Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET - LINCOLN, NE 68510-1514

(402) 441-8000

002800

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 03380266501

Issued 06/27/03
Expires 12/27/03
Revenue Code 3157

Establishment:
ROD HORNBY
T10N R5E SEC 12
WEST HAVEN ADDN LOT 1
6000 W ADAMS ST

FEES: $200.00

Permittee:
ROD HORNBY
5831 S 58 ST
APT A
LINCOLN NE 68516

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 03380266501

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 6000 W Adams (no rural route) City Lincoln NE, Zip 68524

Legal Description L1 West Haven Addt. 1
1/4 1/4 Section 12 Township TW Range 5E 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 Rod Hornby Signature _____

Address 5831 S 58th Ste A City/State/Zip Lincoln NE 68516

☐ Check if owner designed system Home Phone (402) 430-6510 Work Phone (402) 488-9222

C. Contractor

Name Rembolt Homes Company Name Rembolt Homes

Address 5831 S 58th Ste A City/State/Zip Lincoln NE 68516

☐ Check if contractor designed system Work Phone (402) 488-9222

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 5 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 6/27/03 Date frwd 7/1/03 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7/1/03 Date frwd _____ ACTION ☑ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 7/1/03 Date frwd 7/1/03 ACTION ☑ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date 5-6-04 (2nd Owner)

Business Office Use Only
Date Rec'd 6-27-03
Amt Paid 200.00
Rec'd By TW Cash/Check No. 10722

