Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

009678

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit #: 06380326601

Issued: 10/16/06
Expires: 10/16/07
Revenue Code: 3157

Establishment:
CHRISTO CONSTRUCTION CO
T10N R7E SEC 13 QTR SW
LOT 19
10000 HOLDREGE ST

FEES: $290.00

Permittee:
JIM CHRISTO
6945 N 7 ST
LINCOLN NE 68521

TOTAL: $290.00

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: 06380326601

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 10000 Waldrege St. (no rural route) City Lincoln NE, Zip NE 68527

Legal Description S13, T10, R7, 6th Principle Meridian 20+19 SW. (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 Christo Construction Signature Steve Dambrogen for Jim Christo

Address _____ City/State/Zip _____

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

C. Contractor

Name Steve Damkroger Company Name Diet Wiets Plus INC

Address 6667 W0 46th - ste 1 City/State/Zip Lincoln NE 68524

☐ Check if contractor designed system Work Phone 325-0529

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 or 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 10/16/06 Date frwd 10/19/06	**ACTION** ☒ Approved ☐ Disapproved Signature	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 10/19/06 Date frwd 10/19/06	**ACTION** ☒ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 10-16-06 Date frwd 10-16-06	**ACTION** ☒ Approved ☐ Disapproved Signature	

Installation Final Written Approval

By _____

Date 4/6/2007

Business Office Use Only

Date Rec'd 10/18/06

Amt Paid 290.00 #9031 - $15

Rec'd By _____ Cash/Check No. 9027 - $275

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

Christo Const.

B

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

Permit Number: 06380 3266

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 10000 Holdrege St. (no rural route) City Lincoln NE, Zip 68527

Owner Christo Const. Addresss 6945 N. 7th Lincoln NE 68521

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

Date of Tests _____ to _____ Weather: Precipitation Ø 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)
1	26	10/5	8A	10/6	8A	10/6	11:30A	6	10/6	12:00P	30	1½	20
2	28							6		12:00P	30	½	60
3	27							6		12:00P	30	¾	40
4	30							6		12:00P	30	1½	20
5	28							6		12:00P	30	¾	40
6	27							6		12:00P	30	½	60

Sum of Percolation Rates: 240

Average of Rates: 40

Rate Used for Calculation: 40

Person Conducting Percolation Tests

Name: Steve Dankerson - Dirt Works Plus

Phone: ~~6667~~ 890-6366

Address ~~6667~~ NW 48th Lincoln NE 68521

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks 4/6/07 Perc range 20-60 (> 20 difference) requires a total of 2625 feet of lateral. Contractor will install an additional 56.25 feet of lateral. Total lateral length will be 104 and 1581.5 feet.

Signature of Reviewing Official _____ Date 4/6/2007

Christo Const.

