LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT
WATER WELL

No. 90400016001

Issued 05/02/90
Expires 11/02/90

ESTABLISHMENT
JOSEPH STAVAS
T9N R7E SEC 1
LOT 29

FEES: Permit 019851 $75.00

Total $75.00

PERMITTEE
JOSEPH STAVAS
6721 REXFORD DR
LINCOLN NE 68506

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE AMOUNT

PAID

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

9040001600

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 $ 75.00

FILE NO. _____

DATE: 4-16-90

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 7E : Section 1
   Block _____ : Lot 29 I.T. Addition _____
2. Well use: Residential ☑ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: _____ Ft.
4. Intended use of well Residential

98th & Van Dorn

Joseph M Struva
Signature of Applicant (owner or lessee)

6721 REXFORD DR
Address LINCOLN, NE 68506

City Water Yes ☐ No ☑

Sewage Permit Applied For Yes ☐ No ☑ Not Applicable ☐

1. Health Department: Date Rec'd 4/16/90. Date Frwd. 5/3/90. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 5/4/90. Date Frwd. 5/4/90. Action: Approved ☐ Disapproved ☐ Signature: _____
3. City or County Engineers: Date Rec'd 5/3/90. Date Frwd. 5/3/90. Action: Approved ☒ Disapproved ☐ Signature: John D. Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4/11/96 by Jerrold C. Hood
Date: ____ by _____
Date: ____ by _____

Nitrate Level 3.1 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: APRIL 15, 1996 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. 90400016001

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 21 T. 9N R. 7E Block ___ Lot 29 F.I. Addition ___

Owner Dr. Joe Stavio Address 98th & Van Dorn

LOG OF WELL	
	Description
Depth Ft. to	
0-5	black c.
5-35	yell c.
35-70	blue sh & ss
70-110	yell ss & some sh.
110-125	med ss
125-130	coarse ss w/ some iron stone
130-140	med ss
140-170	fine ss w/ some sh.
170-180	yell sh.
180-135	blue sh.

WELL COMPLETION RECORD

Drilling Method: R.C.

Depth (from ground level), Ft. 165
Date Completed 4-20-90

Casing: Length, Ft. 135 ; Dia. In. 5
Wall Thickness, Inc 200# ; type PVC

Screen: Length, Ft. 30 Dia. In. 5
Type pvc wop & bottom Slot Size .030 & .035

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

Water Level, Surface to top of water, Ft.:
Static 80 , Pumping ___

Yield: 50+ 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 3.1 PPM. BACTERIOLOGICAL O.K.

Address ___

Date 5-16-90

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