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
SEWAGE INSTALLATION

No. 94380118001

Issued 06/08/94
Expires 12/08/94
Revenue Code 18754

Establishment
MONTE EASTIN
T9N R7E SEC 28
KESS ESTATES BLK 4 LOT 1
5815 KESS DRIVE

FEES: $150.00

TOTAL $150.00

Permittee
MONTE EASTIN
4401 S 54 ST
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: 6-7-94

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 29 ;
   Block 4 : Lot 1 : Addition Kess Estates LLCN
   Street Address 5815 Kess Dr. Lincoln, NE. 68516

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 5 . Describe _____

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

4. Distance to public sewer: ? ft. EXPERIMENTAL SYSTEM

Monte E. Castle owner
Signature of Applicant (Owner or Lessee)

current 4401 S. 54th Lincoln, NE. 68516
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/7/94 . Date Frwd. 6/8/94 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6/8/94 . Date Frwd. 6/8/94 . ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

3. City or County Engineer : Date Rec'd. 6-8-94 . Date Frwd. 6-8-94 . ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10/25/94 by: J.C.H
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL *
Date: 2/27/95 By: Jerrold C. Hood

* EXPERIMENTAL SYSTEM
HENCE PROVISIONAL APPROVAL

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: 3 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 4-25-94 to 4-26-94. Weather: Precip. _____ Temp. 75.

OWNER: Monte E Eastin

Address: 4401 S. 54th Lincoln NE 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.)

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

_____
Signature of Person Conducting Test

Address _____ Phone _____

(Do not write below this line)

REVIEWING ACTION

Remarks: Experimental System
Soil Type (SCS): Clay
Date: 4/25/94

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

_____
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 ☐

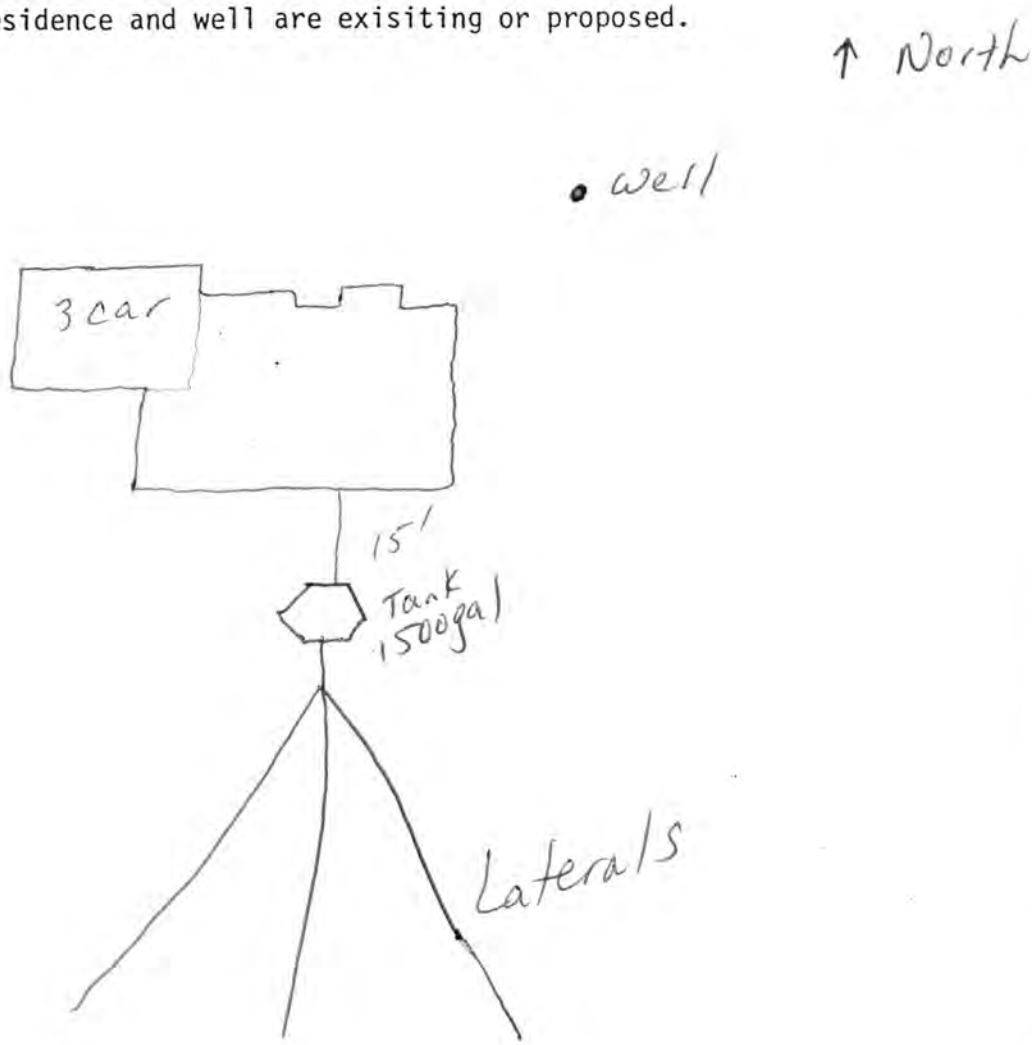
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO._____

