Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 00380222801

Issued 08/09/00
Expires 02/09/01
Revenue Code 3157

Establishment

TODD BLESSEN
T11N R5E SEC 15 QTR SE
COUPE DE VILLE-S 1/2
8401 W TREVISA CT-MALCOLM

FEES: $150.00

Permitee

TODD BLESSEN
8401 W TREVISA CT
MALCOLM NE 68402

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013580

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

A

Permit Number: 003802228

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 8401 W Trevisa C.T. (no rural route) City Malcolm NE, Zip 68402

Legal Description ~~South ½ of the SE ¼ of section 15 Township 11N Range 5 East of the 6th P.M.~~ coupe de ville Hts 1
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 Todd Blessen Signature Todd Blessen

Address 8401 W Trevisa CT. City/State/Zip Malcolm Neb 68402

☐ Check if owner designed system Home Phone (402) 910-0329 Work Phone _____

C. Contractor

Name Stan Krose Company Name Dirt works Plus, Inc.

Address 7324 Ballard Place City/State/Zip Lincoln NE. 68507-1537

☐ Check if contractor designed system Work Phone 402-560-1208

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 8-9-00 Date frwd 8/9/00 **ACTION** ☒ Approved ☐ Disapproved Signature John E Mines
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8/9/00 Date frwd 8.9.00 **ACTION** ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 8-9-00 Date frwd 8-9-00 **ACTION** ☒ Approved ☐ Disapproved Signature

rcvd 8.10.20.00 need fence.

Installation Final Written Approval

By Paul Dwyer

Date 8-10-01

Business Office Use Only

Date Rec'd 08/09/00
Amt Paid 150.00
Rec'd By _____ Cash/Check No. 1567

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

WELL IS IN PLACE - OUTSIDE 3 MILE LIMIT

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

B

Permit Number: 00380 2228

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 8401 W TREVISA CT (no rural route) City MALCOLM NE, Zip NE 68402

Owner TODD - Kathy Blosser Address 8401 W TREVISA CT.

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

Date of Tests NA 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)

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: N/A

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks NO SOIL TEST, LAGOON WILL BE SEALED WITH BENTONITE.

Signature of Reviewing Official John E Manning Date 8-9-00

FORM 23-101 10-96

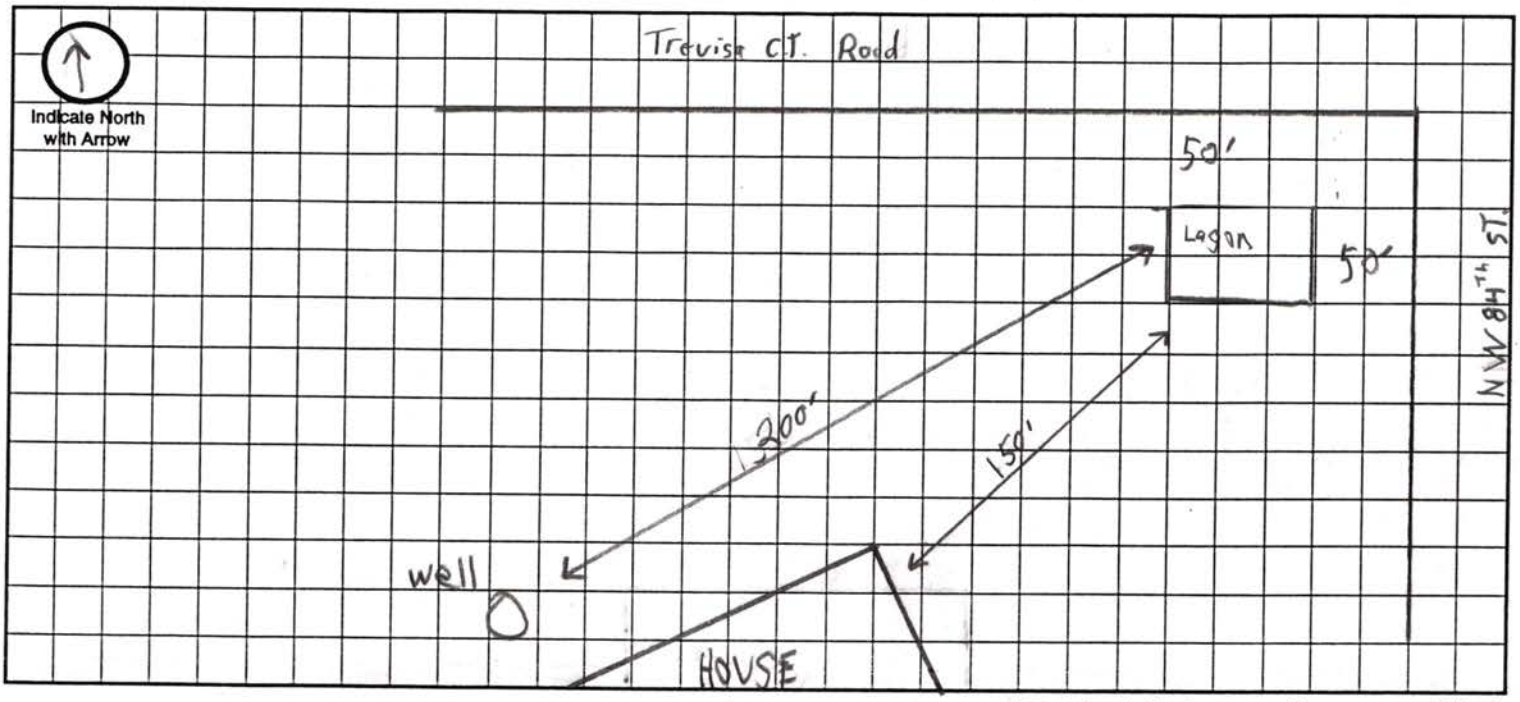
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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C

