LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

No. 94380126301

Permit
SEWAGE INSTALLATION

Issued 12/16/94
Expires 12/16/95
Revenue Code

Establishment
INNOVATIVE HOMES
T9N R7E SEC 22
AMBER HILL 1ST ADD. BLK 1 LOT 3
7801 AMBER HILL ROAD

FEES:

TOTAL $.00

Permittee
INNOVATIVE HOMES
3700 VILLAGE DR
SUITE 600
LINCOLN NE 68516

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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: $ 150.00

FILE NO. _____

DATE: December 15 1994

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 1 : Lot 3 : Addition Amber Hills Estate, 1ST Addition
   Street Address 7801 Amber Hill Road

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

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

4. Distance to public sewer: Not available ft.

Scott and Heidi Haynes Janette S. Kapke
c/o Innovative Homes and Design
Signature of Applicant (Owner or Lessee)
3700 Village Dr. #600
Lincoln Ne 68516
Address

(Do not write below this double line)

1. Health Department:	Date Rec'd. 12/16/94. Date Frwd. 12/16/94.	ACTION: Approved ☒ Disapproved ☐ Signature:	Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk	Date Rec'd. 12-16-94. Date Frwd. _____.	ACTION: Approved ☒ Disapproved ☐ Signature:	
3. City or County Engineer :	Date Rec'd. 12-16-94. Date Frwd. 12-16-94.	ACTION: Approved ☒ Disapproved ☐ Signature:	

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6-23-95 by: our field for 4 bd Rm, needs fence
Date: 8/15/95 by: J.C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/15/95 By: Jerrold C. Hood

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: Block 1 Lot 3 amber Hills Est 1st addition

Location: Township 9 ; Range 7E ; Section & ¼ Section 22 .
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: 6-4-88 to 6-5-88 . Weather: Precip. 0 Temp. 81 .

OWNER: _____

Address: _____

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	29	6-4	8:00	6-5	8:00	6-5	11:30	14 1/8	12:00	14 1/8	30	0	
2	29	6-4	8:00	6-5	8:00	6-5	11:30	14	12:00	14	30	0	
3	28	6-4	8:00	6-5	8:00	6-5	11:30	14	12:00	14 1/8	30	1/8	
4	29	6-4	8:00	6-5	8:00	6-5	11:30	14	12:00	14	30	0	
5	27	6-4	8:00	6-5	8:00	6-5	11:30	13 7/8	12:00	13 3/4	30	1/8	
6	29	6-4	8:00	6-5	8:00	6-5	11:30	16 3/4	12:00	17	30	1/4	

Rosemary Overman
Signature of Person Conducting Test

Address 4337 Madison Phone 464-1745

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

(Do not write below this line)

REVIEWING ACTION

Remarks: Too slow for conventional Septic
Soil Type (SCS): Sawmee Clay Loam
Date: December 16, 1994

Approved Percolation Rate (a)
A. 480 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
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: 6-22-95

FILE NO. _____

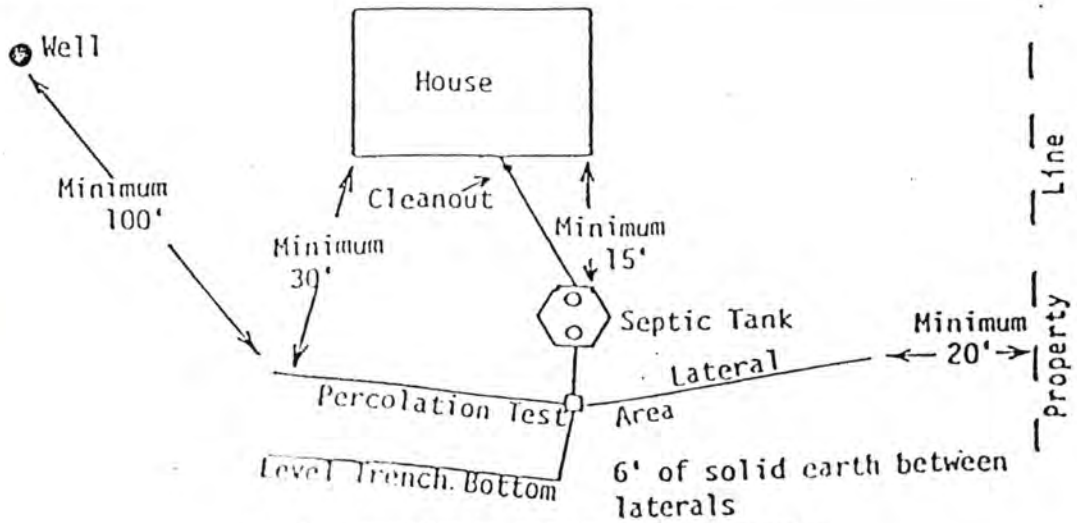
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 44 in.
3. Distance between dwelling and septic tank 104 ft. Lagoon
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line 200 ft.; Stream 110 ft.; Pressure Line _____ ft.; Property Line 50 ft.

