LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 96380147201

SEWAGE INSTALLATION

Issued 08/16/96
Expires 02/16/97
Revenue Code 18754

Establishment

LOU NIGRO
T9N R7E SEC 28
COUNTRYLANE ESTATES BLK 4 LOT 4
9625 S 67 STREET

FEES: $150.00

TOTAL $150.00

Permittee

LOU NIGRO
6700 SHAMROCK RD
LINCOLN NE 68506

Issued By M. Jane Ford
Health Director

2480

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

A

FILING FEE: $_____

FILE NO._____

DATE: 6-25-96

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 4 : Lot 4 : Addition Country Lane Estates
   Street Address 9625 Se 67th

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe story & half

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

4. Distance to public sewer: N/A ft.

Lou Ann Plas, LA Home Builders
Signature of Applicant (Owner or Lessee)

6700 Shamrock Rd, Lincoln 68506
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/10/96. Date Frwd. 7/11/96. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 7/11/96. Date Frwd. 7/11/96. ACTION: Approved ☒ Disapproved ☐ Signature:

3. City or County Engineer: Date Rec'd. 7-11-96. Date Frwd. 7-11-96. ACTION: Approved ☒ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 9/6/96 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/6/96 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. _____

Zon Nigro

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: 7-8-96 to 7-9-96. Weather: Precip. 0 Temp. 70.

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)
3	36"	7-8	3:30P	7-9	4:00P	7-9	4P	6"	4:30	5	30min	1"	30MIN/IN
6	36	7-8	3:30P	7-9	4:00P	7-9	4P	6"	4:30	5 1/4	30min	3/4"	40MIN/IN
	Reset of HOLE					#3 and #6							

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

Signature of Person Conducting Test (K. Krall)

Address 6131 South 52nd Phone 421-8071

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: _____

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

Gerrold C. Hoob
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 ☐

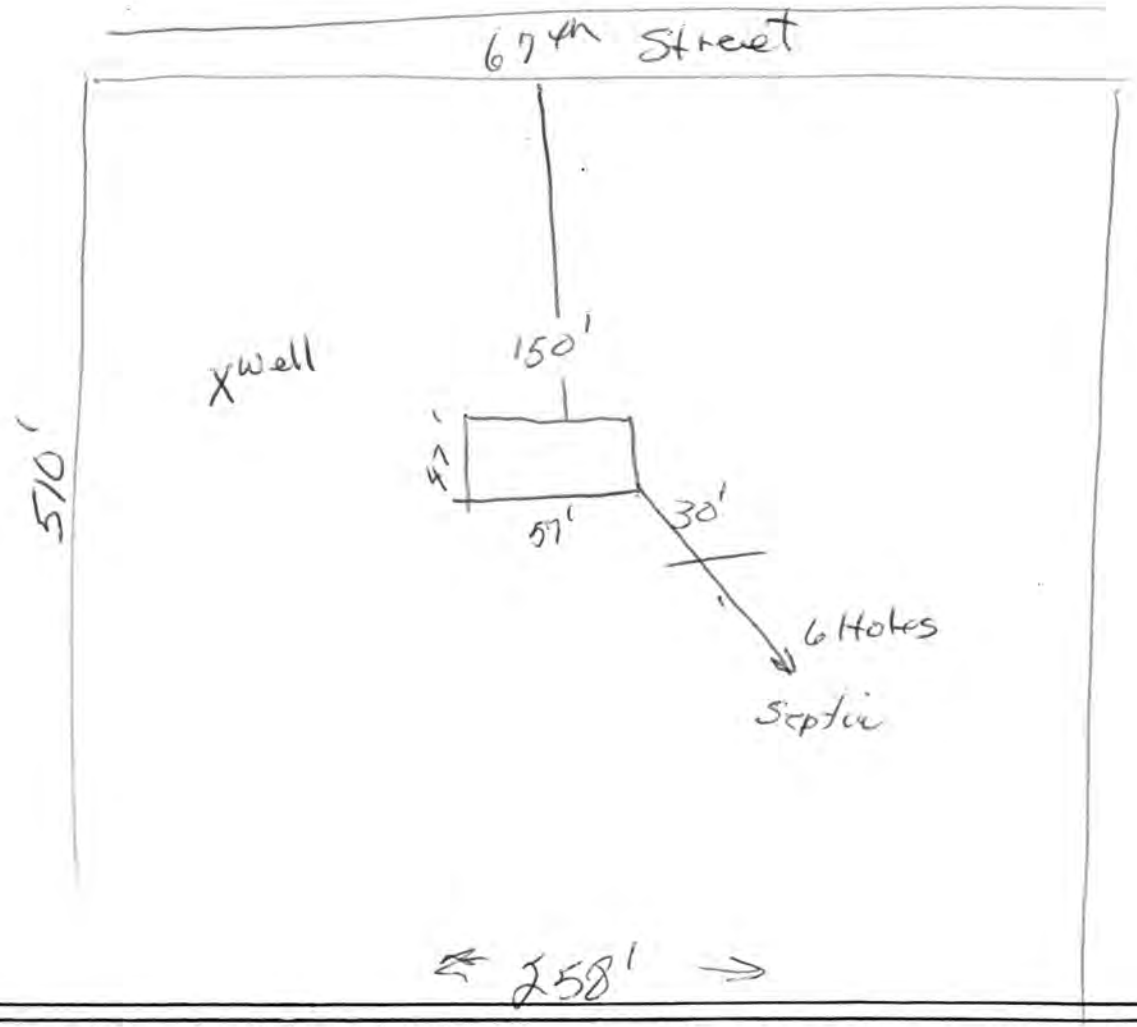
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

