LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT
SEWAGE SYSTEM REPAIR

No. 90390015401

Issued 06/21/90
Expires 12/21/90

ESTABLISHMENT
LLOYD NESS
T10N R6E SEC 32
WIECHERT LOT 1

FEES: Permit 018754 $50.00

Total $50.00

PERMITTEE
LLOYD NESS
2127 LOCKWOOD CT
LINCOLN NE 68528

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
PAID	

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

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

FILE NO. 9039 00154

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 6-20-90

The undersigned hereby applies for a permit to ALTER ☒, EXTEND ☐, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 10 N ; Range 6E ; Section 32 ;
Block ____ ; Lot 1 ; Addition [redacted]" WIECHERT Subdivide
Street Address ____

2. Property Use: Residential ____ ☒; Commercial ____ ☐
No. Bedrooms 2 Describe ____
Other Use ☐
Describe ____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☒; Other ☐

4. Description of proposed alteration, extension or repair: Replace Tank & Laterals

5. Work to be done by: Owner ☐ ; or Contractor ☒. NESS Plumbing
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$over 400.00

Floyd D Ness
Signature of Applicant (owner or lessee)

2127 Lockwood Ct.
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: ____
Filing Fee: $ 50.00

2. Site Visits:
Date: 6/22/90 by: J.C.H.
Date: 6/25/90 by: J.C.H.
Date: ____ by: ____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/26/90 by: J.C. Hood

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

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 6-14 to 6-15. Weather: Precip. ½" Rain Temp. 77.

OWNER: _____

Address: _____

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	32	6-14	3:00	6-15	12:00	6-15	3:30	14¼	4:00	14¾	30	½	
2								11⅛		11⅞		⅝	
3								14⅜		14⅞		½	
4								13		13½		½	
5								13¼		13⅞		⅝	
6								17⅛		17½		⅜	

