LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 91380072001

Issued 06/21/91
Expires 12/21/91

ESTABLISHMENT

CHRIS GRABENSTEIN
T9N R7E SEC 22
AMBER HILLS ADDITION BLK 1 LOT 1
8000 S 80 STREET

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

CHRIS GRABENSTEIN
4630 ANTELOPE RD
LINCOLN NE 68506

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
6/21/91	PAID

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

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

A

FILING FEE: $_____

FILE NO._____

DATE: 6/18/91

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 ~~7~~ 7E ; Section 22 ;
   Block 1 : Lot 1 : Addition AMBER HILLS ADDITION
   Street Address 8000 So. 80

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe_____

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

4. Distance to public sewer: — ft. WILL PUT IN WHAT 2ND PERC. TEST INDICATES

Chris E Gudmundsen
Signature of Applicant (Owner or Lessee)

4630 Antelope Cek Dr.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/19/91. Date Frwd. 6/19/91. ACTION: Approved ☑ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6/19/91 Date Frwd. 6/19/91 ACTION: Approved ☑ Disapproved ☐ Signature: Mel Gaddis
3. City or County Engineer: Date Rec'd. 6-19-91. Date Frwd. 6-19-91. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis O Bartels

REMARKS OR REASONS FOR DISAPPROVAL WELL IN

Site Visits:
Date: 9-6-91 by: Paul Protzmann
Date: 9-9-91 by: Paul Protzmann
Date:_____ by:_____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-9-91 By: Paul Protzmann

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

FORM 23-43

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐
Dates of Tests: 6/13 to 6/14. Weather: Precip. TRACE Temp. 90°
OWNER: GRABBUSTELLI CORNST.
Address: 8000 South 80th

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./Day)	Time (Hr./Min.)	Date (Mo./Day)	Time (Hr./Min.)	Date (Mo./Day)	Time (Hr./Min.)	Water Level (in.)	Time (Hr./Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36"	6/13	12:00	6/14	11:00	6/14	11:30	6"	12:00	5 3/4"	30min	1/4"	
2	36"	6/13	12:00	6/14	11:00	6/14	11:30	6"	12:00	5 1/2"	"	1/2"	
3	36"	6/13	12:10	6/14	11:10	6/14	11:40	6"	12:10	5 3/8"	"	5/8"	
4	36"	6/13	12:10	6/14	11:10	6/14	11:40	6"	12:10	5 3/4"		1/4"	
5	36"	6/13	12:20	6/14	11:20	6/14	11:50	6"	12:20	5 5/8"	"	3/8"	
6	36"	6/13	12:20	6/14	11:20	6/14	11:50	6"	12:20	5 1/2"	"	1/2"	

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

Daniel E Grabenstein
Signature of Person Conducting Test

Address 4926 WEST PARTRIDGE Phone 470-2949

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
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

D

DATE: _____

FILE NO. _____

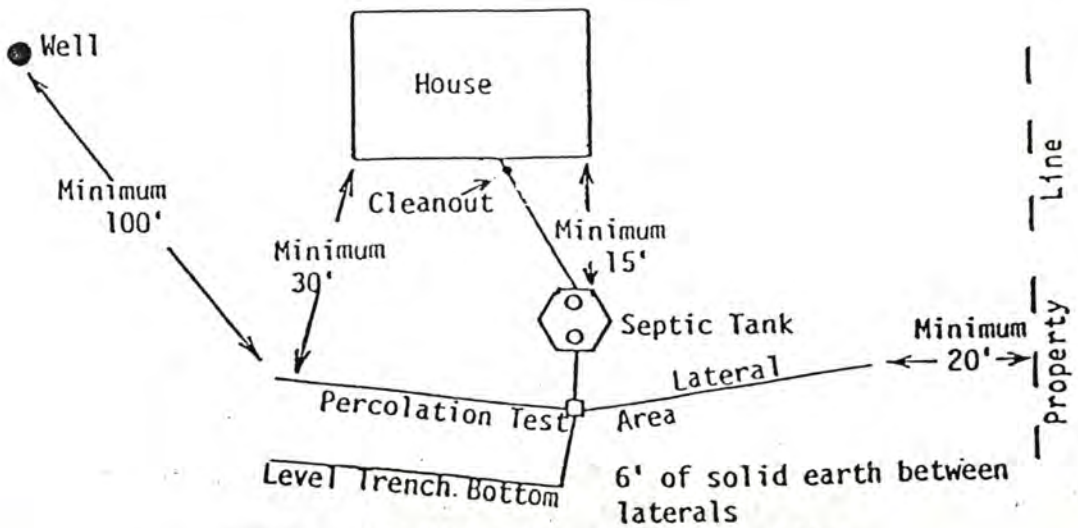
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material #160; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank _____ ft.
4. Number of clean-outs _____.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Precast; No. of compartments _____.
2. Capacity 1250 gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade 2" in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Precast; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank _____ ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round _____ or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number ___ ; Length of each line _____, _____, _____, _____, _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width _____ ft.;
Slope _____ in/100 ft.; Average Depth _____ in.
4. Filter Material: Rod Gravel
Depth of Material 2.0" in.
5. Distances to:
Well or Suction Line 160 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