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



REVIEWING ACTION

Remarks: _____

_____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed____sq.ft.

_____
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: 10-25-94

FILE NO. _____

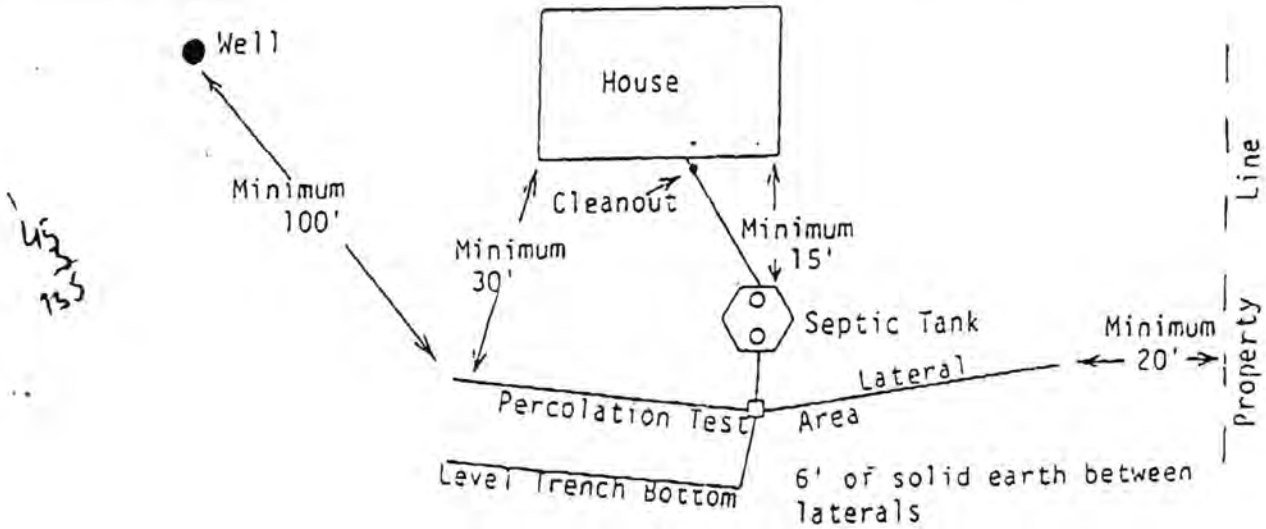
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material C ~~Steel~~ PVC ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 16 in.
3. Distance between dwelling and septic tank 69 ft.
4. Number of clean-outs 1.
5. Distances to: Well or Suction Line 90 ft.; Stream NA ft.; Pressure Line 50+ ft.; Property Line 50+ ft.