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

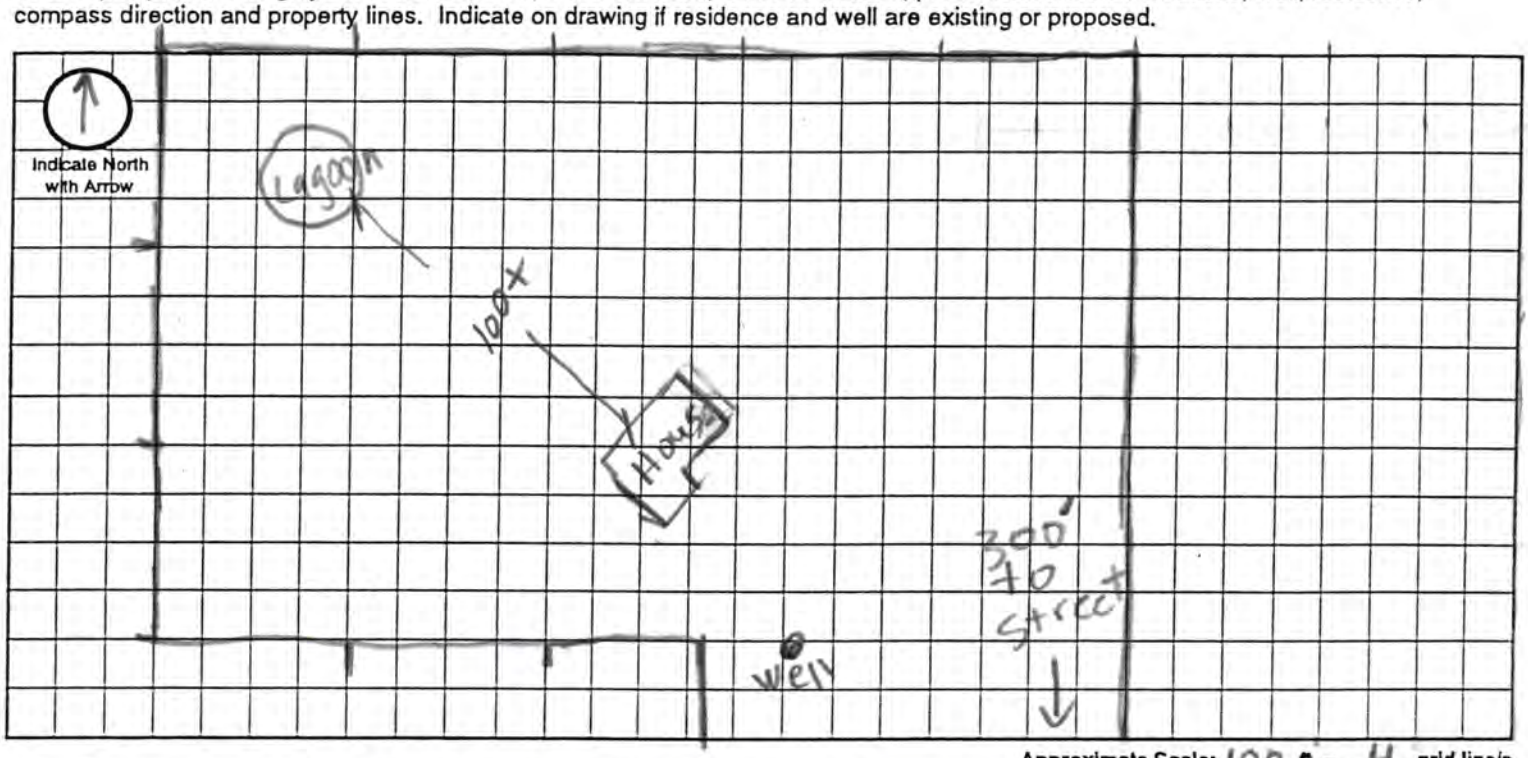
C

Permit Number: 033802665

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: 100 ft. = 4 grid lines

A. System Location (Indicate correct number and street)

Address (no rural route) 6000 W Adams City Lincoln NE, Zip 68524

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☑ Other Lagoon

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: _____ sq. ft.

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

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

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

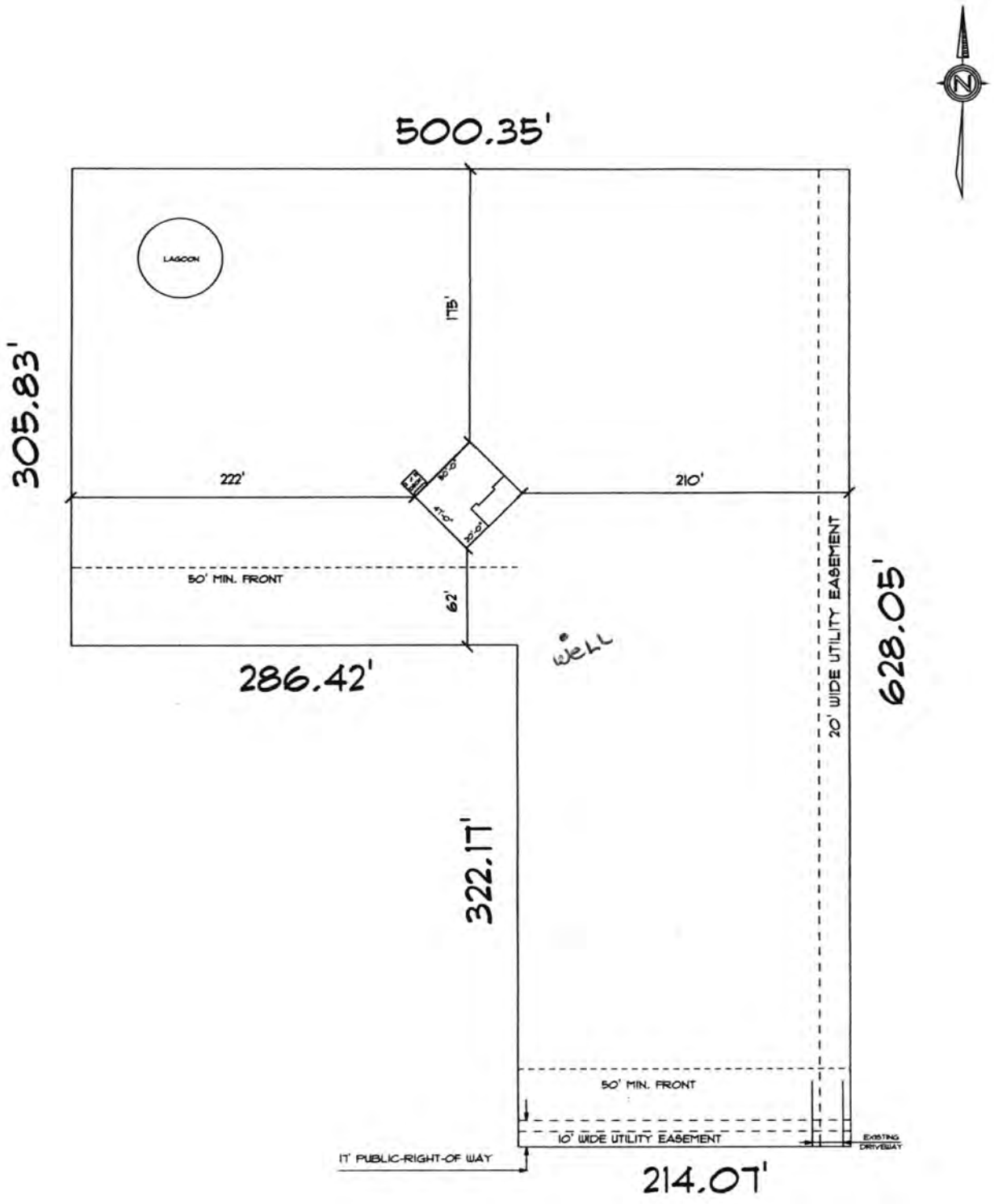
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date 6/25/03

