FILE #1081

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

OCTOBER 30, 1984 — THIS LICENSE OR PERMIT EXPIRES

BRUCE A. KALISEK — LICENSEE OR PERMITTEE

3140 MAYFLOWER AVE. LINCOLN, NE 68502 — ADDRESS

T9N; R7E; Sec 28; Bk 5; Lot 7; Yankee Ridge Estates — 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-LANCAS[illegible] COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2081

DATE: 4.27.84

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. 9 N ; Range 7E ; Section 28 ;
   Block 5 : Lot 7 : Addition YANKEE RIDGE ESTATES
   Street Address 6401 REBEL DRIVE

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.

Signature of Applicant (Owner or Lessee)

3140 Mayflower ave.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/26/84. Date Frwd. 4/30/84. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4/30/84. Date Frwd. 4/30/84. ACTION: Approved ☐ Disapproved ☐ Signature:

3. City ~~or County~~ Engineer : Date Rec'd. 4-30-84. Date Frwd. 4-30-84. ACTION: Approved ☒ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL

Site Visits:
Date: 7-20-84 by: ron sewer line only done. + Need drawing
Date: by:
Date: by:

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-25-84 By: Ron Maynard

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

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. 2081

PROPERTY WHERE SOIL TESTED:

Location: Township_____; Range_____; Section & ¼ Section_____.
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: 2-25-84 to 2-26-84. Weather: Precip. 0 Temp. 40°.

OWNER: Bruce KALISEK
Address: 3140 MAYFLOWER
489-1015

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"	2-25	7:00 AM	2-26	7:00 AM	2-26	7:00 AM	6"	11:00 AM	5"	30m	1"	
2	"	"	"	"	"	"	"	"	"	5 7/8"	"	1/8"	
3	"	"	"	"	"	"	"	"	"	3 1/2"	"	2 1/2"	
4	"	"	"	"	"	"	"	"	"	3 3/4"	"	2 1/4"	
5	"	"	"	"	"	"	"	"	"	5 7/8"	"	1/8"	
6	"	"	"	"	"	"	"	"	"	4"	"	2"	

William Hoagland
Signature of Person Conducting Test
Address 2701 N 27th Lot 22 Phone_____

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

(Do not write below this line)

REVIEWING ACTION

Remarks: Seems a little fast for Wymore Silty Clay Loam
Soil Type (SCS): Wymore Silty Clay Loam
Date: February 28, 1984