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

Larry Jakewack
Signature of Person Conducting Test

Address 8200 old Cheney Phone 489-7294

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

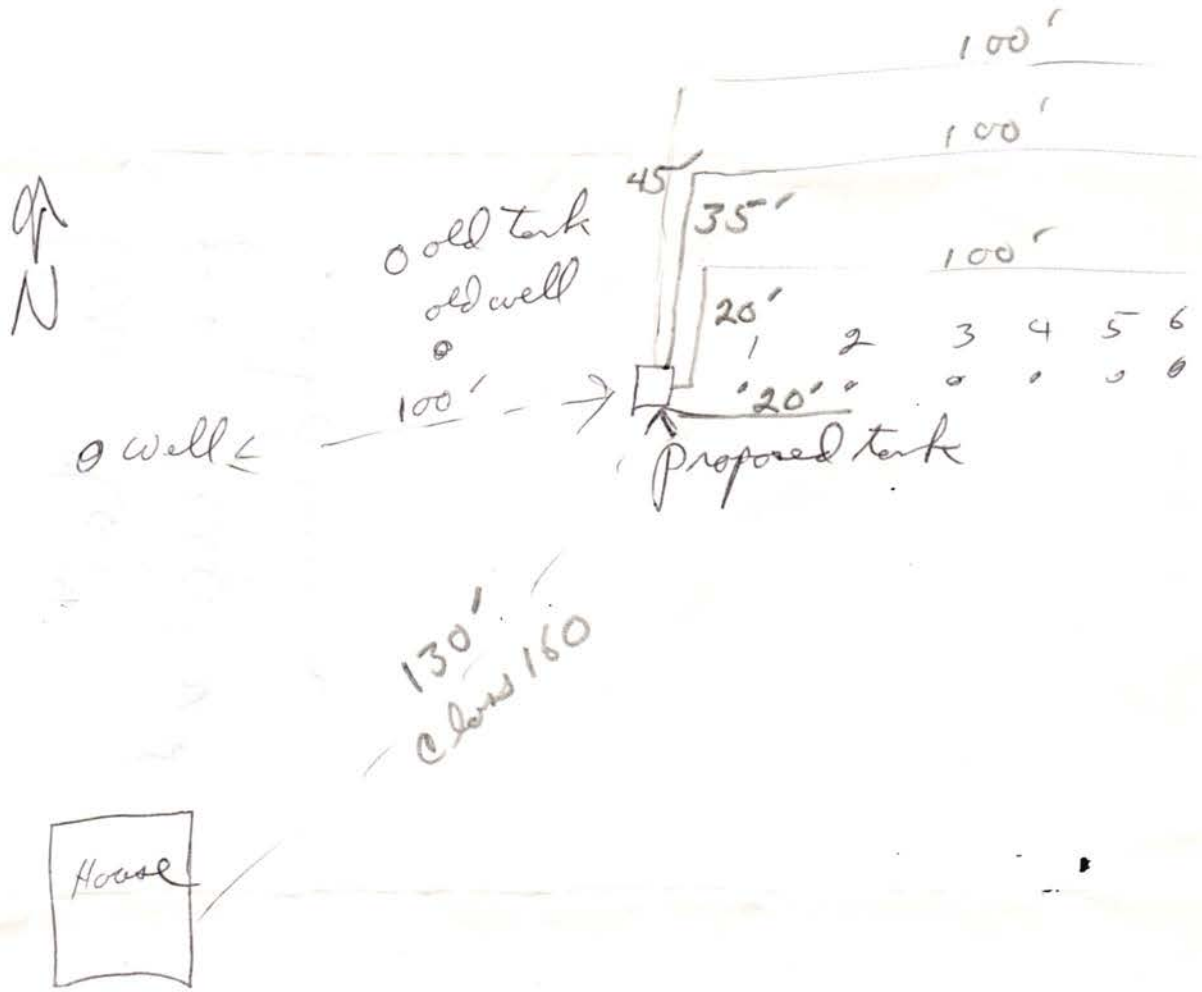
Date: _____

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

_____
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:_____

Minimum Design Requirement

1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed_____sq.ft.

_____

Signature of Reviewing Official

FORM 20104-0477
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

D

DATE: _____

FILE NO. _____

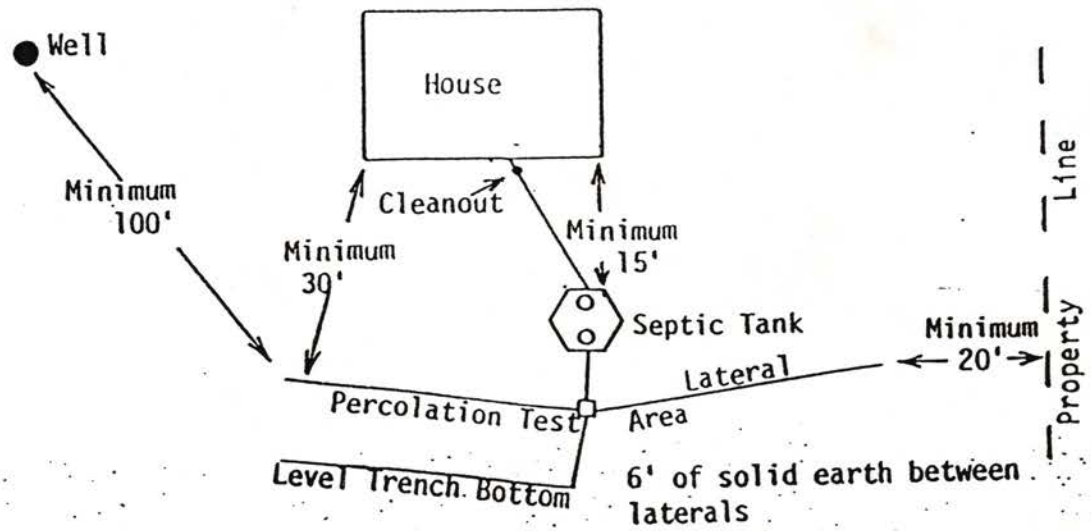
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material _____; Diameter _____ in.
2. Distance above basement floor _____ in., or 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.

