# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 95380132001

Issued 07/21/95
Expires 01/21/96
Revenue Code 18754

Establishment
STEVE FULTON
T9N R7E SEC 28
COUNTY LANE ADDITION BLK 4 LOT 6

FEES: $150.00

TOTAL $150.00

Permittee
STEVE FULTON
4012 S 83
LINCOLN NE 68506

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"**

REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

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

A

FILING FEE: $_____

FILE NO. _____

DATE: 7-20-95

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 6 : Addition COUNTRYLANE ADDITION
   Street Address 6530 UNDERLICE LN.
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐
4. Distance to public sewer: None ft. EXPERIMENTAL SYSTEM

Signature of Applicant (Owner or Lessee)

4012 S 83, Lincoln, NE
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/20/95. Date Frwd. 7/20/95. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nobe
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7/20/95. Date Frwd. 7/20/95. ACTION: Approved ☒ Disapproved ☐ Signature: Terry K
3. City or County Engineer: Date Rec'd. 7-21-95. Date Frwd. 7-21-95. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL HAS WELL PERMIT

Site Visits:
Date: 9/12/95 by: JChen
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/12/95 By: John Chen

Ø Provisional Approval - system installed Experimental

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: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ■ .
Dates of Tests: 7-19-95 to 7-20-95. Weather: Precip. 0 Temp. 80°.

~~Hold~~
Hole-1-had water in From Pre-Test

OWNER: Fulton Construction, INC.
Address: 4012 So. 83rd St.

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" | 7-19 | 6:30 pm | 7-20 | 5:00 pm | 7-20 | 5:00 pm | 6" | 6:00 pm | 5 7/8" | 30m | 1/8" | |
| 2 | 36" | 7-19 | 6:30 pm | 7-20 | 5:00 pm | 7-20 | 5:00 pm | 6" | 6:00 pm | 5 5/8" | 30m | 3/8" | |
| 3 | 36" | 7-19 | 6:30 pm | 7-20 | 5:00 pm | 7-20 | 5:00 pm | 6" | 6:00 pm | 5 7/8" | 30m | 1/8" | |
| 4 | 36" | 7-19 | 6:30 pm | 7-20 | 5:00 pm | 7-20 | 5:00 pm | 6" | 6:00 pm | 5 3/4" | 30m | 1/4" | |
| 5 | 36" | 7-19 | 6:30 pm | 7-20 | 5:00 pm | 7-20 | 5:00 pm | 6" | 6:00 pm | 5 3/4" | 30m | 1/4" | |
| 6 | 36" | 7-19 | 6:30 pm | 7-20 | 5:00 pm | 7-20 | 5:00 pm | 6" | 6:00 pm | 5 7/8" | 30m | 1/8" | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Mike Hoogland
Signature of Person Conducting Test

Address 2700 Dan Ave Lincoln, NE. Phone 464-0638

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

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

_____
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

SEP 14 1999

D

DATE: _____

FILE NO. _____

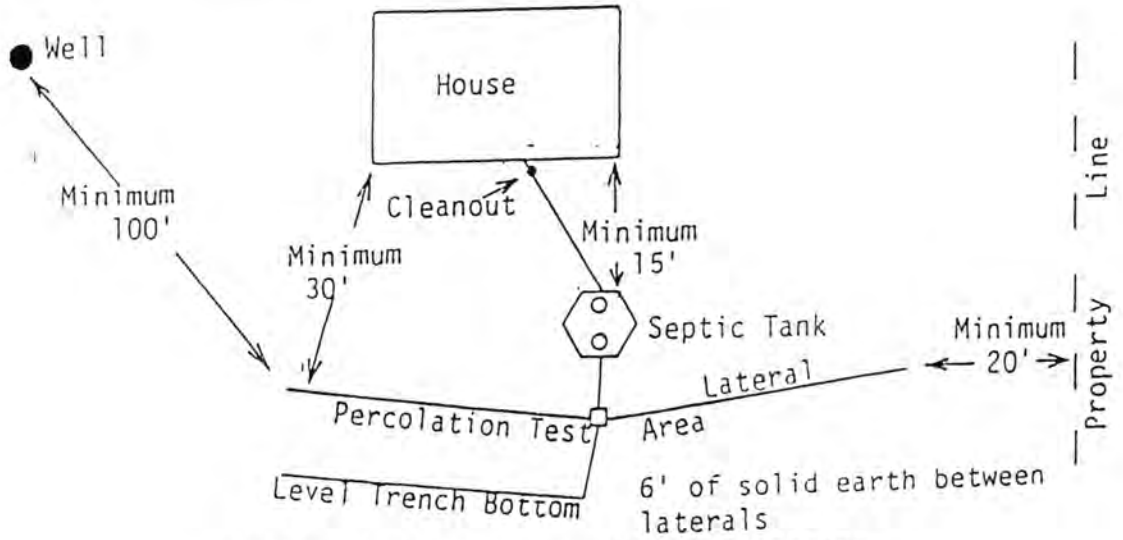
## SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Class 160; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 6" in.
3. Distance between dwelling and septic tank 75 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material 1250; No. of compartments Precast.
2. Capacity _____ gals.;
3. Factory Built: Yes ☒ No ☐
(Company _____)
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 10 in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