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 1000 gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed 786 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 Dept.
3140 "N" Street
Lincoln, NE 68510

D

DATE: _____

FILE NO: _____

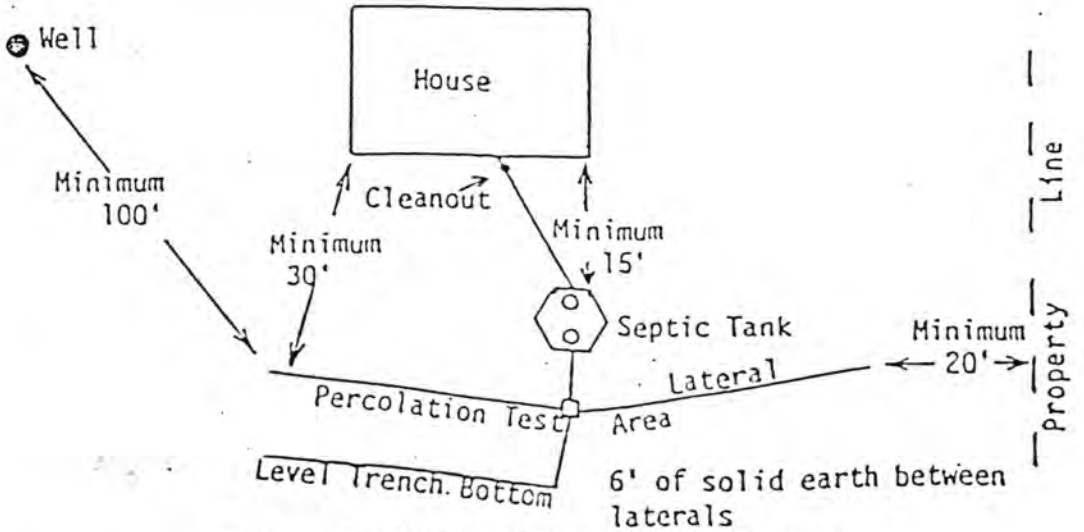
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 18 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:
1. Material Concrete No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Precast)
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 5 .
2. Factory Built: Yes ☑ No ☐
(Company Poe Cast)
3. Distance from Septic Tank 5 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☑ Perforated Pipe ☐
Diameter of Half Round 12 or
Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other PVC .
2. Lateral Lines:
Number 2 ; Length of each line 100 , 100 , _____ , _____ , _____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines 4 ft.
3. Trench dimensions: Width 4' ft.;
Slope _____ in/100 ft.; Average Depth 34 in.
4. Filter Material: Gravel
Depth of Material 20 in.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