Approved Percolation Rate (a)
A. 23 min./inch
B._____min./inch
C._____min./inch

Jerrold C. Hood
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 ☐

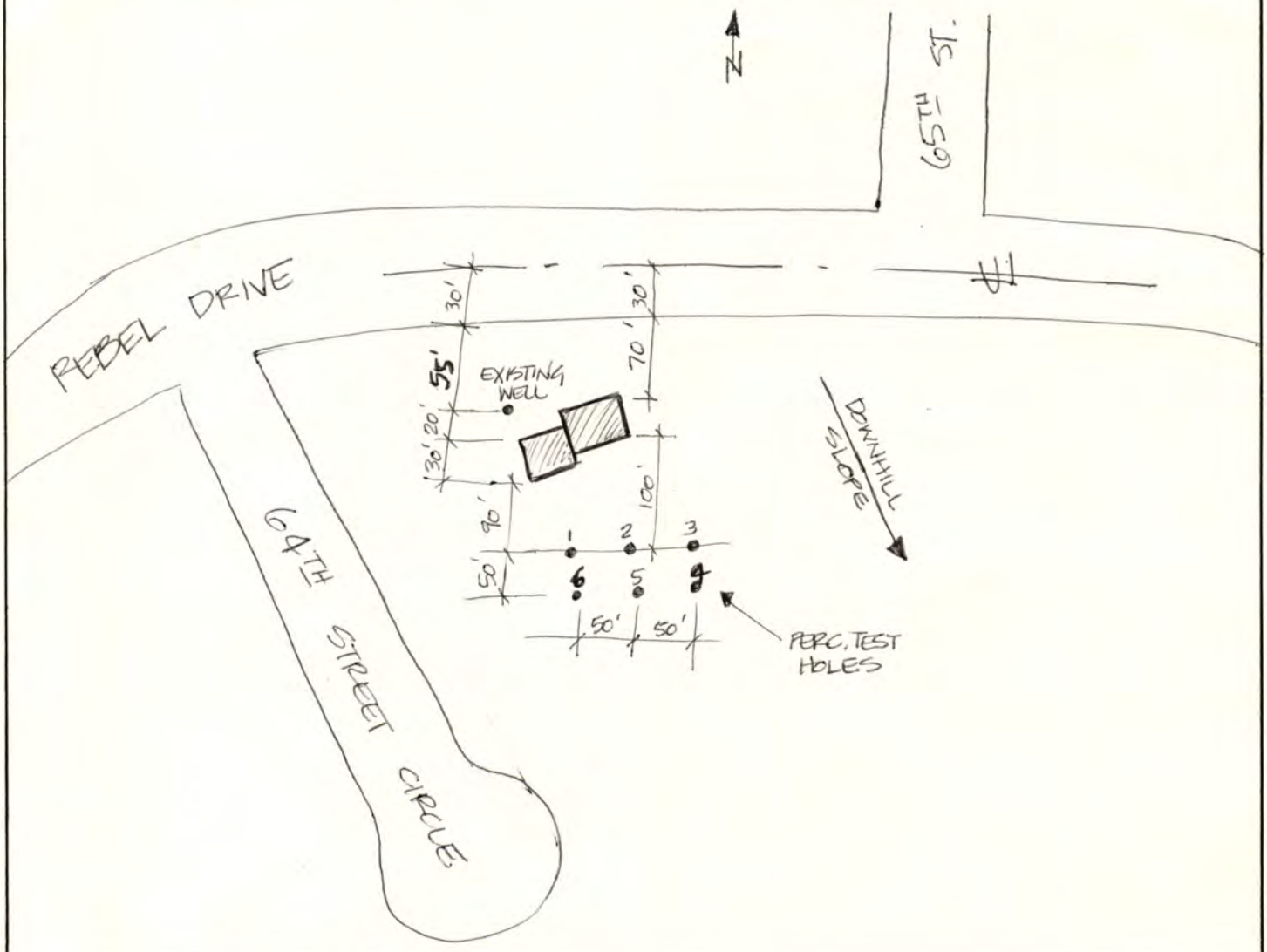
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO. 2081

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



REVIEWING ACTION

Remarks: _____

Date: APRIL 26, 1984

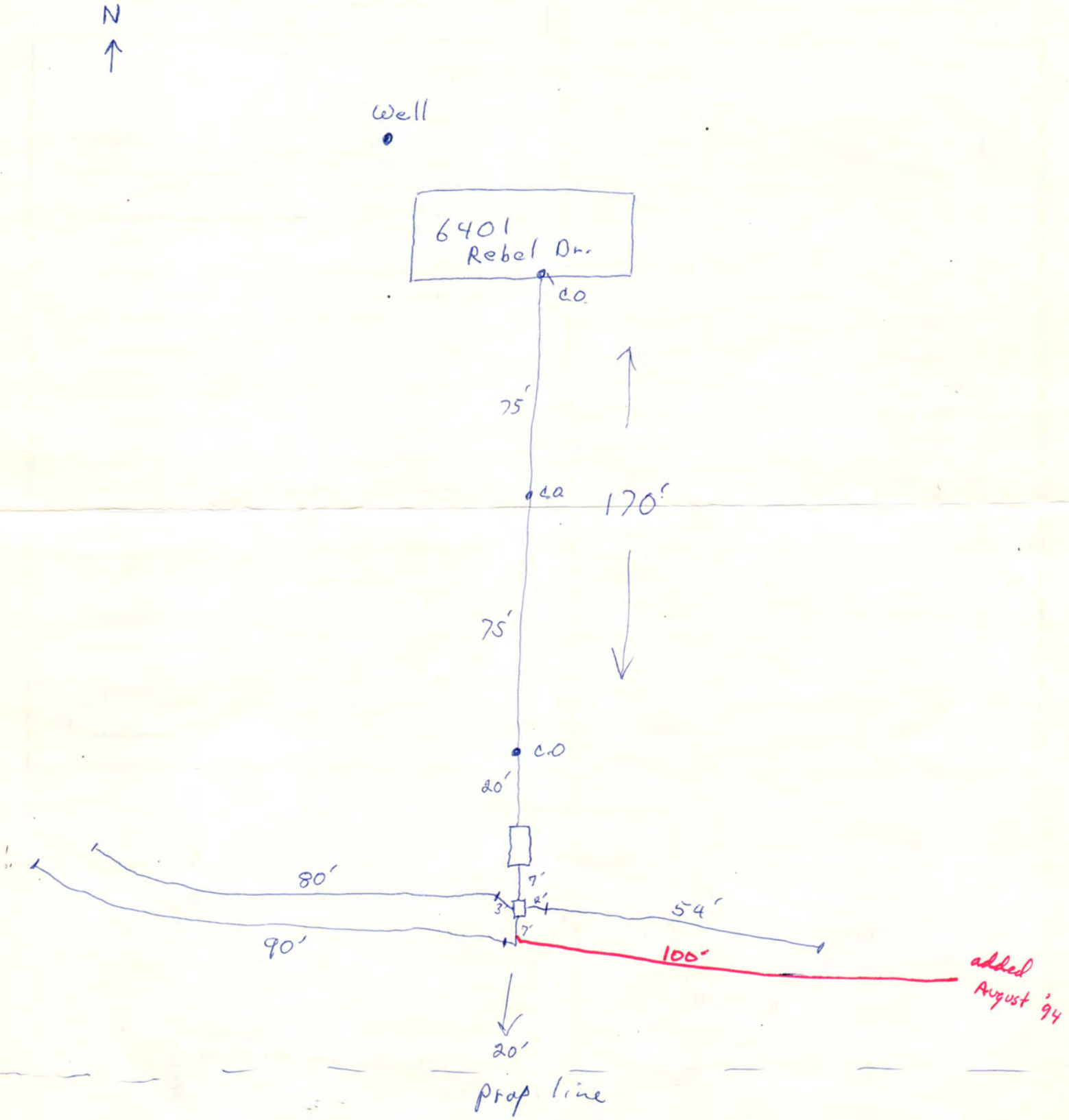
Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 665 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

