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. 963801517O1

Issued 11/21/96
Expires 05/21/97
Revenue Code 18754

Establishment

ASPEN BUILDERS
T9N R8E SEC 1
18303 VAN DORN STREET

FEES: $150.00

TOTAL $150.00

Permittee

ASPEN BUILDERS
3121 DENVER CT
LINCOLN NE 68516

Issued By M. Jane Ford
Health Director

2830

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 18303 VAN DORN (no rural route) City Eagle NE, Zip NE

Legal Description NE 1/4 1/4 of 1 Section 9N Township 8E Range parcel # 1 Subdivision Addition Block 5th Lot

Geographical Location (if known): Longitude _____ Latitude _____

☑ Check if system mail address is not the same as the owner's address

B. Owner

Name Kim Pohlen / Bob Benes Signature

Address 3121 Denver City/State/Zip Lincoln NE

☐ Check if owner designed system Home Phone 484-6868 Work Phone

C. Contractor

Name Aspen Builders Bob Benes Company Name

Address 3121 Denver City/State/Zip Lincoln, NE 68516

☐ Check if contractor designed system Work Phone 484-6868

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 4 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 11/14/96 Date frwd 11/19/96 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11-19-96 Date frwd 11-19-96 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature

Installation Final Written Approval

By Jerrold C. Hood

Date DECEMBER 11, 1996

Business Office Use Only 3073

Date Rec'd 11/14/96

Amt Paid 150.00

Rec'd By _____ Cash/Check No. 13156

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

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
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

18303 Van Dorn

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9 N ; Range 8 E ; Section & ¼ Section 1 NE ¼
Property Dimensions: 649' ft. x 1443' ft. Area: 21.5 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 11-9-96 to 11-10-96 . Weather: Precip. NO Temp. 33°.

OWNER: Kim Pohlen

Address: 484-5556

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	28	11-9	7:30	11-10	8:00	11-10	8:00	6	11-10	5	30	1"	30MIN/IN
2	32	"	"	11-10	"	"	"	6	"	5 1/4	30	3/4"	40MIN/IN
3	24	"	"	11-10	"	"	"	6	"	5	30	1"	30MIN/IN
4	30	"	"	11-10	"	"	"	6	"	4 3/4	"	1 1/4"	24MIN/IN
5	31	"	"	11-10	"	"	"	6	"	5	"	1"	30MIN/IN
6	28	"	"	11-10	"	"	"	6	"	4 7/8	"	1 1/8"	27MIN/IN
~~7~~	~~29~~	~~"~~	~~"~~	~~11-10~~	~~"~~	~~"~~	~~"~~	~~6~~	~~"~~				
~~8~~	~~28~~	~~"~~	~~"~~	~~11-10~~	~~"~~	~~"~~	~~"~~	~~6~~	~~"~~				

Bob Bauer
Signature of Person Conducting Test

Address 4706 S. 48 Phone 484-6668

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: NOVEMBER 19, 1996

Approved Percolation Rate (a)
A. 30 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

