FILE NO. 189

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

October 22, 1971 — THIS LICENSE OR PERMIT EXPIRES

Leo Koestr, Jr. — LICENSEE OR PERMITTEE

8227 South Cherrywood — ADDRESS

T9N; Range 7E; Section 22; Block 4; Lot 6; 1st Addition — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: None Transferable

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624-1535	110.16	148.14	6-2

OLD HOUSE

APPLICATION

SERIAL NO.	DATE	AMOUNT

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

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

FORM HD-32(67) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 189

DATE: _____

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 9N; Range 7E; Section 22;
Block 4; Lot 6; Addition 1st;
~~Street Address~~ CLARENDON HILLS.

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. of Bed Rooms 5 Describe: _____

Other Use _____ ☐
Describe: _____

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

4. Plans and Specifications of Proposed System. (See FORM HD-32a(67) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT, attached hereto.)

Leo Kaestner Jr
Signature of Applicant (owner or lessee)

8327 So Cherrywood - Lincoln nebr.
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Date Site Clearance _____

3. Site Visits:
Date: _____ by: L.C.H.
Date: 8/16/71 by: L.C.H.
Date: _____ by: _____

4. Date: Approved ☒; Disapproved ☐: 4/22/71
by: Jerrold C. Hood

5. BUREAU OF LICENSES & PERMITS
Date Notified: _____
Date Issued: _____ Serial _____

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/16/71 by: Jerrold C. Hood

FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 432-7611)

FILE NO. _____

PROPERTY WHERE SOIL TESTED:
Location: Township _____
Section & ¼ Sect. _____
Property Dimensions: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).

Owner: Leo Koester
Address 8227 So. Cherrywood

Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☒; Clay Loam ☐; Sandy Clay ☐

Dates of Tests: 4-22-71 to 4-24-71. Weather: Precip. PC Temp. 60 F.

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
Hole No.	Hole Depth (in.)	Pre-Saturation Period Start Date (Mo. Day)	Pre-Saturation Period Start Time (Hr. Min.)	Pre-Saturation Period End Date (Mo. Day)	Pre-Saturation Period End Time (Hr. Min.)	Percolation Readings Start Date (Mo. Day)	Percolation Readings Start Time (Hr. Min.)	Percolation Readings Start Water Level (in.)	Percolation Readings End Time (Hr. Min.)	Percolation Readings End Water Level (in.)	Results Elapsed Time (Min.)	Results Water Level Drop (in.)	Results Percolation Rates (Min./inch)
1	29	4/22	6:00	4/23	6:00	4/23	6:00	24	10:00	11½	30 min	2¾	
2	29							24		10½	30 min	2	
3	28							23		12½	30 min	2½	
4	29							23		10½	30 min	2	
5	27							23		13	30 min	2¾	
6	28	↓	↓	↓	↓	↓	↓	24	↓	12	30 min	2½	

D. Danner
Signature of Person Conducting Test

Address 3645 Adams
Phone: 466-3706

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

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 13 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: April 28, 1971