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

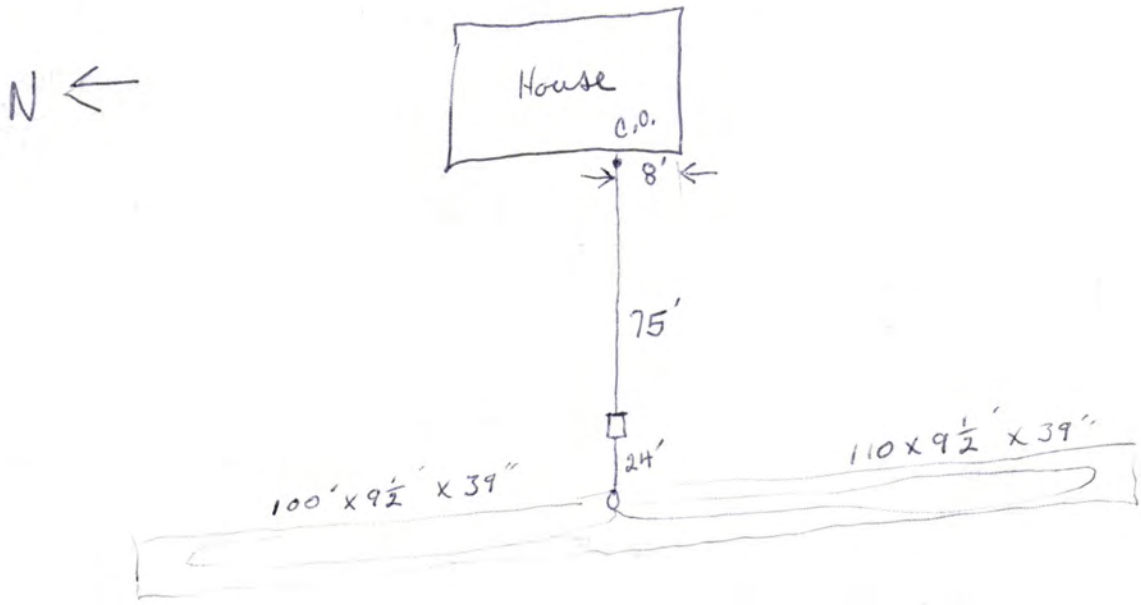
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒
Diameter of Half Round _____ or Perforated Pipe 4.
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 4; Length of each line 210, 230', Experimental ft.;
Total length of laterals 440 ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width 9½ ft.; Slope ____ in/100 ft.; Average Depth 39" in.
4. Filter Material: Road Gravel
Depth of Material 30 in.
5. Distances to: 270 ft
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.




TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

9-12-95

Larry Schwank



# 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. 95400049401

Issued 07/11/95
Expires 01/11/96
Revenue Code 19851

Establishment
STEVE FULTON
T9N R7E SEC 28
COUNTY LANE ADDITION BLK 4 LOT 6

FEES: $75.00

TOTAL $75.00

Permittee
STEVE FULTON
6640 VANDER SLICE LN
LINCOLN NE 68500

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 $ 75.00

FILE NO. _____

DATE: 7-10-95

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 6 : Addition COUNTRY LANE ADDITION
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe 6530 VANDERSLICE LANE
3. Distance to Public Water Supply: ____ Ft.
4. Intended use of well ☒ FOR 2500 S.F NEW RESIDENCE

Signature of Applicant (owner or lessee)