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

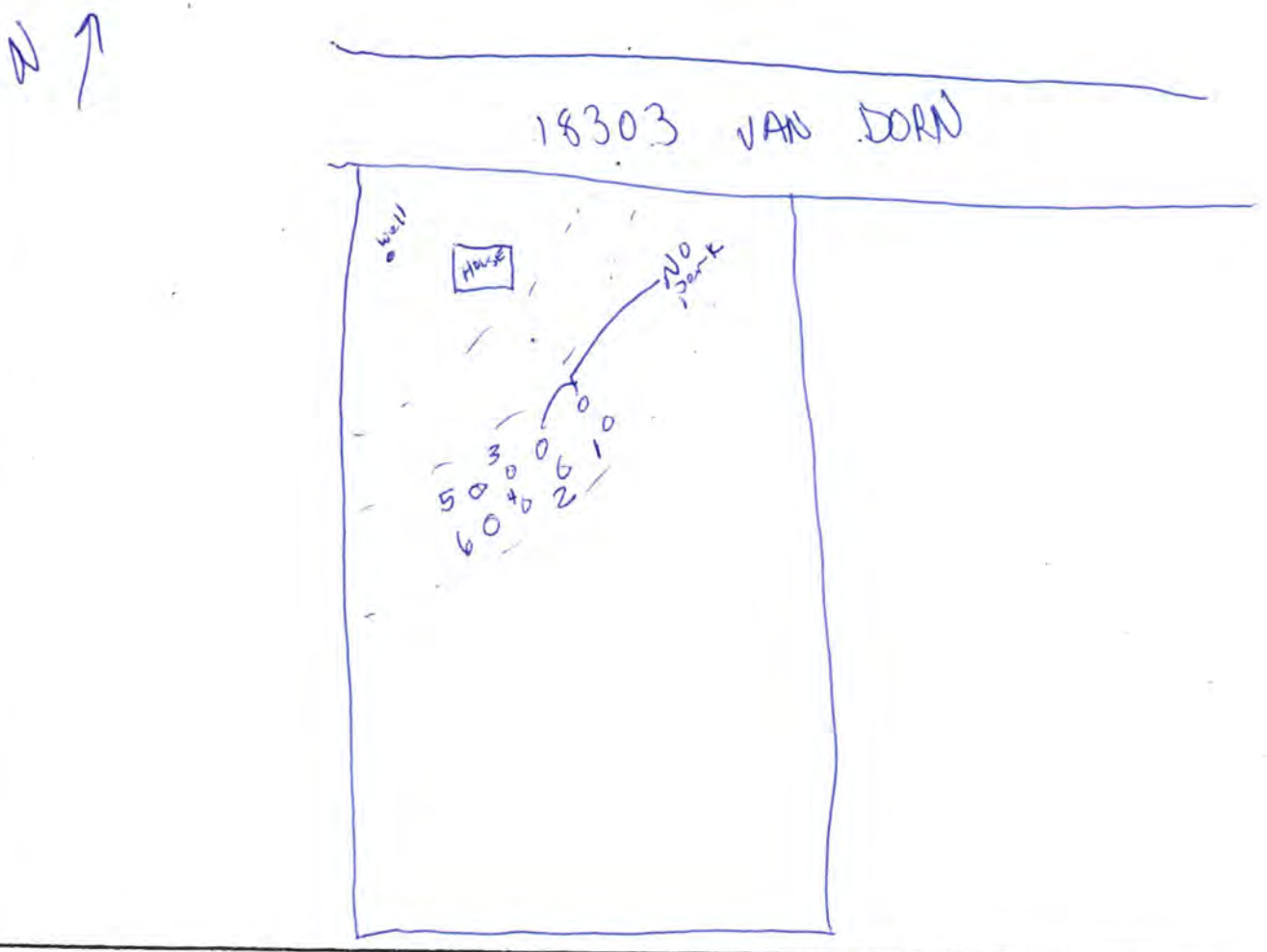
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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: NOVEMBER 19, 1996

Minimum Design Requirement
1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 1000 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

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 12-9-96

System Location (Indicate correct number and street)

Address 1P303 VAN DORN (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: PLASTIC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 31 ft.
4. Number of clean-outs: 0
5. Distances to: well or suction line 100+ ft.
   stream _____ ft.
   pressure line 100+ ft.
   property line _____ ft.

B. Septic Tank

1. Material: CEMENT
   Number of compartments: 1
2. Capacity: 1250 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. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line 100+ ft.
   Stream _____ ft.
   Pressure line 100+ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: _____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 68 ft.