Installer Lois E Hartzell Date 6/25/03

FORM 23-102 10-96



SITE PLAN

SCALE: 1" = 100'

PLACEMENT OF BUILDING ON THIS SITE PLAN MAY NOT BE EXACT. CONSULT YOUR BUILDER FOR EXACT LOCATIONS BEFORE DIGGING.

ZONING:

LEGAL DISCRIPTION:

LOT 1
WEST HAVEN ADDITION

1400 SQ.FT. PHOENIX
6000 W. ADAMS

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

D

Permit Number: P0307428

Sewage Disposal System

As Built Plans & Specifications

Date 11-25-03

System Location (Indicate correct number and street)

Address [redacted] 6000 W Adams City _____ NE, Zip _____
(no rural route) 12-10-5

A. Building Sewer

1. Material: 4" PVC CL160 Sewer Pipe
   Diameter: 4" in.
2. Distance above basement floor: — in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and septic tank: — ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line 50+ ft.
   stream NA 10+ ft.
   pressure line 3+ ft.
   property line 20+ ft.

B. Septic Tank

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ 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: _____ 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

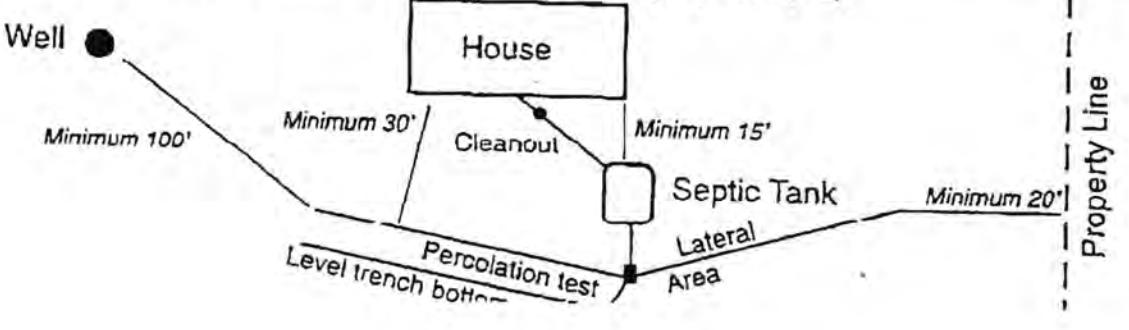
(Provide as-built drawings on back of this form)