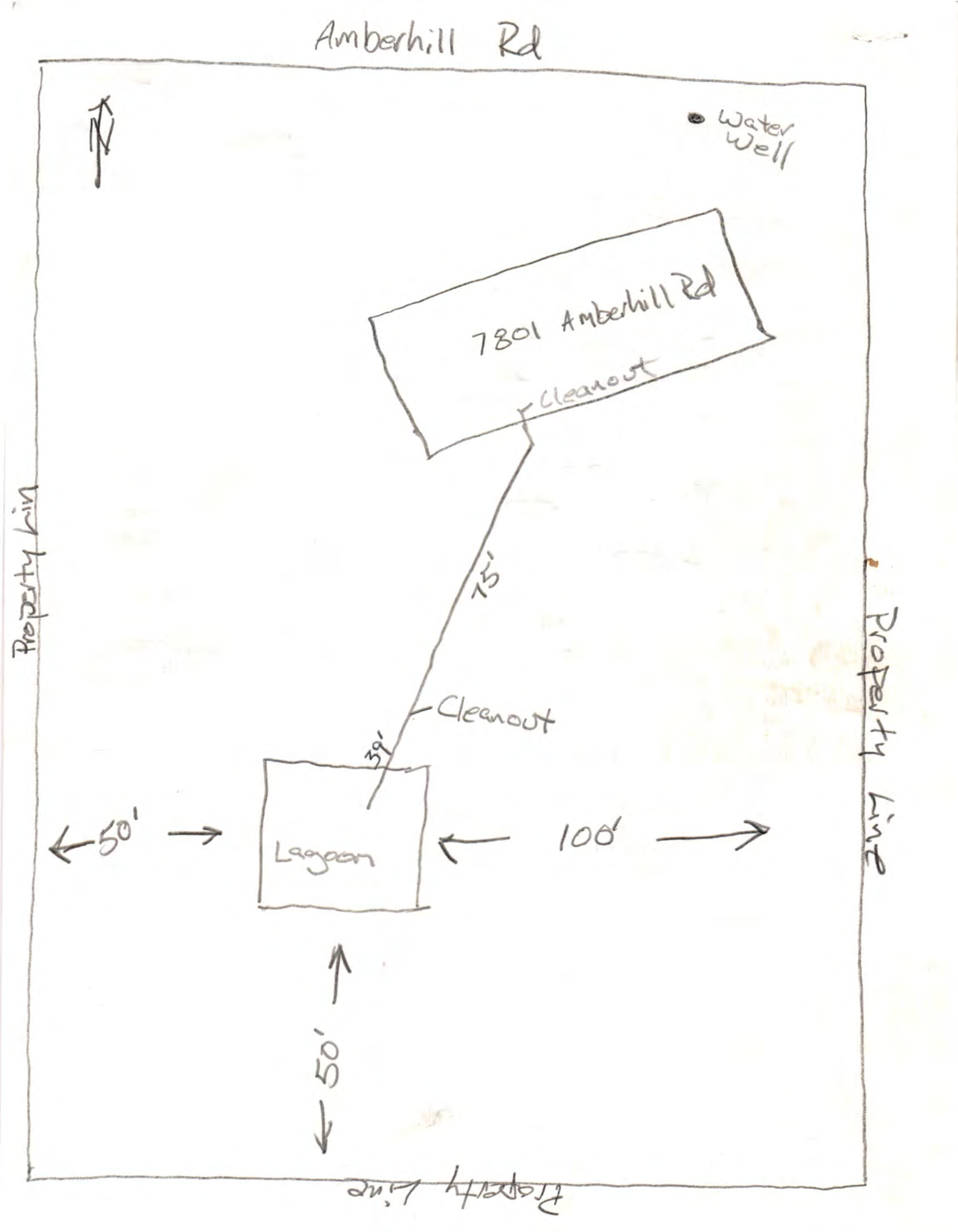
B. SEPTIC TANK: Lagoon
1. Material _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or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

