LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 95380137401

Issued 11/15/95
Expires 06/15/96
Revenue Code 18754

Establishment
GEOFF MARTI
T9N R6E SEC 5
PIONEER ESTATES BLK 2 LOT 8
2900 WESTBROOK CIRCLE

FEES: $150.00

TOTAL $150.00

Permittee
GEOFF MARTI
4200 A ST
LINCOLN NE 68510

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"

REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

Lincoln-Lancaster County
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

FILING FEE: $_____

FILE NO. _____

DATE: 13 Nov 95

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. T9N ; Range R6E ; Section 5 ;
   Block 2 : Lot 8 : Addition Pioneer Estates
   Street Address 2900 Westbrook Circle Lincoln, Lancaster County
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐
4. Distance to public sewer: ? (None) ft.

Geoff & Kay Marti by R. Dan Schmidt Builder
Signature of Applicant (Owner or Lessee)

4200 "A" Street Lincoln, NE 68506
Address

450-1725

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/14/95. Date Frwd. 11/14/95. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 11-14-95. Date Frwd. 11-14-95. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]
3. City or County Engineer : Date Rec'd. 11-14-95. Date Frwd. 11-14-95. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 3/18/96 by: J. C. H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 3/18/96 By: Jerrold C. Wood

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 23-43

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

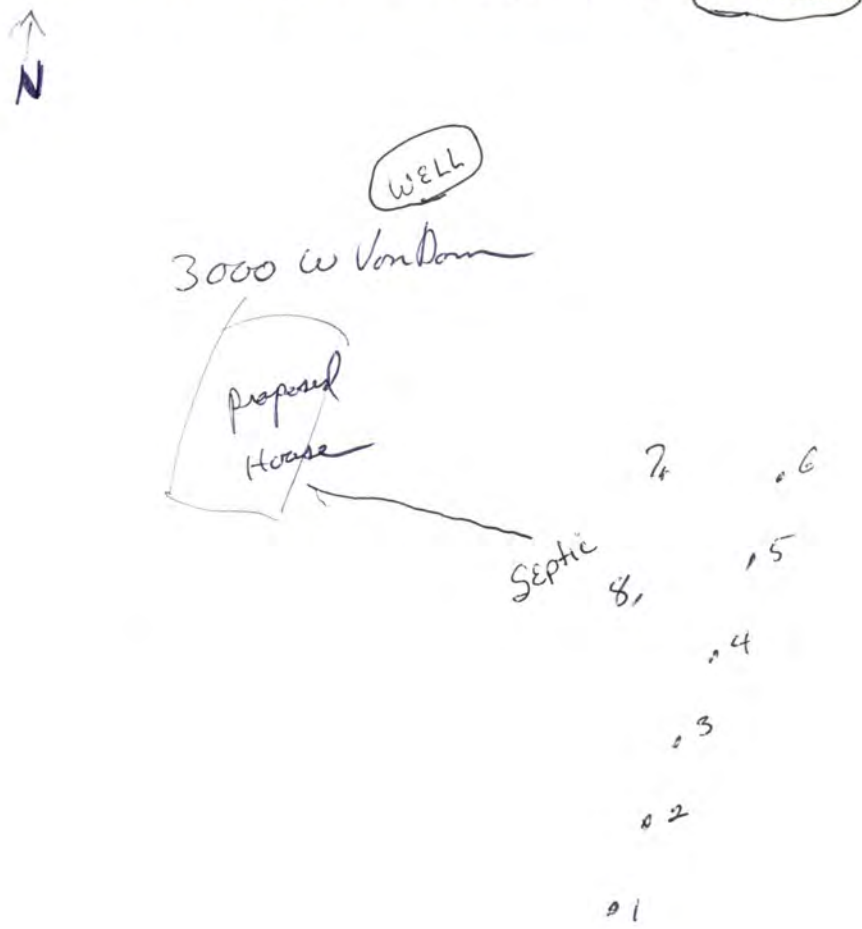
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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: November 14, 1995

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 916 sq.ft.