003

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System Date: 8-20-93

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 9N ; RANGE 7E ; SECTION 22 ; BLOCK 1

LOT 1 ; ADDITION Amber Hill ; Street Address _____

Directions to Property _____

Location of Well _____ Tap Location: Inside ☐ Outside ☒

Location of Sewage System _____ Year Installed 1991

	NAME	ADDRESS	PHONE
Present Owner:	Jamie & Jennifer Heck	8000 S 80th Lincoln, NE	423-8155
~~Tenant/Buyer:~~		Jim (work)	474-0460
Return to:	Security Federal Savings	P.O. Box 80009 Lincoln 68501	474-4444

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Christy Neuhart Address Security Federal

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HEALTH DEPARTMENT USE ONLY

Date Received AUGUST 27, 1993 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE AUGUST 31, 1993

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 8/31/93 by J.C.H.
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate <0.1ppm	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: _____

_____

_____ See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Gerald C. Hood R.E.H.S. DATE SEPTEMBER 3, 1993

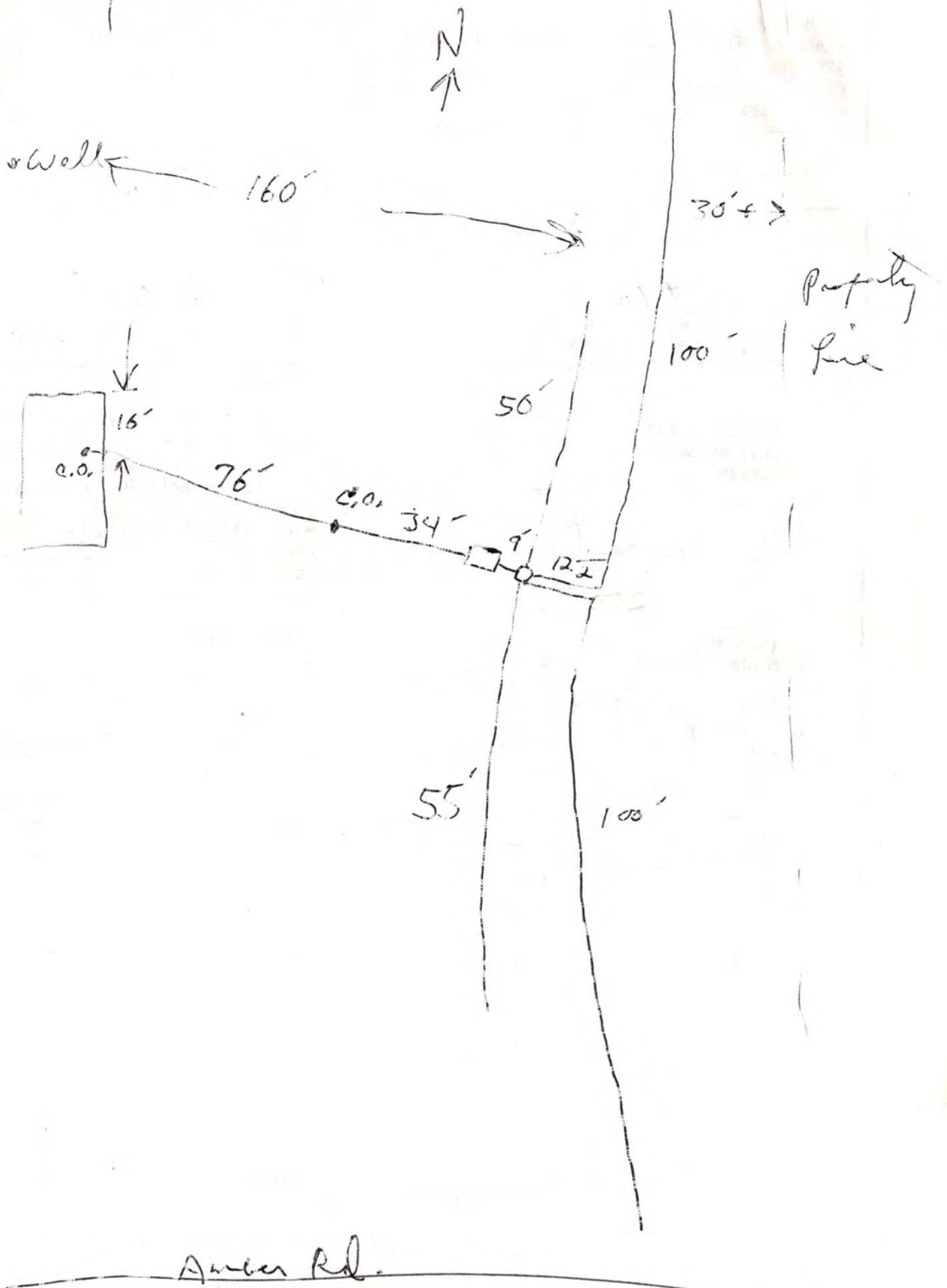
Approval or disapproval is based on written standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

