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. 89-00013601

Issued 10/23/89
Expires 04/23/90

ESTABLISHMENT

STEPHEN NICKEL
TWN R7E SEC 22
PORTSCHE HEIGHTS LOT 12
~~SECOND~~ ADDITION
4th

FEES: Permit 012851 $45.00

Total $45.00

PERMITTEE

STEPHEN NICKEL
4807 SOUTHAVEN DR
LINCOLN NE 68516

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

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

8940001360

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

FILE NO. _____

DATE: 17 OCTOBER 1989

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 22
   Block _____ : Lot 1 : Addition PORTSCHE HEIGHTS ~~SECOND~~ 4TH ADDITION
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: _____ Ft.
4. Intended use of well RESIDENTIAL WATER SUPPLY

Stephen A Nickel
Signature of Applicant (owner or lessee)

4807 SOUTH HAVEN DRIVE, LINCOLN 68516
Address

City Water Yes ☐ No ☒

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 10/17/89. Action: Approved ☒ Disapproved ☐
   Date Frwd. 10/25/89. Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 10/25/89. Action: Approved ☐ Disapproved ☐
   Date Frwd. 10/25/89. Signature: [illegible]
3. City or County Engineers: Date Rec'd 10/25/89. Action: Approved ☒ Disapproved ☐
   Date Frwd. 10/25/89. Signature: John D. Murnan

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5/23/90 by J. C. Hood not all bottom holes
Date: _____ by _____
Date: _____ by _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/30/90 By: J. C. Hood

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

FORM 23-13

RECEIVED JAN 16 1990

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. 8940001360 1

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. 22 T. 9N R. 7E Block ___ Lot 1 Addition Portche Heights
Owner Steve Nichols Address ___

LOG OF WELL	
	Description
Depth Ft. to	
0-90	yell c.
90-105	yell & blue c mix
105-147	blue c.
147-175	red sh.
175-	L.S. (not iron stone)
175-230	yell, white & red sh.
230-265	med/fine light tan 55
265-285	med→very coarse light tan 55
285-298	med fine light tan 55
298-305	yell & green sh.

WELL COMPLETION RECORD

Drilling Method: Rot. Air.
Depth (from ground level), Ft. 295
Date Completed 1-4-90

Casing: Length, Ft. 270 Dia. In. 4
Wall Thickness, Inc 200# ; type pvc

Screen: Length, Ft. 25 Dia. In. 4
Type pvc wop & slotted Slot Size .030 wop, .035 slotted

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

Water Level, Surface to top of water, Ft.:
Static 190, Pumping ___

Yield 100+ 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 Moen (Signed)

REMARKS



Address ___

Date 1-11-90

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

AREA OF
SEPTIC SYSTEM