Jerrold C. Hood
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 Dept.
3140 "N" Street
Lincoln, NE 68510

D

DATE: 11 Nov 95

FILE NO: _____

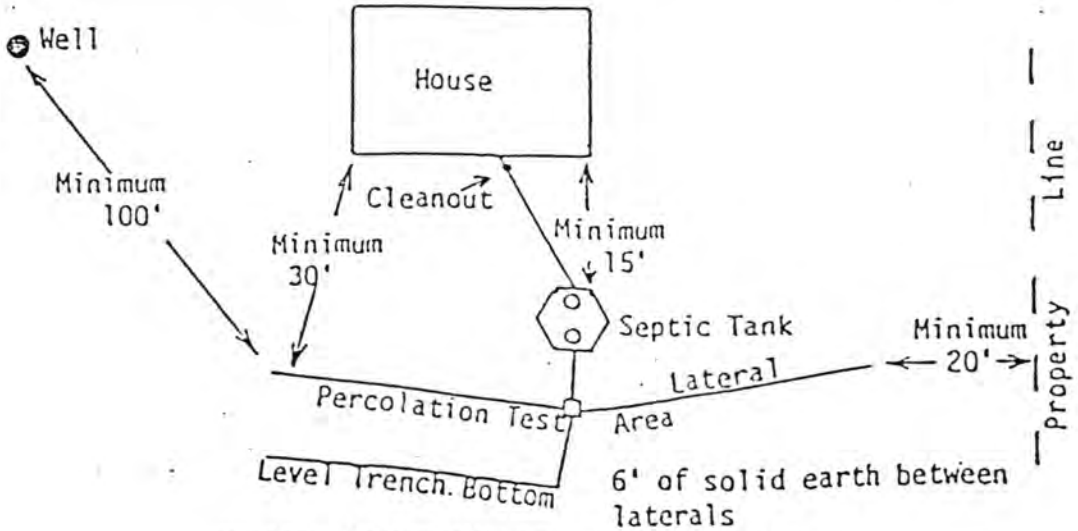
SPECIFICATIONS AS BUILT

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 1250 gals.;
3. Factory Built: Yes ☒ No ☐
(Company _____)
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 _____ in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

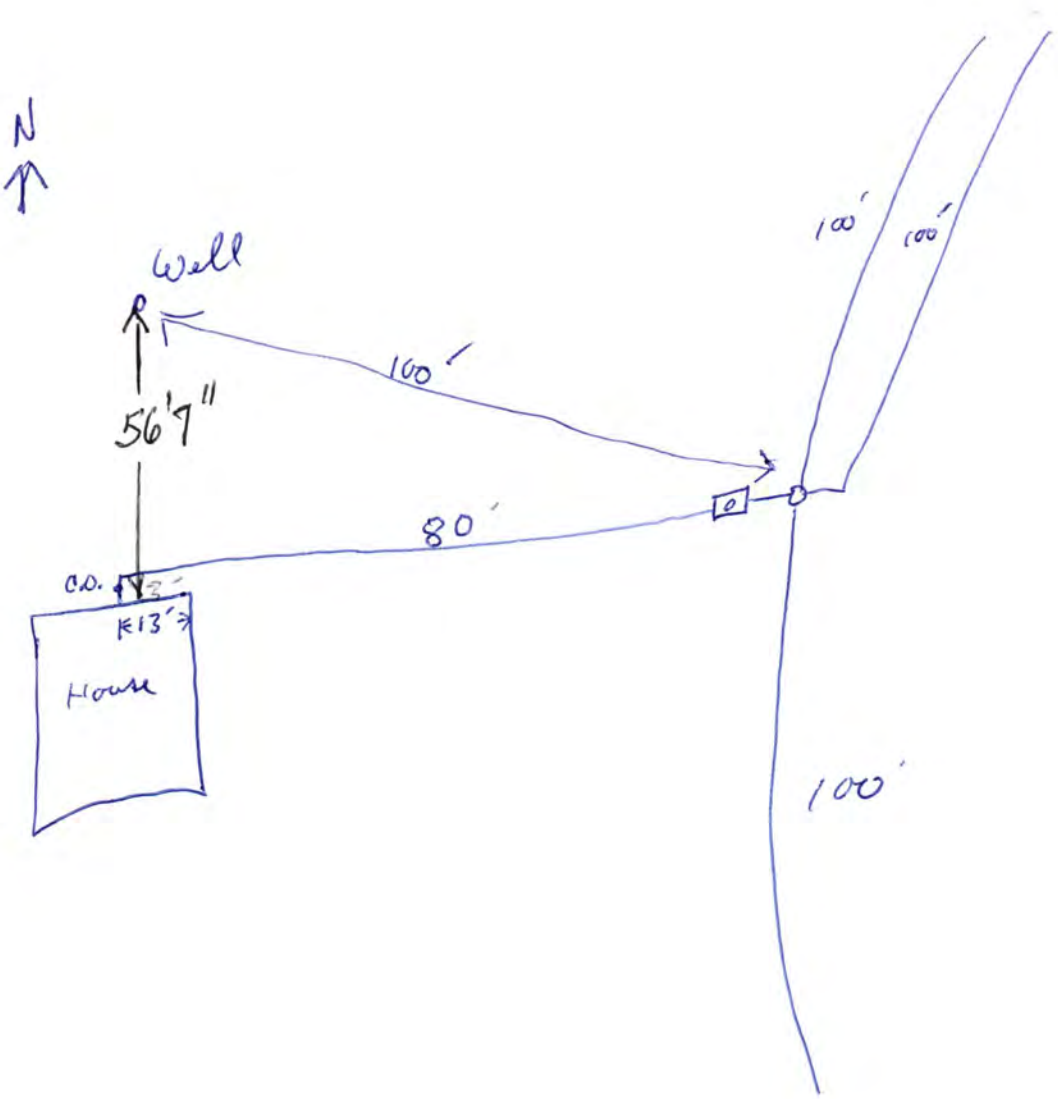
C. DISTRIBUTION BOX:
1. Material _____; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank _____ ft.