C. DISTRIBUTION BOX:
1. Material _____; 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: _____,
Depth of Material _____ in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


Amberhill Rd
Water Well
7801 Amberhill Rd
Cleanout
15'
Cleanout
39'
Property Line
Property Line
50'
Lagoon
100'
50'
Property Line

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

P E R M I T

Permit
WATER WELL

No. 94400042401

Issued 05/04/94
Expires 11/04/94
Revenue Code 19851

Establishment
SCOTT HAYNES
T9N R7E SEC 22
AMBERHILLS ESTATES 1 BLK 1 LOT 3

FEES: $75.00

TOTAL $75.00

Permittee
SCOTT HAYNES
4855 OLD CHENEY RD
LINCOLN NE 68516

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

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

FILE NO. _____

DATE: 5-2-94

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 1 : Lot 3 : Addition Amberhills Estates, 1st addition
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe 7801 AMBER HILL ROAD.
3. Distance to Public Water Supply: ~~Ft.~~ 2 miles
4. Intended use of well domestic

Scott Haynes
Signature of Applicant (owner or lessee)

4855 Old Cheney Rd
Address
421-7496

Sewage Permit Applied For Yes ☐ No ☒ Not Applicable ☐

1. Health Department: Date Rec'd 5/3/94. Date Frwd. 5/4/94. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 5/4/94. Date Frwd. 5/4/94. Action: Approved ☒ Disapproved ☐ Signature: Gary Lyon
3. City or County Engineers: Date Rec'd 5/4/94. Date Frwd. _____. Action: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7/18/95 by J.C. Hood Depression around well
Date: 8/10/95 by J.C. Hood
Date: _____ by _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/14/95 By: J.C. Hood

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

FORM 23-13

RECEIVED JUL 2 2 1994

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. 7 Block ___ Lot ___ Addition AMBER HILLS

Owner SCOTT & HEIDI HAYNES Address _____

LOG OF WELL	
	Description
Depth Ft. to	
0- 80	YLW CLAYS
80- 95	CLUE CLAY
95-100	CRS YLW SAND
100-118	BLUE CLAY
118-130	VRY FINE BLUE SAND
130-195	WHITE & BLUE SHALE
195-264	MED CRS SANDSTONE
264-275	CRS-VRY CRS SANDSTONE
275-285	SANDY WHITE, BLUE & RED SHALE

WELL COMPLETION RECORD

Drilling Method: ROTO
Depth (from ground level), Ft. 275'
Date Completed 5-27-94

Casing: Length, Ft. 255'; Dia. In. 5"
Wall Thickness, Inc 200#; type PVC

Screen: Length, Ft. 20 Dia. In. 5"
Type PVC WOP - 10', slot Size .025
SLOTTED - 10' .025
Drop Pipe: Length, Ft. ___ Dia. In. ___

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

Yield: ___ 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 /s/ Bill Moser
(Signed)

Address P. O. BOX 308
HICKMAN, NEBRASKA 68372

Date _____

REMARKS NITRATE NITROGEN <0.1 ppm.
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

November 1993
DWR Form 131

STATE OF NEBRASKA
DEPARTMENT OF WATER RESOURCES
WATER WELL REGISTRATION

INSTRUCTIONS

To register a ground water well, forward the following to the **Department of Water Resources, P.O. Box 94676, Lincoln, Nebraska 68509-4676.** Telephone number: 402/471-2363:

1. Water Well Registration form (DWR Form 131).
2. The most recent United States Department of Agriculture aerial photograph(s), available at the county Agricultural Stabilization and Conservation Service, marked to show the following:
   a) The location of the well to be registered.
   b) The location of wells owned by you in the same section. Each well should be labeled to show the use of water and the registration number. Abandoned wells should be shown, also.
   c) If the well is for irrigation, the land to be irrigated should be shown by a crosshatch pattern and the number of acres irrigated from the well should be indicated.
3. Fees: ° For monitoring and observation wells --- $60.
   ° For wells which pump less than 50 gallons per minute --- $60.*
   ° For wells which pump 50 gallons per minute or more --- $100.*

* For wells permitted pursuant to the Industrial Ground Water Regulatory Act, a separate registration fee is required for each of the first ten wells registered under the permit. For each additional group of ten or fewer wells registered under the permit only one registration fee is required.

