# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

## P E R M I T

Permit
SEWAGE SYSTEM REPAIR

No. 94390038901

Issued 05/24/94
Expires 11/24/94
Revenue Code 18754

Establishment
ORVILLE GERTSCH
T9N R5E SEC 32

FEES: $50.00

TOTAL $50.00

Permittee
ORVILLE GERTSCH
606 E 14 ST
CRETE NE 68333

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 MAY 23 1994

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._____

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

DATE: 5-20-94

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. T9N ; Range 5E ; Section 32 E½;
Block_____; Lot_____; Addition_____
Street Address_____

2. Property Use: Residential_____ ☒; Commercial_____ ☐
No. Bedrooms 3 Describe_____
Other Use ☐
Describe_____

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

4. Description of proposed alteration, extension or repair: OLD ONE DOES NOT WORK PROPERLY.

5. Work to be done by: Owner ☐ ; or Contractor ☒ , EARNST WELL MILFORD, NE.
Contractor's Name

6. Estimated cost of project:

| | | |
|---|---|---|
| a. Materials | $_____ | |
| b. Labor | $_____ | ? |
| c. Other | $_____ | |
| TOTAL | $_____ | |

Orville A. Hunter
Signature of Applicant (owner or lessee)

606 E. 14TH ST., CRETE, NE. 68333
Address

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: 5/25/94 by: J. C.H. Need fence + [illegible]
Date:_____ by:_____
Date:_____ by:_____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-2-96 by: Paul Bingham

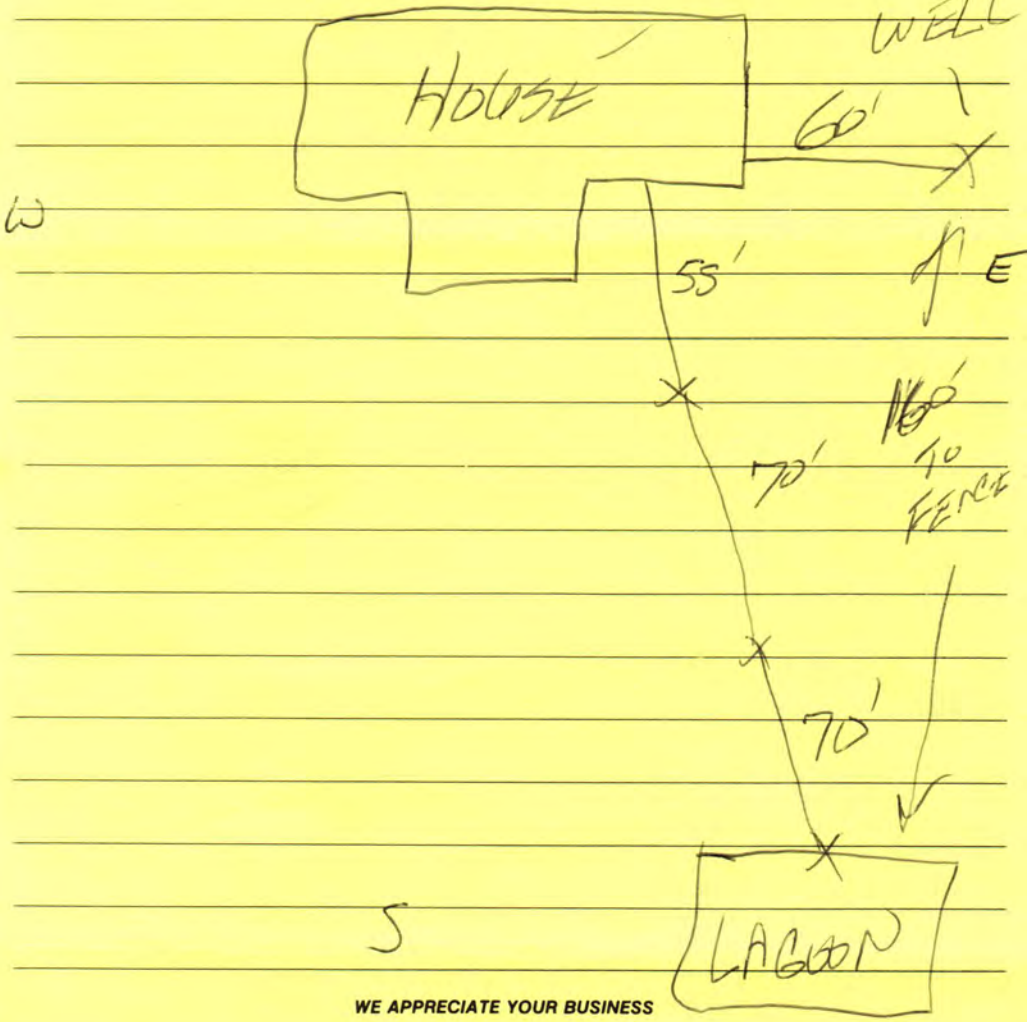
Grand Island, NE 68801
(308) 382-5670
Norfolk, NE 68701
(402) 371-8800
North Platte, NE 69101
(308) 534-2240
Oskaloosa, IA 52577
(515) 672-2505
Lincoln, NE 68501
(402) 475-1218

