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. 92380086601

Issued 06/30/92
Expires 12/30/92

ESTABLISHMENT

GREGORY WOOD
T9N R7E SEC 22
AMBER HILL 1ST ADD. BLK 2 LOT 2
7900 AMBER HILL ROAD

FEES: Permit 018754 $150.00

Total $150.00

Issued By COUNTY HEALTH

PERMITTEE

GREGORY WOOD
5501 LA SALLE ST
LINCOLN NE 68516

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
6/30/92	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: 6-30-92

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 7E ; Section 22 ;
   Block 2 : Lot 2 : Addition Amber Hill Estates 1st Add.
   Street Address 7900 Amber Hill Road

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

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

4. Distance to public sewer: Unknown ft.

Signature of Applicant (Owner or Lessee)

5501 LaSalle 68516
Address

Home 488-1390 Bus 479-4732

(Do not write below this double line)

1. Health Department:	Date Rec'd. 6/30/92. Date Frwd. 6/30/92.	ACTION: Approved ☒ Disapproved ☐ Signature:	Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk	Date Rec'd. 6/30/92. Date Frwd. 6/30/92.	ACTION: Approved ☐ Disapproved ☐ Signature:	
3. City or County Engineer :	Date Rec'd. 6/30/92. Date Frwd. 6/30/92.	ACTION: Approved ☒ Disapproved ☐ Signature:	

REMARKS OR REASONS FOR DISAPPROVAL LAGOON IS CLOSER THAN 50 FEET FROM PROPERTY LINE BUT IS NEXT TO THAT PROPERTY'S LAGOON.

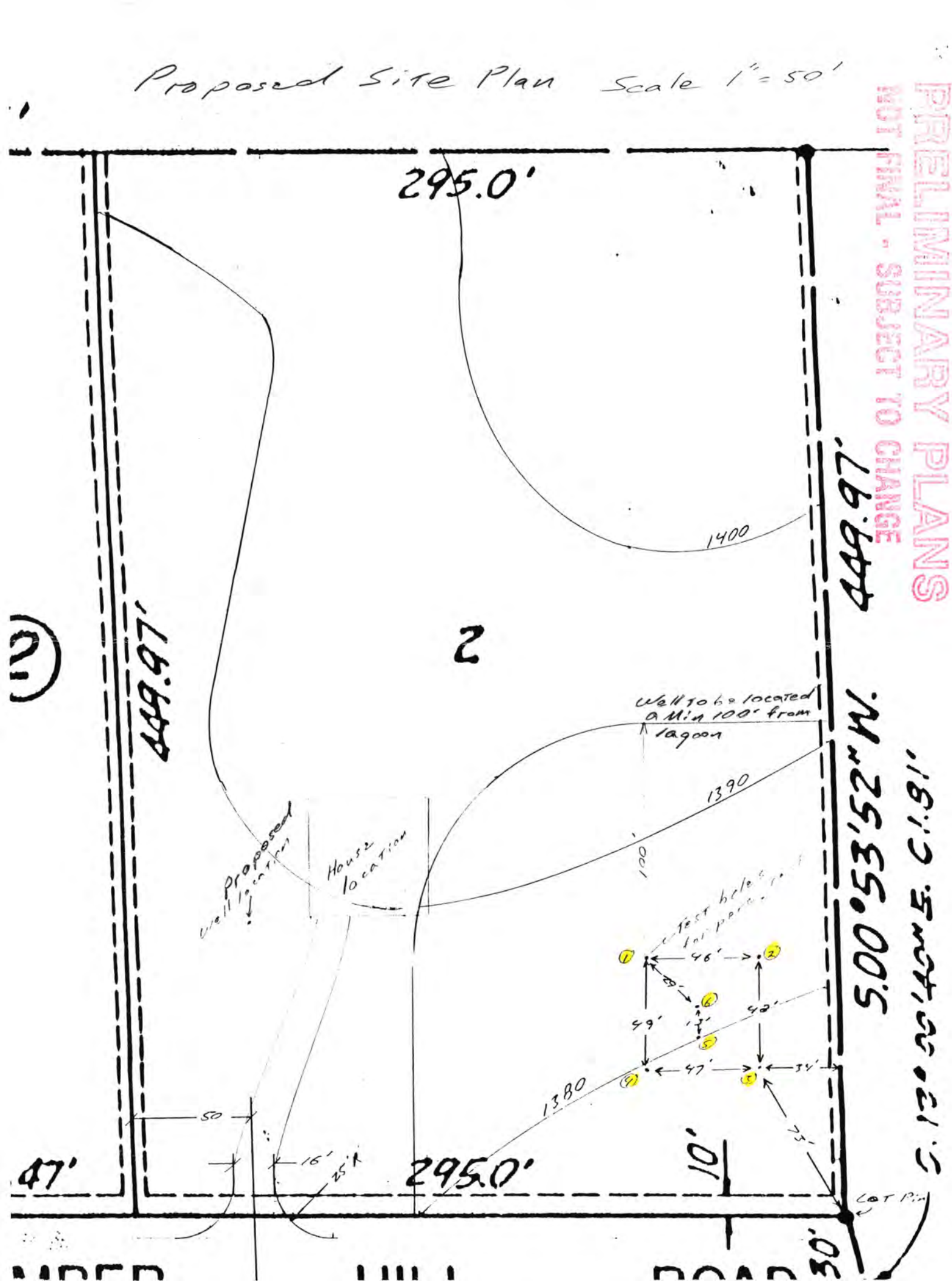
Site Visits:
Date: 10/15/92 by: J.C.H.
Date: 12/8/92 by: J.C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/8/92 By: Jerrold C. Hood