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

Indicate North with Arrow

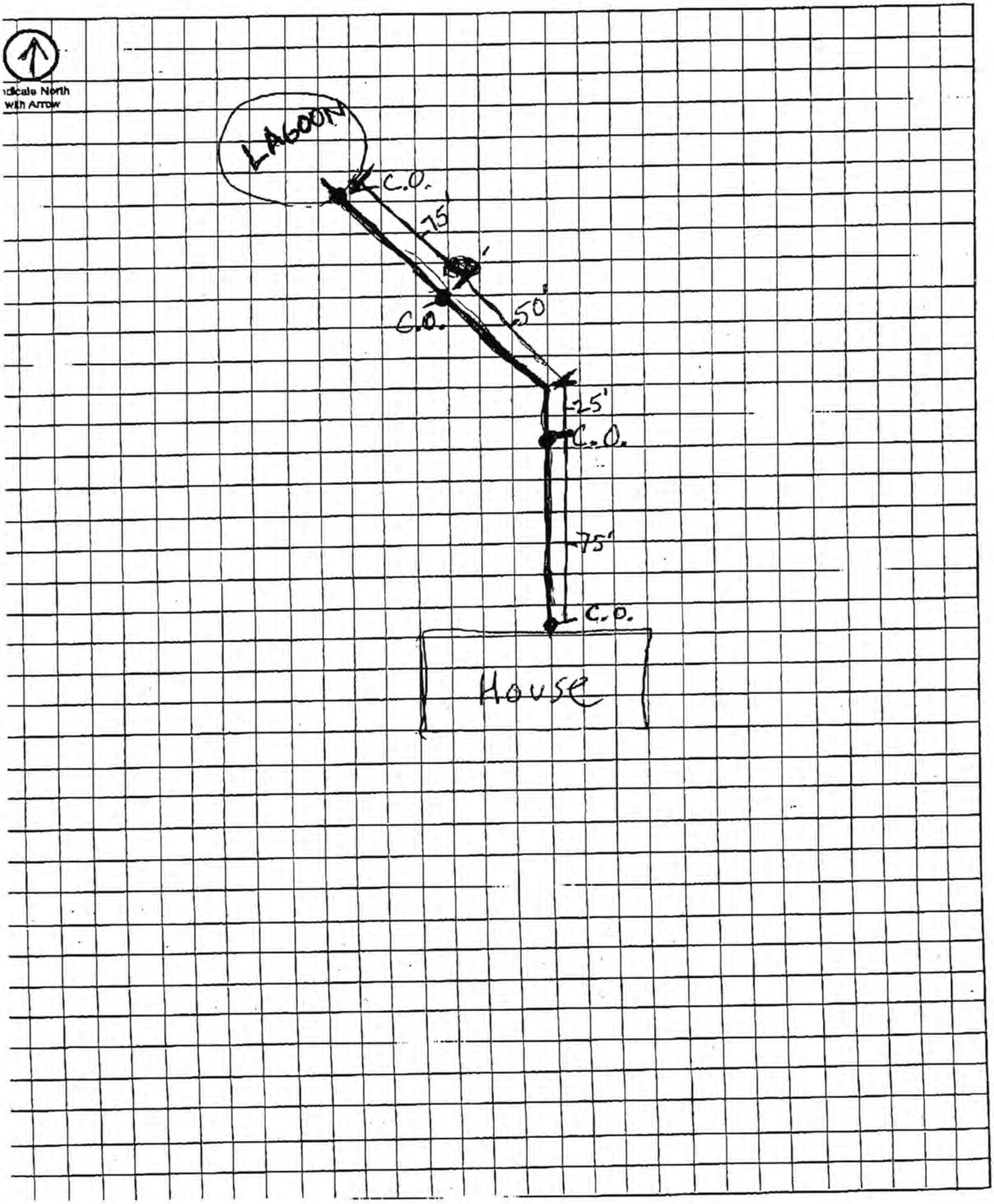
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



Any questions call

s Built Drawing Bill Smith 610-2588



Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 00380227301

Issued 12/08/00
Expires 05/08/01
Revenue Code 3157

Establishment

ED VASA
T10N R5E SEC 12
WEST HAVEN ADDN LOT 1
6000 W ADAMS ST

FEES: $200.00

Permitee

ED VASA
6841 PLATTE AVE
LINCOLN NE 68507

TOTAL: $200.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

014152

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

A

Permit Number: 00380227 3

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 APPROX. 6000 W ADAMS (no rural route) City _____ NE, Zip _____