AS BUILT DRAWING OF SYSTEM

DATE 7-20-84 INSTALLER Larry Schevarek

Bruce Kalisek House



001

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.

☒ Evaluation of the Individual Water System Date: _____

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 9N ; RANGE 7E ; SECTION 28 ; BLOCK 5

LOT 7 ; ADDITION Yankee Ridge; Street Address 6401 Rebel Drive Linc, Ne.

Directions to Property So. on 56th street. to Rebel Dr. then east approx. .5 - 1 mile.

Location of Well by N.W corner of garage Tap Location: Inside ☐ Outside ☐

Location of Sewage System So. of wood deck Year Installed 1984

	NAME	ADDRESS	PHONE
Present Owner:	Bruce + Joyce Kalisek	6401 Rebel Dr Linc, Ne.	421-3320
Tenant/Buyer:	James and Paula Moss Jr	900 Smoky Hill Rd Lincoln NE	402-489-5091
Return to:	Mike Poskochil	Woods Bros Realty 7140 "A" St, Linc, Ne 68510	483-4741

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

Signature of Applicant _____ Address 900 Smoky Hill Rd

==========

HEALTH DEPARTMENT USE ONLY

Date Received DECEMBER 5, 1991 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE DECEMBER 5, 1991

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☐	☒	Approved:	☒	Date 12/5/91	by J.C.H
Bacteria	☒	☐	Provisional:	☐	Date 12/11/91	by J.C.H
Nitrate	☒	☐	Disapproved:	☐	Date 1/7/92	by J.C.H

Comments: ELECTRICAL CONDUIT IS BROKEN, SLIGHT DEPRESSION AROUND WELL. Corrected 1/7/92 J.C.H.

See Attached Letter ☐

FINAL STATUS

	WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
	Approved: ☒	Approved: ☒	Provisional Approval: ☐

APPROVED BY Jerrold C. Hood R.E.H.S. DATE JANUARY 9, 1992

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

016

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☒ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☒ Evaluation of the Individual Water System ☐ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 6401 Rebel Dr. Lincoln Ne. 68516

Twp 9 Range 7 Section 28 1/4 ___ 1/4 ___ Block 5 Lot 7 Addition Yankee Ridge Addn.

