Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 99380208701

Issued 09/21/99
Expires 03/21/00
Revenue Code 3157

Establishment

GARY NEVED
T9N R8E SEC 7 QTR NW
NW 1/4 OF NW 1/4

FEES: $150.00

Permitee

GARY NEVED
2975 S 24 ST
LINCOLN NE 68502

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010986

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

A

Permit Number: 99380208 T

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 _____ (no rural route) City Walton NE, Zip 68461

Legal Description NW 1/4 of NW 1/4 Section 27 Township 9N Range 8E 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 Gary Neved Signature _____

Address 2975 So 24 City/State/Zip Lincoln, Ne 68502

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

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 17201 So 72nd City/State/Zip Hickman Ne 68372

☒ Check if contractor designed system Work Phone 430-7606

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 8/26/99 Date frwd 8/26/99 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hook
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9-7-99 Date frwd 9-7-99 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 9-3-98 Date frwd 9-3-98 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only
Date Rec'd 08/26/99
Amt Paid 150.00
Rec'd By _____ ~~Cash~~/Check No. 3621

FORM 23-100 10-96 8/27/99 ~ need Drawing 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: 993802087

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

SE corner of Sol12 & Pioneers Blvd.

System Location (Indicate correct number and street)

Address _____ City Walton NE, Zip 68461
(no rural route)

Owner Irene Novak Addresss _____

Soil Type (SCS): SHC/SUC Percolation Rate: 35 min./inch

Date of Tests 6-2 to 6-3-99 Weather: Precipitation 1" Temperature 70s

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	6/2	9:45	6/3	10:00	6/3	11:15	13 3/4	6/3	11:45	30	1	30
2			A		A			13 3/8				1	30
3								9 3/4				3/4	40
4								10 5/8				1	30
5								13 1/2				3/4	40
6								9 1/2				1	30
7								10 1/2				3/4	40
8								15				3/4	40

Sum of Percolation Rates: 280
Average of Rates: 35
Rate Used for Calculation: 35

Person Conducting Percolation Tests

Name: Brad Smith
Phone: 475-2462
Address 17201 So 72nd St.
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date AUGUST 26, 1999

FORM 23-101 10-96

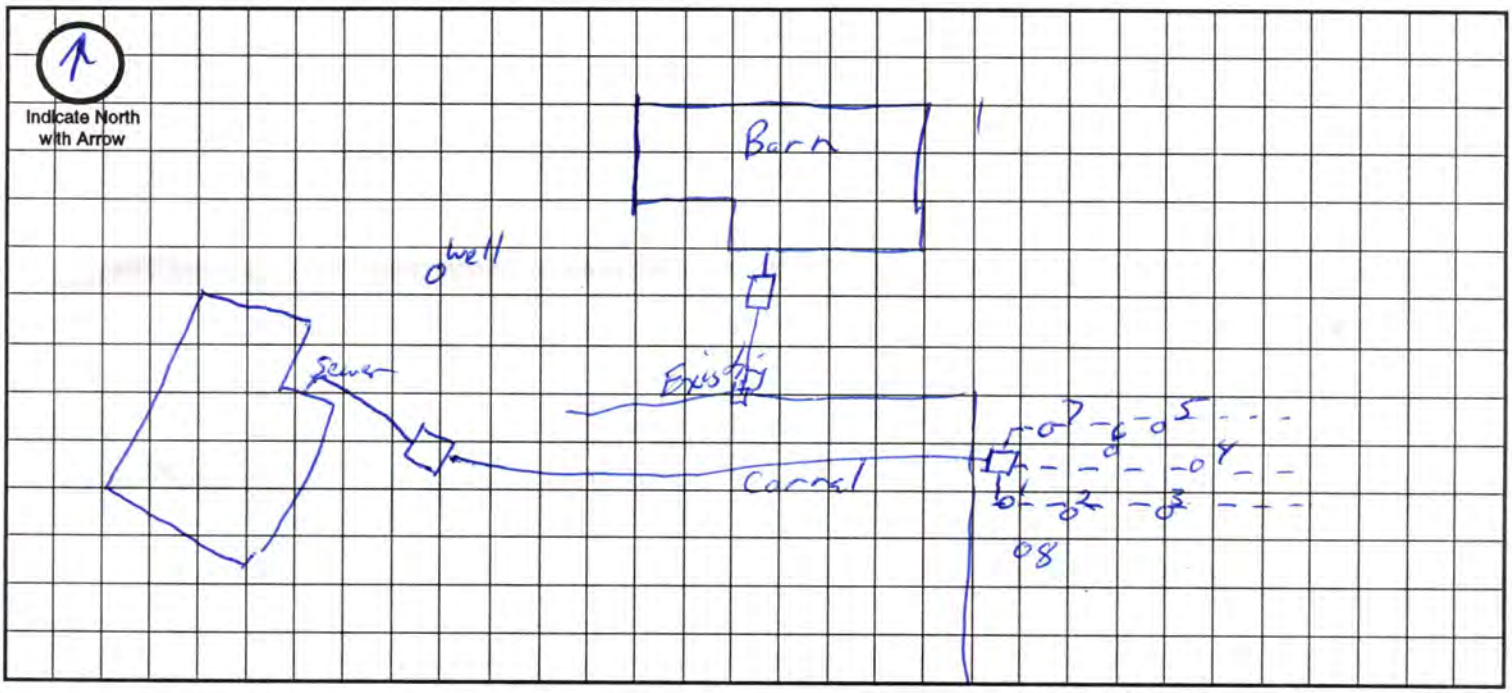
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 9938020 87

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) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 975 sq. ft. (1000)

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

Capacity of Septic Tank 250 gals Number of Absorption Beds: 3 Number of Distribution Laterals per Bed _____

Total Length of Laterals 250 ft. Number of Trenches 3 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 X _____ Date _____

Installer Brad _____ Date 6-8-99

FORM 23-102 10-96

NOV 2 3 1998

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
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 WELLS

Legal Description: Sec. 7 T. 9 R. 8 Block ____ Lot ____ Addition 1/4 MI. S. OF 112TH & PIONEERS

Owner GARY & IRENE NEDVED Address 7150 HOLMES PARD RD. LINCOLN, NE 68506 APT #213

LOG OF WELL	
Depth ft. --to--	Description
0- 5	DARK RED/BRN CLAY
5- 20	TAN CLAY
20- 50	LIGHT BRN CLAY
50- 55	GRAY CLAY
55- 105	VERY FINE YEL SS & YEL SHALE
105- 140	VERY FINE YEL SS & BLUE SHALE
140-175	FINE LIGHT YEL SS
175-180	YEL SHALE & YEL SS
180-185	YEL, TRNG BLUE, SHALE

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level), Ft. 175'
Date Completed 8/31/98

Casing: Length, Ft. 155'; Dia.In. 4"
Wall Thickness, Inc. 214"; type PVC

Screen: Length, Ft. 20' Dia.In. 4"
Type PVC WOP MONOFLEX slot Size .020 & .018

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

Water Level, Surface to top of water, Ft.:
Static 80', Pumping 85'

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 68372-0308

Date 20 NOVEMBER 1998

REMARKS _____

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