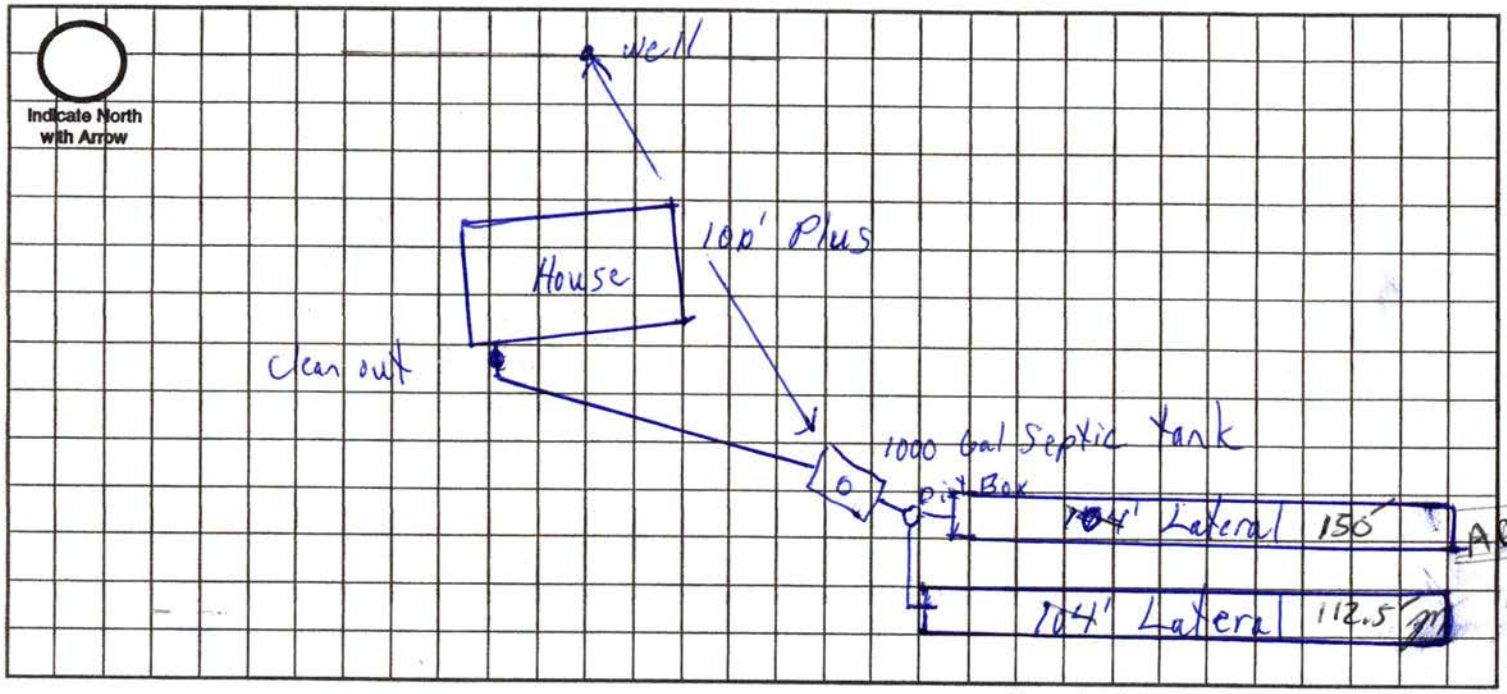
C

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

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) 10000 Holdrege City Lincoln NE, Zip NE 68527

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 40 (min. per inch) Soil Type: loamy Land Slope: 0 %

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

Total Square Feet of Field Required: 825 sq. ft.

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

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

Total Length of Laterals 2062.5 ft. Number of Trenches _____ 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 _____ Date _____

Installer Steve Dunbrogen Date 10-9-06

TITLE 124 – NEBRASKA DEPARTMENT OF ENVIRONMENTAL QUALITY

Appendix D

Onsite System Registration Form G

NDEQ Use Only
REG # _____
Fee Rcvd? ____

Existing System Registration #_____ **(if previously registered)**

(Please type or print) (Must be filed within 45 days of inspection or completion of work)

Ver. March, 2005

System Location and Ownership:

Owner's Last Name	First Name	Middle Init	Owner's Phone number
Christo Construct	Low		402-476-2288

Owner's Mailing Address	City	State	Zip code
6945 N. 7th	Lincoln	NE	68521

System Location Physical Address (if different than owner's)	Nearest Community
10000 Holdrege St.	Lincoln

System Location Legal Description:

1/4	1/4	Section #	Twnshp	Range	County	Latitude	Longitude
						40° 49.708N	096° 35.027W

System Information

System is for: ☒ Dwelling with 3 bedrooms, or ☐ Establishment with _____ gal/day flow

Septic Tank / Soil Absorption System

Rated Tank Capacity = 1000 gallons

Total effective trench bottom area = 1056 sq. ft.

Number of Trenches = 2

Total Trench Length = 264 ft.

Design Percolation Rate = 40 min/inch

Depth to seasonal high groundwater = _____ ft.
(if less than 10 feet below ground surface)

Lagoon System

Water Surface Area = _____ sq. ft.