Directions to Property _____

Location of Well North of house Tap Location: Inside ☐ Outside ☒

Location of Sewage System South of house Year Installed 1984

	NAME	ADDRESS	PHONE
Present Owner:	James Paul Moss, Jr.	6401 Rebel Drive Lincoln Ne. (16)	421-1671
Tenant/Buyer:	Clark + Judy Wittwer	4511 S. 44th Lincoln Ne. (16)	483-1249 441-5178
Return to:	A + I Title Co. (Attn: Connie)	3833 Normal Blvd. Lincoln, Ne. (16)	474-3717

Signature of Applicant Clark Wittwer Address 4511 S. 44 Lincoln NE 68516 Date 8 / 4 / 94

HEALTH DEPARTMENT USE ONLY

Date Received 08 / 05 / 94 Received $150.00 Check ☑ Cash ☐ #7649

PRELIMINARY STATUS--By PAUL DILOTZMANN **DATE:** 8 / 9 / 94

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☐	Date 8/26/94 by P.D.
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ >0.1 ppm	☐ ___ ppm	Disapproved ☒	Date ___/___/___ by ___

Comments: Sewage coming to ground surface at SW corner 8-26-94 100' of lateral added

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒ **SEWAGE DISPOSAL SYSTEM** Approved: ☒ Provisional Approval: ☐

Approved by Paul Wyatt Date 8 / 29 / 94

Approval or disapproval is based on State and local 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 operations.

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Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☒ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☒ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

1509

Legal Description of Property: Street Address 6401 Rebel Dr Lincoln NE 68516

Twp 9N Range 7E Section 28 1/4 ___ 1/4 ___ Block 5 Lot 7 Addition Yankee Ridge LLCN

Directions to Property South on 56th past Yankee Hill then Rebel Drive go East.

Location of Well FRONT YARD Tap Location: Inside ☐ Outside ☒

Location of Sewage System SOUTH of House Year Installed 1984

	NAME	ADDRESS	PHONE
Present Owner:	JAMES R MOSS JR	6401 Rebel Dr Lincoln NE	421-1670
Tenant/Buyer:			
Return to:	JIM McANDREW FIRSTIER BANK	56th & O Lincoln NE	467-8040

Signature of Applicant x James R Moss Jr Address 6401 REBEL LINCOLN NE Date 11/1/95

HEALTH DEPARTMENT USE ONLY

Date Received 12/7/95 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood DATE: 12/7/95

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: ___ See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒ **SEWAGE DISPOSAL SYSTEM** Approved: ☒ Provisional Approval: ☐

Approved by Jerrold C. Hood R.E.H.S. Date 12/12/95

Approval or disapproval is based on State and local 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 operations.

JUL 07 1997

9707140004

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☐ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☒ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 6401 Rebel Rd 1509

Twp 9N Range 7E Section 28 1/4 ___ 1/4 ___ Block 5 Lot 7 Addition YANKEE RIDGE ESTATES

Directions to Property East of Hwy 2 on 70th — South of Yankee Hill Rd to Rebel then West to property (2 story white) — side of front yard.—

Location of Well Well is in front yard (West Tap Location: Inside ☐ Outside ☐

Location of Sewage System just to South of the deck — Year Installed ___

2 white pop up Covers connected laterals run east and west

	NAME	ADDRESS	PHONE
Present Owner:	Jim Moss	6401 Rebel Rd	421-1670
Tenant/Buyer:	Terry L. Heimes	5929 Fieldcrest Way Lincoln, NE 68512	423-4844
Return to:	Sandra Harder	Woods Bros. 3201 Pioneer Blvd Lincoln, NE 68502	434-3600

Signature of Applicant Terry J Heimes Address 5929 Fieldcrest Way Lincoln, NE 68512 Date 7/2/97

HEALTH DEPARTMENT USE ONLY

Date Received 7/7/97 Received $150.00 Check ☒ #785 Cash ☐

PRELIMINARY STATUS--By John Chen **DATE:** ___/___/___

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM		Additional Site Visits
Construction	☒	☐	Approved	☐	Date ___/___/___ by ___
☒ Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional	☐	Date ___/___/___ by ___
Nitrate	☒ 6.1 ppm	☐ ___ ppm	Disapproved	☐	Date ___/___/___ by ___

Comments: Nocivance of surface discharge. IF THE septic TANK has not been pumped recently, it should be checked to see IF IT NEED or is necessary.

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒ **SEWAGE DISPOSAL SYSTEM** Approved: ☒ Provisional Approval: ☐

Approved by John J Chen Date 7/14/97

Approval or disapproval is based on State and local 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 operations.