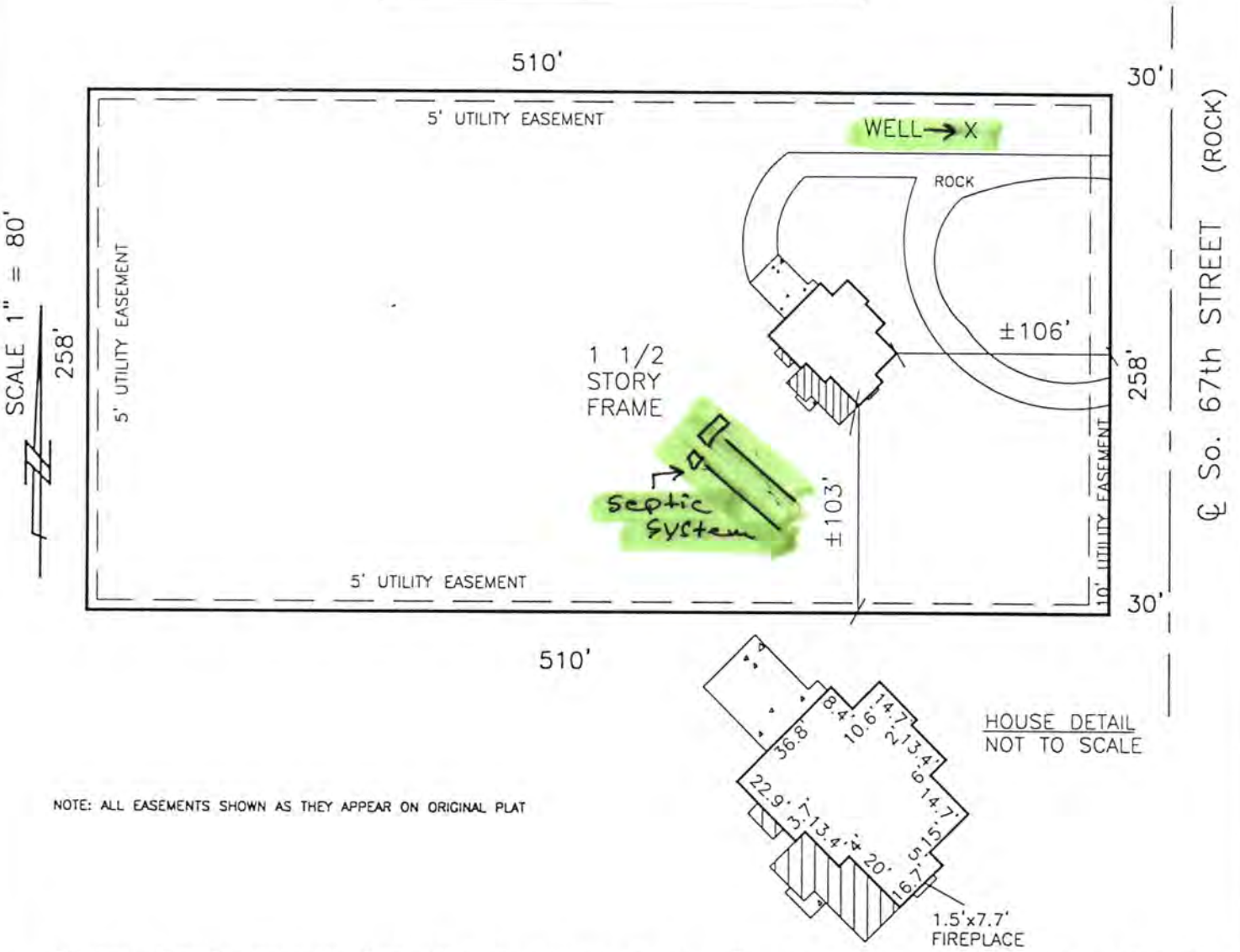
TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

803 "Q" ST., SUITE 3
LINCOLN, NE 68508
(402) 476-3020
(402) 476-3138 FAX

K&M inc.
Land Surveying

KEVIN CROLL	
PHH US MORTGAGE	
NEBRASKA TITLE COMPANY	
COMM #68853	
PROJECT # 9610190	
DATE: 10-23-96	B/P: 47-42

9625 So. 67th STREET



HOUSE DETAIL
NOT TO SCALE

NOTE: ALL EASEMENTS SHOWN AS THEY APPEAR ON ORIGINAL PLAT

Subject property apparently falls within the confines of Zone " C ." as determined by the FEMA-FIA Flood Rate Map community 315273, panel 0055 C, revised 3-18-86.