Permit Number: 003802228

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) 8401 W. Trevisa City Malcolm NE, Zip 68402

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☒ Other Lagon

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 Todd Blesson Date 8-7-00

Installer Stan Kroese Date 8-7-00

FORM 23-102 10-96

8401 Trevisa

D

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

Permit Number: 003802228

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 8401 W. Trevisa Ct (no rural route) City Malcolm NE, Zip 68402

A. Building Sewer

1. Material: 4" PVC
   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: 3
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

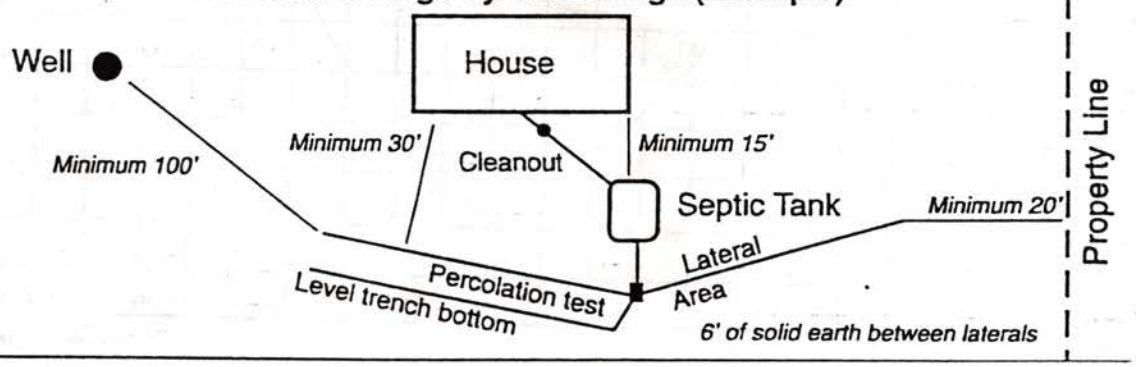
(Provide as-built drawings on back of this form)

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.