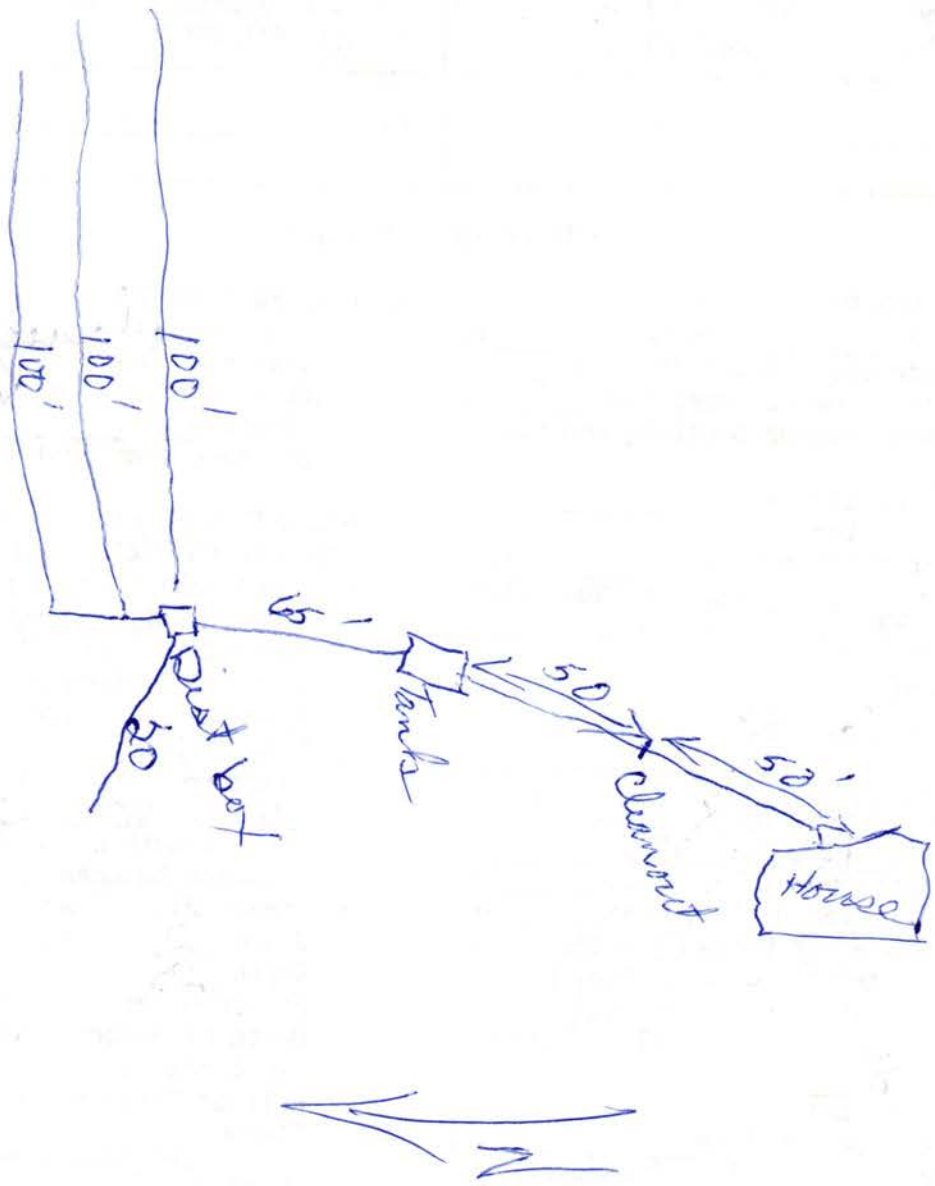
B. SEPTIC TANK:
1. Material Concrete; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Precast)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade _____ in.
5. Inlet: Baffle ☒; or Tee ☐
6. Outlet: Baffle ☒; or Tee ☐
7. Depth of top of tank below finished grade 8 in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Plastic; Number - available outlets 7.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 60 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 in.
Material: fiberglass ☐; plastic ☐; concrete ☐; other _____.
2. Lateral Lines:
Number 4; Length of each line 100, 100, 100, 20, _____ ft.;
Total length of laterals 320 ft.;
Distance between lateral lines 6 ft.
3. Trench dimensions: Width 3 ft.;
Slope 2 in/100 ft.; Average Depth 18 in.
4. Filter Material: gravel
Depth of Material 8 in.
5. Distances to:
Well or Suction Line 125 ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line 30 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