LEGAL DESCRIPTION: LOT 4, BLOCK 4, COUNTRY LANE ADDITION, LANCASTER COUNTY, NEBRASKA

SURVEYOR'S CERTIFICATE

The undersigned does hereby certify that the inspection made this day on the ground of the property legally described hereon and that there are no visible discrepancies, encroachments, overlapping of improvements, easements or rights-of-way in evidence or known to me, except as shown hereon. The foregoing is shown with an accuracy necessary to satisfy the needs of a lendor or insuror. This does not guarantee ownership, only the location of said tract. This plat is not a boundary survey and the accuracy may vary upon completion of a boundary survey.

Billy Joe Kerr

Billy Joe Kerr, L.S.

NEBRASKA REGISTERED LS-483 LAND SURVEYOR BILLY JOE KERR

COLI + NO3
1/15/02

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 9625 S 67th St Lincoln NE 68516
Parcel ID 16 - 28 - 404 - 004 - 000 (i.e. 99-99-999-999-999)
Twp 9N Range 7E Section 28 1/4 ___ 1/4 ___ Block 4 Lot 4 Addition Country Lane
Directions to Property South of 70th ; Yankee Hill west on Country View Rd to 67th

Location of Well Front North — SEE MAP Tap Location: Inside ☐ Outside ☒
Location of Sewage System Back west — SEE MAP Year Installed 1997 1996
Site Hazards (dogs, etc.) NONE

	NAME	ADDRESS	PHONE
Present Owner:	Kevin + Marcia KRoll	9625 So 67th St Lnk 68516	421-8071
Tenant/Buyer:	Brent + Tandra Bunz	5522 Thornbrook Tr Toledo Ohio 43611	417-726-5341
Return to:	Dave Vonovka	Woods Bros 2737 S. 27th Lincoln 68502	434-3518 / 434-3510 (Fax)

Signature of Applicant X Brent Bunz Agent for seller Kevin + Marcia Kroll Address 7141 "A" Lincoln Date 1/16/02

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 01/11/02 Amount 200.00 Check No. 1101 Initials MAZL

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 1/15/02

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

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits
Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED.
See Attached Letter ☐

FINAL STATUS

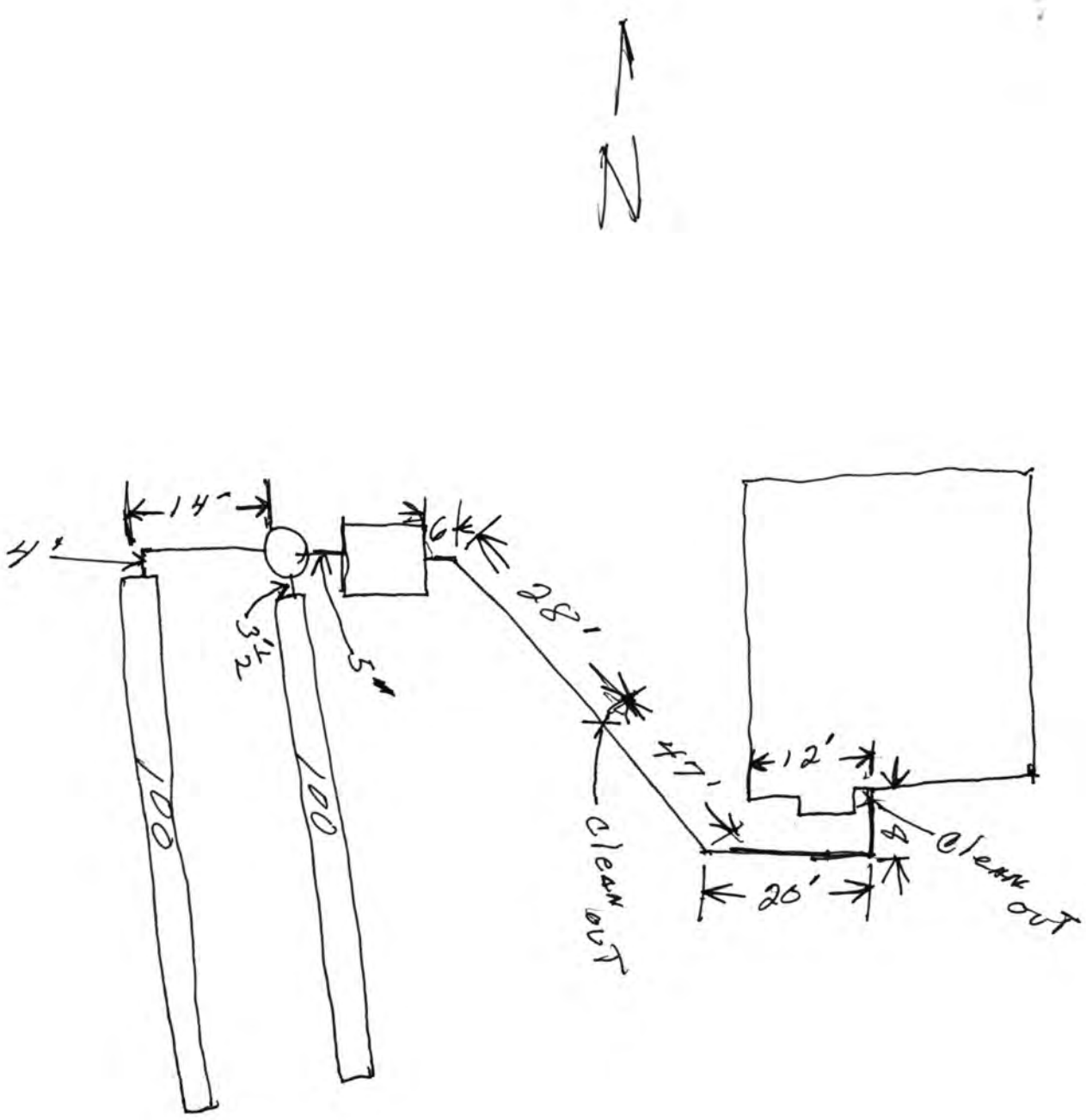
WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☒ Provisional Approval ☐