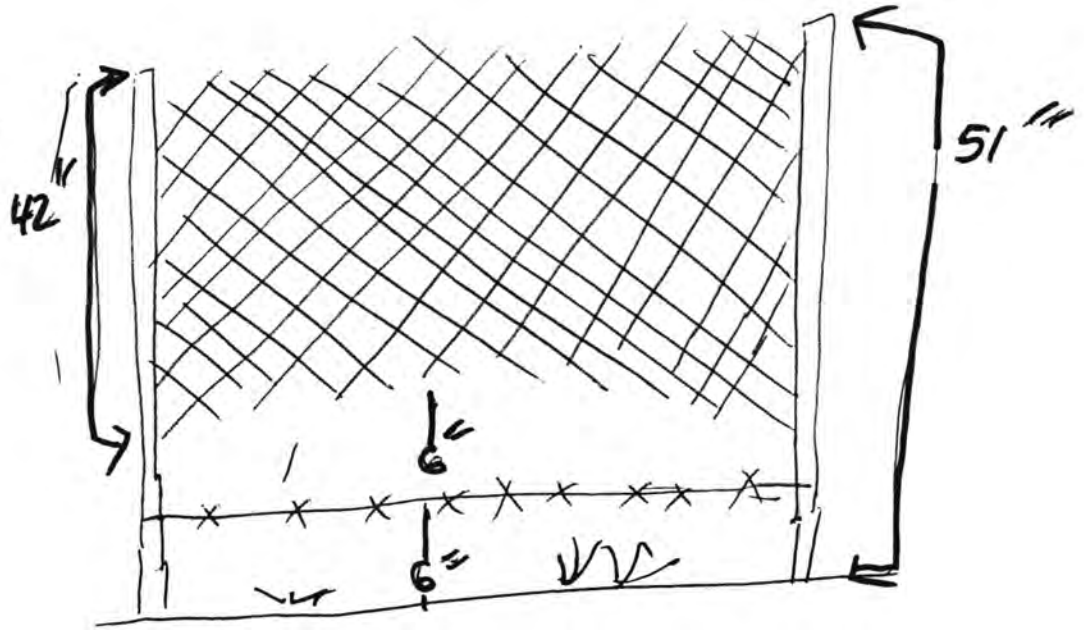
KELLY
SUPPLY COMPANY

Pella, IA 50219
(515) 628-3400
Denver, CO 80216
(303) 294-9996
Fairfield, IA 52556
(515) 472-3171
Ft. Collins, CO 80524
(303) 482-6290
Marion, IA 52302
(319) 377-4636

N

Orville Gertsch






As seen on
3-29-96 by
Paul Drotzmann

November 1
DWR Form 1

# STATE OF NEBRASKA
# DEPARTMENT OF WATER RESOURCES
## WATER WELL REGISTRATION

**INSTRUCTIONS** A **For Department Use Only**

To register a ground water well, forward the following to the Department of Water Resources, P.O. Box 94676, Lincoln, Nebraska 68509-4676. Telephone number: 402/471-2363:

1. Water Well Registration form (DWR Form 131).
2. The most recent United States Department of Agriculture aerial photograph(s), available at the county Agricultural Stabilization and Conservation Service, marked to show the following:
   a) The location of the well to be registered.
   b) The location of wells owned by you in the same section. Each well should be labeled to show the use of water and the registration number. Abandoned wells should be shown, also.
   c) If the well is for irrigation, the land to be irrigated should be shown by a crosshatch pattern and the number of acres irrigated from the well should be indicated.

Registration Number: G-82728
Registration Date: 10-11-94
Receipt Number: 79247
20 -LOWER PLATTE SOUTH NRD
92350

3. Fees: * For monitoring and observation wells — $60.
   * For wells which pump less than 50 gallons per minute — $60.*
   * For wells which pump 50 gallons per minute or more — $100.*

* For wells permitted pursuant to the Industrial Ground Water Regulatory Act, a separate registration fee is required for each of the first ten wells registered under the permit. For each additional group of ten or fewer wells registered under the permit only one registration fee is required.

1. Name of well owner Orville Goetsch Telephone Number (402) 826-3623
   Address 606 E. 14th
   City Crete State Ne Zip Code 68333

2. Drilling Firm EARNEST WELL DRILLING INC. Telephone Number (402) 761-2281
   Address PO BOX H Contractor's License No. 39051 Pump Installer License No.
   City MILFORD State NE Zip Code 68405
   Well Logger (Name) MARVIN ROTH Well Driller (Name) MARVIN ROTH

3. Permit Number(s)

4. This well will be for (indicate one): ___Irrigation ___Industrial Use ___Public Water Supply X Domestic ___Livestoc
   ___Recovery ___Injection ___Observation (Ground Water Levels) ___Monitoring (Ground Water Quali
   ___Dewatering (over 90 days) ___Other
   (Indicate use)

5. Replacement and abandoned well information (Notice of abandonment procedure is required for all abandoned, registered wells.):
   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. F. Abandoned well plugged ___, 19___

6. A. Well location: ~~SW¼~~ EAST 1/2 ~~SE¼~~ of Section 32, Township 9 North, Range 5 East/West, Lancaster County
   B. The well is 1200' feet from the ~~North~~/South section line and 600 feet from the ~~East~~/West section li
   (If possible, measurements should be from nearest section line.) (1200N 2640W)
   C. Street address or block, lot and subdivision, if applicable:
   D. Location of use (give legal description): E 1/2 32-9-5
   E. If for irrigation, the land to be irrigated is ___ acres.

printed on recycled paper

7. Pump Information. If a timed pump test was conducted, submit complete pumping and drawdown data including depth observation wells, if any, on separate page.

A. Pumping rate: 10 gallons per minute. Measured ☒ or Estimated ☐

B. Pump: Column diameter: 1 1/4" inches. C. Depth to pump: 140' ft.

D. Pumping equipment installed: May 13, 19 94 E. Brand/Type: Grundfos

8. Well Information.

A. Total well depth: 160 feet. B. Static water level: 100 feet. C. Pumping water level ft.

D. Construction began: May 13, 19 94. E. Construction completed: same date, 19 9

F. Bore hole diameter 9 inches.

G. Casing: Diameter 4.154 ID 4.5 OD in.; Type of material: 160# PVC

Wall thickness .173 in. Joints--Welded/Glued/Threaded/Other: ; Guides at

Length(s) and placement(s) depth from 0 ft. to 140 ft. from ft. to

H. Screen: 4.026 ID 4.5 OD in.; Type of material SCH 40 PVC

Screen openings (slot size): .016 slot; Trade name: monoflex; Guides at 145' & 155'