Legal Description 12 (1/4) 10N (1/4) 5E (Section, Township, Range) LOT 1 WEST HAVEN (Subdivision) ADD. (Addition) LANCASTER CO. (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 ED VASA Signature Edward Vasa

Address 6841 Platte City/State/Zip LINCOLN NE 68507

☐ Check if owner designed system Home Phone 466-5234 Work Phone 450-0879

C. Contractor

Name SAME AS OWNER Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name BOUWENS PLUMB. Firm _____ Work Phone 466-1944

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** (10-8-03 Lagoon only 11-25-03 Municipal Line, next hearing)	Date rec'd 12/8/00 Date frwd 12/8/00	ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 12/8 Date frwd 12/8	ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer**	Date rec'd _____ Date frwd _____	ACTION ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Ron Maynard

Date 4-2-04

Business Office Use Only

Date Rec'd 12-08-00

Amt Paid 200.00

Rec'd By TW Cash/Check No. 697

FORM 23-100 9-00 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: 003802273

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address APPOX 6000 W ADAMS City _____ NE, Zip _____
(no rural route)

Owner ED VASA Addresss 6841 Platte LINCOLN Ne. 68507

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

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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)

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: _____
Phone: _____
Address _____
_____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____
_____
_____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

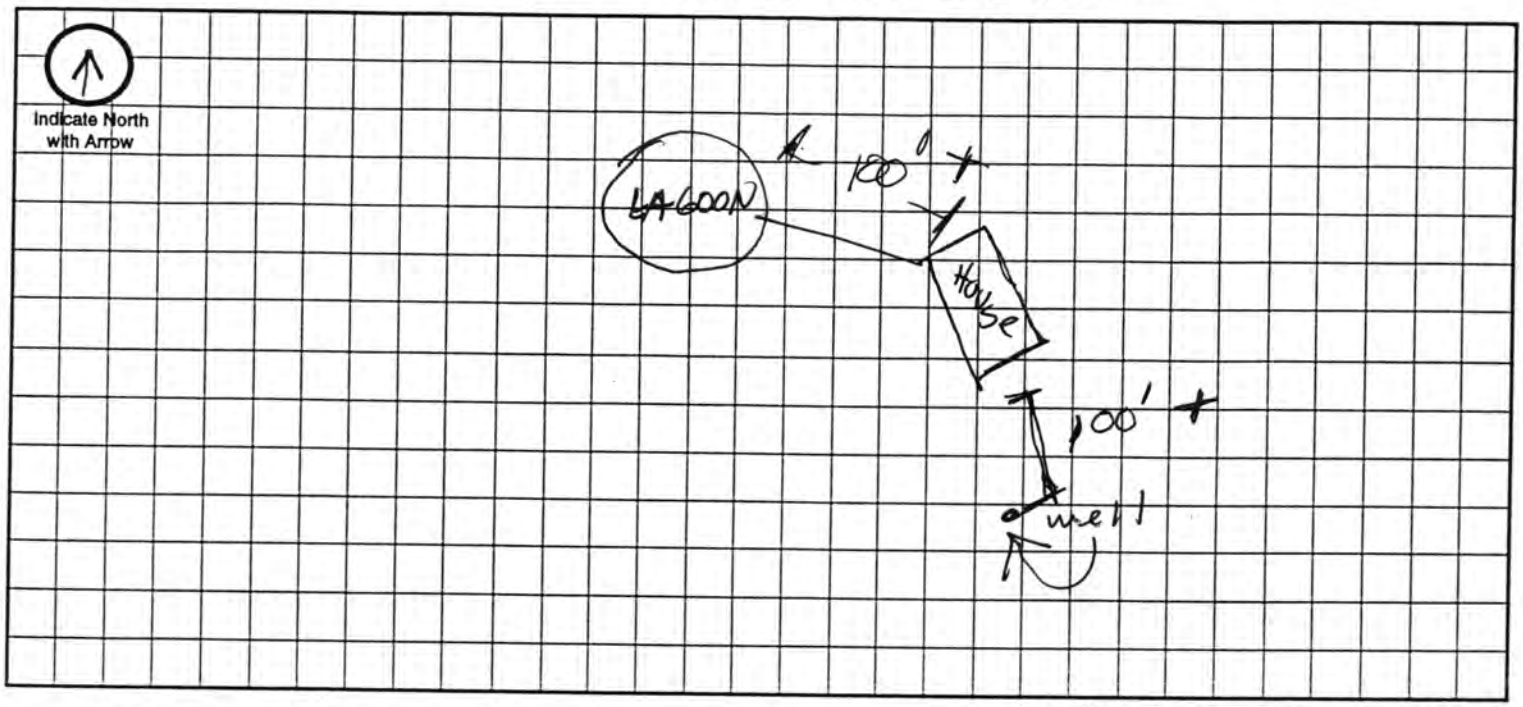
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 003802273