Approved by Jerrold C. Hood R.E.H.S. Date 1/17/02

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



Capital Cities Trenching
9-6-96

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. 96400057401

Issued 08/16/96
Expires 02/16/97
Revenue Code 19851

Establishment
LOU NIGRO
T9N R7E SEC 28
COUNTRYLANE ESTATES BLK 4 LOT 4
9625 S 67 STREET

FEES: $75.00

TOTAL $75.00

Permittee
LOU NIGRO
6700 SHAMROCK RD
LINCOLN NE 68506

Issued By M. Jane Ford
Health Director

2479

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 $_____

FILE NO._____

DATE: 6-25-96

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 4 : Addition ~~Fox~~ Country Acre Estates
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: ____ Ft.
4. Intended use of well Domestic

Lance Myers, LA Home Builders
Signature of Applicant (owner or lessee)

6700 Shamrock Rd, Lincoln 68506
Address

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 7/10/96. Action: Approved ☒ Disapproved ☐
   Date Frwd. 7/11/96. Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 7/11/96. Action: Approved ☒ Disapproved ☐
   Date Frwd. 7/11/96. Signature: [signature]
3. City or County Engineers: Date Rec'd 7/11/96. Action: Approved ☐ Disapproved ☐
   Date Frwd. 7/11/96. Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11/13/96 by Jerrold Hood — Well screen displaced
Date: 1/3/97 by Jerrold Hood — Screen replaced.
Date: _____ by _____

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

INSTALLATION/FINAL WRITTEN APPROVAL
Date: 1/6/97 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. 96H000574

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

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 28 T. 9N R. 7E Block 4 Lot 4 Addition COUNTRYLANE ESTATES
Owner KEVIN CROEL Address 9625 SOUTH 67TH STREET

LOG OF WELL	
	Description
Depth Ft. to	

WELL COMPLETION RECORD

Drilling Method: ROTARY
Depth (from ground level), Ft. 245
Date Completed JULY 6, 1996

Casing: Length, Ft. 225 ; Dia. In. 4.072
Wall Thickness, Inc. .214 ; type PVC

Screen: Length, Ft. 20 Dia. In. 4.026
Type PVC MONOFLEX, slot Size .018

Drop Pipe: Length, Ft. 200 Dia. In. 1¼

Water Level, Surface to top of water, Ft.:
Static 170 , Pumping 190

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 BOX H, MILFORD, NEBRASKA 68405