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

FORM 23-43

Proposed Site Plan Scale 1" = 50'



PRELIMINARY PLANS
NOT FINAL - SUBJECT TO CHANGE

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 7N ; Range 7E ; Section & ¼ Section 22 SE. ¼
Property Dimensions: 295 ft. x 449.97 ft. Area: 3.05 acres. (Attach Sheet C with sketch of property).

Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ PaC_2 WTC_2

Dates of Tests: 6-26-92 to 6-27-92. Weather: Precip. 0 Temp. ≈80°

OWNER: Greg Ward

Address: 5501 LaSalle 68516

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	32"	6/26	11/30	6/26	16/00	6/27	7/30	6 5/8	6/27	6 3/8	30	.25	0.0033
2	29							7 1/4		7 1/8		.125	0.0042
3	28							14 1/4		14 1/2		0	0.0
4	32							13 3/8		13 2/8		0	0.0
5	30							10 7/8		10 3/8		0	0.0
6	32	"	"	"	"	"	"	9"	"	8 7/8	"	0.125	0.0042

Sum of Percolation Rates: 0.0166
Average of Rates: 0.0028
Mean of Rates: 0.0028

Greg Ward
Signature of Person Conducting Test

Address 5501 LaSalle Phone 483-1390 Home / 479-4732 Work

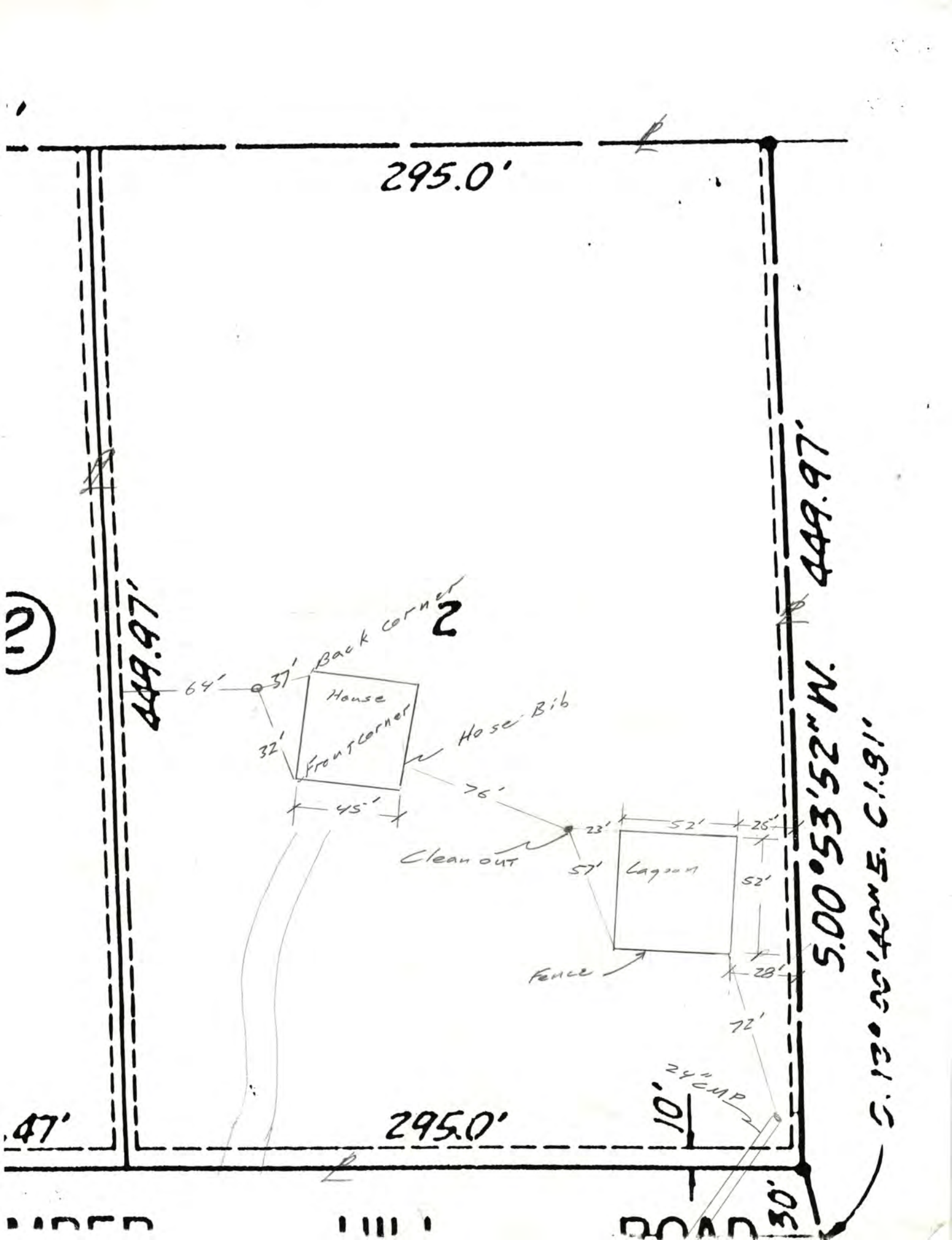
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REVIEWING ACTION

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

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

_____
Signature of Reviewing Official


295.0'
449.47'
449.47'
S.00°53'52"W.
S.13°35'45"E. C1.91'
Back corner
2
64'
37'
House
Front corner
32'
Hose Bib
45'
76'
23'
52'
26'
Clean out
57'
Lagoon
52'
Fence
28'
72'
24" CMP
10'
295.0'
30'

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. 92400032801

Issued 06/30/92
Expires 12/30/92

ESTABLISHMENT

GREGORY WOOD
T9N R7E SEC 22
AMBER HILL 1ST ADD. BLK 2 LOT 2
7900 AMBER HILL ROAD

FEES: Permit 019851 $75.00

Total $75.00

Issued By COUNTY HEALTH