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: _____ sq. ft.

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

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

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

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 INTEGRITY BLDRS. Date 12-6-00

Installer ED VASA OWNER Date _____

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: 003802273

Sewage Disposal System

As Built Plans & Specifications

Date 12-6-00

System Location (Indicate correct number and street)

Address APPROX 6000 NW ADAMS (no rural route) City _____ NE, Zip _____

A. Building Sewer

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

B. Septic Tank

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ 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: _____ 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

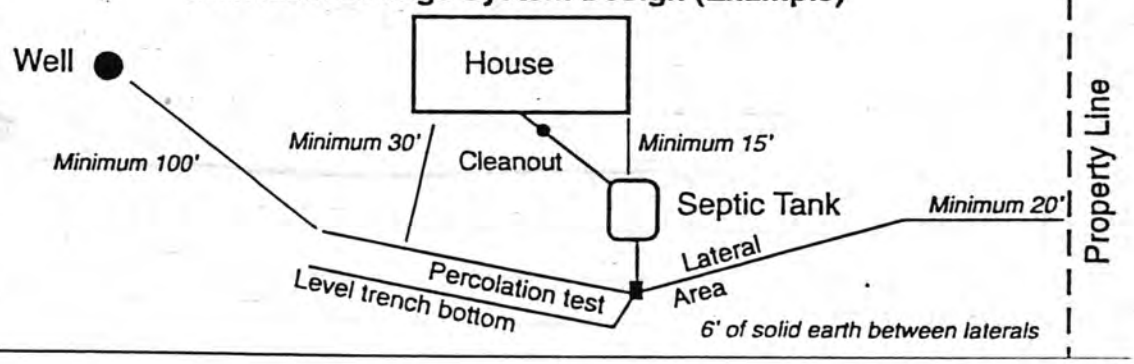
(Provide as-built drawings on back of this form)

