Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 99380203801

Issued 07/12/99
Expires 01/12/00
Revenue Code 3157

Establishment

MICHAEL FULLER
T10N R6E SEC 32
HIGH RIDGE ESTATES BLK 3 LOT 2
3801 W SPRINGVIEW RD

FEES: $150.00

Permitee

MICHAEL FULLER
3221 EDWARD CT
LINCOLN NE 68502

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010702

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 3801 W Springview Rd (no rural route) City Lincoln NE, Zip r

Legal Description 32 10N 6E High Ridge Estates 3 2
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 Michael E Fuller Signature Michael E Fuller

Address 3821 Edwards Ct City/State/Zip Lincoln Nebr 68502

☐ Check if owner designed system Home Phone 486-1066 Work Phone 475-1439

C. Contractor DAVE VOGT

Name Vogt TT EXCAVATING Company Name Vogt T+T EXCAVATING

Address _____ City/State/Zip Elmwood Nebr

☐ Check if contractor designed system Work Phone 560-4267

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** Date rec'd 7/12/99 Date frwd 7/12/99 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** clerk Address Date rec'd 7/12/99 Date frwd 7/12/99 ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 7-12-99 Date frwd 7-12-99 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Jerrold C. Hood P.E. H.D.

Date NOVEMBER 18, 1999

Business Office Use Only

Date Rec'd 07/12/99
Amt Paid 150.00
Rec'd By _____ Cash/Check No. 5199

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

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 3801 West Springview Dr (no rural route) City LINCOLN NE, Zip N/e

Owner Michael E Fuller Addresss 3221 EDWARDS CT

Soil Type (SCS): Fitti Loam & Sharpsburg Silty clay loam Percolation Rate: 34 min./inch

Date of Tests 7-7-99 to 7-8-99 Weather: Precipitation Rained & Drizzled All on the 5th Temperature 80-90
No Rain on the 6, 7, 8,

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	30"	7/7	9:00	7/8	10:00	7/8	10:00	6	7/8	2:00	30	1 1/8"	27
2	30"	7/7	9:00	7/8	10:00	7/8	10:00	6	7/8	2:00	30	3/4"	40
3	30"	7/7	9:00	7/8	10:00	7/8	10:00	6	7/8	2:00	30	3/4"	40
4	30"	7/7	9:00	7/8	10:00	7/8	10:00	6	7/8	2:00	30	1"	30
5	30"	7/7	9:00	7/8	10:00	7/8	10:00	6	7/8	2:00	30	7/8"	34
6	30"	7/7	9:00	7/8	10:00	7/8	10:00	6	7/8	2:00	30	1"	30