PERMITTEE

GREGORY WOOD
5501 LA SALLE ST
LINCOLN NE 68516

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
6/30/92	PAID

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: 471-8000

FILING FEE $_____

FILE NO._____

DATE: 6-30-92

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 2 : Lot 2 : Addition Amber Hill Estates 1st Add
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe_____
3. Distance to Public Water Supply: ____Ft.
4. Intended use of well DOMESTIC

Signature of Applicant (owner or lessee)

5501 Lasalle 68516
Address

City Water Yes ☐ No ☒

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 6/30/92. Action: Approved ☒ Disapproved ☐
   Date Frwd. 6/30/92. Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 6/30/92. Action: Approved ☐ Disapproved ☐
   Date Frwd. 6/30/92. Signature:
3. City or County Engineers: Date Rec'd 6-30-92 Action: Approved ☐ Disapproved ☐
   Date Frwd._____. Signature:

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 12/9/92 by Jerrold Hood
Date: _____ by _____
Date: _____ by _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/11/92 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. 92400328

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

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 22 T. 9N R. 7E Block 2 Lot 2 Addition AMBER HILLS ESTATES
Owner GREGORY WOOD Address 5501 LASALLE STREET, LINCOLN, NEBRASKA

LOG OF WELL	
	Description
Depth Ft. to	

WELL COMPLETION RECORD

Drilling Method: DIRECT ROTARY
Depth (from ground level), Ft. 284
Date Completed

Casing: Length, Ft. 264; Dia.In. 5
Wall Thickness, Inc. ~~200#~~; type PVC.

Screen: Length, Ft. 20 Dia.In. 5
Type PVC, slot Size .020

Drop Pipe: Length, Ft. Dia.In.