Length(s) and placement(s) depth from 140' ft. to 160 ft. from ft. to

I. Gravel pack interval(s) from 20 ft. to 80 ft. from 90, 120 ft. to 110 160 ft. Grade size: Washed RDC 1-pack

J. Grouted/Sealed from 5 ft. to 20 ft., with Bentonite hole plug (type)

from 80 110 ft. to 90 120 ft., with Bentonite 3/4" hole plug (type)

K. Drilling method: Mud Rotary L. Drilling fluid: Bentonite Quick gel

M. Well development technique (total time and method): Air lift

N. Will chemicals or fertilizer be injected into the distribution system? ___ Yes X No

## GEOLOGIC MATERIALS LOGGED

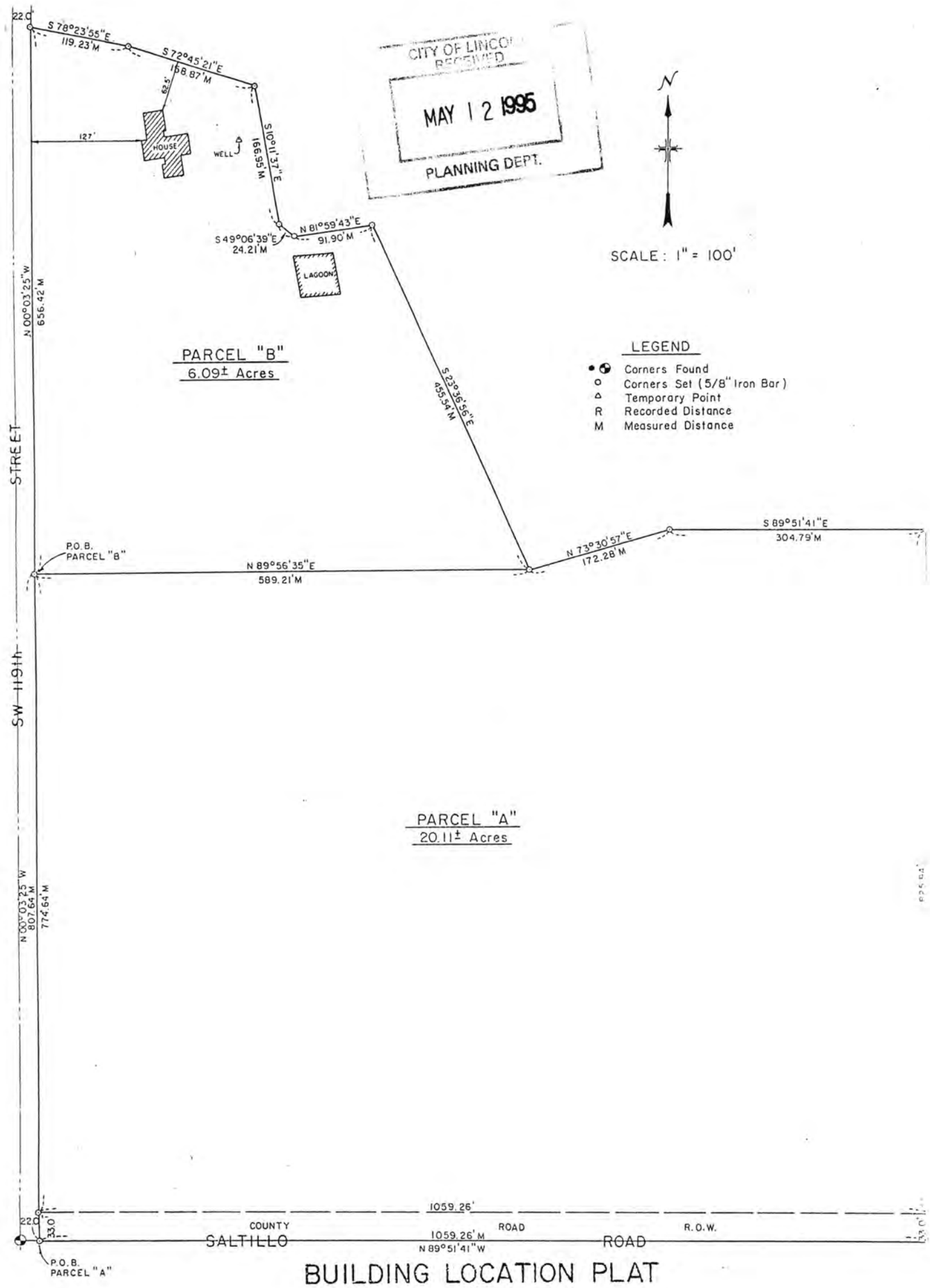
| DEPTH IN FEET FROM | TO | DESCRIPTION | DEPTH IN FEET FROM | TO | DESCRIPTION |
|---|---|---|---|---|---|
| 0 | 2 | Top Soil | | | |
| 2 | 70 | Brown clay | | | |
| 70 | 75 | Blue clay | | | |
| 75 | 80 | Sand & Gravel | | | |
| 80 | 90 | Blue clay | | | |
| 90 | 95 | Sand | | | |
| 95 | 120 | Blue clay | | | |
| 120 | 160 | Sand | | | |
| | | | | | |