Tested seepage rate = _____ in/day

Other Type System

NDEQ Construction Permit# _____

Certified professional registering the system:

Last Name	First Name	Middle Initial	Professional Certificate #
Stechmyer	Patrick	L	C2029

Signature of Certified Professional: Patrick Stechmyer

Date of inspection or completion of work: 4/6/2007

A fee of fifty dollars ($50) must accompany this application.

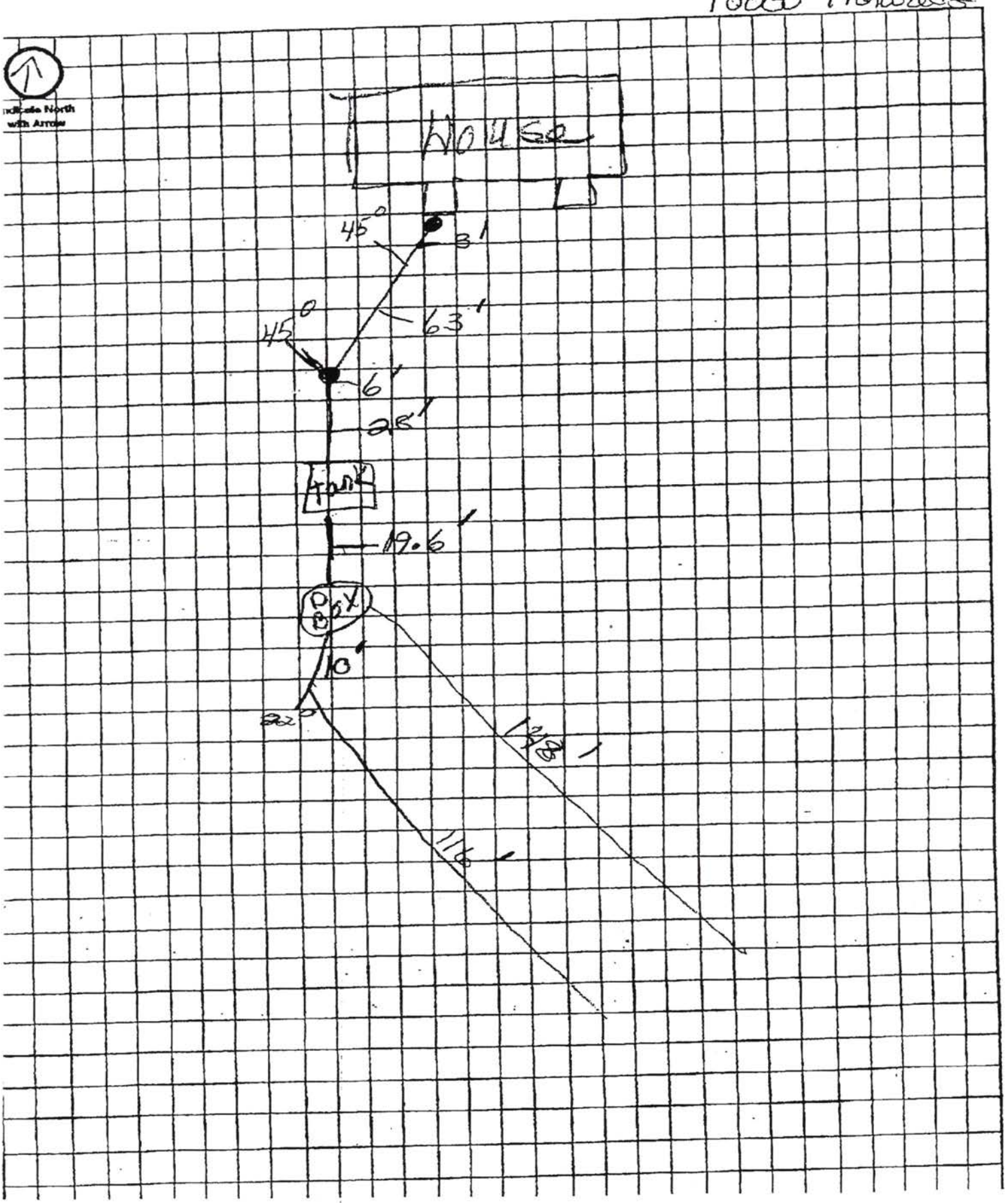
Make checks payable to the **Nebraska Department of Environmental Quality.**