Sum of Percolation Rates: 201

Average of Rates: 34

Rate Used for Calculation: 34

Person Conducting Percolation Tests

Name: Phil NAILEY

Phone: 432-1157

Address 6005 West A 68532

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date JULY 12, 1999

FORM 23-101 10-96

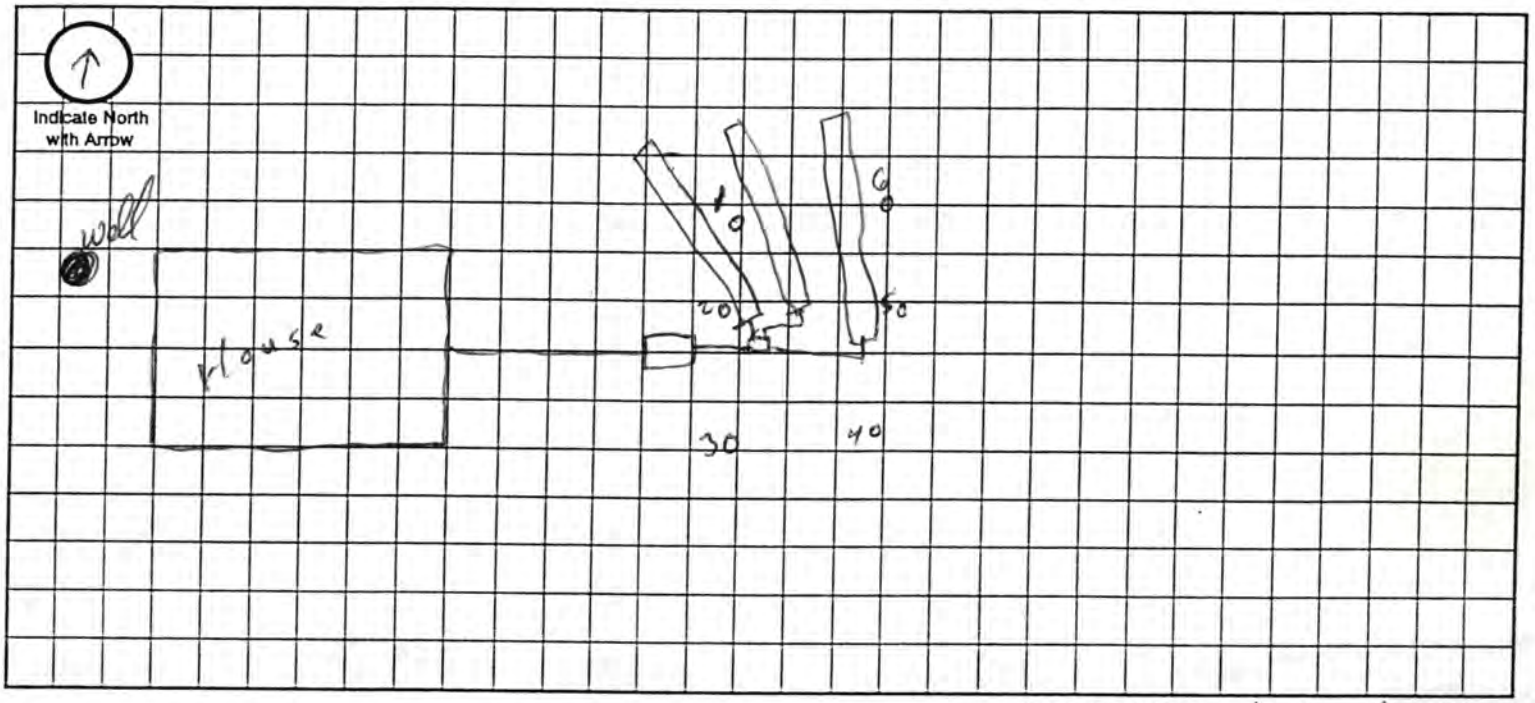
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 3801 West Spring View RD City Lincoln NE, Zip

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other

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

Percolation Rate 34 (min. per inch) Soil Type: Silt Loam Land Slope: 6 %

Type of Absorption System: ☒ Trench ☒ Bed ☐ Other

Total Square Feet of Field Required: 1080 798 sq. ft.

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

Capacity of Septic Tank 1250 gals Number of Absorption Beds: Number of Distribution Laterals per Bed