Gerrold C. Hood
Signature of Reviewing Official

FORM HD-32a(67) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. _____

SPECIFICATIONS

DATE: 4-24-70

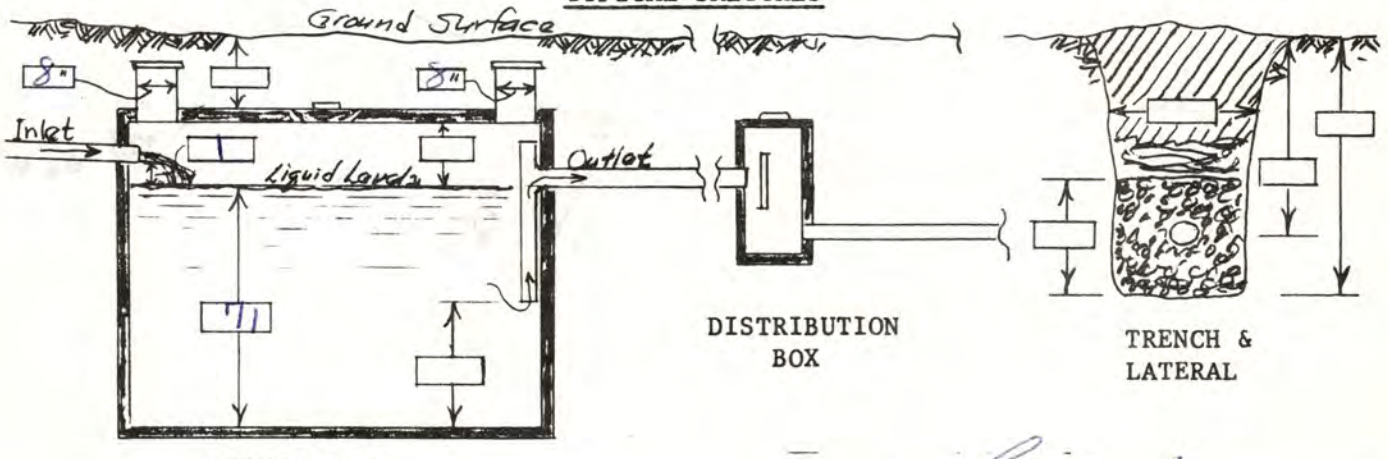
A. BUILDING SEWER:
1. Material ~~Soil~~ PLASTIC; Diameter 4 in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs 2.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete; No. of compartments One.
2. Capacity 500 gals.; Liquid depth 71 in.
3. Factory Built: Yes [X] (Company Pre-CAST STEP)
No [ ]
4. Manholes: Over Inlet; diam. 8 in.
Over Outlet; diam. 8 in.
Below Grade _____in.
5. Inlet: Baffle [ ]; or Tee [ ]
6. Outlet: Baffle [ ]; or Tee [X]
Depth of outlet below inlet 1 in.
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. DISTRICTION BOX
1. Material Concrete; No. available outlets 5.
2. Factory Built: Yes [X], (Company Pre-CAST STEP) No [ ]
3. Dimension: Length 20 in.; Width 14 in. Depth 12 in. 3'9"
4. Distance from Septic Tank 0 ft.
5. Serial Distribution: Yes [ ], No [X]
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: ~~TRENCH~~ C-CRETE
2. Lateral Lines: Depth below grade ____in.
Number 3; Length of each line ____ft
Total length of Laterals 240 ft.;
Slope 6 in/100 ft. Diameter of pipe 24 in.; Shape ∩
Material: concrete [X]; fiber asbestos [ ]; clay [ ]; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth 36 in.; Width 48 in.
4. Filter Material: GRAVEL.
Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line 100+ ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES