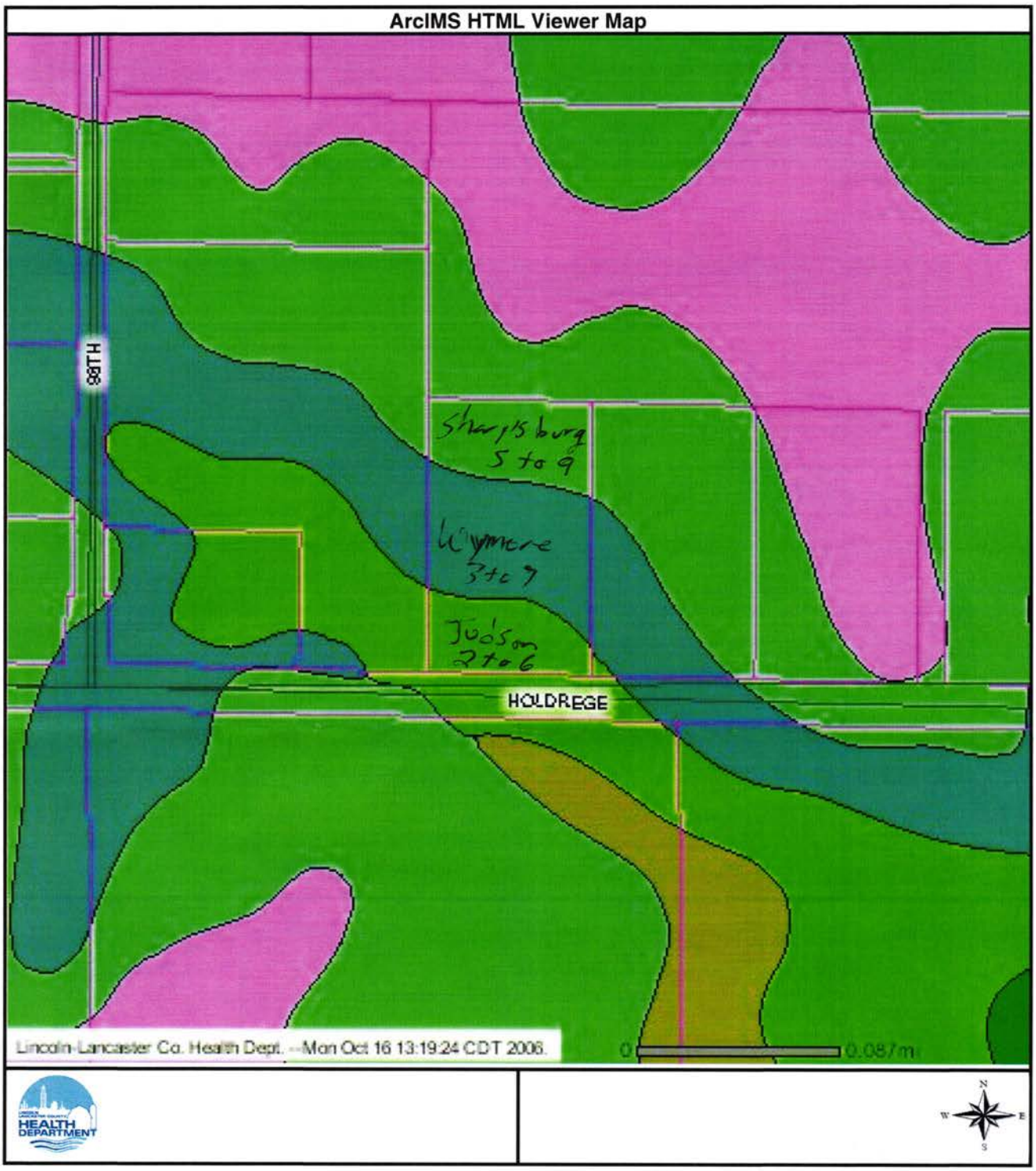
Mail to: NDEQ, On-site Wastewater Unit, P.O. Box 98922, Lincoln, Nebraska 68509-8922