For Department Use Only

Registration Number: G-82394
Registration Date: 9/1/94
Receipt Number: 78851
20 - Lower Platte South NRD
#91822

1. Name of well owner SCOTT & HEIDI HAYNES Telephone Number (402) 421-7496
   Address 4855 OLD CHENEY RD
   City LINCOLN State NE Zip Code 68516

2. Drilling Firm MOSER WELL DRILLING & SERVICE INC. Telephone Number (402) 792-2515
   Address P.O. BOX 308 Contractor's License No. 19033 Pump Installer License No.
   City HICKMAN State NE Zip Code 68372
   Well Logger (Name) BILL MOSER Well Driller (Name) BILL MOSER

3. Permit Number(s) NA

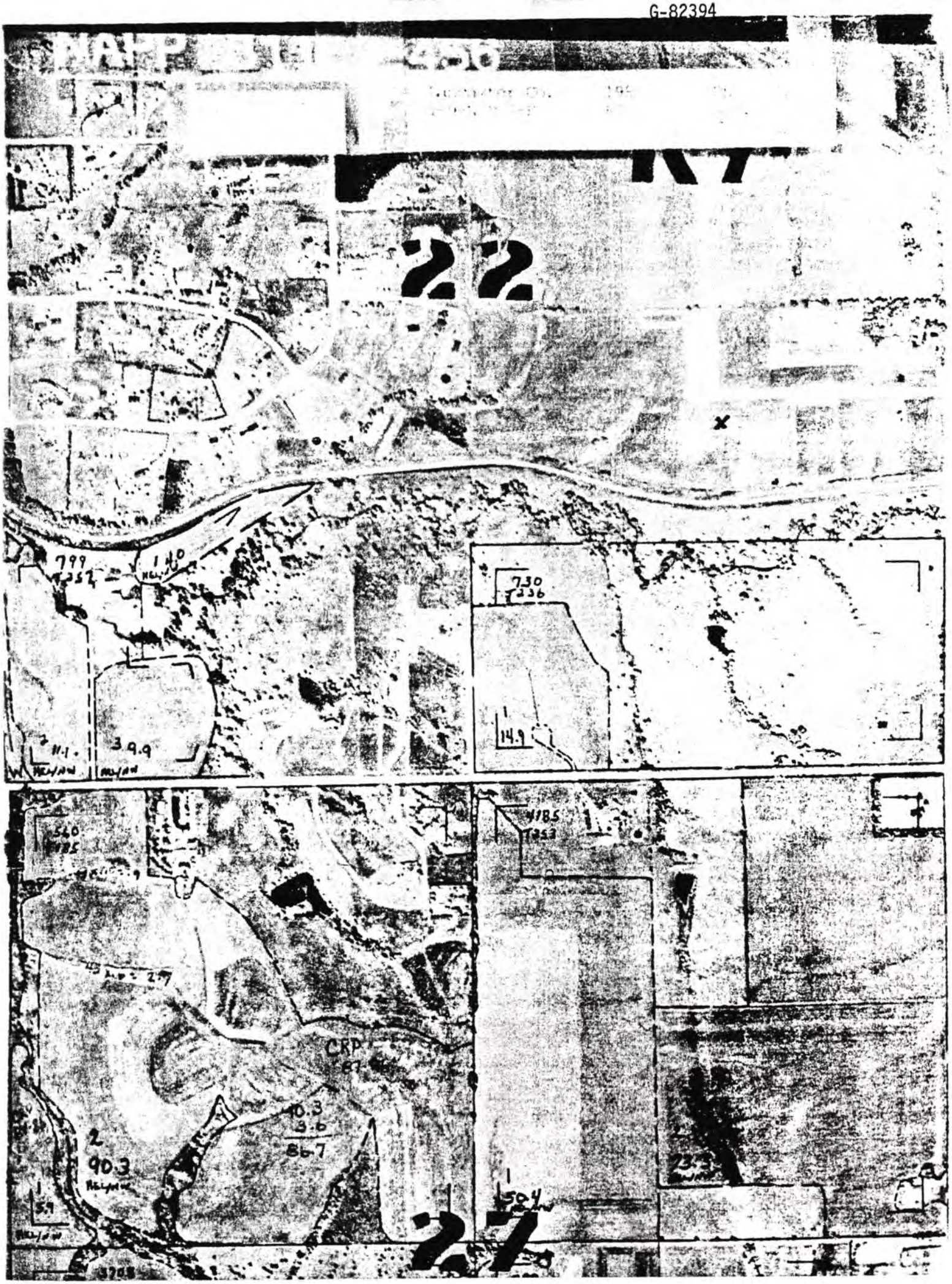
4. This well will be for (indicate one): ___Irrigation ___Industrial Use ___Public Water Supply X Domestic ___Livestock
   ___Recovery ___Injection ___Observation (Ground Water Levels) ___Monitoring (Ground Water Quality)
   ___Dewatering (over 90 days) ___Other ___ (Indicate use)