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-A

SENT 9-26

DWR Form 145

STATE OF NEBRASKA
DEPARTMENT OF WATER RESOURCES
WATER WELL REGISTRATION

NOV 1 8 1996

FOR DEPARTMENT USE ONLY

Registration Date _____ Sequence No. _____ Registration No. _____
Owner Code No. _____ Receipt No. _____ _____ NRD

Well Owner KEVIN CROEL (SA) (LA HOMES) Telephone Number (___) _____
Address 9625 S 67th
City LINCOLN State NE Zip Code _____ +

Drilling Firm Ernest Well Drilling, Inc. Telephone Number (402) 761-2281
Address Box H Contractor's License No. 39051
City Milford State NE Zip Code 68405 +

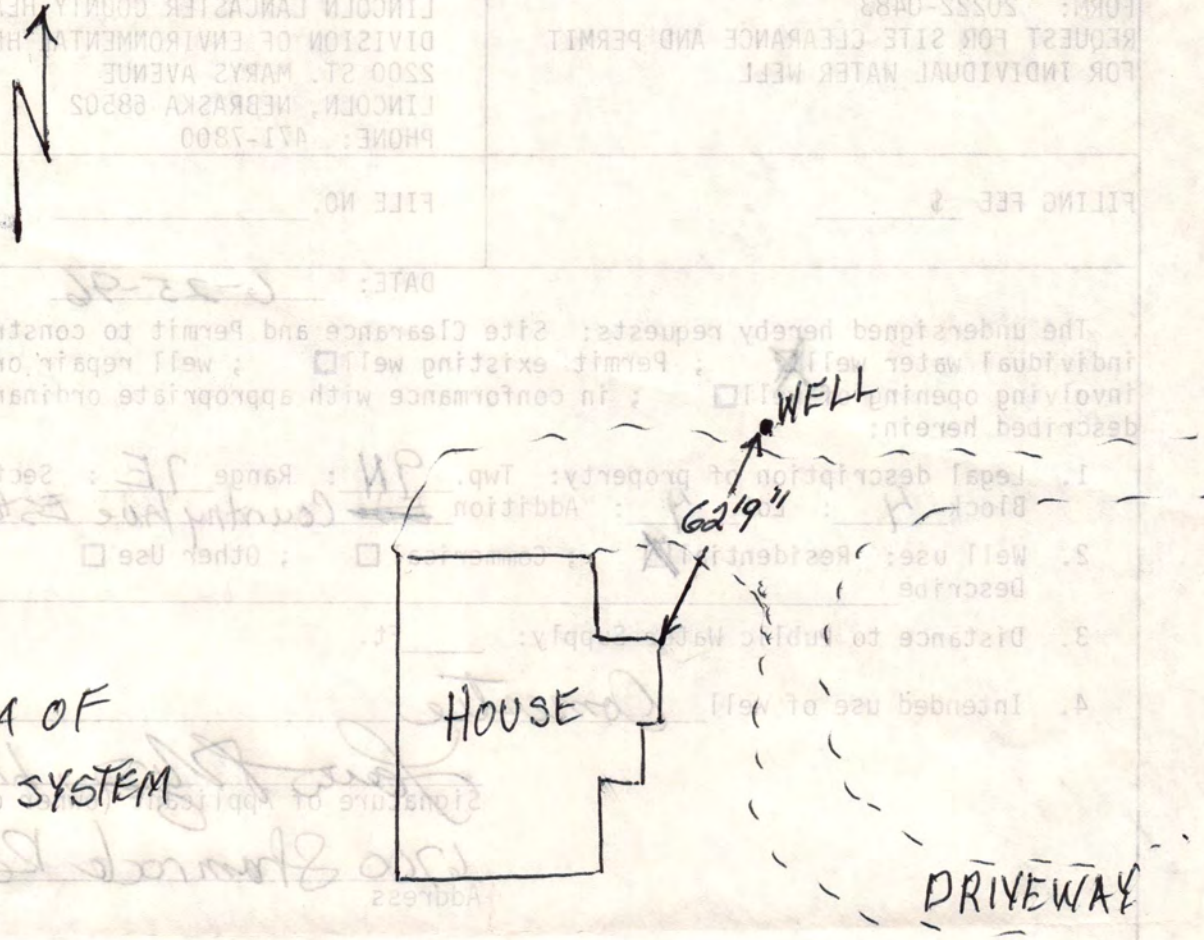
Permit Number(s) _____

Purpose of well (indicate one): ___Dewatering (over 90 days) X Domestic ___Geothermal ___Ground Heat Exchanger ___Ground Water Source Heat Pump ___Industrial ___Injection ___Irrigation ___Livestock ___Monitoring ___Observation ___Public Water Supply (with spacing (46-638)) ___Public Water Supply (without spacing) ___Recovery ___Aquaculture ___Other _____ (indicate use)