Water results - via phone 7/14/97 - JC

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☐ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 6401 Rebel Drive Lincoln, NE 68516

Parcel ID 16 - 25 - 105 - 007 - 000 (i.e. 99-99-999-999-999)

Twp 9N Range 7E Section 28 1/4 ___ 1/4 ___ Block 5 Lot 7 Addition Yankee Ridge

Directions to Property So of Hwy 2 on 70th to Rebel Dr, West To Property

Location of Well West Side of Front YARD Tap Location: Inside ☐ Outside ☒

Location of Sewage System South of Deck, 2 white pop off covers - connected Year Installed unk - 1984

Site Hazards (dogs, etc.) Laterals Run EAST and WEST

	NAME	ADDRESS	PHONE
Present Owner:	Terry Heimes	5501 Aaron Cr. Lincoln, NE 68516	423-4844
Tenant/Buyer:	Matt Lundak		
Return to:	Sandra Harder	Woods Bros Realty 7100 S. 29th 68512 Larry Wakefield 423-0844	430-7080 488-2321 (Fax)

Signature of Applicant [signature] Address ___ Date 4 / 15 / 04

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 4 / 27 / 04 Amount $200.00 Check No. 2061 Initials TW

DATA ENTRY Date ___ / ___ / ___ Case No. ___ Initials ___

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 4 / 28 / 04

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.0 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☐

Additional Site Visits

Date 5 / 4 / 04 by J.C.H.

Date ___ / ___ / ___ by ___

Date ___ / ___ / ___ by ___

Comments: HOUSE VACANT AT TIME OF INSPECTION. ELECTRICAL CONDUIT IS BROKEN ON WELL. IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☒ Provisional Approval ☐

Approved by Jerrold C. Hood R.E.H.S. Date 5 / 6 / 04

Approval or disapproval is based on State and local 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 operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 9-00

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: 474-1541

D

DATE: _____

FILE NO. _____

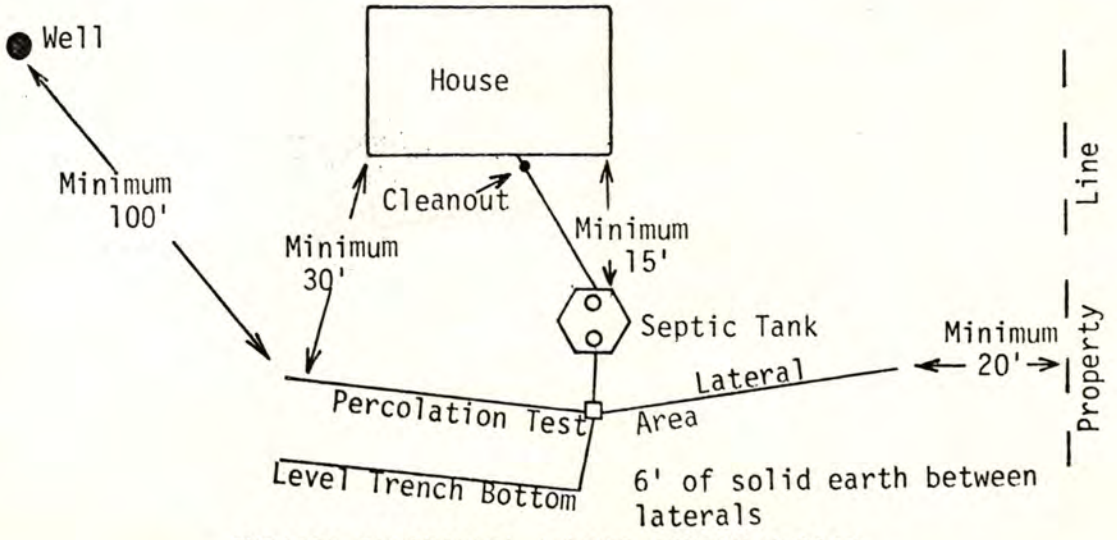
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material 3034 ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 18 in.
3. Distance between dwelling and septic tank 170 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:
1. Material Concrete ; No. of compartments _____ .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
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 12" in.
8. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets _____ .
2. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
3. Distance from Septic Tank 7' 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 4" .
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____ .
2. Lateral Lines:
Number 3 ; Length of each line 90 , 80 , 54 , _____ , _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines 7 ft.
3. Trench dimensions: Width 3 ft.;
Slope 3" in/100 ft.; Average Depth 30" in.
4. Filter Material: Road Gravel
Depth of Material 16" in.
5. Distances to:
Well or Suction Line 250' ft.;
Stream 150 ft.; Pressure Line _____ ft.; Property Line 20 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