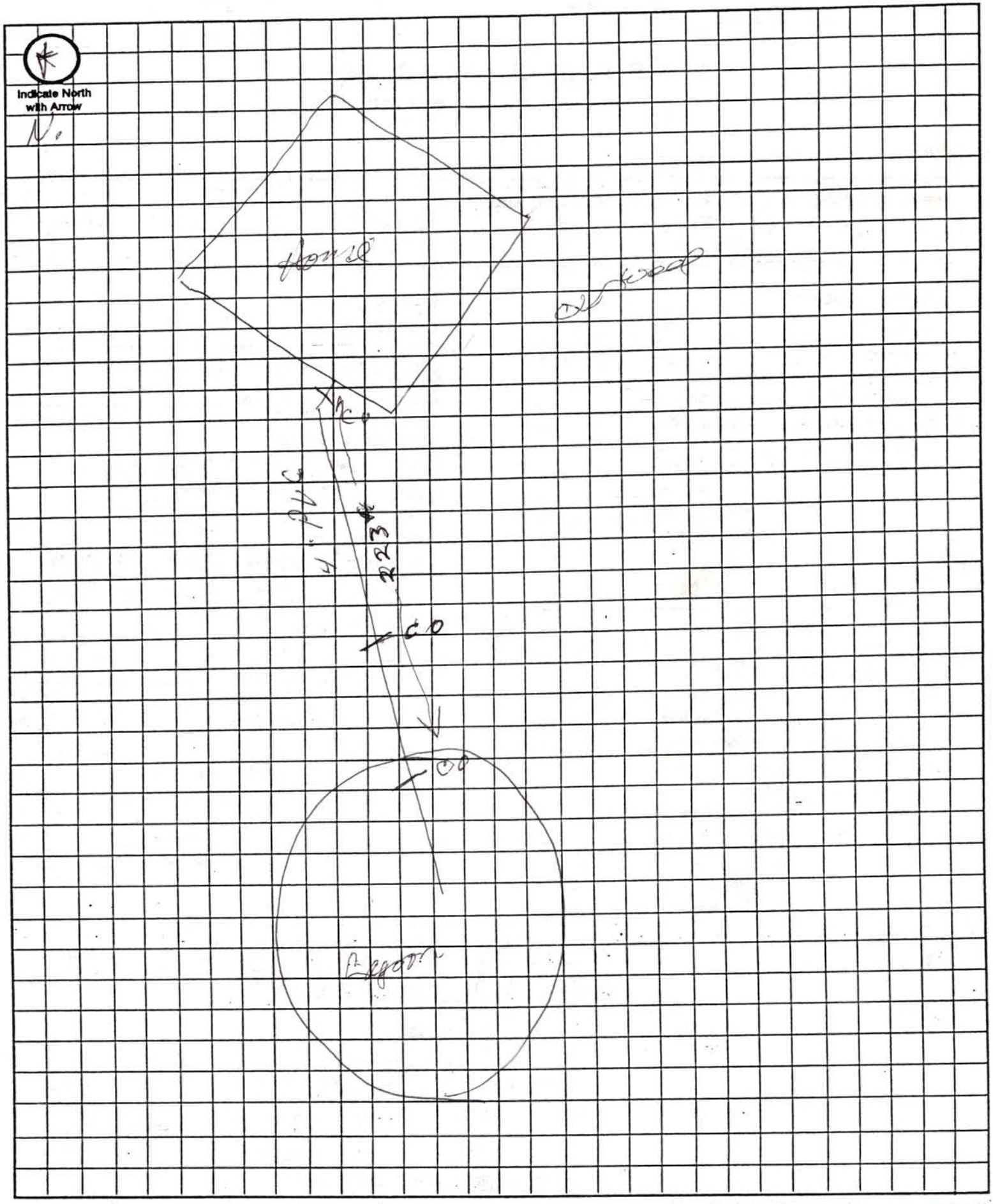
Indicate North with Arrow

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

Individual Sewage System Design (Example)

