LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

mit
EWAGE INSTALLATION

No. 94380118401

Issued 06/22/94
Expires 12/22/94
Revenue Code 18754

Establishment
MIKE REZAC
T9N R6E SEC 19
YANKEE HILL LAKE BLK 2 LOT 9

FEES: $150.00

TOTAL $150.00

Permittee
MIKE REZAC
1830 W BURNHAM
LINCOLN NE 68522

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"

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
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

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FILING FEE: $ 150.00

FILE NO. _____

DATE: 6/94

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. 9N ; Range 6E ; Section 19 ;
   Block 2 : Lot 9 : Addition Yankee Hill Lake Sub. 1ST ADD.
   Street Address 7500 S.W. HUNTER'S PLACE

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: ← _____ ft. WILL INSTALL WHATEVER SOIL PERCOLATION TEST INDICATES

M Rapp
Signature of Applicant (Owner or Lessee)

1830 W. Burnham 68522
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/21/94. Date Frwd. 6/21/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6/21/94. Date Frwd. 6/21/94. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

3. City or County Engineer: Date Rec'd. 06/21/94. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12/13/94 by: J.C.H. Experimental system
Date: 12/13/94 by: J.C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL *
Date: 12/21/94 By: Jerrold C. Hood

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

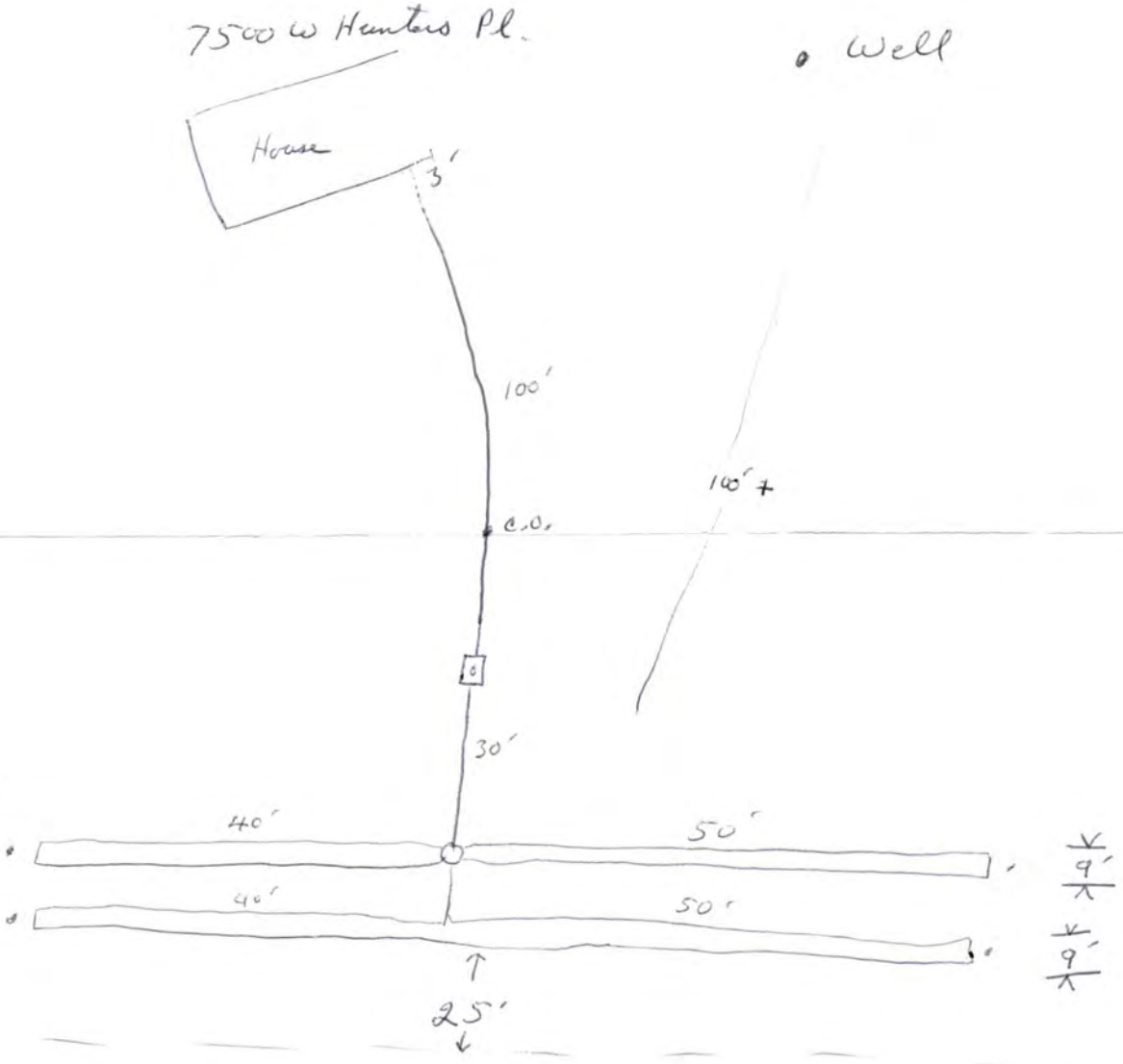
* EXPERIMENTAL SYSTEM

FORM 22-43

12-14-94

Larry Schwarck

N



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Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 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 5301 West Bluegill

Twp 9N Range 6E Section 19 1/4 ___ 1/4 ___ Block 1 Lot 2 Addition Yankee Hill Lake 1st

Directions to Property Yankee Hill Lake ESTATES

Location of Well Southeast corner of House Tap Location: Inside ☐ Outside ☐

Location of Sewage System Northwest corner of House Year Installed 1993

	NAME	ADDRESS	PHONE
Present Owner:	Curt Bluegill	5301 West Bluegill	
Tenant/Buyer:			
Return to:	Roger Coast	1830 West Burnham Lincoln NE 68522	423-3713

Signature of Applicant Roger Coast Address 1830 West Burnham Date 7/6/93

HEALTH DEPARTMENT USE ONLY

Date Received 7/6/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Gerald C. Hood **DATE:** 7/7/93

