FILE #W-204

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL WATER WELL CONSTRUCTION — TYPE OF LICENSE OR PERMIT

JANUARY 7, 1988 — THIS LICENSE OR PERMIT EXPIRES

CRISTAL L. AHRENS — LICENSEE OR PERMITTEE

5135 LOCUST — ADDRESS

LINCOLN, NE 68516

9N; R7E; Sec 28; Lot 68 I.T. — 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

JUL 7 1987

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-204

DATE: 7/6/87

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 28
   Block ____ : Lot 68 I.T. Addition Lancaster County
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe ____
3. Distance to Public Water Supply: ____ Ft.
4. Intended use of well residential

Cristal L. Abrens
Signature of Applicant (owner or lessee)

5135 Locust
Address
Lincoln, Neb. 68516

56th & Yankee Hill Rd.
NO CITY WATER

Sewage Permit Applied For Yes ☐ No ☒ Not Applicable ☐

1. Health Department: Date Rec'd 7/7/87 Not yet. Action: Approved ☒ Disapproved ☐
   Date Frwd. 7/7/87. Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 7/8/87. Action: Approved ☐ Disapproved ☐
   Date Frwd. 7/8/87. Signature: By Jay M. Shewmaker
3. City or County Engineers: Date Rec'd 7/7/87. Action: Approved ☒ Disapproved ☐
   Date Frwd. 7/8/87. Signature: John A. Bruning

REMARKS OR REASONS FOR DISAPPROVAL ____

Site Visits:
Date: 6/20/90 by J. C. Hood Depression around well
Date: 9/5/90 by J.C. Hood Depression filled
Date: ____ by ____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/7/90 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-204

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

JUL 9 1987

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 28 T. 9N R. 7E Block ____ Lot 68 I.T. Addition ____

Owner Robert Ahrens Address 3/8 mi So of 56th & Yankee Hill Rd E. side

LOG OF WELL	
Depth Ft. to	Description
0-5	blk. soil
5-25	yell clys.
25-45	blue clys.
45-80	yell, white, red & light blue shs.
80-85	black sh.
85-95	red sh & ss
95-115	orange ss
115-182	med coarse light yell ss.
182-184	yell sh.
184-186	coarse ss
186-195	red → blue sh.

WELL COMPLETION RECORD

Drilling Method: Rot. Circ.

Depth (from ground level), Ft. 186

Date Completed 7-7-87

Casing: Length, Ft. ~~175~~ 171 ; Dia. In. 4

Wall Thickness, Inc. .200 ; type PVC

Screen: Length, Ft. 15 Dia. In. 4

Type K. St. wrap , slot Size .030

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

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

Static 93 , Pumping ____

Yield: 40+ 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 Moon (Signed)

REMARKS NITRATE NITROGEN < 0.1 P.P.M. BACTERIOLOGICAL O.K.