6640 VANDERSLICE LN.
Address
OFFICE - 489-7117
MOBILE - 560-4269

City Water Yes ☐ No ☒

Sewage Permit Applied For Yes ☐ No ☒ Not Applicable ☐

1. Health Department: Date Rec'd 7/10/95. Date Frwd. 7/11/95. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 7/11/95. Date Frwd. 7/11/95. Action: Approved ☒ Disapproved ☐ Signature: Gary Spier
3. City or County Engineers: Date Rec'd 7/11/95. Date Frwd. _____. Action: Approved ☐ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 1/10/96 by Jerrold Hood
Date: 1/16/96 by Jerrold Hood
Date: 1/29/96 by Jerrold Hood
2/16/96 of Jerrold Hood

Nitrate Level 0.5 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 2/21/96 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. 9540000494

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 6 Addition COUNTRYLANE ADD.
Owner HAROLD CACAK Address 6640 VANDERSLICE LANE

| LOG OF WELL | |
|---|---|
| | Description |
| Depth Ft. to | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

WELL COMPLETION RECORD

Drilling Method: ROTARY
Depth (from ground level), Ft. 244
Date Completed 7/13/95

Casing: Length, Ft. 220; 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. 220 Dia. In. 1¼

Water Level, Surface to top of water, Ft.:
Static 170, Pumping 180

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 0.5ppm, BACTERIOLOGICAL O.K.