FILE #W-43

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL WATER WELL CONSTRUCTION — TYPE OF LICENSE OR PERMIT

SEPTEMBER 5, 1984 — THIS LICENSE OR PERMIT EXPIRES

BRUCE A. KALISEK — LICENSEE OR PERMITTEE

3140 MAYFLOWER AVE. LINCOLN, NE 68502 — ADDRESS

T9N; R7E; Sec. 28; Bk 5; Lot 7; Addition: Yankee Ridge Estates — 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

- 4 - 4500 -

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

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

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. W-43

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

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 28 T. 9N R. 7E Block 5 Lot 7 Addition YANKEE RIDGE
Owner BRUCE A. KALISEK Address 3140 MAYFLOWER AVE.

LOG OF WELL	
	Description
Depth Ft. to	
0 - 1	TOP SOIL
1 - 8	TAN CLAY
8 - 15	BROWN CLAY
15 - 58	YELLOW CLAY
58 - 65	TAN CLAY
65 - 73	BLUE CLAY
73 - 78	SANDY TAN CLAY
78 - 113	BLUE CLAY
113 - 118	BROWN & WHITE CLAY
118 - 152	GRAY CLAY
152 - 158	RED & WHITE CLAY
158 - 174	BLUE CLAY
174 - 243	SANDSTONE

WELL COMPLETION RECORD

Drilling Method: ROTARY MUD
Depth (from ground level), Ft. 243
Date Completed 3-12-84

Casing: Length, Ft. 223 ; Dia.In. 5"
Wall Thickness, Inc. ____ ; type PVC 200

Screen: Length, Ft. 20' Dia.In. 5"
Type PVC , slot Size .025"

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

Water Level, Surface to top of water, Ft.:
Static 176' , Pumping ____

Yield: 30+ 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 _____

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

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-43

DATE: 3.5.84

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 5 : Lot 7 : Addition YANKEE RIDGE ESTATES
2. Well use: Residential ☑ ; Commerical ☐ ; Other Use ☐
   Describe
3. Distance to Public Water Supply: ____ Ft.
4. Intended use of well RESIDENTIAL (SINGLE FAMILY)

Bruce A. Kalisek
Signature of Applicant (owner or lessee)

3140 MAYFLOWER AVE.
Address

Sewage Permit Applied For Yes ☑ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 3/5/84. Date Frwd. 3/5/84. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 3/5/84. Date Frwd. 3/5/84. Action: Approved ☒ Disapproved ☐ Signature:
3. City or County Engineers: Date Rec'd 3/5/84. Date Frwd. 3/5/84. Action: Approved ☒ Disapproved ☐ Signature: Ruth Rukes

REMARKS OR REASONS FOR DISAPPROVAL ~~SEWAGE PERMIT STILL COMING~~

Site Visits:
Date: 8/20/84 by J.C. Hood
Date: ____ by ____
Date: ____ by ____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/27/84 By: J.C. Hood

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

FORM 23-13

STRADER'S
e Valley Drilling
#1, Box 89A
NE 68422

BLUE VALLEY DRILLING

Gerald Strader

#W-43

[redacted] Phone [redacted]

Name BRUCE KALISEK Date 3-12, 1984

Address 3140 MAYFLOWER Phone

LINCOLN NE 68502

Location

LOG OF WELL

			Top	Bottom	
	Test @ per. ft.	$			
	Test @ per. ft.	$	0	1	TOP SOIL
			1	8	TAN CLAY
	Reaming @ per ft.	$	8	15	BROWN CLAY
243	Well @ 8.00 per ft.	$ 1944 00	15	58	YELLOW CLAY
	Extra Casing @ per ft.	$	58	65	TAN CLAY
	Total ft. of casing used	$	65	73	BLUE CLAY
20	Perforations @ 30.00	$ 30 00	73	78	SANDY TAN CLAY
	Sand	$ 30 00	78	113	BLUE CLAY
	Cement Grout	$	113	118	BROWN + WHITE CLAY
	Cap Bottom	$ 10 00	118	152	GRAY CLAY
	Cap Top	$ 10 00	152	158	RED + WHITE CLAY
		$	158	174	BLUE CLAY
		$	174	243	SAND STONE
	Sub Total	$ 2024 00			
	State Tax On	$			