Address ____

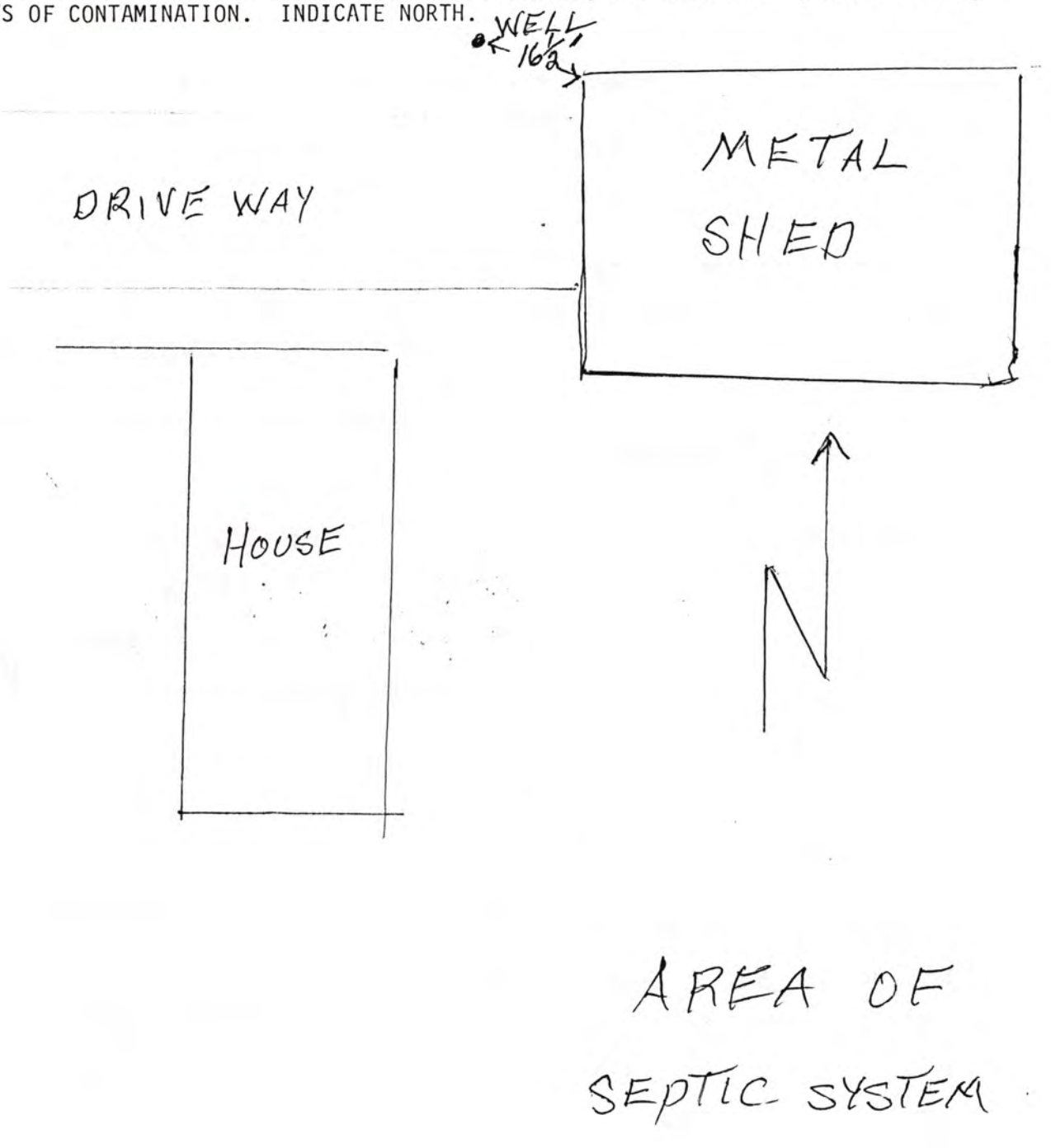
Date 7-8-87

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.



FILE #5551

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

FEBRUARY 25, 1988 — THIS LICENSE OR PERMIT EXPIRES

CRISTAL & BOB AHRENS — LICENSEE OR PERMITTEE

5135 LOCUST, LINCOLN, NE 68516 — ADDRESS

T9N; R7E; Sec 28; Lot 68; 9200 So. 56 Street — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 60.00	018754	$ 60.00

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 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: $ 60.00

FILE NO. 2551

DATE: 8/25/87

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 28 ;
   Block _____ : Lot 68 : Addition _____
   Street Address 9200 S. 56th

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: / ft.

Crystal & Bob Ahrens
Signature of Applicant (Owner or Lessee)

5735 Locust
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/25/87. Date Frwd. 8/25/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8-25-87. Date Frwd. 8-25-87. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

3. City or County Engineer: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 3/13/90 by: J. C. H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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. 2551

PROPERTY WHERE SOIL TESTED:

Location: Township 9N ; Range 7E ; Section & ¼ Section 28 . Lot 68
Property Dimensions: 306.5 ft. x 800 ft. Area: 5.63 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 8/23/87 to 8/24/87 . Weather: Precip. light drizzle Temp. approx 60->70°

OWNER: Bob & Cristal Ahrens

Address: 5135 Locust

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	8/23	4:15	8/23	8:15	8/24	7:15	21 3/8	8:15	24 5/8	30	3 1/4	
2	36	8/23	4:15	8/23	8:15	8/24	7:45	22 1/2	8:15	25 1/8	30	2 5/8	
3	36	8/23	4:15	8/23	8:15	8/24	7:45	18 7/8	8:15	21 3/8	30	2 3/8	
4	36	8/23	4:15	8/23	8:15	8/24	7:45	17 3/4	8:15	20 1/4	30	2 1/2	
5	36	8/23	4:15	8/23	8:15	8/24	7:45	19 1/4	8:15	25 1/4	30	6	
6	36	8/23	4:15	8/23	8:15	8/24	7:45	21 7/8	8:15	23 1/2	30	1 5/8	