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

Indicate North with Arrow

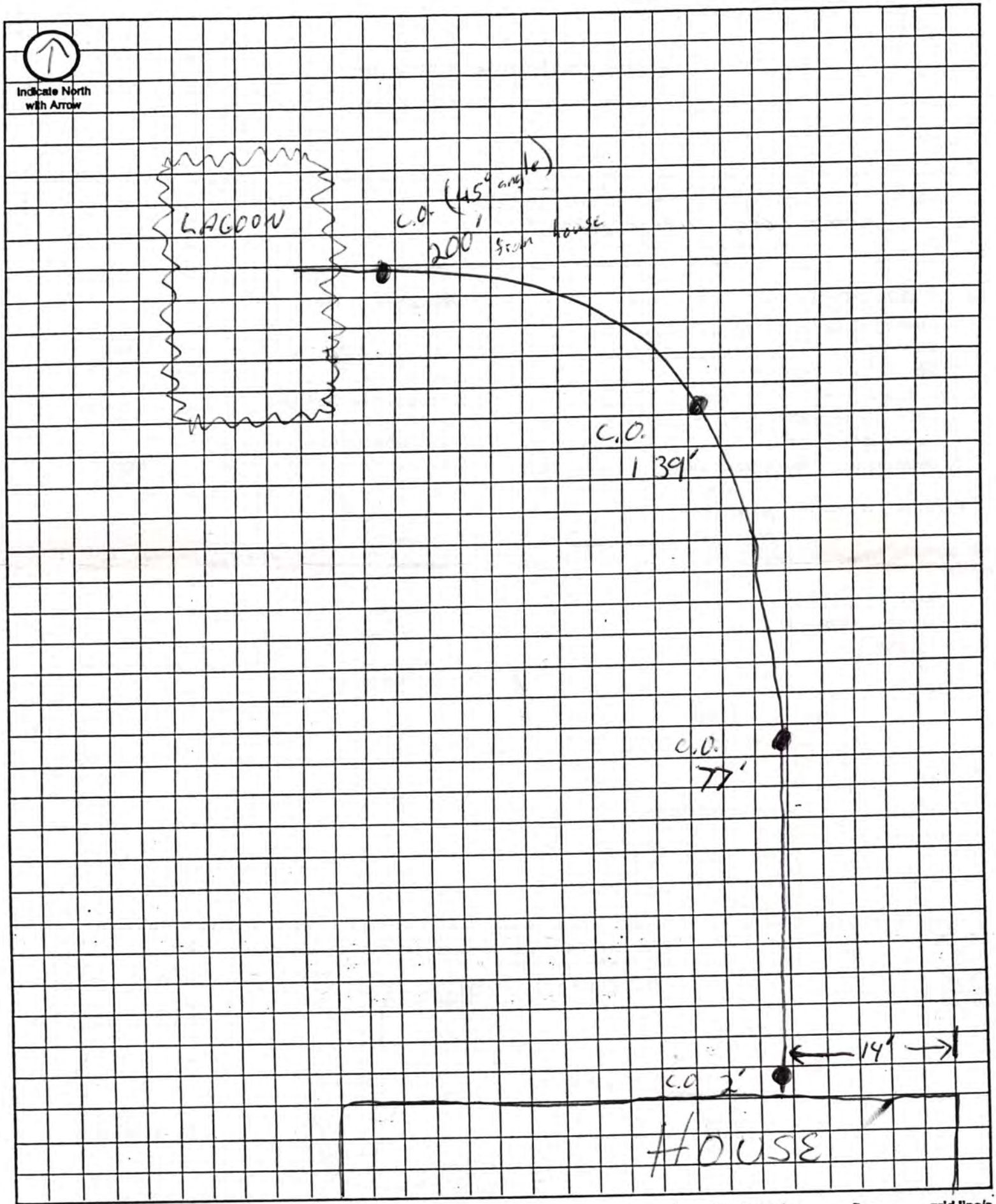
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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

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: 9/25/00 Well #: 104-00 Driller: Bill

Owner/Builder: **Edward C. Vasa, 6841 Platte Ave., Lincoln, NE 68507** 466-5234

Location: **6000 W. Adams St., Lincoln, NE, This is about 3/4 mile West of N.W. 48th & W. Adams St., on North side.**

0- 45 Brown clay
45- 59 Silty blue clay
59- 61 Medium fine tan sand
61- 63 Very fine tan sand
63- 70 Silty tan clay
70-175 Silty blue clay
175-190 Firm blue clay, little black
190-195 Silty gray sand
195-200 Medium fine gray sand
200-205 Clay and some coarse sand

** After the well sat overnight, the next morning we pumped the well at approx. 40 gpm for approx. 10 minutes and the water tested at 20 ppm for total chlorides. After pumping the well at 70 gpm the total chlorides went up to 3500 ppm.

Depth: 199' Elevation:

Casing Information

Type: pvc Thickness: 200#
Length: 188' Diameter: 4"
Bore Size: 8.5" SWL: 70' M
PWL: GPM: 70 w/air

Filler Pack: 25-50' ; 67-185'
Grout: 6-25'

Screen

Length: 5' + 6' Diameter: 4"
Type: pvc Hiflow Slot: .018
Area of:
Screen(s): 58-64; 194-199'
Pack: 50-67; 185-200'
Type of Pack: Badger Sand 20/40

Chemical Analysis

Total Chlorides: 3500 / 20 **
Hardness:
Nitrates:
Bacteria:
Iron:

Lancaster/Middle Creek

STATE & CTY SENT 8/2/01

T.N. 10 R.E. 5 SEC. 12

REG# G-112000 8/31/01

NITRATE NITROGEN 1.3 p.p.m.
BACTERIOLOGICAL O.K.

104-00.max