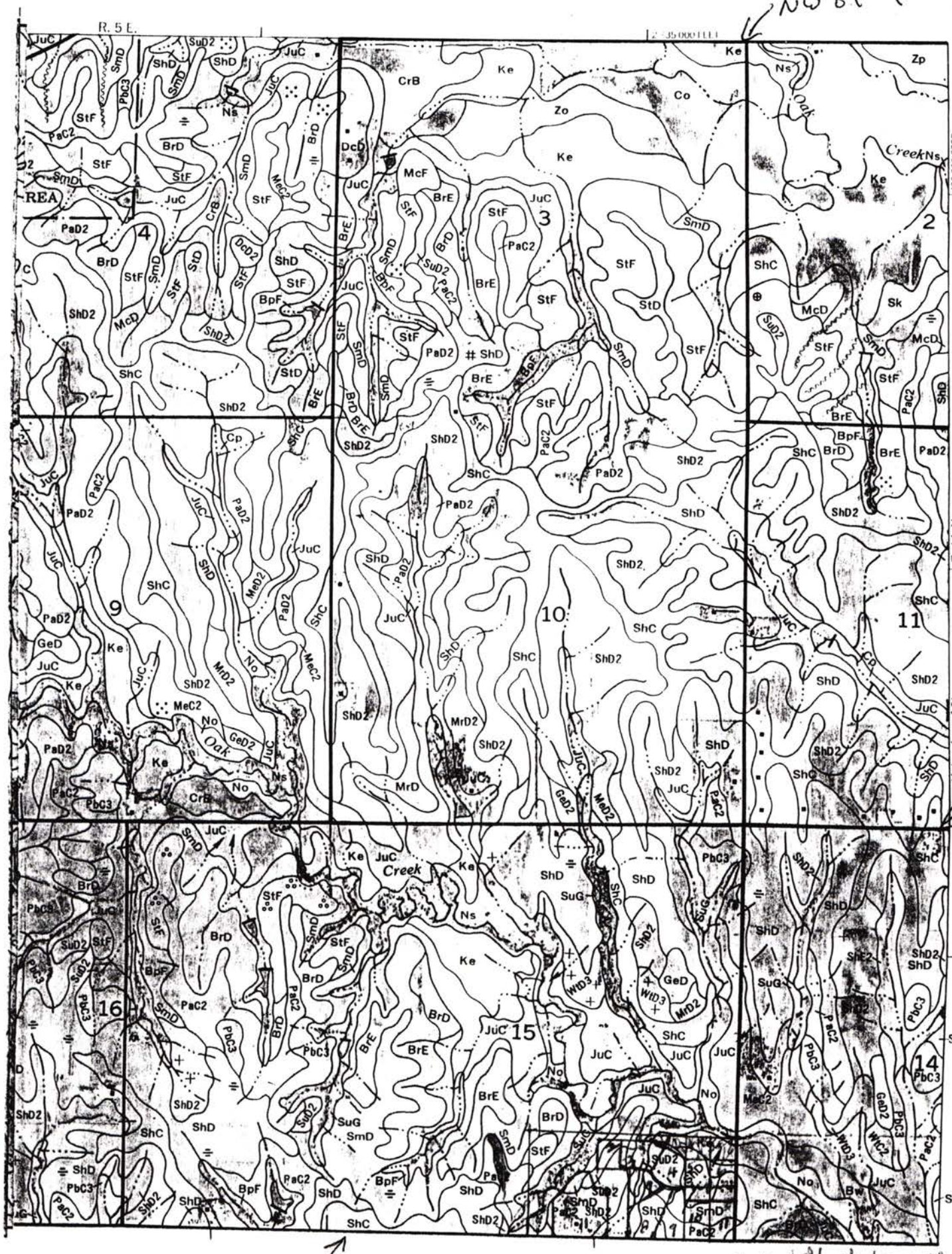


As Built Drawing



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

NEBRASKA — SHEET NUMBER 12



SmD - Shelby clay loam 6-11%
ShD - Sharpsburg silty clay loam 5-9%
SuD - Shelmar loam 6-11%
No - Nodaway silt loam 0-2%

October 1993
DWR Form 145

STATE OF NEBRASKA
DEPARTMENT OF WATER RESOURCES
WATER WELL REGISTRATION

0038027228

FOR DEPARTMENT USE ONLY

Registration Date 6-4-99 Sequence No. 118565 Registration No. G-100804
Owner Code No. 1214 Receipt No. 101672 LOWER PLATTE SOUTH NRD

1. Well Owner DICK COUPE Telephone Number ~~(402)484-8634~~ 402 796 2331
Address ~~12100 VAN DORN STREET~~ 8900 W. BLUFF Road
City ~~WALTON~~ Malcolm State NE Zip Code ~~68461~~ 68402

2. Drilling Firm MOSER WELL DRILLING & SERVICE, INC. Telephone Number (402) 792-2515
Address P. O. BOX 308 Contractor's License No. 19033
City HICKMAN State NE Zip Code 683782