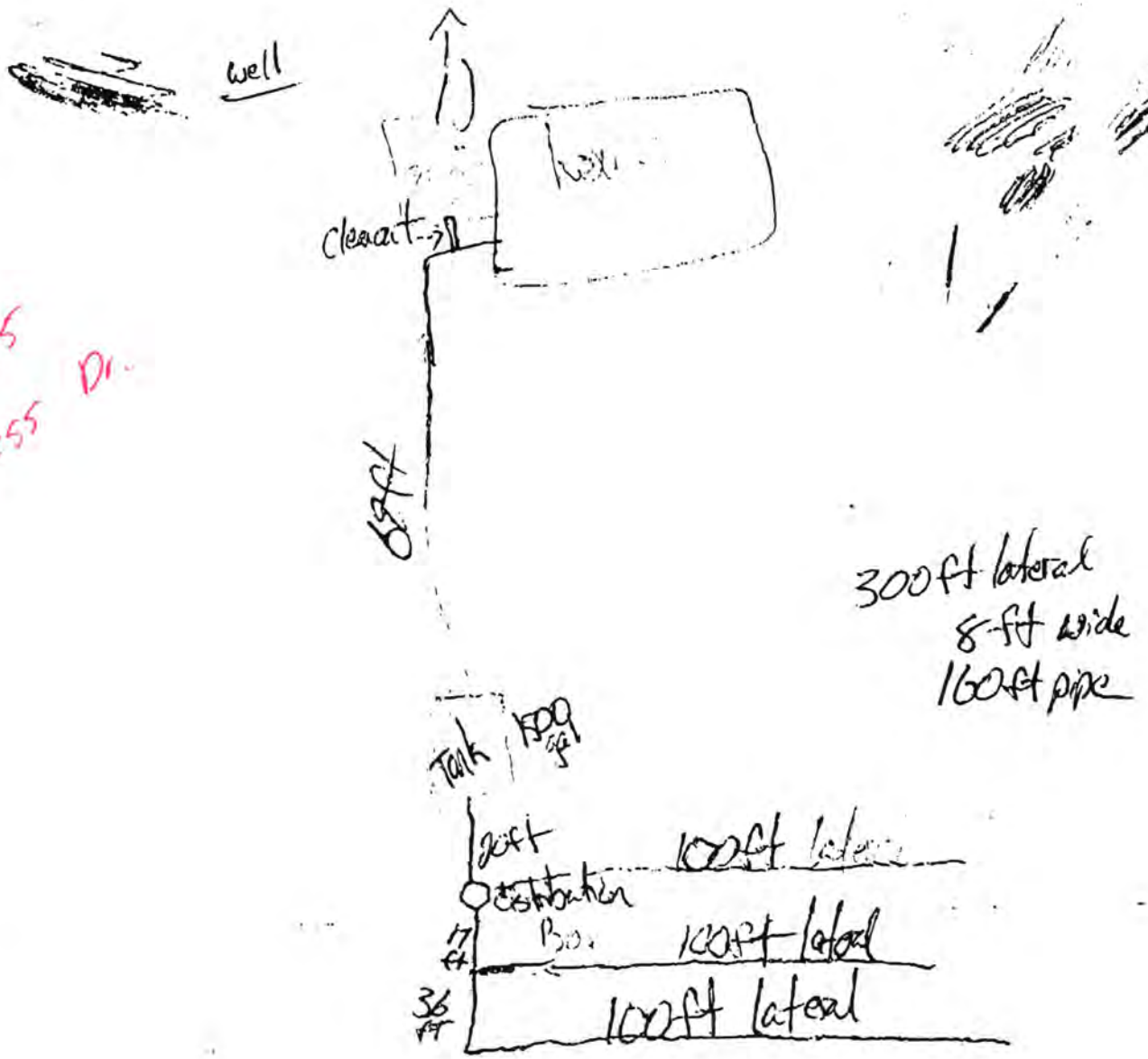
B. SEPTIC TANK:
1. Material Concrete ; No. of compartments 2.
2. Capacity 1500 gals.;
3. Factory Built: Yes ☒ No ☐ (Company precast)
4. Manholes: Over Inlet; diam. 8 in. Over Outlet; diam. 12 in. Riser Above ☒ Below ☐ Grade ____ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 24 in.
8. Distances to: Well or Suction Line 135 ft.; Stream NA ft.; Pressure Line 50+ ft.; Property Line 50+ ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets 5.
2. Factory Built: Yes ☒ No ☐ (Company precast)
3. Distance from Septic Tank 20 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐ Diameter of Half Round 22 or Perforated Pipe ____. Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other ____.
2. Lateral Lines: Number 3 ; Length of each line 100, 100, 100, ____, ____ ft.; Total length of laterals 300 ft.; Distance between lateral lines 10 ft.
3. Trench dimensions: Width 8 ft.; Slope 2 in/100 ft.; Average Depth 33 in.
4. Filter Material: 3/4 gravel Depth of Material 30 in.
5. Distances to: Well or Suction Line 150 ft.; Stream NA ft.; Pressure Line 50+ ft.; Property Line 24 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN



FEB 27 '95 02:11 PM AMERICAN FAMILY-M. EASTIN +402 423 8555 Page 3

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. 94400043501

Issued 06/08/94
Expires 12/08/94
Revenue Code 19851

Establishment
MONTE EASTIN
T9N R7E SEC 28
KESS ESTATES BLK 4 LOT 1
5815 KESS DRIVE

FEES: $75.00

TOTAL $75.00

Permittee
MONTE EASTIN
4401 S 54 ST
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 $75.00