D. Absorption Field

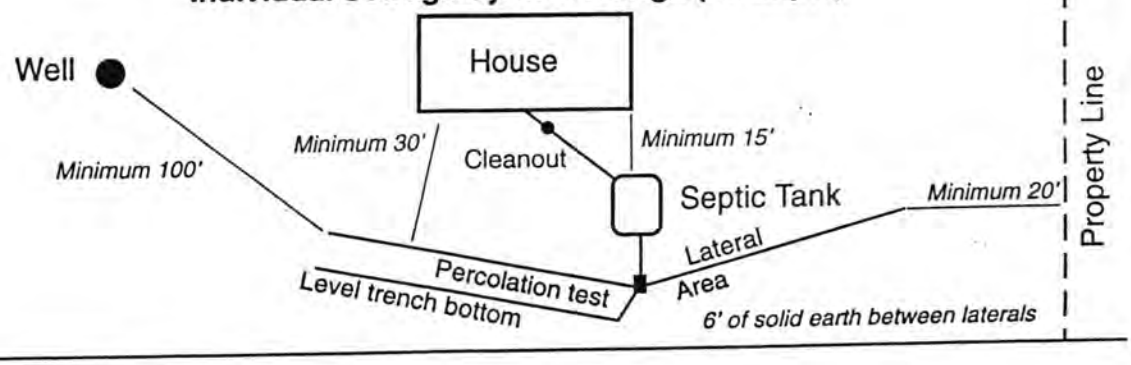
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☒ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: 4"
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 100 ft. 100 ft.
   100 ft. 34 ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 4 in/100 ft.
   Average depth 24 in
4. Filter material: GRAVEL
   Depth of material 12 in.
5. Distances to: Well or suction line 100+ ft.
   Stream _____ ft.
   Pressure line 100+ ft.
   Property line _____ ft.