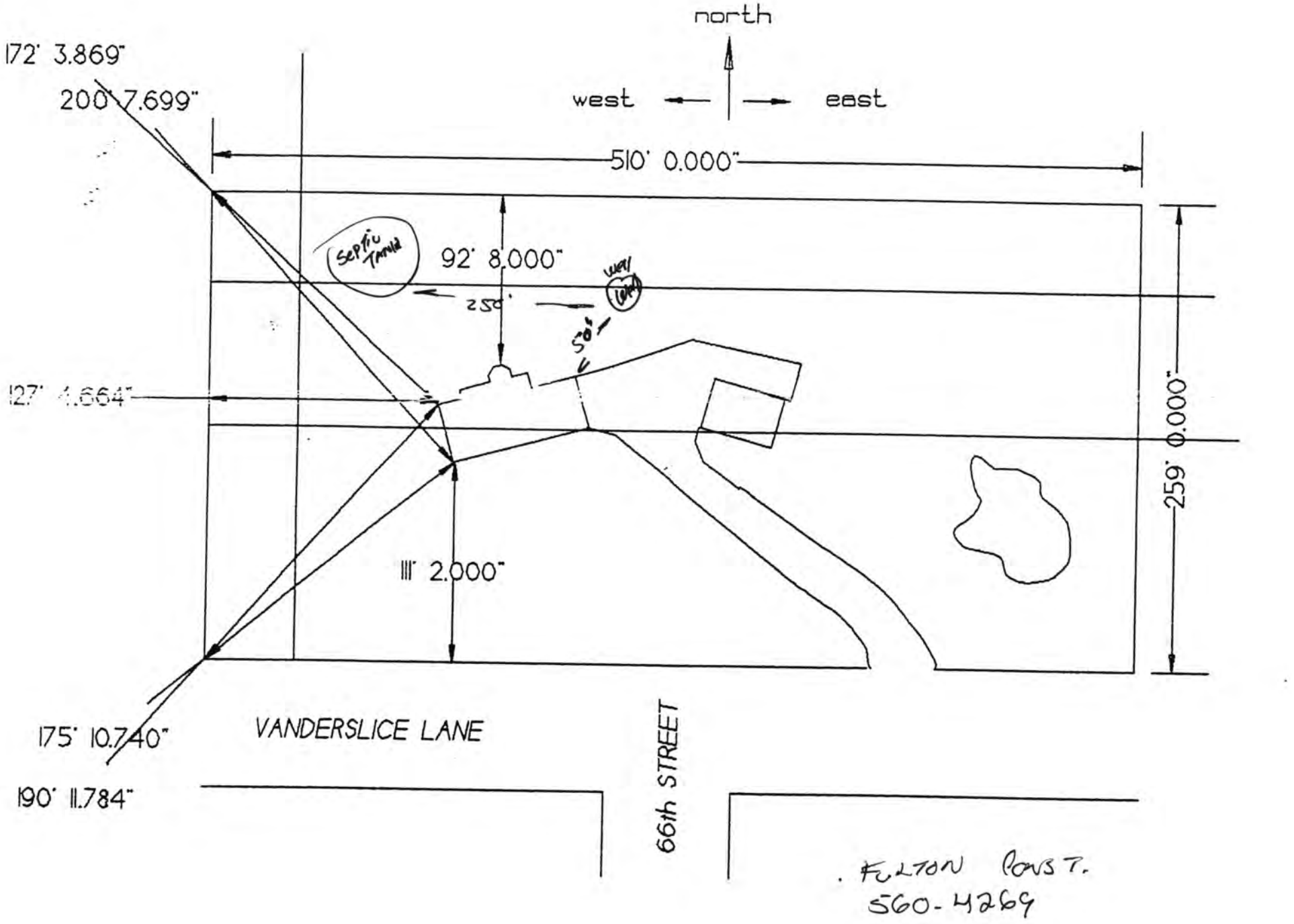
Address BOX H, MILFORD, NEBRASKA

Date

DO NOT WRITE BELOW THIS DOUBLE LINE

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

FORM 33-


north
west
east
172' 3.869"
200' 7.699"
510' 0.000"
Septic Tank
92' 8.000"
Well
250'
50'
127' 1.664"
259' 0.000"
111' 2.000"
175' 10.740"
190' 11.784"
VANDERSLICE LANE
66th STREET
. FULTON CONST.
560-4269

# STATE OF NEBRASKA
# DEPARTMENT OF WATER RESOURCES
## WATER WELL REGISTRATION

JAN 12 1996

**FOR DEPARTMENT USE ONLY**

Registration No. _____ Sequence No. _____ Registration Date: _____

Owner Code No. _____ Receipt No. _____ _____ NRD

(FULTON CONST.)

1. Well Owner HAROLD CACAK Telephone Number (  )
   Address 7210 STANTON
   City LINCOLN State NE Zip Code 68507 +

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

3. Permit Number(s)

4. 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 ___Other _____ (indicate use)

5. 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. Abandoned well plugged _____, 19____

6. A. Well location: ____¼ ____¼ of Section _____, Township _____ North, Range _____ East/West, _____ County.
   B. The well is _____ feet from the North/South section line (indicate one) and _____ feet from the East/West section line (indicate 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: _____

7. Pump Information.
   Is pump installed at this time? X Yes ___No
   If yes, complete items A through E.
   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: 1¼ SCH 80 A/C inches.
   C. Length of pump column: 220 feet.
   D. Pumping equipment installed: 10/10, 19 95.
   E. Brand/Type: DEEPSTEEL 1½ H.P. SUBM.

printed on recycled paper

8. Well Construction Information.

A. Total well depth: 244 feet. B. Static water level: 170 feet. C. Pumping water level: 180 feet.

D. Construction began: 7/12, 19 95. E. Construction completed: 7/13, 19 95.

F. Bore hole diameter: 9 inches.

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

Wall thickness: .214 inches. Joints--Welded/Glued/Threaded/Other: + screwed Guides at ____ ft.

Length(s) and placement(s) depth from 0 ft. to 224 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 229-239 ft.

Length(s) and placement(s) depth from 224 ft. to 244 ft. from ____ ft. to ____ ft.

I. Gravel pack interval(s) from 20 ft. to 90 ft. from 100 ft. to 244 ft. Grade size: Road Gravel C-P

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

from 90 ft. to 100 ft., with Bentonite (type)

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: ____

9. Geologic Materials Logged

| DEPTH IN FEET FROM | TO | DESCRIPTION |
|---|---|---|
| 0 | 1 | Top Soil |
| 1 | 44 | Brown clay |
| 44 | 45 | Sand |
| 45 | 65 | Brown clay |
| 65 | 105 | Red + brown clay |
| 105 | 108 | Sandstone |
| 108 | 112 | Blue clay |
| 112 | 124 | Yellow + brown clay |
| 124 | 126 | Sandstone |
| 126 | 140 | Gray clay (some strips of sandstone) |
| 140 | 146 | Sandstone |
| 146 | 155 | Gray, blue clay |
| 155 | 164 | Sandstone |
| 164 | 168 | Blue clay |
| 168 | 178 | Sandstone (course) |
| 178 | 184 | White + gray clay |
| 184 | 244 | Sandstone (med to course |
| 244' | ____ | Shale |

(Additional sheets may be submitted)

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

Ben Ernest III — Water Well Contractor's Signature

10/20/95 — Date

____ — Water Well Owner's Signature

____ — Date