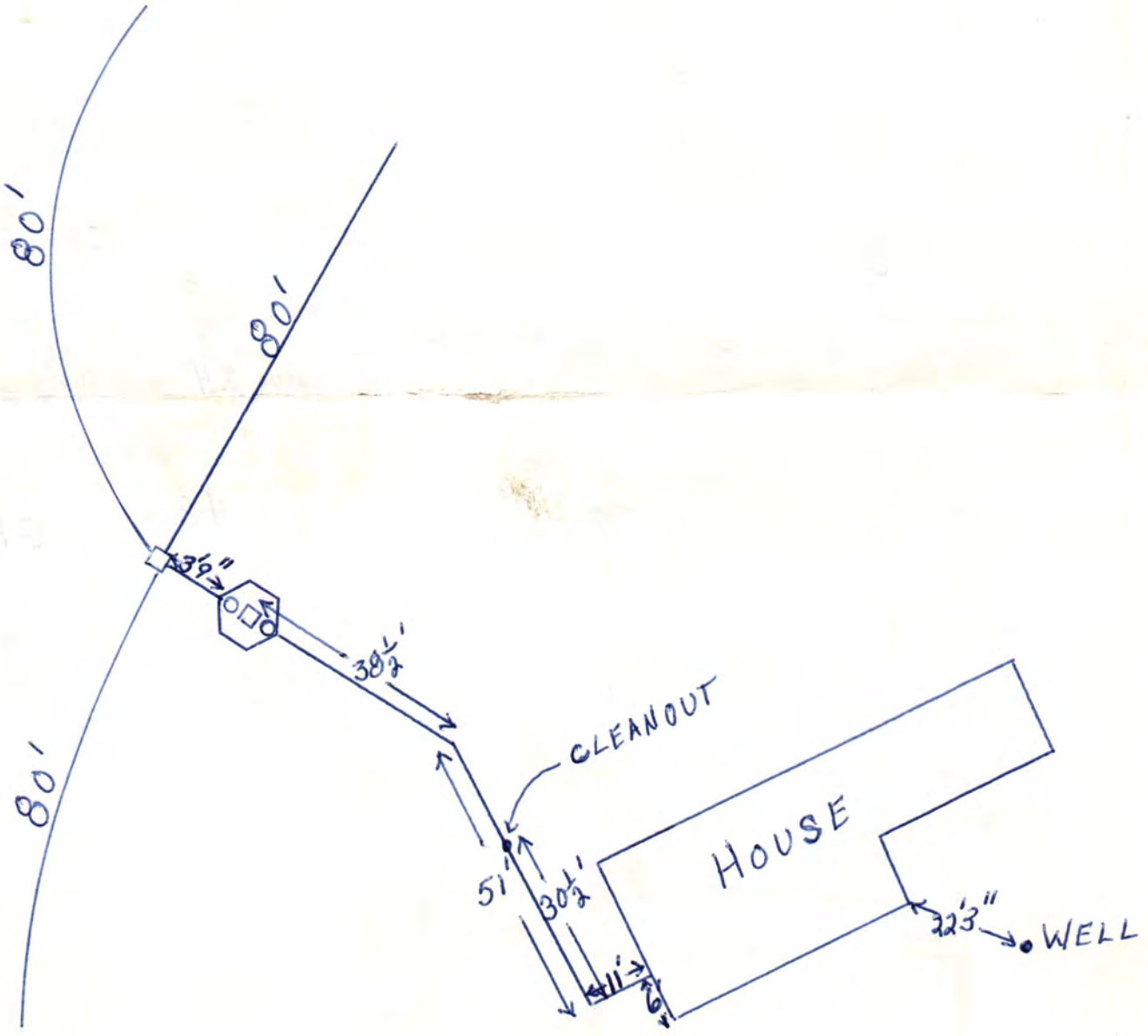


SEPTIC TANK

DISTRIBUTION BOX

TRENCH & LATERAL

Leo Koester Jr
Signature of Applicant


N
W
E
S
80'
80'
80'
43½"
30½'
CLEANOUT
HOUSE
5'
30½'
11'
6"
22'3"
WELL

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
WATER WELL

No. 95400049201

Issued 07/06/95
Expires 01/06/96
Revenue Code 19851

Establishment
LEMAR TIM STAUFFER
7225 TRAVIS DR NEW HOUSE
LINCOLN NE 68516

FEES: $75.00

TOTAL $75.00

Permittee
LEMAR TIM STAUFFER
7225 TRAVIS DR
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: 471-8000

FILING FEE $_____

FILE NO._____

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. 9N : Range 7E : Section 22
   Block 4 : Lot 6 : Addition Clarendon Hills 1st Add.
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: _____Ft.
4. Intended use of well _____

Signature of Applicant (owner or lessee)

7225 Travis Dr.
Address

City Water Yes ☐ No ☒

Sewage Permit Applied For Yes ☐ No ☐ Not Applicable ☒

1. Health Department: Date Rec'd 7/6/95. Action: Approved ☒ Disapproved ☐
   Date Frwd. 7/6/95. Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd _____. Action: Approved ☑ Disapproved ☐
   Date Frwd. _____. Signature: _____
3. City or County Engineers: Date Rec'd _____. Action: Approved ☑ Disapproved ☐
   Date Frwd. _____. Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7/19/95 by Jerrold Hood Depression around well
Date: 8/7/95 by Jerrold Hood Ok.
Date: 8/11/95 by Jerrold Hood

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/14/95 By: Jerrold Hood

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

FORM 23-13

JUL 18 1995

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

Lincoln-Lancaster County
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

DATA SHEET FOR WATER WELLS

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

Owner TIM & CONNIE STAUFFER Address 7225 TRAVIS DRIVE, LINCOLN NEBRASKA 68516

LOG OF WELL	
Depth ft. --to--	Description
0- 5	DRK YEL/BRN CLAY
5- 25	LIGHT BRN CLAY
25- 45	YEL CLAY
45- 50	YEL & BLUE CLAY
50- 55	YEL SAND
55- 80	YEL CLAY
80- 89	BLUE CLAY
89-180	RED & YEL SHALE
180-215	MED FINE SS
215-228	MED SS
228-232	WHITE SHALE
232-249	VRY CRS SANDSTONE
249-252	BLUE SHALE
252-256 256-260	VRY CRS SS & GRAVEL BLUE SHALE

WELL COMPLETION RECORD

Drilling Method: ROTO

Depth (from ground level), Ft. 249
Date Completed 7-8-95

Casing: Length, Ft 232 ; Dia. In. 4"
Wall Thickness, Inc 200# ; type PVC

Screen: Length, Ft. 17 Dia. In. 4'
Type 10' WOP ~~7' SLOTTED~~, slot Size .030 ~~.025~~

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

Water Level, Surface to top of water, Ft.:
Static 155, Pumping NA

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 ≤0.1ppm BACTERIOLOGICAL O.K.