100'
100'
100'
6'
Tanks
50'
50'
Chimney
House
Dust bot
20

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 471-8000

NON TRANSFERABLE

P E R M I T

Permit
WATER WELL

No. 92400034901

Issued 09/15/92
Expires 03/15/93
Revenue Code 19851

Establishment
STEVE GLANTZ
T10N R6E SEC 32
WIECHERT LOT 1

FEES: $75.00

TOTAL $75.00

Permittee
STEVE GLANTZ
3400 W VAN DORN ST
LINCOLN NE 68522

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

RECEIVED SEP 14 1992

RECEIVED SEP 1 - 1992

FORM: 20222-0483 REQUEST FOR SITE CLEARANCE AND PERMIT FOR INDIVIDUAL WATER WELL	LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT DIVISION OF ENVIRONMENTAL HEALTH 2200 ST. MARYS AVENUE LINCOLN, NEBRASKA 68502 PHONE: 471-7800
FILING FEE $_____	FILE NO. _____

DATE: 9-10-92

The undersigned hereby requests: Site Clearance and Permit to construct a new individual water well ☒ ; Permit existing well ☐ ; well repair or alteration involving opening of well ☐ ; in conformance with appropriate ordinance, as described herein:

1. Legal description of property: Twp. 10N : Range 6E : Section 32
   Block _____ : Lot 1 : Addition Wiechert Subdivision
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: ____ Ft.
4. Intended use of well _____

Steve Glantz — Keith Muenchau
Signature of Applicant (owner or lessee)
3700 W Vandorn — 7331 Vine St
Lincoln Ne. 68522 — Lincoln, Ne 68505
Address

City Water Yes ☐ No ☒

Sewage Permit Applied For Yes ☐ No ☐ Not Applicable ☒

1. Health Department: Date Rec'd 9/14/92. Action: Approved ☒ Disapproved ☐
   Date Frwd. 9/15/92. Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 9/15/92. Action: Approved ☒ Disapproved ☐
   Date Frwd. 9/15/92. Signature: Gary Lyon
3. City or County Engineers: Date Rec'd 6-15-92. Action: Approved ☒ Disapproved ☐
   Date Frwd. 6-15-92. Signature: Nick McGlen

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10/29/92 by J.C. Hood 6 coli
Date: 11/12/92 by J.C. Hood
Date: 11/13/92 by J.C. Hood
12/10/92 by J.C. Hood
12/11/92 by J.C. Hood

Nitrate Level <0.1 PPM CHLORIDE 14 PPM.
Bacteriological Analysis Satisfactory
Yes ☐ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/14/92 By: J.C. Hood

Health Department copy: White
Engineers Copy: Light Green
Building Inspectors Copy: Light Blue

FORM 23-13

RECEIVED OCT 14 1992

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. _____

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN NE 68502
Phone: 471-7800

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 32 T. 10N R. 6E Block ___ Lot 1 Addition Viechert Subdiv.
Owner Steve GLANTZ Address 3400 W VAN DORN 68522

LOG OF WELL	
	Description
Depth/Ft.	top Soil
1-67	yellow Clay
67-70	Sand show
70-78	gray Clay
28-84	yellow Clay
84-86	Sand & Gravel
86-120	lite gray, yellow, white
120-141	white Clay some SS
141-151	20% Sandstone
151-163	50% Sandstone gray
163-185	gray Clay

WELL COMPLETION RECORD

Drilling Method: Rotary
Depth (from ground level), Ft. 165
Date Completed 10-5-92