Total Length of Laterals 270 200 ft. Number of Trenches 3 Trench Width 4

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

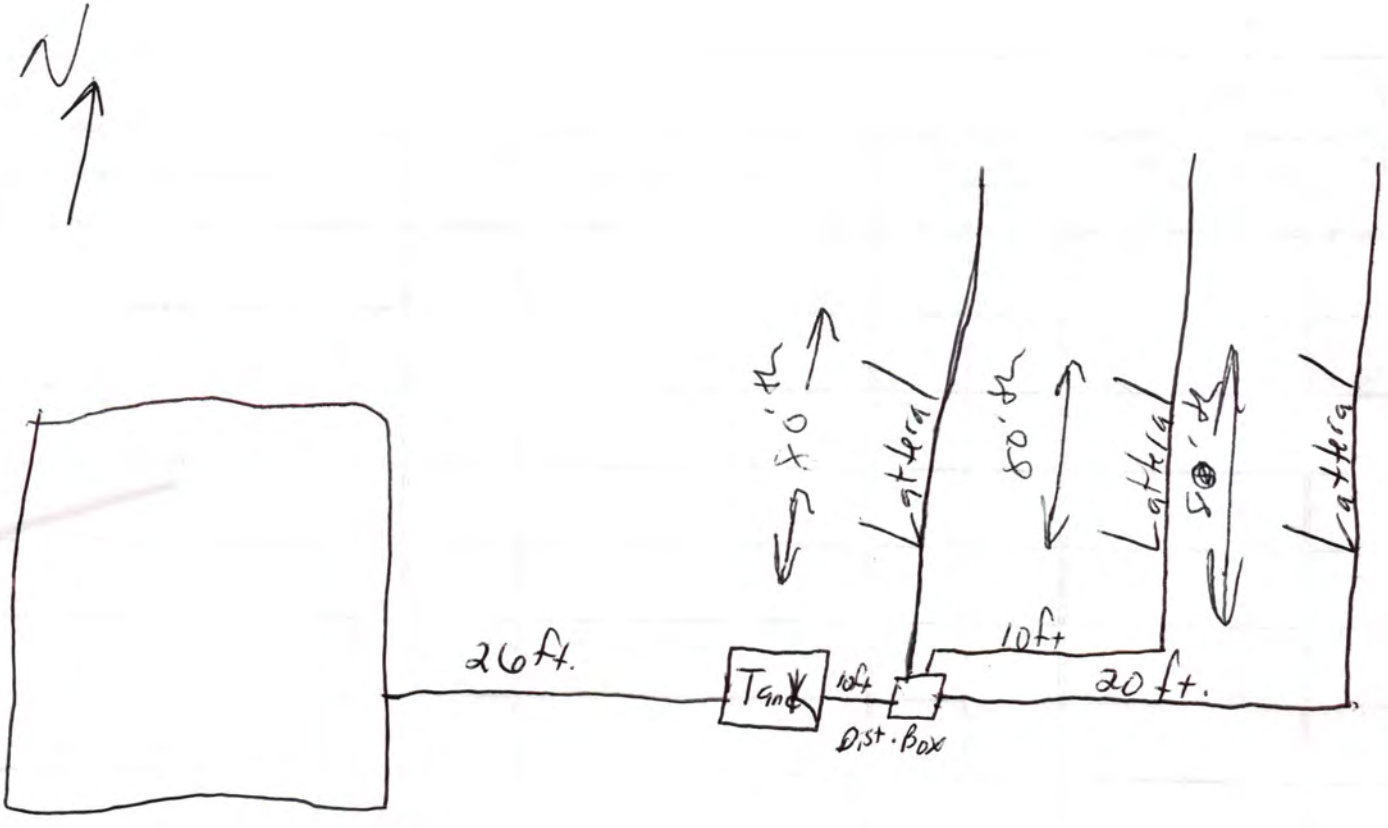
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☐	25 ☑	20 ☑	15 ☑	25 ☑	☑
Field (ft)	100 ☑	500 ☑	50 ☑	4 ☑	30 ☑	20 ☑	30 ☑	40 ☑	☑
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐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

E. Required Signatures

Home Building Contractor Steve Champe Date

Installer Date 7-9-99

FORM 23-102 10-96


N
40'
Lattice
80'
Lattice
50'
Lattice
26ft.
Tank
10ft
10ft
20ft.
Dist. Box

Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

WATER WELL
NEW WATER WELL CONSTRUCTION

Permit # 99400083801

Issued 07/12/99
Expires 01/12/00
Revenue Code 3162

Establishment

MICHAEL FULLER
T10N R6E SEC 32
HIGH RIDGE ESTATES BLK 3 LOT 2
3801 W SPRINGVIEW RD

FEES: $75.00

Permitee

MICHAEL FULLER
3221 EDWARD CT
LINCOLN NE 68502

TOTAL: $75.00

Leon F. Vinci, MPH, Health Director

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010701

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

Permit No. 9946008 38

Request for Site Clearance and Permit for Individual Water Well

The undersigned hereby requests:

- ☑ Site Clearance and Permit to construct a new individual water well - $75.00
- ☐ Annual Permit for an existing well - $50.00
- ☐ Permit to repair or alter existing well involving opening of well - $25.00

1. Well Site Address 3801 W Spring View Rd City Lincoln, NE Zip _____
(No Rural Route Please)

Legal description of property:
Twp 10N; Range 6E; Section 32; Block 3; Lot 2; Addition High Ridge ESTATES

2. Well use: ☑ Residential; ☐ Commercial; ☐ Other; Describe: _____

3. Distance to Public Water Supply _____ feet

Signature of Owner Michael E Fuller
Print Name Michael E Fuller
Current Address 3221 Edwards Ct
Current Home Phone 486-1066
Work Phone 475-1439

Signature of Contractor Stan Cheyney
Print Name Moser Well Drilling
Address _____
Home Phone _____
Work Phone _____
Cellular Phone _____

Sewage Permit Applied for: ☑ Yes ☐ No ☐ Not applicable

Please Submit Permit Fee with This Request
Please Do Not Write Below This Line

Approval Process: Lincoln Municipal Code 8.44

1. Health Department — Date received 7/12/99; Date forwarded 7/12/99 — ACTION ☑ Approved ☐ Disapproved; Signature: Jerrold C. Hood
2. Building & Safety — Date received 7/12/99; Date forwarded 7/12/99 — ACTION ☑ Approved ☐ Disapproved; Signature: [signature]
3. City Engineer — Date received 7/12/99; Date forwarded 7/12/99 — ACTION ☑ Approved ☐ Disapproved; Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL: Will need back flow preventer when connected to city water. Check address

Site Visits:
Date: 3/2/00 By Jerrold C. Hood
Date: ___/___/___ By _____
Date: ___/___/___ By _____

Nitrate Level 2.0 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory
Yes X No ____
Other _____

Installation Final Written Approval
By: Jerrold C. Hood
Date: 3/6/00

Distribution:
White - Health Dept. Lt. Green - Engineer Lt. Blue - Bldg Inspector

Business Office Use Only
Date Rec'd: 07/12/99
Amt Paid: $ 75.00
Rec'd By m Cash/Check No. 5199

Also Sewage

DEC 9 1999

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PREMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. 9940 0038

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

DATA SHEET FOR WATER WELL

Legal Description: Sec. 32 T. 10 R. 6 Block ____ Lot ____ Addition 3801 SPRINGVIEW ROAD

Owner PRAIRIE HOME BUILDERS Address P.O. BOX 84891, LINCOLN, NE 68501

LOG OF WELL	
Depth Ft to:	Description
0- 32	BRN CLAYS
32- 36	LOOSE SAND
36- 45	YEL CLAY
45-110	BLUE CLAY, SOME SILTY, SOME FINE SAND
110-135	SANDY YEL SHALE
135-155	VERY FINE TAN SANDSTONE
155-175	FINE LIGHT BRN SANDSTONE
175-190	MED FINE LIGHT BRN SS
190-200	GRAY SHALE

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level). Ft. 190'

Date Completed 10/26/99

Casing: Length, Ft. 175' :Dia. In. 4"

Wall Thickness, Inc. .214 :Type PVC

Screen: Length, Ft. 15' Dia. In. 4"

Type PVC SLOTTED, Slot Size .025

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

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

Static 79' M, Pumping 85' EST

Yield: 15 gpm, Measured XX. Est. ____

Chlorination Completed Yes XX No ____

The above informatioin including "Log of Well" is a true record of the job performed by me.