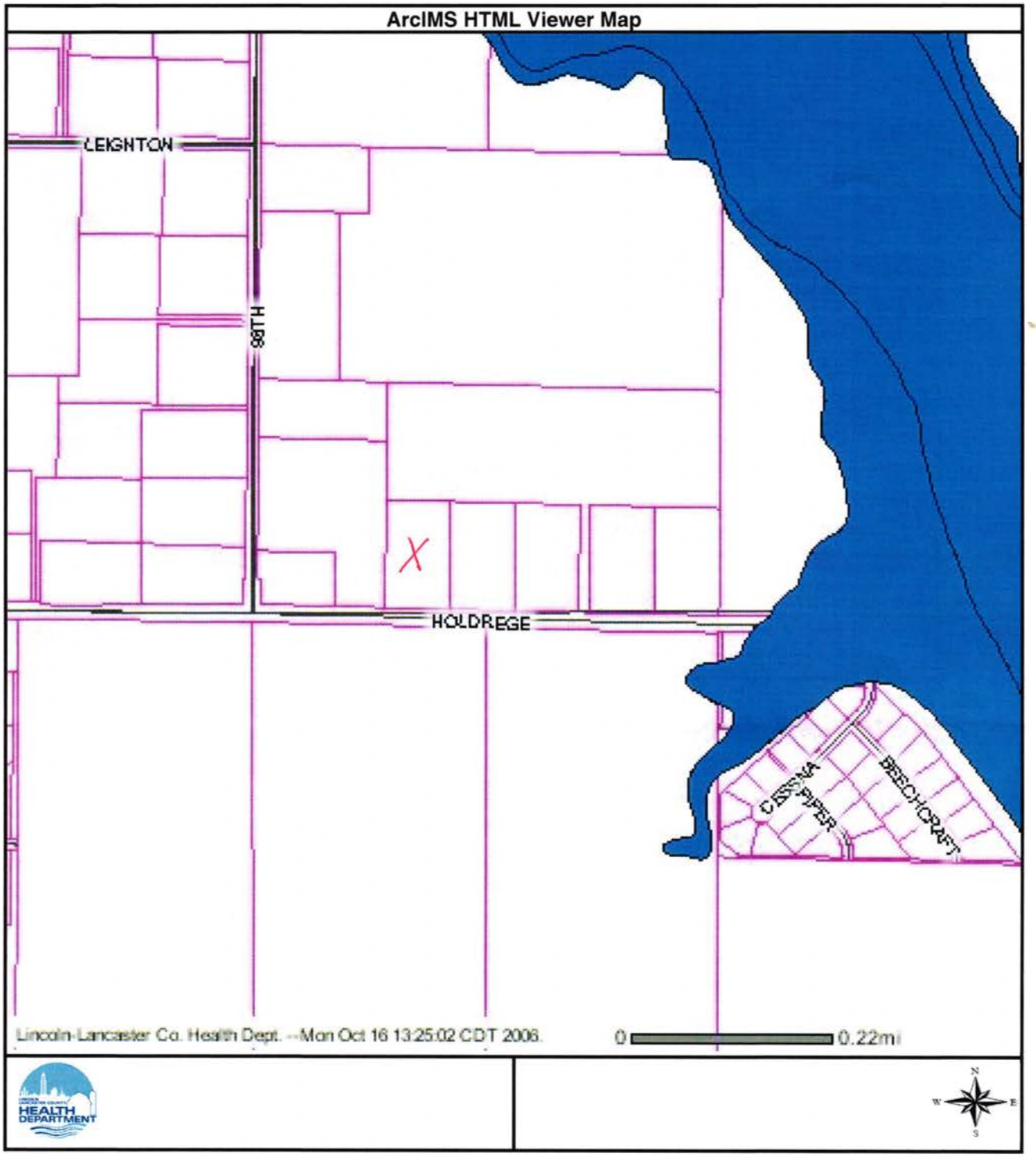
May 21 07 08:48a Jean Scail 402-325-0530 p.2