Address P. O. BOX 308
HICKMAN, NEBRASKA 68372

Date 7-17-95

DO NOT WRITE BELOW THIS DOUBLE LINE

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

FORM 23-A

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PREMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. 95400047B

LINCOLN-LANCASTER COUNTY
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

DATA SHEET FOR WATER WELL

Legal Description: Sec. 36 T. 10 R. 6 Block ____ Lot ____ Addition ____

Owner TOM HRUZA Address 2501 SHERIDAN BLVD, LINCOLN, NE 68502

Well location - 2501 Sheridan Blvd.

LOG OF WELL	
Depth Ft to:	Description
0- 45	Brown clay
45- 57	Light gray shale & some SS
57-150	Medium fine yellow SS
150-155	Gray shale
155-170	Medium yellow SS
170-175	Ironstone & dark brown SS
175-200	Medium yellow SS
200-205	Ironstone & dark brown SS
205-248	Medium yellow SS
248-255	Medium fine yellow SS
255-260	Medium yellow SS

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level). Ft. 248'

Date Completed 7/23/03

Casing: Length, Ft. 238' :Dia. In. 6"

Wall Thickness, Inc. .316" Type PVC 200 #

Screen: Length, Ft. 10' Dia. In. 6"

Type PVC WOP , Slot Size .025

Drop Pipe: Length, Ft. 160' Dia. In. 2" PVC 80

Water Level, Surface to top of water, Ft.:

Static 102', Pumping 120'

Yield: 60 OF Pump gpm, Measured XX . Est. ____

Chlorination Completed Yes XX No ____

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

Driller [signature]
(Signed)

Address: P.O. BOX 308
HICKMAN, NE 68372

Date: 18 JUNE 2004

Remarks NITRATE NITROGEN 4.5 PPM.
BACTERIOLOGICAL O.K.

DO NOT WRITE BELOW THIS DOUBLE LIN

Health Department forwarded copy of record to Nebraska Conservatioin and Survey Department for Scientific Record X

025

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.

[XX] Evaluation of the Individual Water System Date: April 20, 1993

[XX] Evaluation of the Sewage Disposal System [XX] Enclosed is $150.00

Legal Description of Property: TWP. 9N; RANGE 7E; SECTION 22; BLOCK 4

LOT 6 & 7; ADDITION Clarendon Hills 1st Addn.; Street Address 7225 Travis Dr., Lincoln, NE

Directions to Property Travis Dr. is Approx. (1) mile South of 70th & Hwy. #2, turn East on Travis Dr., property is 2nd house on South Side.

Location of Well South of House-outside back door Tap Location: Inside [ ] Outside [X]

Location of Sewage System N.W. of House (front yard area) (Green Lid) Year Installed 1972 ? 1971

	NAME	ADDRESS	PHONE
Present Owner:	Lemar Tim & Connie L. Stauffer	7225 Travis Dr., Lincoln, NE 68516	423-8860
Tenant/Buyer:			
Return to:	First Commerce Savings, Inc.,	P.O. Box 80036, Lincoln, NE 68501	434-4840

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

Signature of Applicant Mark Haley, AVP Address P.O. Box 80036, Lincoln, NE 68501

Mark Haley

HEALTH DEPARTMENT USE ONLY

Date Received 04/22/93 Received $150.00 Check [X] Cash [ ] #3825

PRELIMINARY STATUS--DATE 4/23/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	[ ]	[X]	Approved:	[ ]	Date 4/23/93 by JCH
Bacteria	[X]	[ ]	Provisional:	[ ]	Date 5/17/93 by JCH
Nitrate	<10/PPM [X]	[ ]	Disapproved:	[ ]	Date _____ by _____

Comments: NEED SCREENED AIR VENT ON WELL, TWO BOLTS REPLACED IN WELL CAP. SEPTIC LATERALS SHOULD BE FILLED IN WHERE SUNKEN. GROUND IS VERY WET AT END OF CENTER LATERAL. IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. Corrected 5/17/93 See Attached Letter [ ]