Replacement and abandoned well information.
A. Is this well a replacement well? ___Yes X 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. Completion of original well abandonment on _____, 19____
G. Location of water use of abandoned well: _____

A. Well location: ___¼ of the ___¼ of Section _____, Township _____ North, Range _____ East/West, _____ County.
B. The well is _____ feet from the (North or South) section line and _____ feet from the (East or West) section line. (Circle one) (Circle one)
C. Street address or block, lot and subdivision, if applicable: _____
D. Location of water use, if applicable (give legal descriptions): _____
E. If for irrigation, the land to be irrigated is _____ acres.
F. Well reference letter(s), if applicable: _____

Pump Information.
Is pump installed at this time? X Yes ___No
If yes, complete items A through F.
If no, complete items A and D with estimated information for those wells in which pump will be installed.
A. Actual pumping rate, if applicable: 20 gallons per minute. Measured ☒ or Estimated ☐
B. Pump column diameter: 1 1/4" SCH 80 PVC inches. C. Length of pump column: 200 feet.
D. Pumping equipment installed: _____, 19____. E. Brand/Type: 2 HP DEMPSTER (H)
F. Pump installed by: Contractor ☒ Owner ☐ Pump Installer ☐ License No. 39051


N
WELL
62'9"
HOUSE
AREA OF
SEPTIC SYSTEM
DRIVEWAY

Well Construction Information.

A. Total well depth: 245 feet. B. Static water level: 170 feet. C. Pumping water level: 190 feet.
☒ Estimated or ☐ Measured

D. Well Construction began: 7-5, 1996 E. Well Construction completed: 7-6, 1996

F. Bore hole diameter: 9 inch(es).

G. Plain Casing: Diameter 4.072 ID 4.5 OD inches. Type of material: PVC
Wall thickness: .214 inches. Joints—Welded/Glued/Threaded/Other: + screwed
Length(s) and placement(s) depth from 0 ft. to 225 ft. from ____ ft. to ____ ft.

H. Screen: 4.026 ID 4.5 OD in.; Type of material PVC
Screen openings (slot size): .018 Trade name: Monoflex Guides at 230'-240' ft.
Length(s) and placement(s) depth from 225 ft. to 245 ft. from ____ ft. to ____ ft.

I. Gravel pack interval(s) from 20 ft. to 100 ft. from 110 ft. to 245 ft. Grade size: C-PAK AND WASHED RD GRAV

J. Grouted/Sealed from 5 ft. to 20 ft., with Bentonite (type) (Hole-plug)
from 100 ft. to 110 ft., with Bentonite (type) (Hole-plug)

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

M. Well development technique (total time and method): Air 1 Hr.

N. Will chemicals, fertilizer or antifreeze be injected or utilized in the system? ___Yes X No
If yes, what will be used: ____

Geologic Materials Logged

DEPTH IN FEET FROM	TO	DESCRIPTION
0	1	TOP SOIL
1	59	BROWN CLAY
59	62	SAND
62	80	GRAY CLAY
80	92	SANDSTONE
92	105	BROWN AND RED CLAY
105	130	GRAY CLAY ROCK (CAVE) 130'
130	170	SANDSTONE ROCK (WET) 170'
170	177	SANDSTONE ROCK (WET) 177'
177	185	SANDSTONE
185	192	SHALE AND CLAY
192	199	SANDSTONE (COURSE BROWN COLOR)
199	201	BLACK CLAY
201	244	SANDSTONE (COURSE BROWN COLOR)
244		SHALE AND GRAY CLAY

(Additional sheets may be submitted)

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

Ben Barnett III — 9-19-96 — ____ — ____
Water Well Contractor's Signature — Date — Water Well Owner's Signature — Date

printed on recycled paper