft. to _____ ft

H. Screen: 4.026 ID 4.5 OD in.; Type of material PVC SCH 40

Screen openings (slot size): .018 Trade name: MONOFLEX

Length(s) and placement(s) depth from 140 ft. to 150 ft. from _____ ft. to _____ ft. Guides at 140 ft.

I. Gravel pack interval(s) from 15 ft. to 110 ft. from 120 ft. to 150 ft. Grade size: 8-PAK AND WASHED ROAD GRAVEL

J. Grouted/Sealed from 5 ft. to 15 ft., with BENTONITE (HOLEPLUG) (type)

from 110 ft. to 120 ft., with " " (type)

K. Drilling method: ROTARY L. Drilling fluid: QUIK-GEL

M. Well development technique (total time and method): AIR 1 HOUR

N. Will chemicals, fertilizer or antifreeze be injected or utilized in the system? ___Yes X No
If yes, what will be used: _____

9. Geologic Materials Logged

DEPTH IN FEET FROM	TO	DESCRIPTION
0	1	TOP SOIL
1	13	BROWN CLAY
13	23	DARK BROWN CLAY
23	32	FINE SAND (BROWN)
32	35	BROWN CLAY
35	42	FINE SAND (BROWN)
42	50	BROWN CLAY
50	70	GRAY-BROWN CLAY
70	76	SAND (COURSE BR. COLOR)
76	77	SHALE
77	81	SAND (MED BR. COLOR)
81	88	BR, YELLOW, RED CLAY
88	92	GRAY CLAY
92	124	BLUE CLAY ROCK 106-108'
124	130	RED, BR, GRAY CLAY
130	136	BLUE CLAY
136	137	ROCK AND GRAY CLAY
137	140	BLUE CLAY
140	150	SANDSTONE (COURSE, BR. COLOR)

(Additional sheets may be submitted)

10. I am familiar with the information submitted on this registration, and to the best of my knowledge it is true.

Ben Ernst III — Water Well Contractor's Signature — 11-29-97 — Date

Larry Lueke — Water Well Owner's Signature — 2-4-97 — Date