FILE NO. 1662

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

DECEMBER 4, 1980 — THIS LICENSE OR PERMIT EXPIRES

CLIFF WALSH — LICENSEE OR PERMITTEE

RFD 8, LINCOLN NE — ADDRESS

T9N, R7E, Section 22, Block 4, Lot 2, Addition Clarendon Hills — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON-TRANSFERABLE (Alter)

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE	
018754	110.16	148.14	6-2	

SERIAL NO. — DATE — AMOUNT

5 4 8 4 1 JN 4 30.00 -

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION HEALTH

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

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1662

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: June 3, 1980

The undersigned hereby applies for a permit to ALTER ☒, EXTEND ☐, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 9N ; Range 7E ; Section 22 ;
Block 4 ; Lot 2 ; Addition Clarendon Hills
Street Address 2041 Riviera Dr.

2. Property Use: Residential ☑; Commercial ☐
No. Bedrooms 3
Describe
Other Use ☐
Describe

3. Type of existing Individual Sewage Disposal System: Septic Tank ☑; Other ☐

4. Description of proposed alteration, extension or repair: Changed to lagoon System

5. Work to be done by: Owner ☐ ; or Contractor ☑, Stuhmer Excavating
Contractor's Name

6. Estimated cost of project: $640.00

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$

Cliff Walsh
Signature of Applicant (owner or lessee)

R.F.D. #8, LINCOLN, NEBRASKA
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd:
Filing Fee: $ 30.00

2. Site Visits:
Date: by:
Date: by:
Date: by:

3. Date: Approved ☒; Disapproved ☐
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: by:

FILE # W-274

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL WATER WELL CONSTRUCTION — TYPE OF LICENSE OR PERMIT

6 MONTHS — THIS LICENSE OR PERMIT EXPIRES

CLIFFORD WELCH 7325 REVERE, RT. 9 LINCOLN, NE 68506 — LICENSEE OR PERMITTEE / ADDRESS

T9N; R7E; Sec 22; Bk 4; Lot 2; Clarendon Hills 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 $45.00

FILE NO. W-274

DATE: Aug 17, 88

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. 9 North: Range 7 East Section 22
   Block 4 : Lot 2 : Addition Clarendon Hills
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe
3. Distance to Public Water Supply: ____ Ft.
4. Intended use of well

No City Water

Clifford Walsh
Signature of Applicant (owner or lessee)

7325 Revere, Rt 9, Lincoln, NE 68516
Address

Sewage Permit Applied For Yes ☐ No ☐ Not Applicable ☒

1. Health Department: Date Rec'd 8/18/88. Date Frwd. 8/19/88. Action: Approved ☒ Disapproved ☐ Signature: Carrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 8/19/88. Date Frwd. 8/19/88. Action: Approved ☒ Disapproved ☐ Signature: Paul Boero
3. City or County Engineers: Date Rec'd 8/19/88. Date Frwd. 8/19/88. Action: Approved ☒ Disapproved ☐ Signature: Jerome L. Christ

REMARKS OR REASONS FOR DISAPPROVAL

Site Visits:
Date: 9/7/88 by J. C. Hood
Date: ____ by ____
Date: ____ by ____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/13/88 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-274

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN NE 68502
Phone: 471-7800

RECEIVED AUG 5 1988

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 22 T. 9N R. 7E Block ____ Lot ____ Addition CLARENDON HILLS

Owner Cliff Welch Address 70th & Pine Lake ave

LOG OF WELL	
Depth Ft. to	Description
0-95	tan & yell. clays
95-125	marbled yell & blue c.
125-150	fine brn. sand
150-165	red & yell shales
165-225	med fine yell ss
225-250	med coarse ss ~~w/ coarse gravel~~
250-260	coarse ss w/ coarse gravel
260-265	dark brn/red ss
265-275	blue sh.

WELL COMPLETION RECORD

Drilling Method: Rot. circ.

Depth (from ground level), Ft. 259
Date Completed 6-8-88

Casing: Length, Ft. 249 ; Dia.In. 4
Wall Thickness, Inch 200# ; type PVC

Screen: Length, Ft. 10 Dia.In. 4
Type WOP pvc , slot Size .030

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

Water Level, Surface to top of water, Ft.:
Static 150 , 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 Mason
(Signed)

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

Address ____

Date 8-11-88

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

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