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 28
   Block 4 : Lot 1 : Addition Kess Estates LLCW
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: 1000 Ft.
4. Intended use of well to supply water to a single family dwelling

Monte Eastes owner
Signature of Applicant (owner or lessee)

4401 S. 57th Lincoln NE 68516
Address

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 6-7-94. Date Frwd. 6/8/94. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 6/8/94. Date Frwd 6/8/94. Action: Approved ☒ Disapproved ☐ Signature: [signature]
3. City or County Engineers: Date Rec'd 6/8/94. Date Frwd. _____. Action: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 2/28/95 by J. C. Hood
Date: _____ by _____
Date: _____ by _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 3/2/95 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. 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. 28 T. 9N R. 7E Block 4 Lot 1 Addition KESS ESTATES
Owner MONTE EASTIN Address 5815 KESS DRIVE

LOG OF WELL	
Depth Ft. to	Description

WELL COMPLETION RECORD

Drilling Method: ROTARY
Depth (from ground level), Ft. 230
Date Completed 9/1/94

Casing: Length, Ft. 210; Dia. In. 4.
Wall Thickness, Inc. .214; type PVC

Screen: Length, Ft. 20 Dia. In. 4.0
Type PVC, slot Size .016

Drop Pipe: Length, Ft. 180 Dia. In. 1¼

Water Level, Surface to top of water, Ft.:
Static 116, Pumping 200

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 EARNEST WELL DRILLING
(Signed)

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

Address P.O. BOX H, MILFORD, NEBR.

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

November 199
DWR Form 13

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 seperate 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-82694
Registration Date: 10-5-94
Receipt Number: 79199
20 LOWER PLATTE SOUTH NRD
92369

1. Name of well owner Monte Eastin Telephone Number (402) 489-4360
   Address 4401 S. 54th
   City Lincoln State Ne Zip Code 68516 (68551)

2. Drilling Firm EARNEST WELL DRILLING INC. Telephone Number (402) 761-2281
   Address PO BOX H Contractor's License No. 39051 Pump Installer License No.
   City MILFORD State NE Zip Code 68405
   Well Logger (Name) MARVIN ROTH Well Driller (Name) MARVIN ROTH

3. Permit Number(s) NA

4. This well will be for (indicate one): ___Irrigation ___Industrial Use ___Public Water Supply ✓ 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 ✓ 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: SW¼ SW¼ of Section 28, Township 9 North, Range 7 East/West Lancaster County
   B. The well is 907.5 feet from the North/South section line and 973.5 feet from the East/West section line (908 N 974 E)
   (If possible, measurements should be from nearest section line.)
   C. Street address or block, lot and subdivision, if applicable: 5815 Kay Dr. Kay Estates (30' North of property line 168' East of property line)
   D. Location of use (give legal description): Lot 1 Block 4 Kay Estates
   E. If for irrigation, the land to be irrigated is ___ acres.

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

A. Pumping rate: 20 gallons per minute. Measured ☑ or Estimated ☐

B. Pump: Column diameter: 1¼ inches. C. Depth to pump: 180 ft.

D. Pumping equipment installed: 9/1, 1994. E. Brand/Type: Dempster

8. Well Information.

A. Total well depth: 230 feet. B. Static water level: 116 feet. C. Pumping water level 200 ft.

D. Construction began: 8/4, 1994. E. Construction completed: 9/1, 1994

F. Bore hole diameter 9 inches.

G. Casing: Diameter 4.072 ID 4.5 OD in.; Type of material: PVC

Wall thickness .214 in. Joints--Welded/Glued/Threaded/Other: ; Guides at

Length(s) and placement(s) depth from 0 ft. to 210 ft. from ft. to

H. Screen: 4.026 ID 4.5 OD in.; Type of material PVC

Screen openings (slot size): .016 ; Trade name: Monoflex ; Guides at 215 & 225

Length(s) and placement(s) depth from 210 ft. to 230 ft. from ft. to

I. Gravel pack interval(s) from 20 ft. to 85 ft. from 95 ft. to 235 ft. Grade size: Gravel C-pack

J. Grouted/Sealed from 5 ft. to 20 ft., with Bentonite (type)

from 85 ft. to 95 ft., with Bentonite (type)