Water Level, Surface to top of water, Ft.:
Static 209, Pumping 240

Yield: 20 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
(Signed)

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

Address

Date

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

Roger Strader
Office: (402) 673-3465

Well Contractor's License
#39022

STRADER'S
BLUE VALLEY DRILLING

Rt. #1 Box 89A
Pickrell, NE 68422

WELL LOG



Name Gregory Wood **Date** August 4 19 92

Address 5501 LaSalle Street Lincoln, NE 68516 **Phone** 488-1390

Location of Water Well County: Lancaster	1/4 | NW 1/4 | SE 1/4	Section 22	Township T 9 N	Range R 7 E/[redacted]
Distance and Direction from nearest town (or) street address (or) Block, Lot and Addition	From SE 84th & #2 - 1/8 S - ¼W (7900 Amber Hill Road)		Ground elevation ____ ft. Well use Domestic	

Depth of completed well 284 ft.
Method drilled Direct rotary
Bore hole diameter 9 in.
Static water level 209 ft.

Yield	Pumping Water Level
20 gpm at	240 ft. lift
____ gpm at	____ ft. lift
____ gpm at	____ ft. lift

Hrs. Development 4 Method Air

Blank Casing: Length 264 ft.
Inside diameter 5 in. Outside diameter ____ in.
Type of Material PVC
Wall thickness or grade 200#
Joints: [redacted] / Glued / [redacted]
Guides at ____ ft. & ____ ft.

Screen: Inside Diameter 5 in.
Type of material & grade 200# PVC
Screen interval(s):
264 ft. to 284 ft.
____ ft. to ____ ft.
Slot size .020 Type Saw slot
Trade name ____ Guides @ ____ ft.
Bottom Cap: Type PVC Size 5 in.

Gravel Pack Intreval(s):
244 ft. to 284 ft.
____ ft. to ____ ft.
____ ft. to ____ ft.
Grade size 47-B Amount 2000#

Grout:
5 to 10 ft., with Bentonite
10 to 244 ft., with Drill cuttings & clay
____ to ____ ft., with ____

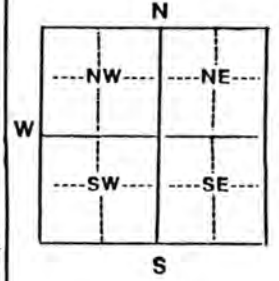
TOP	BOTTOM	FORMATION
0	2	Top soil
2	7	Brown clay
7	14	Yellow clay
14	45	Tan clay
45	46	Fine sand
46	73	Yellow & tan clay
73	92	Sandy gray clay
92	102	Blue clay
102	126	Very sandy blue clay
126	137	Blue clay
137	151	Red & white clay
151	151½	Limestone
151½	157	Red & white clay
157	160	Fine tan sandstone
160	165	White clay
165	177	Tan & yellow clay
177	204	Red & white clay some sandstone
204	216	Hard fine tan sandstone
216	219	Limestone
219	232	Fine to medium fine hard tan sandstone
232	266	Fine hard yellow sandstone
266	272	Fine yellow sandstone
272	278	Gray clay & shale
278	281	Softer medium fine tan sandstone
281	283	White clay
283	290	Medium fine tan sandstone
290	303	Hard fine tan sandstone

Disinfection:
Completed? Yes X No ____
Was a chemical/bacteriological analysis obtained? Yes ____ No ____
If yes, give Mo./Day/Year ____ Laboratory ____
Recommended pump setting 250 ft. Pump Installer B & R Pump Service
Remarks ____

Well Location: ____ ft. from north/south section line.
____ ft. from east/west section line

Drillers Signature ____ Drawing on back if needed

Locate well with an "X" in section block



One Square Mile

RECEIVED DEC 2 4 1992

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13553
FILE NO. _____

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

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 22 T. 9 R. 7E Block ____ Lot ____ Addition _____

Owner Gregg Wood Address 7900 amber Hill Rd

LOG OF WELL	
	Description
Depth Ft. to	

See attached

WELL COMPLETION RECORD

Drilling Method: _____

Depth (from ground level), Ft. 284
Date Completed 8-92

Casing: Length, Ft. 264 ; Dia. In. 5"
Wall Thickness, Inc 200# ; type PVC

Screen: Length, Ft. 20 Dia. In. 5"
Type PVC , slot Size .020

Drop Pipe: Length, Ft 255 Dia. In. 1¼"