5. Replacement and abandoned well information (Notice of abandonment procedure is required for all abandoned, registered wells.):
   A. Is this well a replacement well? ___Yes XX No B. Registration number of abandoned well:
   C. Replacement well is ___ feet from abandoned well. D. Abandoned well last operated ___, 19___
   E. Original well pump column size: ___ inches. F. Abandoned well plugged ___, 19___

6. A. Well location: NE ¼ SE ¼ of Section 22, Township 9 North, Range 7 East/~~West~~, LANCASTER County.
   B. The well is 1980 feet from the ~~North~~/South section line and 1300 feet from the East/~~West~~ section line.
   (If possible, measurements should be from nearest section line.) (1980N 1300W)
   C. Street address or block, lot and subdivision, if applicable:
   D. Location of use (give legal description):
   E. If for irrigation, the land to be irrigated is ___ acres.

printed on recycled paper

G-82394


R7
22
799
252
140
730
236
1
14.9
11.1
39.9
540
1185
1185
1353
CRP
10.3
3.6
867
2
90.3
27
1
584
233

(NO PUMP INSTALLED)

7. Pump Information. If a timed pump test was conducted, submit complete pumping and drawdown data including depth of observation wells, if any, on separate page.

A. Pumping rate: _____ gallons per minute. Measured ☐ or Estimated ☐

B. Pump: Column diameter: _____ inches. C. Depth to pump: _____ feet.

D. Pumping equipment installed: _____, 19____. E. Brand/Type: _____

8. Well Information.

A. Total well depth: 275 feet. B. Static water level: 190 feet. C. Pumping water level _____ feet.

D. Construction began: 5-26-94, 19____. E. Construction completed: 5-27-94, 19____.

F. Bore hole diameter 9" inches.

G. Casing: Diameter 5" ID _____ OD in.; Type of material: PVC;

Wall thickness 200# in. Joints-~~Welded~~/Glued/~~Threaded~~/Other: _____; Guides at _____ ft.

Length(s) and placement(s) depth from 0 ft. to 255 ft. from _____ ft. to _____ ft.

H. Screen: 5" ID _____ OD in.; Type of material PVC WOP & SLOTTED

Screen openings (slot size): .025; Trade name: _____; Guides at _____ ft.

Length(s) and placement(s) depth from 255 ft. to 275 ft. from _____ ft. to _____ ft.

I. Gravel pack interval(s) from 195 ft. to 250 ft. from 250 ft. to 276 ft. Grade size: _____

J. Grouted/Sealed from 6 ft. to 195 ft., with _____ (type)

from _____ ft. to _____ ft., with _____ (type)

K. Drilling method: ROTO L. Drilling fluid: WATER

M. Well development technique (total time and method): AIR

N. Will chemicals or fertilizer be injected into the distribution system? ____Yes XX No

GEOLOGIC MATERIALS LOGGED

DEPTH IN FEET FROM	TO	DESCRIPTION	DEPTH IN FEET FROM	TO	DESCRIPTION
0	80	YLW CLAYS			
80	95	BLUE CLAY			
95	100	CRS YLW SAND			
100	118	BLUE CLAY			
118	130	VRY FINE BLUE SAND			
130	195	WHITE & BLUE SHALE			
195	264	MED CRS SANDSTONE			
264	275	CRS - VRY CRS SANDSTONE			
275	285	SANDY WHITE, BLUE & RED SHALE			

(Additional sheets may be submitted)

I am familiar with the information submitted on this registration, and to the best of my knowledge it is true.

/s/ Bill Moser — Water Well Contractor's Signature

7-21-94 — Date

Heidi Haynes 8/8/94 — Water Well Owner's Signature / Date