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

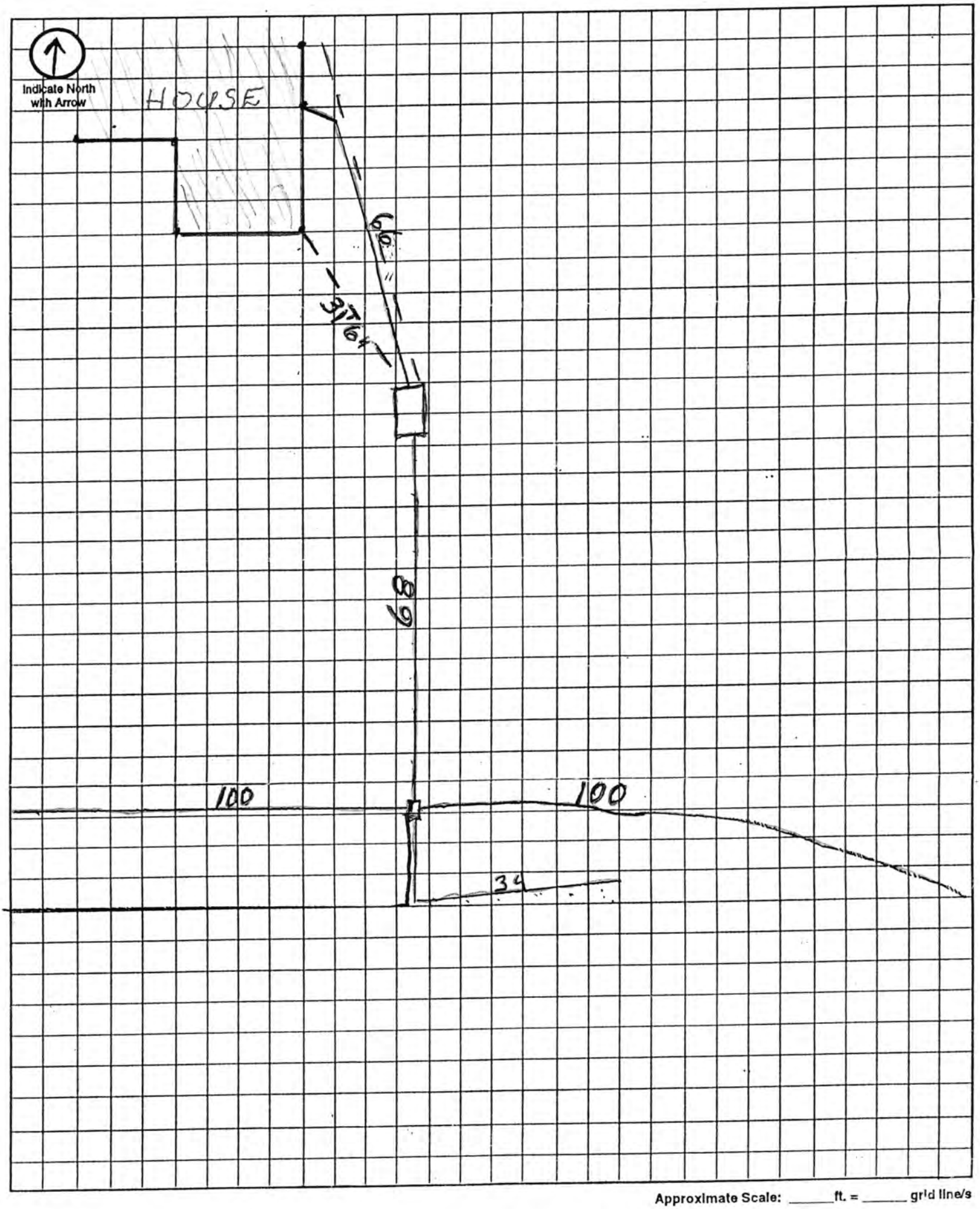
Indicate North with Arrow

Individual Sewage System Design (Example)



As Built Drawing

Septic Tank + Lines



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

COLI 11/22/02 COLI + NO3 11/20/02 COLI 12/5/02

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

COLI 1/3/03 FOR PROPERTY IN **LANCASTER COUNTY** ONLY COLI 12/4/02

This form must be completed and returned with payment to request a real estate transfer inspection.

COLI 12/6/02

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☒ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 18303 VAN DORN - WALTON, NE 68461

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 9N Range 8E Section 1 1/4 ___ 1/4 ___ Block ___ Lot 5 Addition NE 1-9-8

Directions to Property VAN DORN EAST TO 183rd - SOUTH SIDE OF ROAD

Location of Well ___ Tap Location: Inside ☒ Outside ☐

Location of Sewage System SEE ATTACHED DIAGRAM Year Installed 5-1-96

Site Hazards (dogs, etc.) ___

	NAME	ADDRESS	PHONE
Present Owner:	KIM AND JANE POHLEN	18303 VAN DORN	781-2355
Tenant/Buyer:	MICHAEL AND HEIDI PACE		
Return to:	CARMY ANTHONY	3910 SMITH ST. LINCOLN, NE 68506	430-6318 (Fax)

Signature of Applicant Heidi Pace Address 8000 GLYNOAKS DR. LINCOLN, NE 68516 Date 11 / 20 / 02

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 11 / 20 / 02 Amount $200.00 Check No. 4150 Initials ___

DATA ENTRY Date ___ / ___ / ___ Case No. ___ Initials ___

PRELIMINARY STATUS--By Gerald C. Hood **DATE:** 11 / 20 / 02

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria 1/9/03	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 1.4 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date 11 / 22 / 02 by J.C.H.

Date 12 / 04 / 02 by J.C.H.

Date 1 / 03 / 03 by J.C.H. 1/9/03 by J.C.H.

Comments: SEPTIC TANK SHOULD BE CHECKED TO SEE IF IT NEEDS PUMPING. 1/09/03 Connected to Rural Water District 1. J.C.H.

See Attached Letter ☐

FINAL STATUS CONNECTED TO RURAL WATER

WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☒ Provisional Approval ☐

Approved by Gerald C. Hood R.E.H.S. Date 1 / 9 / 03

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval

Revised/Reprint: 9-00

Yellow - Environmental Health

COLI (HOUSE) 1/7/03

Pink - Business Office

COLI (OUTSIDE) 1/7/03

Official Survey Record

LANCASTER County, Nebraska

Phone (402) 434-2686
Fax (402) 434-2687

ALLIED SURVEYING AND MAPPING, INC.