131

Larry Schwanek

9 9 - 91



FILE # W-349

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

JAMES W. VRCK — LICENSEE OR PERMITTEE

5211 SO. 30TH, LINCOLN, NE 68516 — ADDRESS

TBA; PTE, Sec. 23; Bk 1; Lot 1; Amber Hill Estates 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-349

DATE: _____

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 N : Range 7 E : Section 22
   Block 1 : Lot #1 : Addition Amber Hill Estates
2. Well use: Residential ☑ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: 2500 Ft.
4. Intended use of well Domestic Use

James N. Heck
Signature of Applicant (owner or lessee)

5211 So 30th Lincoln Ne 68516
Address

Sewage Permit Applied For Yes ☐ No ☒ Not Applicable ☐

1. Health Department: Date Rec'd 5/12/89. Date Frwd. 5/12/89. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. ~~Supt.~~ Bldg. Insp.: Date Rec'd 5/12/89. Date Frwd. 5/12/89. Action: Approved ☒ Disapproved ☐ Signature: Gary Sherwood
3. City or County Engineers: Date Rec'd _____. Date Frwd. _____. Action: Approved ☒ Disapproved ☐ Signature: L. Hood

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11/25/91 by Jerrold Hood
Date: _____ by _____
Date: _____ by _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/27/91 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-349

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN NE 68502
Phone: 471-7300

W-349

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 22 T. 9N R. 7E Block 1 Lot 1 Addition AMBER HILL ESTATES
Owner Jim Hecks Address Amber Hills Estates

LOG OF WELL	
Depth Ft. to	Description
0-7	tan c.
7-10	fine sand
10-15	grey/tan c.
15-87	brn. c.
87-95	brn. sand
95-140	sandy blue c.
140-170	blue c.
170-180	med ss
180-245	hard red & yell sh.
245-280	med fine light yell/white ss
280-295	very hard fine ss w/ some fine gravel
295-300	very coarse yell ss w/ fine gravel
300-310	med-med coarse yell ss
310-325	very coarse white ss w/ some fine gravel

WELL COMPLETION RECORD

Drilling Method: Rot Circ.
Depth (from ground level), Ft. 320
Date Completed 6-2-89

Casing: Length, Ft. 300 ; Dia. In. 4
Wall Thickness, Inc .200 ; type PVC

Screen: Length, Ft. 20 Dia. In. 4
Type PVC slotted , slot Size .035

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

Water Level, Surface to top of water, Ft.:
Static 205 , 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 Moser
(Signed)

Address ___

Date 7-15-89

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

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

N
WELL
31'
DRIVE WAY
HOUSE
AREA OF SEWAGE SYSTEM