FILE #W-127

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL WATER WELL CONSTRUCTION — APRIL 21, 1986

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

IRMA L. (EHRLICH) ENO — ROUTE #1 — LINCOLN, NE 68502

LICENSEE OR PERMITTEE — ADDRESS

TOW: RGE: Sec 10: Lot 29 I.T.

NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NON TRANSFERABLE

NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 45.00	019851	$ 45.00

Valid Receipt Only if Machine Receipted In This Space

Serial No.	Date and Amount
	4 5

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

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

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 $ 45.00 Check Enclosed

FILE NO. W-127

DATE: Oct. 18, 1985

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: ~~L 29 N R 10 9 6~~

1. Legal description of property: Twp. 9N : Range 6E : Section 10
   Block _____ : Lot 29 I.T. : Addition _____
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: Miles
4. Intended use of well Providing water for residence needs

Irma L. (Ehrlich) Eno
Signature of Applicant (owner or lessee)

Route # 1 Lincoln, Neb. 68502
Address

Sewage Permit Applied For Yes ☐ No ☐ Not Applicable ☒

1. Health Department: Date Rec'd 10/21/85. Date Frwd. 10/21/85. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nood
2. Supt. Bldg. Insp.: Date Rec'd 10/21/85. Date Frwd. 10/21/85. Action: Approved ☐ Disapproved ☐ Signature: Vale Metz
3. City or County Engineers: Date Rec'd 10/21/85. Date Frwd. 10/21/85. Action: Approved ☒ Disapproved ☐ Signature: Jerome G. Obrist

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10/15/85 by L. C. H.
Date: _____ by _____
Date: _____ by _____

Nitrate Level 2.22 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: OCTOBER 31, 1985 By: L. C. Nood

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

FORM 23-13

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. W-127

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. 10 T. 9N R. 6E Block ____ Lot 29 I.T Addition ____

Owner Del Ener Address S. W. 12th

LOG OF WELL	
	Description
Depth Ft. to	
0-15	tan c.
15-20	sandy red/tan c.
20-30	brn. c.
30-60	sandy brn c.
60-70	dk. dusty hard ss
70-80	dk yell. ss
80-90	lite brn. ss
90-100	coarse light yell/brn ss.
100-110	dk brn. ss

WELL COMPLETION RECORD

Drilling Method: Rot. circ.
Depth (from ground level), Ft. 100'
Date Completed 9-19-85

Casing: Length, Ft. 90 ; Dia.In. 4"
Wall Thickness, Inc. 160# ; type PVC

Screen: Length, Ft. 10 Dia.In. 4"
Type Keystone wrap , slot Size .025

Drop Pipe: Length, Ft. ____ Dia.In. ____

Water Level, Surface to top of water, Ft.:
Static 38' , Pumping ____

Yield: 20 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 Bill Moon
(Signed)

REMARKS NITRATE NITROGEN 2.22 P.P.M. BACTERIOLOGICAL O.K.

Address ____

Date 10-8-85

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

001

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebrask[illegible]

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER/L[illegible]

This form must be completed and returned to request a [illegible]

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 4400 S.W. 13th Lincoln, Nebr. 3134

Twp 9N Range 6E Section 10 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property Pioneers west to S.W. 13th - Sun Room building about 2 blocks from curve off of Pioneers

Location of Well South of Sun Room West of Building Tap Location: Inside ☐ Outside ☐

Location of Sewage System about 8 ft behind air cond. unit on back yd. Year Installed ___
also one behind building for bathroom in building

	NAME	ADDRESS	PHONE
Present Owner:	Del & Erma (Irma) Eno (Ekblad)	5600 Pioneers apt 162	489-1553
Tenant/Buyer:	Charlene Hobelman	5300 S 37	476-2253
Return to:	Harry Matthews	4444 O St Lincoln Ne 68510	475-4444

X Signature of Applicant Charlene M Hobelman Address 5300 S. 37 Lincoln Ne 68516 Date 8/27/96

HEALTH DEPARTMENT USE ONLY

Date Received 8/28/96 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Nood **DATE:** 8/28/96

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☐	☒	Approved ☐	Date 8/29/96 by J.C.H.
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☒	Date ___/___/___ by ___
Nitrate	☒ 4.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: SMALL DEPRESSION BY WELL. SEWAGE SYSTEM PREDATES REGULATIONS AND INSPECTION. OWNER STATES TANK WAS PUMPED IN 1994. 9/3/96 Depression filled. No evidence of malfunction of septic system. See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Nood R.E.H.S. Date 9/3/96

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.

AS BUILT DRAWING OF INSTALLATION IN RELATION TO BUILDINGS, PROPERTY LINES, OTHER WELLS, AND SOURCES OF CONTAMINATION. INDICATE NORTH.