Casing: Length, Ft. 158; Dia. In. 4
Wall Thickness, Inc. 214; type PVC

Screen: Length, Ft. 20 Dia. In. 4
Type PVC slotted, slot Size .025

Drop Pipe: Length, Ft. 140 Dia. In. 1

Water Level, Surface to top of water, Ft.:
Static 113, Pumping 130

Yield: 9 ggm, Measured ☒, Est. ☐
Chlorination Completed Yes ☒ No ☐

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

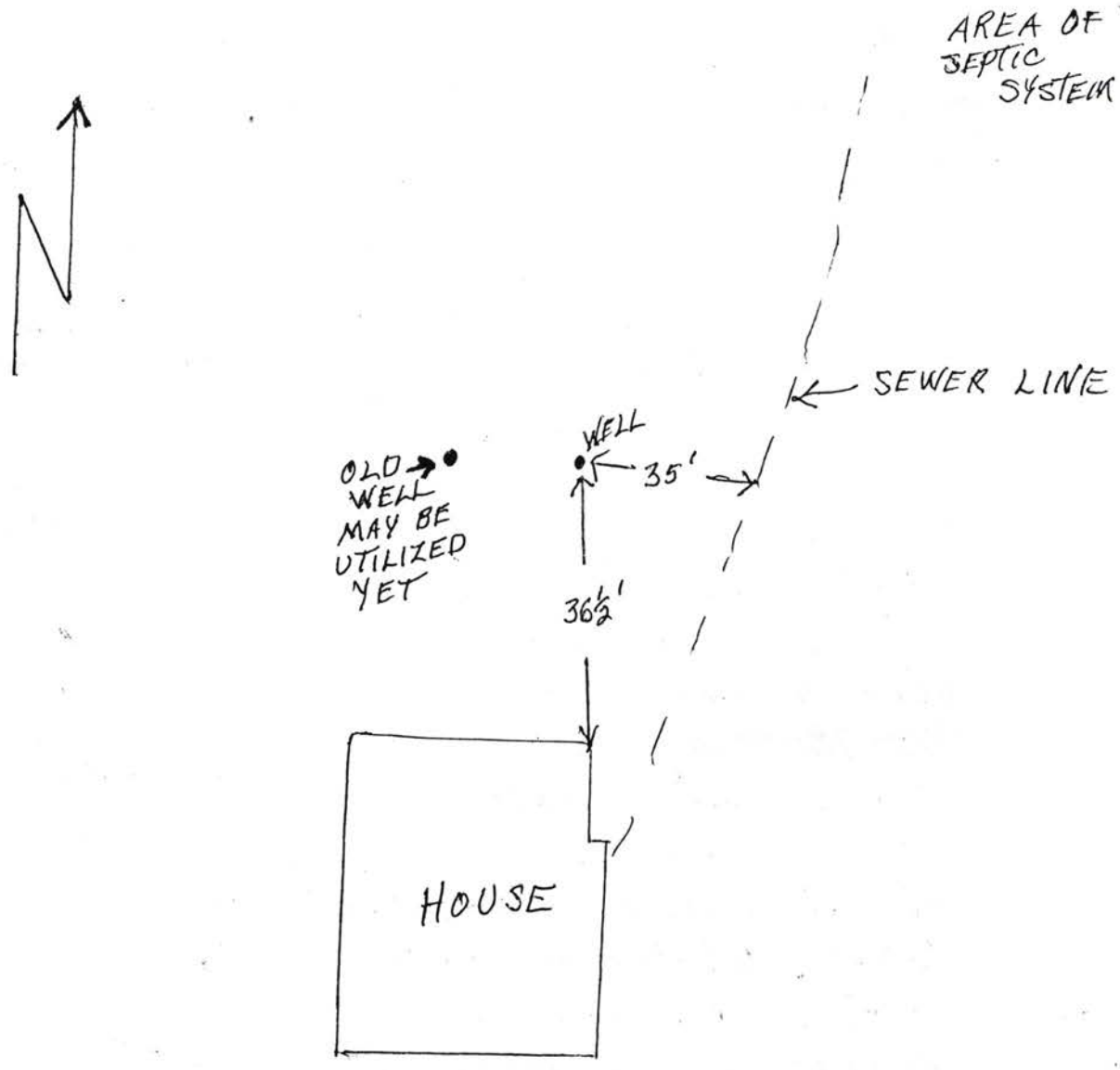
Driller Keith Muenchau (Signed)
Address 7331 Vine St Lincoln, NE 68505
Date 10-6-92

REMARKS NITRATE NITROGEN <0.1 p.p.m.
BACTERIOLOGICAL O.K.
CHLORIDE 14 p.p.m.

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


AREA OF SEPTIC SYSTEM
N
SEWER LINE
WELL
35'
OLD WELL MAY BE UTILIZED YET
36½'
HOUSE