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☐	Date 8/3/93 by LCH
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☒	Date ___/___/___ by ___
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: SEWAGE SYSTEM IS OF AN EXPERIMENTAL VARIETY HENCE APPROVAL IS PROVISIONAL. 8/3/93 Rain. Standing water around well, filled in. LCH

See Attached Letter ☐

FINAL STATUS

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

Approved by Gerald C. Hood REHS 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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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

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Legal Description of Property: Street Address _____

Twp 9N Range 6E Section 19 1/4 ___ 1/4 ___ Block 2 Lot 9 Addition YANKEE HILL LAKE 1ST ADD ESTATES

Directions to Property _____

_____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:			
Tenant/Buyer:			
Return to:		797-7501	

Signature of Applicant _____ Address _____ Date ___/___/___

HEALTH DEPARTMENT USE ONLY

Date Received 12/19/94 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Dood **DATE:** 12/20/94

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☐	Date___/___/___by___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☒	Date___/___/___by___
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved ☐	Date___/___/___by___

Comments: SEWAGE SYSTEM IS EXPERIMENTAL HENCE APPROVAL IS PROVISIONAL.

See Attached Letter ☐

FINAL STATUS

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

Approved by Paul D. Wojnar Date 12/22/94

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.

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13553
FILE NO. _____

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. 19 T. 9N R. 6E Block 2 Lot 9 Addition YANKEE HILL LAKE ESTATES 1ST ADD.
Owner DELORIS RISK Address 7500 S.W. HUNTERS PLACE

LOG OF WELL	
	Description
Depth Ft. to	

WELL COMPLETION RECORD

Drilling Method: ROTARY
Depth (from ground level), Ft. 202
Date Completed JUNE 17, 1994

Casing: Length, Ft. 197 ; Dia. In. 5
Wall Thickness, Inc SDR21 ; type PVC

Screen: Length, Ft. 5 Dia. In. 5
Type JAYCO , slot Size .020

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

Water Level, Surface to top of water, Ft.:
Static 104 , Pumping _____

Yield: 15 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 _____
(Signed)

REMARKS NITRATE NITROGEN <0.1 p.p.m.
BACTERIOLOGICAL O.K.
CHLORIDE 110 p.p.m.

