Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

009000

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 06380319901

Issued 05/22/06
Expires 05/26/07
Revenue Code 3157

Establishment:
DAVE TYLER
T10N R8E SEC 17
STEVENS CREEK BLK 1 LOT 5
1900 N 129 CT

FEES: $275.00

Permittee:
DAVE TYLER
19000 N 129 CT
LINCOLN NE 68527

TOTAL: $275.00

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

RECEIVED
MAY 19 2006

A

Permit Number: 06380319901

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 1900 N 129th Ct (no rural route) City Lincoln NE, Zip 68527

Legal Description ~~Lot~~ ~~Block~~ 17 10N 8E Sterens Creek 9 5
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 Dave & Carol Tyler Signature _____

Address _____, Lincoln City/State/Zip _____

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

C. Contractor

Name Kurt T. Virgil Company Name Kurt T. Virgil Excavating

Address ~~437 NW 16th St.~~ 4620 W. MARY LOUISE LN. City/State/Zip Lincoln, Ne, 68528

☑ Check if contractor designed system Work Phone 402-525-6681

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 5/22/06 Date frwd 5/26/06 ACTION ☒ Approved ☐ Disapproved Signature Jerrold E. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5/26/06 Date frwd 5/26/06 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5/26/06 Date frwd 5/26/06 ACTION ☑ Approved ☐ Disapproved Signature Chris Baker

Installation Final Written Approval

By _____

Date 11/21/06

Business Office Use Only
Date Rec'd 5/22/06
Amt Paid #275.00
Rec'd By TW Cash/Check No. 1451

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

NOV 2 0 2006

B

Permit Number:

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

David Tyler
S17-T10-R8
Block 1, Lot 5
Stevens Creek Ridge 1st Addition

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 1900 N 129th Ct (no rural route) City NE, Zip

Owner Addresss

Soil Type (SCS): Sharpsburg Percolation Rate: 60 min./inch

Date of Tests 11/7/06 to 11/8/06 Weather: Precipitation 0 Temperature 82°

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				
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	48	11/7	8:00a	11/7	12:00p	11/8	8:00a	6	11/8	12:00p	30	1/2	60
2	46	"	"	"	"	"	"	"	"	"	"	3/4	40
3	46	"	"	"	"	"	"	"	"	"	"	1/2	60
4	44	"	"	"	"	"	"	"	"	"	"	1 1/8	27
5	45	"	"	"	"	"	"	"	"	"	"	9/16	54
6	48	"	"	"	"	"	"	"	"	"	"	9/16	54

Person Conducting Percolation Tests

Name: Terri Jakoubek, Raymond Contracting, Inc.
Phone: 402-783-2663 or 402-890-3870
Address: 13800 NW 70th St
Raymond, NE 68428 # C1197

Sum of Percolation Rates: 295
Average of Rates: 49
Rate Used for Calculation: 60 (20mpi variance)

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-95

NOV 20 2006

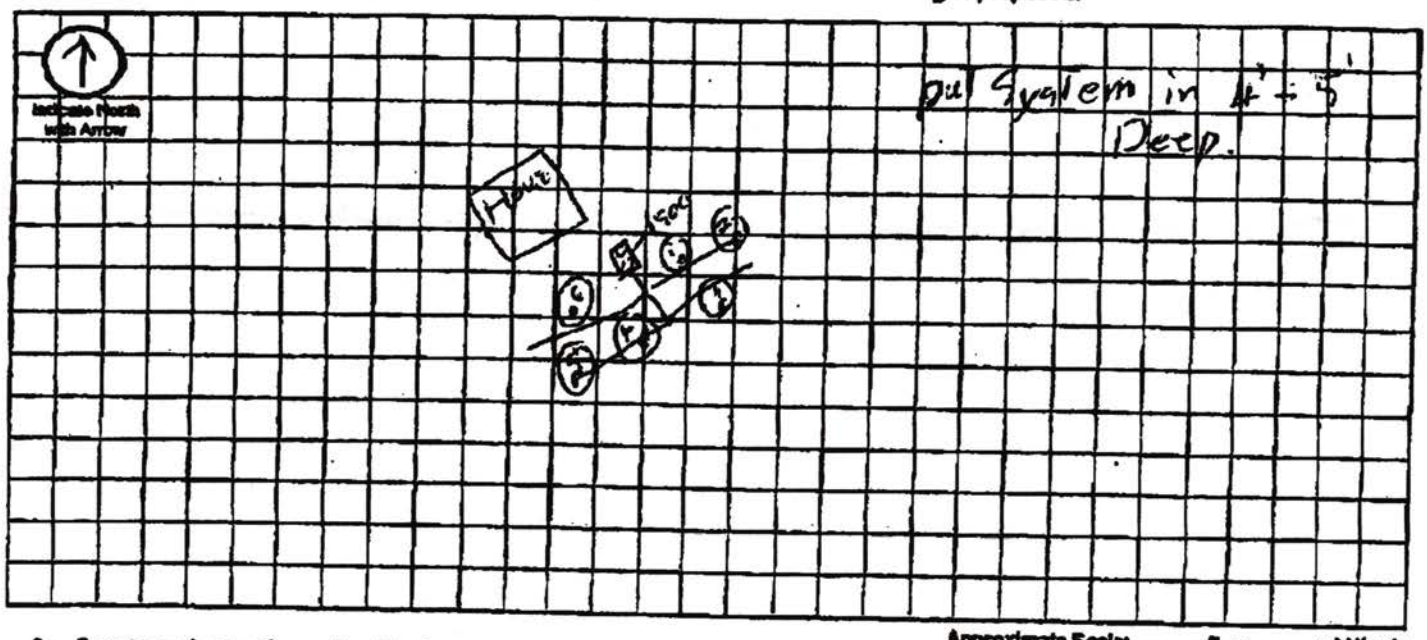
Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