K. Drilling method: Rotary L. Drilling fluid: Quick-gel

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

N. Will chemicals or fertilizer be injected into the distribution system? ___Yes ✓No

GEOLOGIC MATERIALS LOGGED

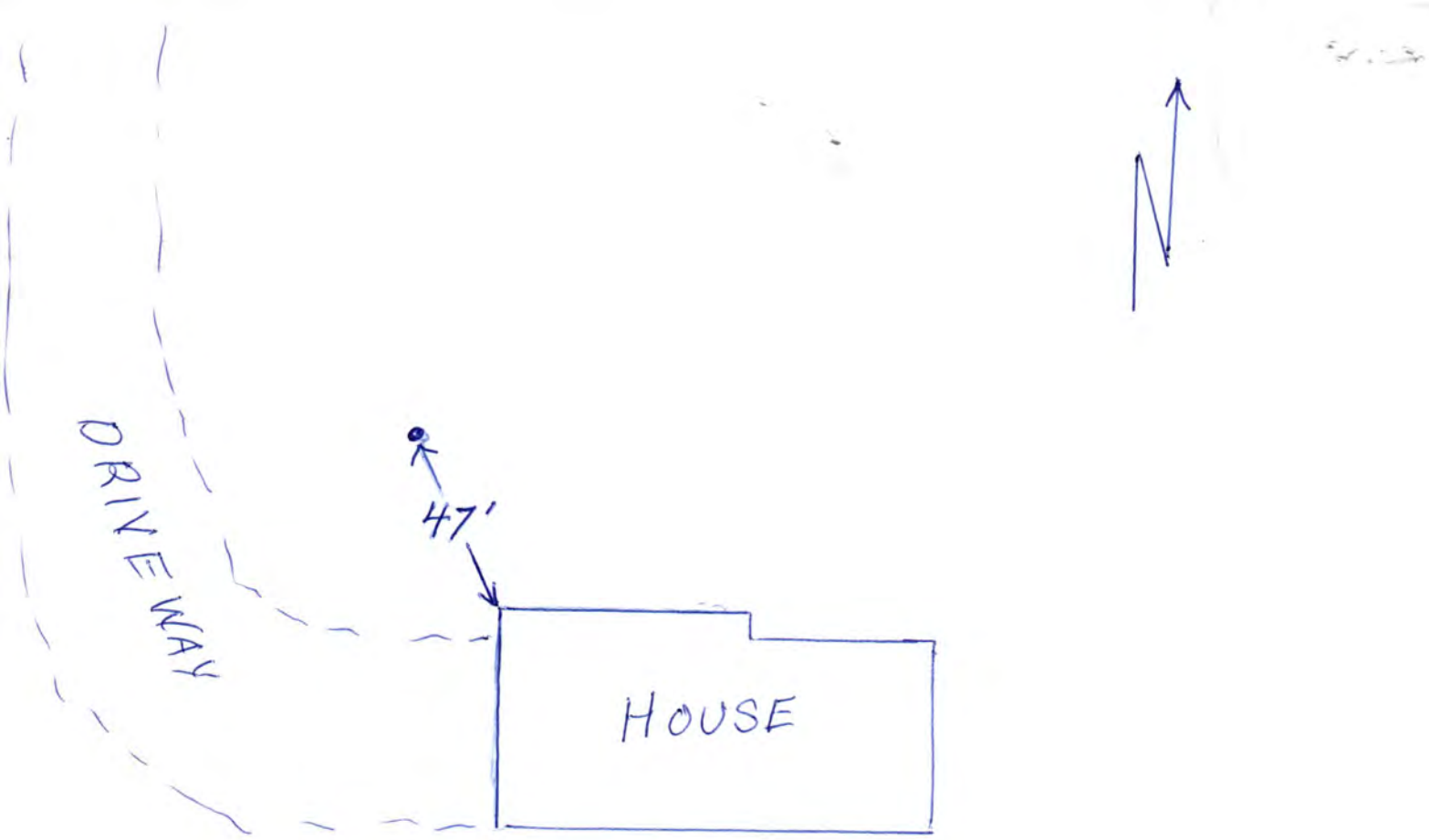
DEPTH IN FEET FROM	TO	DESCRIPTION	DEPTH IN FEET FROM	TO	DESCRIPTION
0	2	Top Soil			
2	50	Brown clay			
50	65	Red & White clay			
65	80	Blue & Red clay			
80	85	Yellow & Red clay			
85	90	Blue clay			
90	100	Red clay			
100	135	Sandstone (Yellow)			
135	230	Sandstone			

(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.

Marvin Roth — Water Well Contractor's Signature — 9/17/94 Date

Monte E. Eastin — Water Well Owner's Signature — 9/26/ Date



AREA OF
SEWAGE SYSTEM