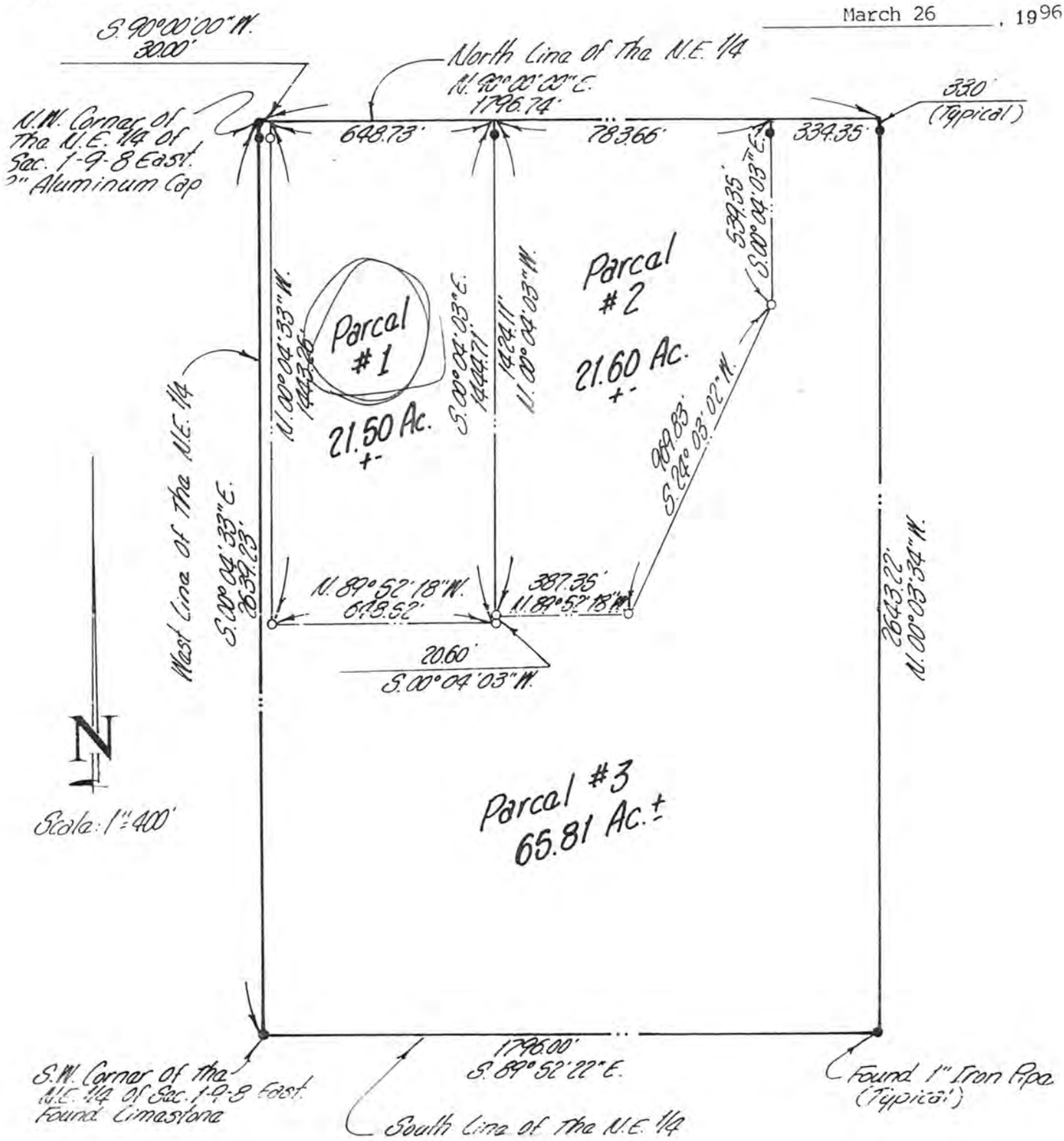
6120 South 58th Street - Suite "A" - Lincoln, Nebraska 68516

rvey of the West One-Half of the Northeast Quarter and the West 478.5' of the East One-Half

the Northeast Quarter of Section 1 T. 9 N., R. 8 East of the 6th P.M.

b No. 23177 Sheet 1 of 4

March 26, 1996



o = Set 1" X 24" Iron Pipe

• = Monuments Found 1" Iron Pipe

SURVEYORS CERTIFICATE

I hearby certify that I have accurately surveyed the property in the above plat. Iron PIPE were set at points marked o. All dimensions are in feet and decimals of a foot.

Signed this 26th day of March, 19 96

NAME DENNIS D. SIMONDS

Surveyor's License # 343

Nebraska L.S. (SEAL)

REGISTERED PROFESSIONAL LAND SURVEYOR
DENNIS D. SIMONDS
LS-343

Moser Well Drilling and Service Inc.