Water Level, Surface to top of water, Ft.:
Static 209 , Pumping 240

Yield: 20 ggm, Measured ☒ , Est. ☐
Chlorination Completed Yes ☒ No ☐

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

Roger Strader
Driller Blue Valley Drilling
(Signed)

Submitted by B+R Pump Service
Rosemary Overman

REMARKS _____

Address 4337 Madison

Date 10-92

DO NOT WRITE BELOW THIS DOUBLE LINE

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

Form 21-5

STRADER'S
BLUE VALLEY DRILLING

Roger Strader
Office: (402) 673-3465

Well Contractor's License
#39022

Rt. #1 Box 89A
Pickrell, NE 68422

WELL LOG



Name Gregory Wood **Date** August 4 19 92

Address 5501 LaSalle Street Lincoln, NE 68516 **Phone** 488-1390

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Depth of completed well 284 ft.
Method drilled Direct rotary
Bore hole diameter 9 in.
Static water level 209 ft.
Yield / Pumping Water Level
20 gpm at 240 ft. lift
____ gpm at ____ ft. lift
____ gpm at ____ ft. lift
Hrs. Development 4 Method Air
Blank Casing: Length 264 ft.
Inside diameter 5 in. Outside diameter ____ in.
Type of Material PVC
Wall thickness or grade 200#
Joints: [redacted] / Glued / [redacted]
Guides at ____ ft. & ____ ft.
Screen: Inside Diameter 5 in.
Type of material & grade 200# PVC
Screen interval(s):
264 ft. to 284 ft.
____ ft. to ____ ft.
Slot size .020 Type Saw slot
Trade name ____ Guides @ ____ ft.
Bottom Cap: Type PVC Size 5 in.
Gravel Pack Intreval(s):
244 ft. to 284 ft.
____ ft. to ____ ft.
____ ft. to ____ ft.
Grade size 47-B Amount 2000#
Grout:
5 to 10 ft., with Bentonite
10 to 244 ft., with Drill cuttings & clay
____ to ____ ft., with ____

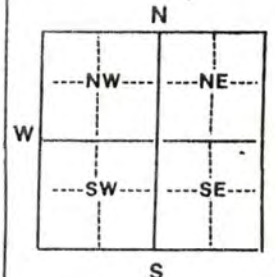
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281	283	White clay
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290	303	Hard fine tan sandstone

Disinfection:
Completed? Yes X No ____
Was a chemical/bacteriological analysis obtained? Yes ____ No ____
If yes, give Mo./Day/Year ____ Laboratory ____
Recommended pump setting 250 ft. Pump Installer B & R Pump Service
Remarks ____

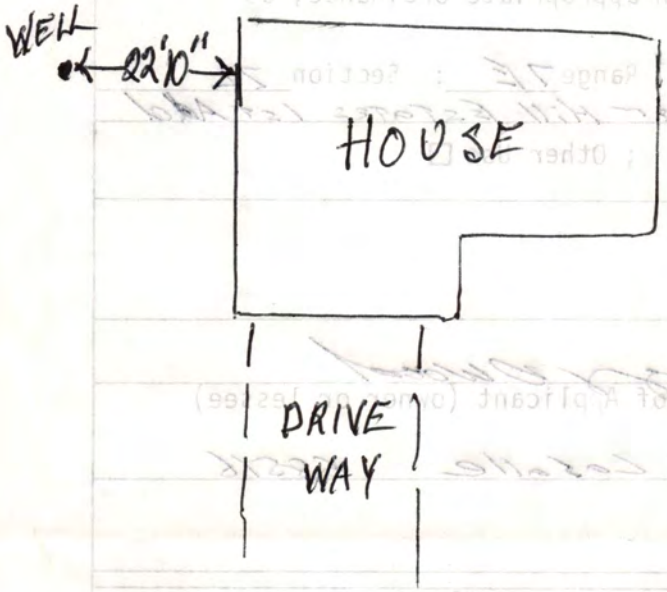
Well Location: ____ ft. from north/south section line.
____ ft. from east/west section line

Drillers Signature ____ Drawing on back if needed.

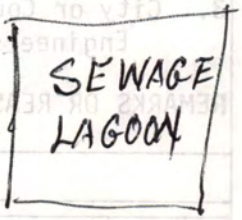
Locate well with an "X" in section block



One Square Mile


WELL
22'10"
HOUSE
DRIVE
WAY




SEWAGE
LAGOON