☐ Cash ☐ Charge TOTAL $

Method Drilled ROTARY MUD Drilled to 243' Size 8"

Size of Casing 5" Grade PVC 200 Gauge of perforations .025

20 ft. Perforations set at 223 to 243 Guides

Cap Bottom ☐ Type PVC Grade of sand CONCRETE Amount 1/2 Yd

Cap Top ☐ Type Grade of sand Amount

Well tested 30+ GPM. Method AIR Water level 176' Draw down

Did water clear up? YES Well Measured

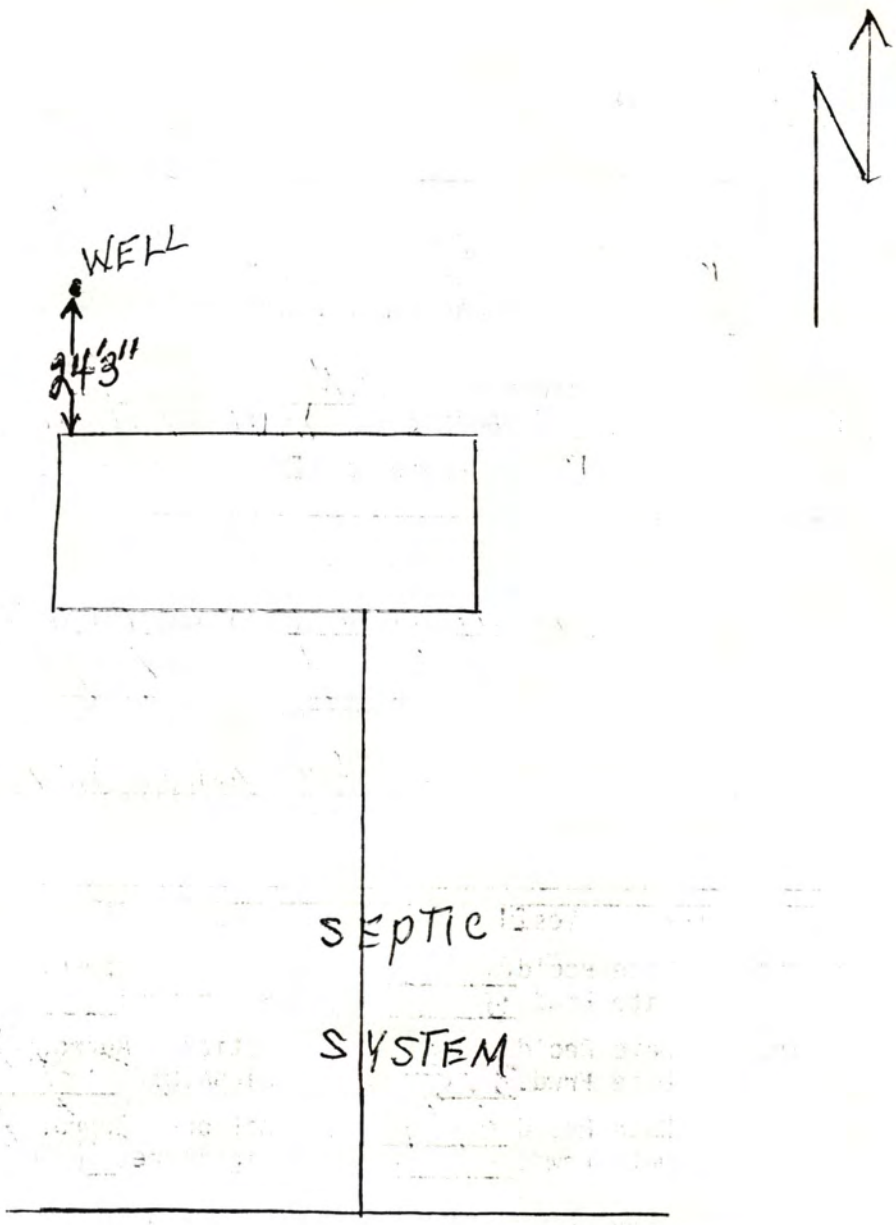
Pump type Size Depth Type of Installation

TERMS: CASH upon completion unless other arrangements have previously been made!

Any invoice not paid [redacted] will be subject to a **Service Charge** of [redacted]% per month from date of invoice which is an **Annual Percentage Rate** of [redacted]%. 18. 1½

Driller Don Smith

Purchaser


N
WELL
24'3"
SEPTIC
SYSTEM