Address _____

Date _____

DO NOT WRITE BELOW THIS DOUBLE LINE

Health Department forwarded copy of record to Nebraska Conservation and Survey Department for Scientific Record ☒

FORM 23-A

REZAC

November 1993
DWR Form 131

STATE OF NEBRASKA
DEPARTMENT OF WATER RESOURCES
WATER WELL REGISTRATION

STRUCTIONS

gister a ground water well, forward the following to the Department of Water Resources, Box 94676, Lincoln, Nebraska 68509-4676. Telephone number: 402/471-2363:
ater Well Registration form (DWR Form 131).
e most recent United States Department of Agriculture aerial photograph(s), available at e county Agricultural Stabilization and Conservation Service, marked to show the llowing:
) The location of the well to be registered.
) 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.
) 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.

For Department Use Only

Registration Number:_____

Registration Date:_____

Receipt Number:_____

_____ NRD

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 gistered under the permit. For each additional group of ten or fewer wells registered under the permit only one registration fee is required.

ame of well owner Delores Rish Telephone Number ( )

Address 7500 SW HUNTERS PLACE

City_____ State_____ Zip Code_____

Drilling Firm HOLLY DRILLING CO. Telephone Number 402 946-387

Address RT. 1 BOX 144A Contractor's License No._____ Pump Installer License No._____

City DORCHESTER State NE. Zip Code 68343

Well Logger (Name) GARY HOLLY Well Driller (Name) GARY HOLLY

Permit Number(s)_____

This well will be for (indicate one): ___Irrigation ___Industrial Use ___Public Water Supply X Domestic ___Livestock
___Recovery ___Injection ___Observation (Ground Water Levels) ___Monitoring (Ground Water Quality
___Dewatering (over 90 days) ___Other_____ (Indicate use)

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____

A. Well location: ___ ¼ NW¼ of Section 19, Township 9 North, Range 6 East West, LANCASTER County
B. The well is _____ feet from the North/South section line and _____ feet from the East/West section lin
(If possible, measurements should be from nearest section line.)
C. Street address or block, lot and subdivision, if applicable:_____
D. Location of use (give legal description):_____
E. If for irrigation, the land to be irrigated is _____ acres.

printed on recycled paper

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

A. Pumping rate: 15 gallons per minute. Measured ☒ or Estimated ☐

B. Pump: Column diameter: 4" inches. C. Depth to pump: 165 feet.

D. Pumping equipment installed: 0618, 1994. E. Brand/Type: SUB

Well Information.

A. Total well depth: 202 feet. B. Static water level: 104 feet. C. Pumping water level ____ feet

D. Construction began: 0617, 1994. E. Construction completed: 0617, 1994

F. Bore hole diameter 9.5 inches.

G. Casing: Diameter 5" ID ____ OD in.; Type of material: PVC ____;

Wall thickness SDR 21 in. Joints--Welded/Glued/Threaded/Other: ____; Guides at 20' ft

Length(s) and placement(s) depth from +1 ft. to 197 ft. from ____ ft. to ____ ft

H. Screen: 5" ID ____ OD in.; Type of material WIRE WRAPPED SCH 40 PVC.

Screen openings (slot size): .020; Trade name: JAYCO; Guides at 197 ft

Length(s) and placement(s) depth from 197 ft. to 207 ft. from ____ ft. to ____ ft

I. Gravel pack interval(s) from 20 ft. to 203 ft. from ____ ft. to ____ ft. Grade size: 47B

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

from 0 ft. to 5 ft., with CMT (type)

K. Drilling method: WATER ROTARY L. Drilling fluid: WATER

M. Well development technique (total time and method): 1 HR AIR

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

GEOLOGIC MATERIALS LOGGED

DEPTH IN FEET FROM	TO	DESCRIPTION
	1	TOPSOIL
	15	CLAY, BROWN
	32	CLAY, YELLOW/BROWN
2	59	CLAY, YELLOW TAN
9	67	CLAY, BROWN
7	92	CLAY, BLUE
92	101	CLAY SHALE, BLUE
101	105	CLAY SHALE, RED, YELL. GRAY
5	127	CLAYSHALE, BLUE/RED
127	143	CLAY SHALE, RED YELL.
145	163	CLAY, SHALE, BLUE
163	173	CLAY, SHALE YELL. RED
173	204	SANDSTONE, MEDIUM CEMENT, FINE, TAN

(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.

Water Well Contractor's Signature — Date 6/21/94 — Water Well Owner's Signature — Date