3. Permit Number(s) _____

4. Purpose of well (indicate one): ___Dewatering (over 90 days) XX Domestic ___Geothermal ___Ground Heat Exchanger
___Ground Water Source Heat Pump ___Industrial ___Injection ___Irrigation ___Livestock ___Monitoring
___Observation ___Public Water Supply (with spacing (46-638)) ___Public Water Supply (without spacing) ___Recovery ___Aquaculture
___Other _____ (indicate use)

5. Replacement and abandoned well information
A. Is this well a replacement well? ___Yes X No B. Registration number of abandoned well: _____
C. Replacement well is _____ feet from abandoned well. D. Abandoned well last operated _____, 19____
E. Original well pump column size: _____ inches. P. Completion of original well abandonment on _____, 19____
G. Location of water use of abandoned well: _____

6. A. Well location: ~~SE~~ 1/4 of the ~~SE~~ 1/4 of Section 15, Township 11 North, Range 5 East/West, LANCASTER County.
B. The well is 215 feet from the (North or (South)) section line and 330 feet from the (East) or West) section line
(Circle one) (Circle one)
C. Street address or block, lot and subdivision, If applicable: 250' W. OF N.W. 84TH & 230' N. OF W. BLUFF ROAD - LOT #11
D. Location of water use, if applicable (give legal descriptions): _____
E. If for irrigation, the land to be irrigated is _____ acres.
F. Well reference letter(s), if applicable: _____

7. Pump Information.
Is pump installed at this time? XX Yes ___No
If yes, complete items A through F.
If no, complete items A and D with estimated information for those wells in which pump will be installed.
A. Actual pumping rate, if applicable: 10 gallons per minute. Measured ☒ or Estimated ☐
B. Pump column diameter: 1 1/4" inches. C. Length of pump column: 80' feet.
D. Pumping equipment installed 4/6/98, 19____ E. Brand/Type: 3/4HP-10
F. Pump installed by: Contractor ☐ Owner ☐ Pump Installer ☒ License No. 29202

8. Well Construction Information.

A. Total well depth 115' feet. B. Static water level: 52' M feet. C. Pumping water level: 60' feet
☒ Estimated or ☐ Measured

D. Well Construction began 3/31/98 , 19 E. Well Construction completed 4/1/98 , 19

F. Bore hole diameter: 8.5" inch(es).

G. Plain Casing: Diameter 4.046" ID 4.5" OD inches. Type of material: PVC

Wall thickness: 4.133" inches. Joints--Welded/Glued/Threaded/Other: GLUED

Length(s) and placement(s) depth from 6' ft. to 95' ft. from _____ ft. to _____ ft.

H. Screen 4.026" ID 4.5" OD in.; Type of material PVC WOP

Screen apenings (slot size): .025" Trade name: JAYCO Guides at _____ ft.

Length(s) and placement(s) depth from 95' ft. to 115' ft. from _____ ft. to _____ ft.

I. Gravel pack interval(s) from 20' ft. to 90' ft. from 90' ft. to 116' ft. Grade size: "B"

J. Grouted/Sealed from 6' ft. to 20' ft., with HOLEPLUG (type)

from _____ ft. to _____ ft., with _____ (type)

K. Drilling method: ROTO L. Drilling fluid WATER

M. Well development technique (total time and method): AIR/AIR TESTED AT 60 GPM

N. Will chemicals, fertilizer or antifreeze be injected or utilized in the system? ____Yes XX No
If yes, what will be used _____

9. Geologic Materials Logged

DEPTH IN FEET FROM	TO	DESCRIPTION
0	10	YELLOW CLAY
10	20	SANDY YELLOW CLAY
20	30	FINE YELLOW SAND
30	115	MED TO MED CRS BEN SAND, SOME
		GRAVEL
115	125	TAN SILTY CLAY

DEPTH IN FEET FROM	TO	DESCRIPTION

(Additional sheets may be submitted)

10. I am familiar with the information submitted on this registration, and to the best of my knowledge it is true.

Water Well Contractor's Signature — 7/9/98 Date

Water Well Owner's Signature — 6-4-99 Date

PRINTED ON RECYCLED PAPER