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.;
Total length of laterals _____ ft.;
Distance between lateral lines _____ 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.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

2900 westbrook



002

Lincoln-Lancaster County Health Department

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

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment 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. 2918

Legal Description of Property: Street Address 2900 Westbrook Circle Lincoln, NE 68522

Twp 9N Range 6E Section 5 1/4 ___ 1/4 ___ Block 2 Lot 8 Addition Pioneer Estates, LLC N

Directions to Property 3/4 mile west of Saddington & West Van Dorn (about 30th & West Van Dorn) turn left off West Van Dorn - Westbrook is rocked road with White Gate Entrance

Location of Well See enclosed Tap Location: Inside ☐ Outside ☐ UNKNOWN

Location of Sewage System See enclosed Year Installed 1996

	NAME	ADDRESS	PHONE
Present Owner:	Geoffrey + Kay Marti	2900 Westbrook Lincoln, NE 68522	h 476-6246 w 471-2492
Tenant/Buyer:	Same		
Return to:	Same		

For a Refinance

Signature of Applicant Kay Marti Address 2900 Westbrook Date 6/26/97

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 06/26/97
Initials ~
Amount 150 ~
Check No. 1484

DATA ENTRY

Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 6/27/97

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

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: AS SOIL SINKS OVER LATERALS YOU MAY HAVE TO ADD SOIL OVER LATERALS TO PREVENT SURFACE WATER FROM STANDING ON THEM.

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 7/3/97

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.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95

State of Nebraska
Department of Water Resources

WATER WELL REGISTRATION CORRECTION

FOR DEPARTMENT USE ONLY

Registration Number	G-88144
Sequence Number	100152
Correction Date	November 8, 1996
Person processing correction	Lori Roberts

Information regarding the water well referenced above has been changed in the Department's water well registration records. Please note the following changes and the reason changes were made:

Well Location (Item 6A) and Footage (Item 6B): According to the marking on the aerial photograph, the well is estimated to be located in the NW¼NE¼, 396 feet from the North section line, and 1820 feet from the East section line (396S 1820W).

This correction has modified section(s) 6a & 6b of DWR Registration Form # 981 . If these changes are inaccurate, please contact the Department of Water Resources at P.O. Box 94676, Lincoln, NE, 68509-4676. Phone (402) 471-2363.

I certify that this Correction Form has been forwarded to the owner of the referenced water well and is now a part of the well registration records.