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: ____ ft. = ____ grid lines

A. System Location (Indicate correct number and street)

Address (no rural route) 1900 N 129th Ct 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 60 (min. per inch) Soil Type: Shartspesburg Land Slope: _____ %

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

Total Square Feet of Field Required: 1,400 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☑ Other Lateral Material: Infiltrator Quick 4

Capacity of Septic Tank: 1,500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 350 ft. Number of Trenches 4 Trench Width 4'

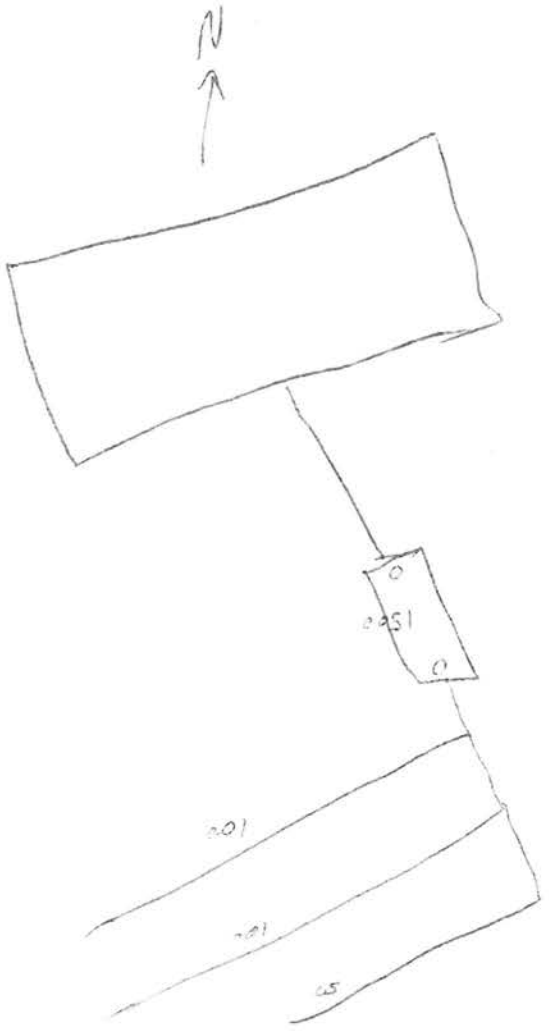
D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Ground 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 11/15/06

Installer Kevin L. Gerlach #C1197 Date 11-14-06


N

FORM 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 12558
FILE NO._____

FEB 09 2007

LINCOLN-LANCASTER COUNTY
HEALTH DEPARTMENT

3140 "N" STREET LINCOLN, NE 68510-1514

Legal Description Sec. 17 TN. 10 R. 8 E Block____ Lot____ Addition _____

Well location address or nearest road intersection 1900 N. 129th, LINCOLN, NE. THIS IS BASICALLY AT 129TH AND HOLDREGE ON NORTH SIDE.

Owner DAVID TYLER Address 1900 N. 129TH, LINCOLN, NE 68527

LOG OF WELL	
Depth Ft to:	Description
0- 55	Brown clay
55-196	Blue clay
196-200	Fine sand, little clay
200-206	Coarse sand, little clay
206-215	Shale
215-220	Limestone and shale

Remarks: _____

WELL COMPLETION RECORD

Drilling Method ROTO / WATER

Depth (from ground level). Ft. 206'

Date Completed 7/31/06

Casing: Length, Ft. 196' : Dia. In. 4"

Wall Thickness, .214" : Type PVC 200#

Screen: Length, Ft. 10' : Dia. In. 4"

Type PVC WOP , Slot size .020

Well tested capacity E/pumped -Max output of well is 15 gpm

Static water level 125' Measured XX Est. _____

Pumping water level 200' at 15 gpm.
Measured XX Est. _____

Drop pipe: Length, Ft._____ Dia. In._____ Type._____

Pump model & H.P. NO Pump installed
Gpm Yield of pump. _____ Measured _____ Est. _____

Chlorination Completed Yes XX No _____

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

Driller _____ (Signed)

Address P. O. BOX 308
HICKMAN, NE 68372

Date: 7 FEBRUARY 2007

DO NOT WRITE BELOW THIS DOUBLE LINE

Health Department forwarded copy of record to Nebraska Conservation and Survey Department for Scientific Record _____