Cristal Ahrens
Signature of Person Conducting Test

Address 5135 Locust Phone 483-1551

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Described Inclusion
Date: August 25, 1987

Approved Percolation Rate (a)
A. 10 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hook
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

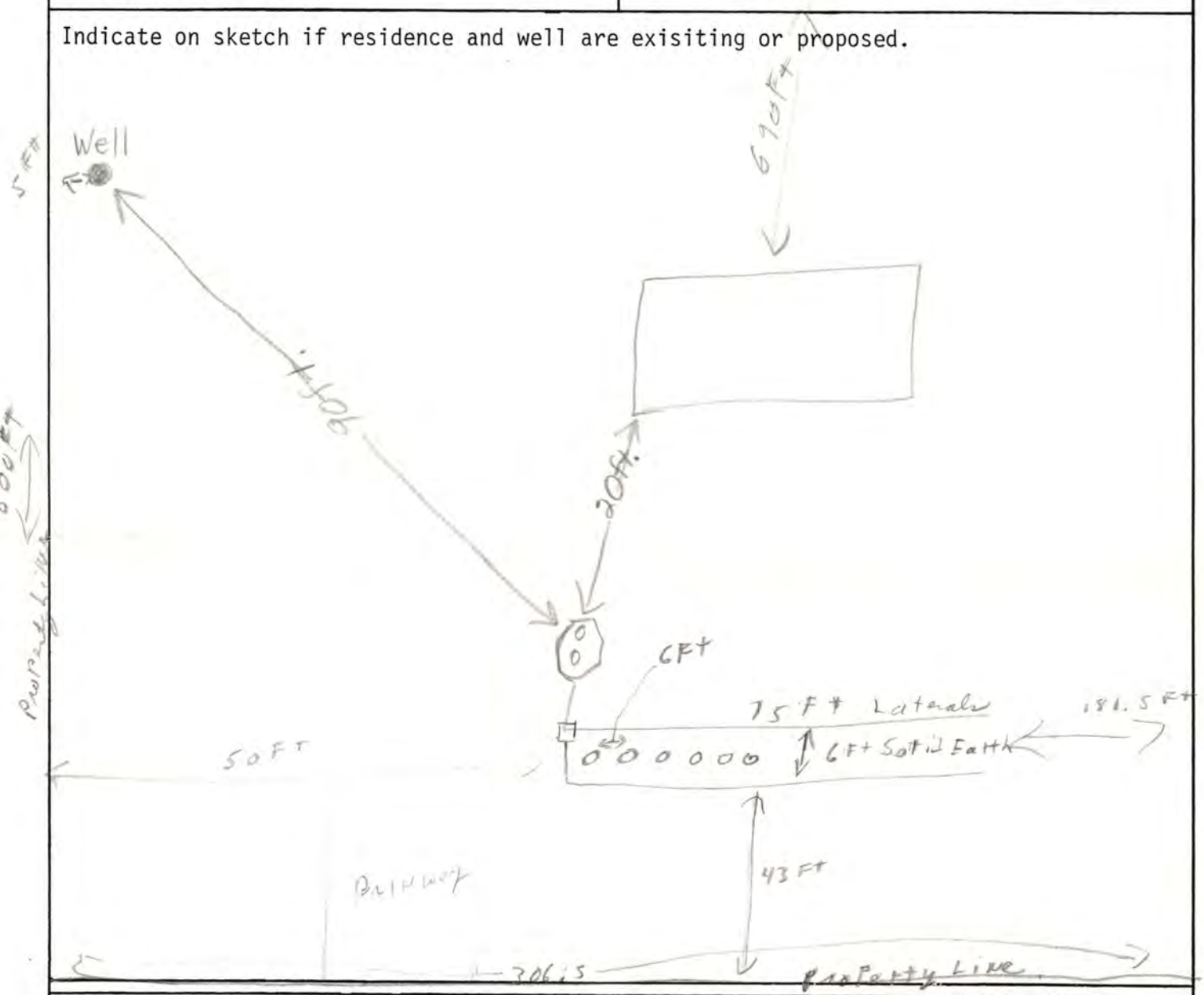
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 2551

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 495 sq.ft.

Jerrold C. Hoop
Signature of Reviewing Official