Lori Roberts
Department of Water Resources

DWR Form 981

STATE OF NEBRASKA
DEPARTMENT OF WATER RESOURCES
WATER WELL REGISTRATION

FOR DEPARTMENT USE ONLY

Registration No. G-88144 Sequence No. 100152 Registration Date: 6-3-96

Owner Code No. 45948 Receipt No. 86586 20 - Lower Platte South NRD

Well Owner KAY MARTI Telephone Number (402) 466-1520

Address 4200 A ST

City LINCOLN State NE Zip Code 68510 +

Drilling Firm Earnest Well Drilling, Inc. Telephone Number (402) 761-2281

Address Box H Contractor's License No. 39051 Pump Installer License No.

City Milford State NE Zip Code 68405 +

Permit Number(s)

Purpose of well (indicate one): ___Dewatering (over 90 days) X 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 ___Other (indicate use)

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. F. Abandoned well plugged ___, 19___

A. Well location: ___¼ ___¼ of Section 5, Township 9N North, Range 6E East/West, LANCASTER County.

B. The well is ___ feet from the North/South section line and ___ feet from the East/West section line. (indicate one)

C. Street address or block, lot and subdivision, if applicable: 2900 WESTBROOK Circle (indicate one) LOT 8 Block 2 PIONEER ESTATES Lincoln, Lancaster County

D. Location of water use, if applicable (give legal descriptions): As Above

E. If for irrigation, the land to be irrigated is N/A acres.

F. Well reference letter(s), if applicable:

Pump Information.

Is pump installed at this time? X Yes ___No

If yes, complete items A through E.

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: 20 gallons per minute. Measured ☐ or Estimated ☐

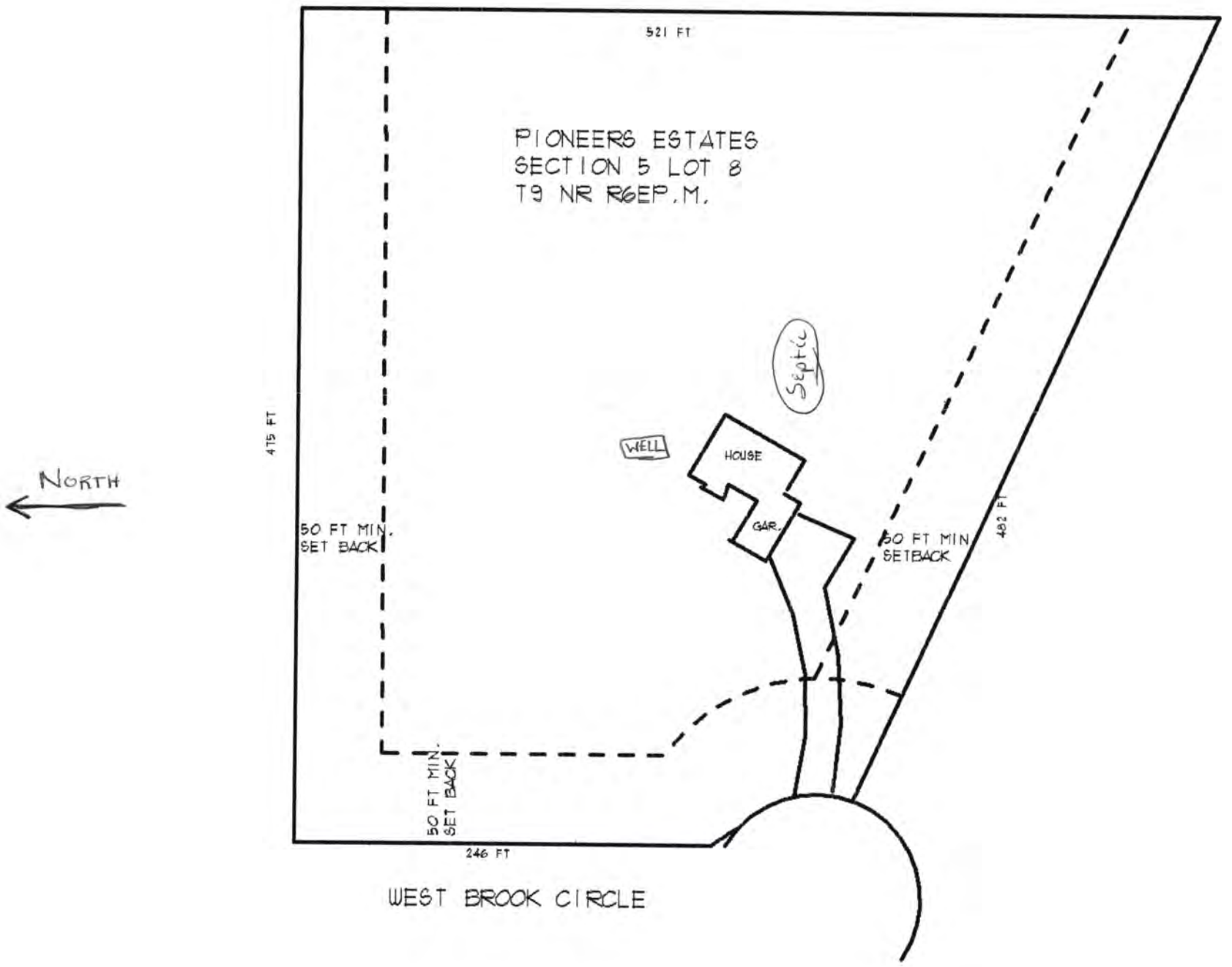
B. Pump column diameter: 1¼ PVC SCH 80 inches. C. Length of pump column: 140 feet.