Marvin Moser
Hickman, NE

Bill Moser
Roca, NE

Allen Moser
Hickman, NE

Chris Thornton
Hickman, NE

Hickman, Nebraska 68372
Phone: (402) 792-2515
Lincoln: 477-7291

Pumps & Well Supplies - Trenching - Drilling

Date: 3/20/96 Well #: 25-96

Owner/Builder: Kim Pohlen - 5600 Milkweed circle, Lincoln, 68516 Driller: Bill

Location: 1/2 mi. W. of 190th and Van Dorn - S. side

Depth: 219' Elevation:

0- 20 Brown clays
20- 75 Yellow clay
75- 85 Yellow and blue clays
85-157 Soft sticky blue clay
157-175 Mostly shale, white and pink
175-207 Shale and sandstone mix
207-219 Medium fine light yellow sandstone
219-230 Red and blue shale

Casing Information

Type: pvc Thickness: 200#
Length: 209' Diameter: 4"
Bore Size: 8" SWL: 154' M
PWL: GPM: 12 w/air
Area of:
Filler Pack: 150-200
Grout: 6-150

Screen

Length: 10' Diameter: 4"
Type: pvc wop Slot .020
Area of:
Screen(s): 209-219
Pack: 200-220
Type of Pack: B

Chemical Analysis

Total Chlorides:
Hardness: 85
Nitrates: Less than 0.1
Bacteria:
Iron: 0.3

Lancaster/Stockton

T.N. 9 R.E. 8 SEC. 1

COPY

October 1995
DWR Form 145

STATE OF NEBRASKA
DEPARTMENT OF WATER RESOURCES
WATER WELL REGISTRATION

FOR DEPARTMENT USE ONLY

Registration Date 5-1-96 Sequence No. 99721 Registration No. G-87810
Owner Code No. 45685 Receipt No. 86113 11 - Nemaha NRD

1. Well Owner A. Kim Pohlen Telephone Number (402) 421-3336
Address 5600 Milkweed Circle
City Lincoln State Ne Zip Code 68516 +

2. Drilling Firm Moser Well Drilling & Service, Inc. Telephone Number (402) 792-2515
Address P. O. Box 308 Contractor's License No. 19033
City Hickman State Ne Zip Code 68372 +

3. Permit Number(s)

4. Purpose of well (indicate one): ___Dewatering (over 90 days) XX 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 XX 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. P. Completion of original well abandonment on ___, 19___
G. Location of water use of abandoned well: ___

6. A. Well location: NW (corner) 1/4 of the NE 1/4 of Section 1, Township 9 North, Range 8E East/West, Lancaster County.
B. The well is 182 feet from the (North) or ~~South~~ (Circle one) section line and 2600 feet from the (East) or ~~West~~ (Circle one) section line
C. Street address or block, lot and subdivision, If applicable: 183rd and Van Dorn Street
D. Location of water use, if applicable (give legal descriptions): ___
E. If for irrigation, the land to be irrigated is ___ acres.
F. Well reference letter(s), if applicable: ___

7. Pump Information.
Is pump installed at this time? XX Yes ___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: 15 gallons per minute. Measured ☒ or Estimated ☐
B. Pump column diameter: 1 1/4" inches. C. Length of pump column: 200 feet.
D. Pumping equipment installed 3-20-96, 19___ E. Brand/Type: Sta-Rite
F. Pump installed by: Contractor ☐ Owner ☐ Pump Installer ☐ License No. 29202

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13553
FILE NO._____

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

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 1 T. 9N R. 8E Block ____ Lot 41 Addition _____

Owner KIM POHLEN Address 18303 VAN DORN STREET

LOG OF WELL	
	Description
Depth Ft. to	

WELL COMPLETION RECORD

Drilling Method: ROTARY

Depth (from ground level), Ft. 219

Date Completed 3/20/96

Casing: Length, Ft. 209 ; Dia. In. 4"

Wall Thickness, Inc. 200 ; type PVC

Screen: Length, Ft. 10 Dia. In. 4"

Type PVC Wop , slot Size .020

Drop Pipe: Length, Ft. 200 Dia. In. 1¼

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

Static 154 , Pumping _____

Yield: 15 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 MOSER WELL DRILLING
(Signed)

REMARKS NITRATE NITROGEN 1.4 p.p.m.

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

Date NOVEMBER 20, 2002

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