FILE #W-61

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL WATER WELL CONSTRUCTION — TYPE OF LICENSE OR PERMIT

MARCH 6, 1985 — THIS LICENSE OR PERMIT EXPIRES

MARVIN KNIPPLEMEYER — LICENSEE OR PERMITTEE

6901 W. MOCKINGBIRD LINCOLN, NE 68512 — ADDRESS

T9N; R6E; Sec 14; Bk 1; Lot 9; Lazy Acres Addition — 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

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 $ 60.00

FILE NO. W-61

DATE: _____

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:

1. Legal description of property: Twp. 9N : Range 6E : Section ~~1~~ 14
   Block 1 : Lot 9 : Addition LAZY ACRES
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: 1-2 mile ft.
4. Intended use of well Residential Private Use

Mrs Marvin Knippelmeyer
Signature of Applicant (owner or lessee)

6901 W. Mockingbird
Address

Lincoln, Neb. 68512

Sewage Permit Applied For Yes ☐ No ☐ Not Applicable ☒

1. Health Department: Date Rec'd 9/6/84. Date Frwd. 9/6/84. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 9/6/84. Date Frwd. 9-6-84. Action: Approved ☒ Disapproved ☐ Signature: Paul Boos
3. City or County Engineers: Date Rec'd 9/6/84. Date Frwd. 9/6/84. Action: Approved ☒ Disapproved ☐ Signature: Lorraine G. Obrist

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9/6/84 by J.C.H.
Date: _____ by _____
Date: _____ by _____

Nitrate Level <0.1 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/7/84 By: J.C. Hood

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-61

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. 14 T. 9N R. 6E Block 1 Lot 9 Addition LAZY ACRES
Owner Marvin Knipplemeyer Address 6901 West Mockingbird Dr

LOG OF WELL	
Depth Ft. to	Description
0-25	brown s.
25-40	orange c.
40-45	hard iron stone
45-70	fine s.s.
70-85	coarse s.s.
85-95	blue c.
95-120	orange s.s.
120-135	med coarse brown s.s.
135-142	very coarse " "
142	L.S.

WELL COMPLETION RECORD

Drilling Method: Rotary Circ.
Depth (from ground level), Ft. 140'
Date Completed 7-19-84

Casing: Length, Ft. 130'; Dia.In. 4"
Wall Thickness, Inc. 200#; type SDR21

Screen: Length, Ft. 10' Dia.In. 4"
Type V-slot wire wrap; slot Size .025

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

Water Level, Surface to top of water, Ft.:
Static 55', Pumping ___

Yield: 60 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 Moser
(Signed)

REMARKS NITRATE NITROGEN < 0.1 ppm
BACTERIOLOGICAL O.K.

Address ___

Date 8-10-84

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

017

Lincoln-Lancaster County Health Department

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

2200 St. Mary's Avenue, Lincoln, Nebraska 6

REAL ESTATE TRANSFER/LOAN A

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 6901 W. Mockingbird Ln.

Twp 9N Range 6E Section 14 1/4 ___ 1/4 ___ Block 1 Lot 9 Addition ___

Directions to Property Go South on S. 14th to Lincoln Memorial Park. West on N. Mockingbird Ln to W Mockingbird Ln. Turn So. on W Mockingbird

Location of Well North of house Tap Location: Inside ☐ Outside ☐

Location of Sewage System West end of lot Year Installed 88 ?

	NAME	ADDRESS	PHONE
Present Owner:	Marvin & Sharlene Knipplemeyer	Above	423-8506
Tenant/Buyer:	Mike Schukar	2143 Lake St Lincoln Ne 68502	477-7268 Home 477 8988 Work
Return to:			

Signature of Applicant Mike Schukar Address 2143 Lake Lincoln Ne 68502 Date 7/1/93

HEALTH DEPARTMENT USE ONLY

Date Received 07/08/93 Received $150.00 Check ☑ Cash ☐ #8329

PRELIMINARY STATUS--By Gerald C. Hood **DATE:** 7/9/93 No power

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☑	☐	Approved ☐	Date 7/12/93 by LCH
Bacteria	☑ 0 /ml	☐ ___ /ml	Provisional ☑	Date ___/___/___ by ___
Nitrate	☑ 0.2 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: THE SEPTIC SYSTEM PREDATES REGULATIONS AND INSTALLATION INSPECTIONS HENCE APPROVAL IS PROVISIONAL.

See Attached Letter ☐

FINAL STATUS

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

Approved by Gerald C. Hood R.E.H.S. Date 8/3/93

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.

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