FINAL STATUS

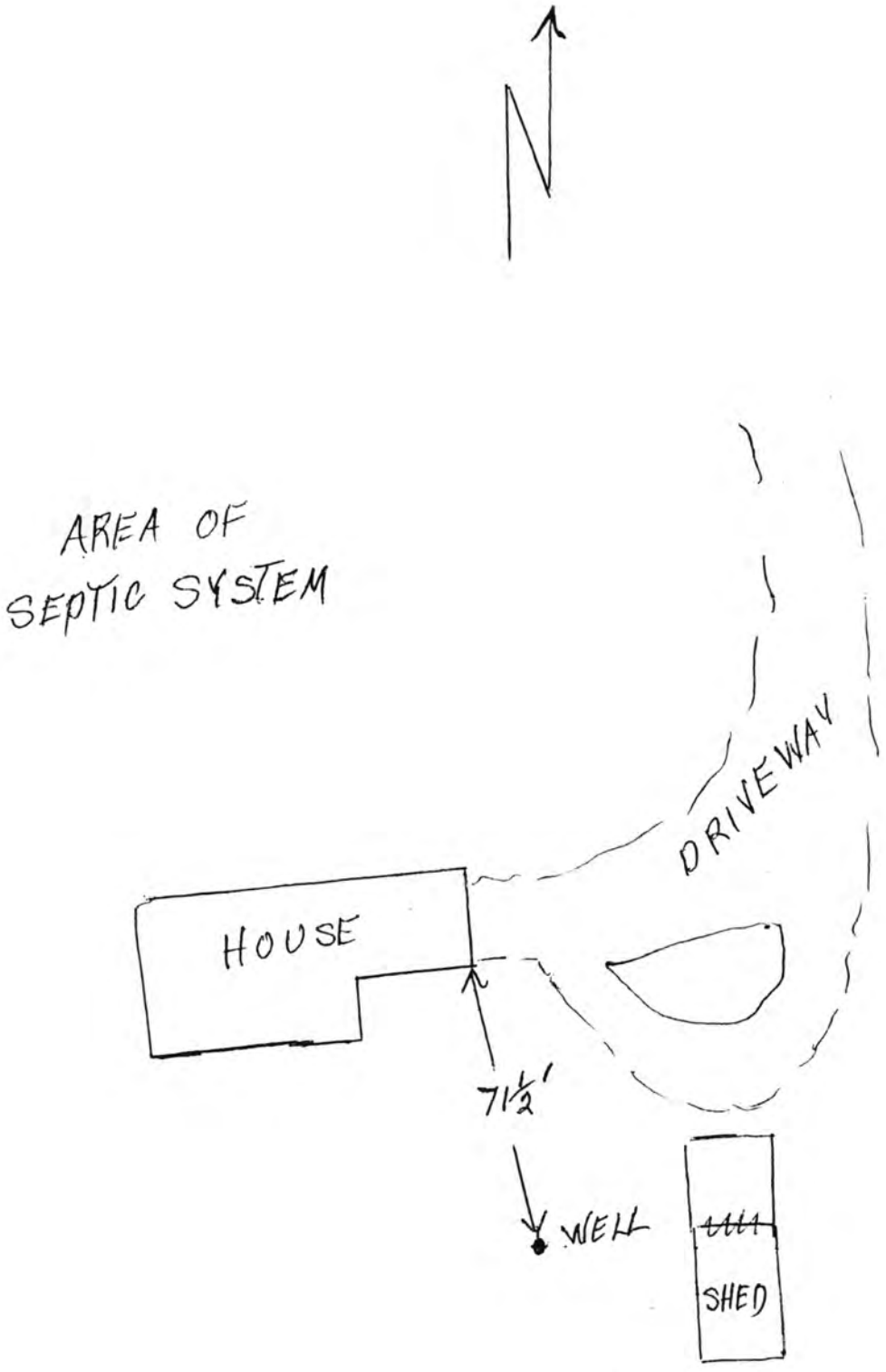
	WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
	Approved: [X]	Approved: [X]	Provisional Approval: [ ]

APPROVED BY Jerold C. Hood R.E.H.S. DATE MAY 21, 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

126


N
AREA OF
SEPTIC SYSTEM
DRIVEWAY
HOUSE
7½'
WELL
SHED