(Additional sheets may be submitted)

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

Mari Roth — Water Well Contractor's Signature — 7/20/94 — Date

Water Well Owner's Signature — 10-6-94 — Date




# BUILDING LOCATION PLAT

FOR

ADMINISTRATIVE SUBDIVISION

OF

Part of the SE 1/4 OF SECTION 32, T9N, R5E OF THE 6TH P.M.
LANCASTER COUNTY, NEBRASKA

006

# Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

## REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned to request a real estate transfer inspection.

**MAKE CHECK PAYABLE TO:** Lincoln-Lancaster County Health Department or LLCHD

☒ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☒ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 11100 S.W. 119th (Denton, NE)

Twp 9N Range 5E Section 32 1/4 1/2 1/4 Block ___ Lot ___ Addition Parcel "E"

Directions to Property

Parcel E., Part of the E 1/2, Sec. 32, T9N, R5E, 6th P.M.

Location of Well East of Homesite + Drive Tap Location: Inside ☐ Outside ☒

Location of Sewage System South + East of Homesite Year Installed 199#

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | Gertsch Family Trust | 606 E. 14th<br>Crete, NE 68333 | 826-3623 |
| Tenant/Buyer: | Craig + Carol Billesbach | 1475 W. Calvert<br>Lincoln, NE 68502 | 423-4219 |
| Return to: | Marilyn Wimer/Capitol Title | 4645 Normal Blvd.<br>Suite 150, Lincoln, NE 68506 | 434-3737<br>FAX 434-3736 |

Signature of Applicant Carol J. Billesbach Address 1475 W. Calvert, Lincoln, NE 68502 Date 3/8/96

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**HEALTH DEPARTMENT USE ONLY**

Date Received 03/11/96 Received $150.00 Check ☐ #3151 Cash ☐

**PRELIMINARY STATUS--By** Jerrold C. Hoos **DATE:** 3/13/96

| **WATER SYSTEM:** | Approved | Disapproved |
|---|---|---|
| Construction | ☒ | ☐ |
| Bacteria | ☒ 0 /ml | ☐ ___ /ml |
| Nitrate | ☒ 0.1 ppm | ☐ ___ ppm |

**SEWAGE SYSTEM**

Approved ☐

Provisional ☐

Disapproved ☒

**Additional Site Visits**

Date 3/27/96 by PD

Date 4/1/96 by PD

Date 4/2/96 by PD

**Comments:** LAGOON FENCE IS TOO SHORT MUST BE AT LEAST 4 FOOT. NO WARNING SIGNS ON FENCE, NO LOCK ON GATE, WEEDS MUST BE CUT, CATAILS REMOVED, LAGOON NEEDS MORE WATER. See Attached Letter ☐

**FINAL STATUS**

**WATER SYSTEM:** Approved: ☒ **SEWAGE DISPOSAL SYSTEM** Approved: ☒ Provisional Approval: ☐

Approved by Paul D. Zimmann Date 4/2/96

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.