Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005800

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: WATER WELL
NEW WATER WELL CONSTRUCTION

Permit # 04400114801

Issued 10/18/04
Expires 04/18/05
Revenue Code 3162

Establishment:
STEVE MIERS
T9N R6E SEC 35 QTR SE
1080 SALTILLO RD-ROCA

FEES: $100.00

Permittee:
STEVE MIERS
6000 S 56 ST
LINCOLN NE 68516

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

OCT 18 2004

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street ◆ Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit No. 0440011460 1

Request for Site Clearance and Permit for Individual Water Well

10-15-04

The undersigned hereby requests:
- ☐ Site Clearance and Permit to construct a new individual water well - $100
- ☐ Bi-Annual Permit for an existing well - $100 (Renewed every 2 years)
- ☐ Permit to repair or alter existing well involving opening of well - $50

1. Well Site Address 1080 Saltillo Rd City Roca, NE Zip 68430
(No Rural Route Please)
Township 9 N Range 6 E Section 35 1/4 Section SE
Block ____ Lot 33 I.T. Addition ____
Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

2. Well use: ☒ Residential ☒ Commercial ☐ Other Describe ____

3. Distance to Public Water Supply X feet.

Signature of Owner ____ Print Name Steve Miers
Current Address 6000 Sq. 56th Lincoln Ne 68516
Current Home Phone 730-6000 Work Phone ____

Signature of Contractor Allen Moser Print Name Allen Moser - Moser Well
Address PO Box 308 Hickman Ne 68372
Home Phone ____ Work Phone 792-2515 Cellular Phone ____

Sewage Permit Applied for: ☐ Yes ☐ No ☐ Not applicable

Please Submit Permit Fee with This Request

Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

Approval Process: Lincoln Municipal Code 8.44

1. Health Department	Date received 10/18/04 Date forwarded 10/28/04	ACTION ☒ Approved ☐ Disapproved Signature: Jerrold C. Hood
2. Building & Safety	Date received 10/29/04 Date forwarded 10/20/04	ACTION ☒ Approved ☐ Disapproved Signature:
3. City Engineer	Date received 10/26/04 Date forwarded ___/___/___	ACTION ☒ Approved ☐ Disapproved Signature:

REMARKS OR REASONS FOR DISAPPROVAL: ____

Site Visits
Date: ___/___/___ By ____
Date: ___/___/___ By ____
Date: ___/___/___ By ____

Nitrate Level 8.0 mg/L
Chloride Level ____ mg/L
Bacteriological Analysis Satisfactory X Yes ____ No
Other ____

Installation Final Written Approval
Date: 4/26/05 By D.S.

Business Office Use Only
Received: Date: 10/18/04 Amount 100.00 Check No 31465 Initials ____

Distribution: White - Health Department Lt. Green - Engineer Lt. Blue - Building Inspector

FORM 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 12558
FILE NO._____

APR 14 2005
LINCOLN-LANCASTER COUNTY
HEALTH DEPARTMENT

3140 "N" STREET LINCOLN, NE 68510-1514

Legal Description Sec. 35 TN. 9 R. 6 Block ____ Lot ____ Addition ____

Well location address or nearest road intersection 1080 Saltillo Rd., Roca, NE. At the N.W. corner of Hwy 77 & Saltillo Rd. Rod's Trailers is located here.

Owner STEVE MIERS Address 6000 S. 56TH, LINCOLN, NE 68516

LOG OF WELL	
Depth Ft to:	Description
0- 35	Brown clay
35- 36	Rocks
36-120	Medium fine sandstone
120-143	Medium tan sandstone
143-150	Yellow and red shale

WELL COMPLETION RECORD

Drilling Method ROTO/WATER

Depth (from ground level). Ft. 143'

Date Completed 10/212/04

Casing: Length, Ft. 128' : Dia. In. 4"

Wall Thickness, .214" : Type PVC 200 #

Screen: Length, Ft. 15' : Dia. In. 4"

Type pvc slotted , Slot size .025

Well tested capacity 120 GPM/AIR TESTED

Static water level 47' Measured XX Est. ____

Pumping water level 50' at 20 gpm.
Measured ____ Est. XX

Drop pipe: Length, Ft. 80' Dia. In. 1 1/4" Type. PVC 80

Pump model & H.P. 1 H.P. - 20 GPM
Gpm Yield of pump. 20 Measured XX Est. ____

Chlorination Completed Yes XX No ____

The above information including "Log of Well" is a true record of the job performed by me.

Driller [signature]
(Signed)

Address P.O. BOX 308
HICKMAN, NE 68372

Date: 13 APRIL 2005

Remarks: ____

DO NOT WRITE BELOW THIS DOUBLE LINE

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