D. Pumping equipment installed: 2/22, 19 96. E. Brand/Type: DEMPSTER 1½ HP SUBM.

printed on recycled paper

-88144 • Well Located 6.5 tenths of A mile East of S.W. 40th Street And 1 tenth of A mile South of West VanDorn Street.




521 FT
PIONEERS ESTATES
SECTION 5 LOT 8
T9 NR R6EP.M.
Septic
WELL
HOUSE
GAR.
NORTH
50 FT MIN.
SET BACK
50 FT MIN.
SETBACK
482 FT
415 FT
50 FT MIN.
SET BACK
246 FT
WEST BROOK CIRCLE

8. Well Construction Information.

A. Total well depth: 220 feet. B. Static water level: 94 feet. C. Pumping water level: 108 feet.

D. Construction began: 11-29, 19 95. E. Construction completed: 12-6, 19 95.

F. Bore hole diameter: 9 inches.

G. Casing: Diameter 4.072 ID 4.5 OD inches. Type of material: PVC 200#

Wall thickness: .214 inches. Joints--Welded/Glued/Threaded/Other: AND SCREWED Guides at ____ ft.

Length(s) and placement(s) depth from 0 ft. to 200 ft. from ____ ft. to ____ ft.

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

Screen openings (slot size): .018 Trade name: MONOFEX Guides at 205-215 ft.

Length(s) and placement(s) depth from 200 ft. to 220 ft. from ____ ft. to ____ ft.

I. Gravel pack interval(s) from 20 ft. to 100 ft. from 110 ft. to 220 ft. Grade size: CLEAN AND WASHED FOR CCWA

J. Grouted/Sealed from 5 ft. to 20 ft., with BENTONITE (HOLEPLUG) (type)

from 100 ft. to 110 ft., with " " (type)

K. Drilling method: MUD ROTARY L. Drilling fluid: BENTONITE (QUIK-GEL)

M. Well development technique (total time and method): AIR 60 MINS

N. Will chemicals, fertilizer or antifreeze be injected or utilized in the system? ___ Yes X No

If yes, what will be used: ____

9. Geologic Materials Logged

DEPTH IN FEET FROM	TO	DESCRIPTION
0	1	TOP SOIL
1	10	BROWN CLAY
10	13	DARK BR CLAY
13	50	BLOWN CLAY
50	56	YELLOW AND BR. CLAY
56	80	GRAY AND BR CLAY
80	87	RED AND BR CLAY
87	108	BLUE CLAY
108	120	LIGHT GRAY CLAY
120	130	RED AND GRAY CLAY

DEPTH IN FEET FROM	TO	DESCRIPTION
130	138	RED AND BR CLAY ROCK
138	185	GRAY CLAY (139') (4")
185	210	SANDSTONE (RED) (BR) (156') (10")
210	220	SANDSTONE (COURSE) (BR) (170') (4")

(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.

Ben Emmett III — Water Well Contractor's Signature — 12-8-95 Date

Kay A. Martz — Water Well Owner's Signature — 5/16/96 Date