Driller [signature]
(Signed)

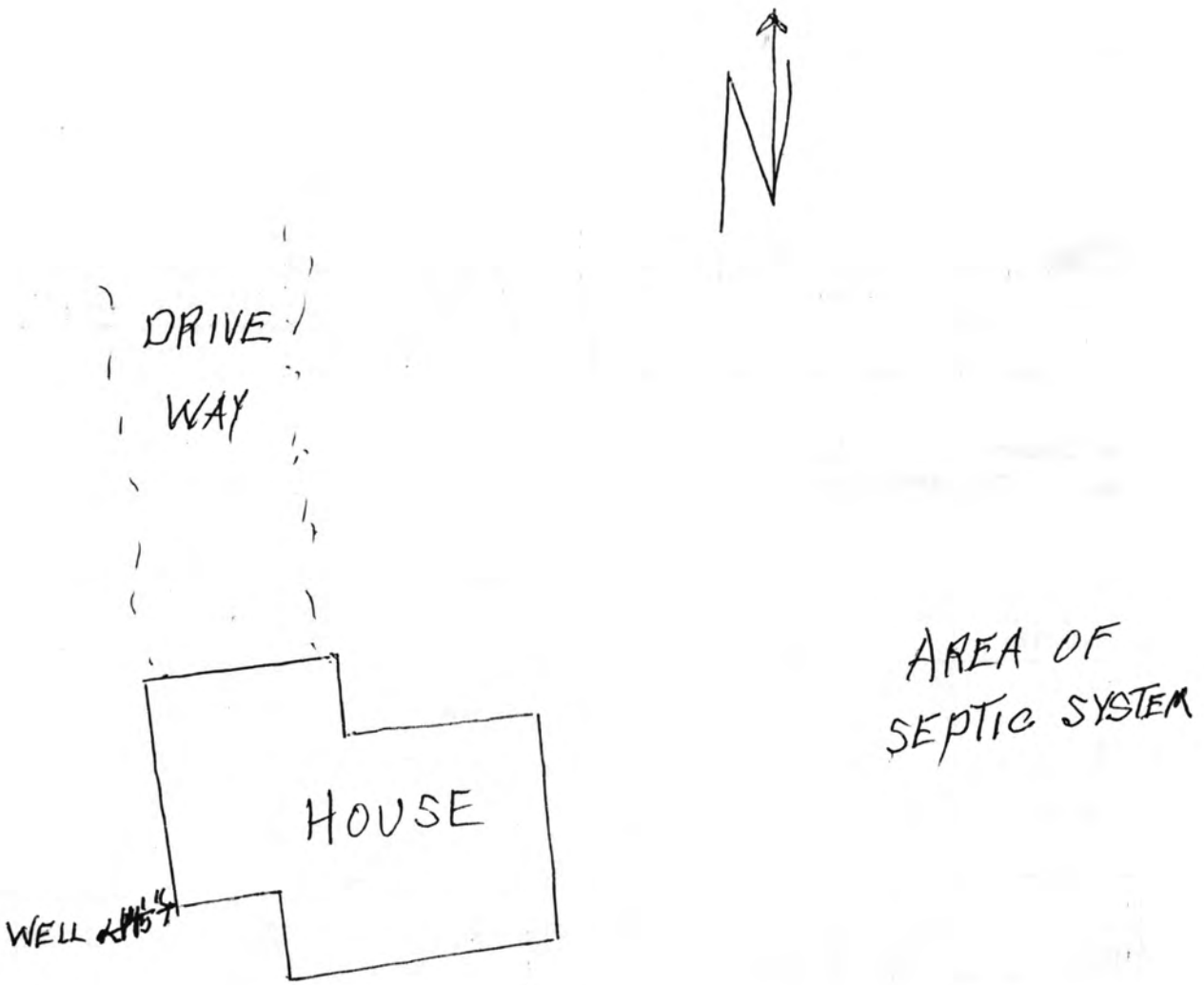
Address: P. O. BOX 308
HICKMAN, NE 68372-0308

Date: 8 DECEMBER 1999

Remarks NITRATE NITROGEN 2.0p.p.m.
BACTERIOLOGICAL O.K.

DO NOT WRITE BELOW THIS DOUBLE LIN

Health Department forwarded copy of record to Nebraska Conservatioin and Survey Department for Scientific Record X


N
DRIVE WAY
HOUSE
WELL
AREA OF SEPTIC SYSTEM