s Built Drawing

Christo Construction
10000 Haldredge St




ArcIMS HTML Viewer Map
68TH
Sharpsburg
5 to 9
Wymore
3 to 7
Judson
2 to 6
HOLDREGE
Lincoln-Lancaster Co. Health Dept. --Mon Oct 16 13:19:24 CDT 2006.
0
0.08 mi
HEALTH DEPARTMENT
N
W
E
S


ArcIMS HTML Viewer Map
LEIGHTON
98TH
HOLDREGE
CESSNA
PIPER
BEECHCRAFT
X
Lincoln-Lancaster Co. Health Dept. --Mon Oct 16 13:25:02 CDT 2006.
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0.22mi
HEALTH DEPARTMENT
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Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

009685

(402) 441-8000

Permit

WATER WELL
NEW WATER WELL CONSTRUCTION

Establishment

LAWRENCE E STUCHLIK
T10N R7E SEC 13 QTR SW
LOT 19
10000 HOLDREGE ST

Permittee

LAWRENCE E STUCHLIK
12400 BEECHCRAFT RD
LINCOLN NE 68527

Permit # 06400125201

Issued 10/23/06
Expires 10/23/07
Revenue Code 3162

FEES: $160.00

TOTAL: $160.00

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

Permit No. 06400125201

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 - ~~$100~~ $160.00
- ☐ Bi-Annual Permit for an existing well - ~~$100~~ (Renewed every 2 years) $105.00
- ☐ Permit to repair or alter existing well involving opening of well - ~~$50~~ $80.00

1. Well Site Address 10,000 Holdredge St. City Lincoln, NE Zip 68527
   (No Rural Route Please)
   LCR 5880
   Township 10 Range 7E Section 13 1/4 Section SW
   Block _____ Lot 19 Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)

2. Well use: ☒ Residential ☐ Commercial ☐ Other Describe _____

3. Distance to Public Water Supply _____ feet.

Signature of Owner Lawrence E. Stuchlik Print Name Lawrence E Stuchlik
Current Address 1240 Beechcraft Rd Lincoln, NE 68527
Current Home Phone 402-483-5940 Work Phone 402-489-8990

Signature of Contractor Rodney Wimer AWS Print Name Rodney Wimer AWS Well Co Inc.
Address PO Box 246 Mead NE 68041
Home Phone _____ Work Phone 402-624-3895 Cellular Phone 402-443-7162

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

Please Submit Permit Fee with This Request

Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

Approval Process: Lincoln Municipal Code 8.44

1.	Health Department	Date received 10/23/06 Date forwarded ___/___/___	ACTION Signature:	☒ Approved	☐ Disapproved
2.	Building & Safety	Date received 10/23/06 Date forwarded 10/23/06	ACTION Signature:	☒ Approved	☐ Disapproved
3.	City Engineer	Date received 10/23/06 Date forwarded ___/___/___	ACTION Signature:	☒ Approved	☐ Disapproved

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits
Date: ___/___/___ By _____
Date: ___/___/___ By _____
Date: ___/___/___ By _____

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

Installation Final Written Approval
Date: ___/___/___ By _____

Business Office Use Only
Received: Date: 10/23/06 Amount 160.00 Check No. 6472 Initials LS

Distribution: White - Health Department Lt. Green - Engineer Lt. Blue - Building Inspector