LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

No. 95380130001

Permit
SEWAGE INSTALLATION

Issued 06/05/95
Expires 12/05/95
Revenue Code 108754

Establishment
BOB COATS
T9N R7E SEC 26
COUNTRY LANE ADD BLK 6 LOT 2

FEES: $150.00

TOTAL $150.00

Permittee
BOB COATS
8020 BANCROFT ST
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"

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
3140 "N" STREET LINCOLN, NE 68510-1514

FILING FEE: $ 150.00

FILE NO. 75360130

DATE: 5-3-95

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 6 : Lot 2 : Addition COUNTRYLANE Addition
   Street Address 6801 VANDERCLICE
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: 0 ft.

Bob Coats
CELL: 430-8520
HM: 489-5815
Signature of Applicant (Owner or Lessee)

8020 BANCROFT AVE. LINC 68506
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/31/95. Date Frwd. 5/31/95. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 5/31/95. Date Frwd. 5/31/95. ACTION: Approved ☒ Disapproved ☐ Signature:
3. City or County Engineer : Date Rec'd. 5-31-95. Date Frwd. 5-31-95. ACTION: Approved ☒ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL

Site Visits:
Date: 9/19/95 by: J.C.H.
Date: 4/8/96 by: J.C.H.
Date: by:

~~Need fence, locked gate, sign + as built drawing~~

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4/10/96 By: Jerrold C. Hood

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

FORM 23 43

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: 4-12-96

FILE NO: _____

Roger Freese
6801 Vanderslice Cr.

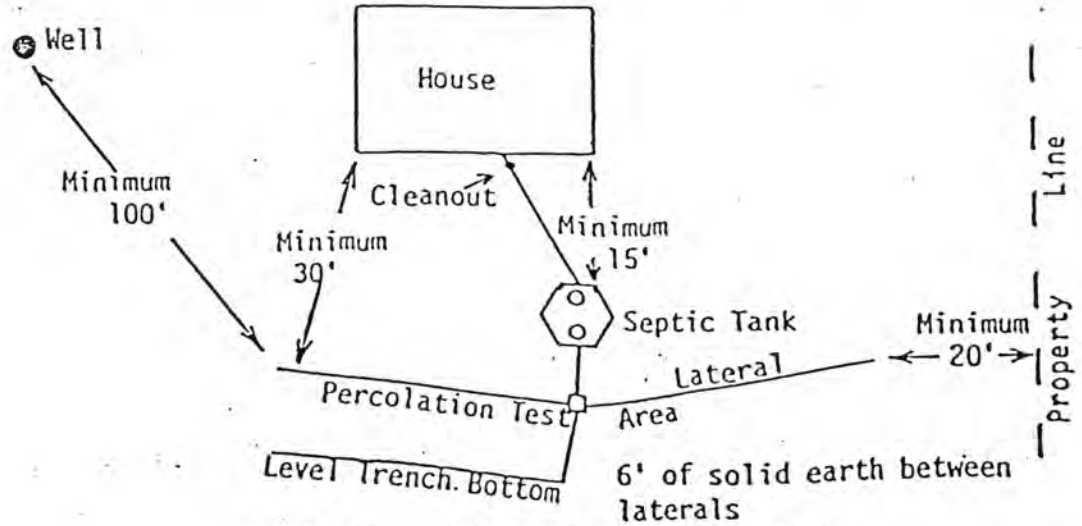
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Sch 40 PVC; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor 13 in.
3. Distance between dwelling and septic tank _____ ft.
4. Number of clean-outs _____.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

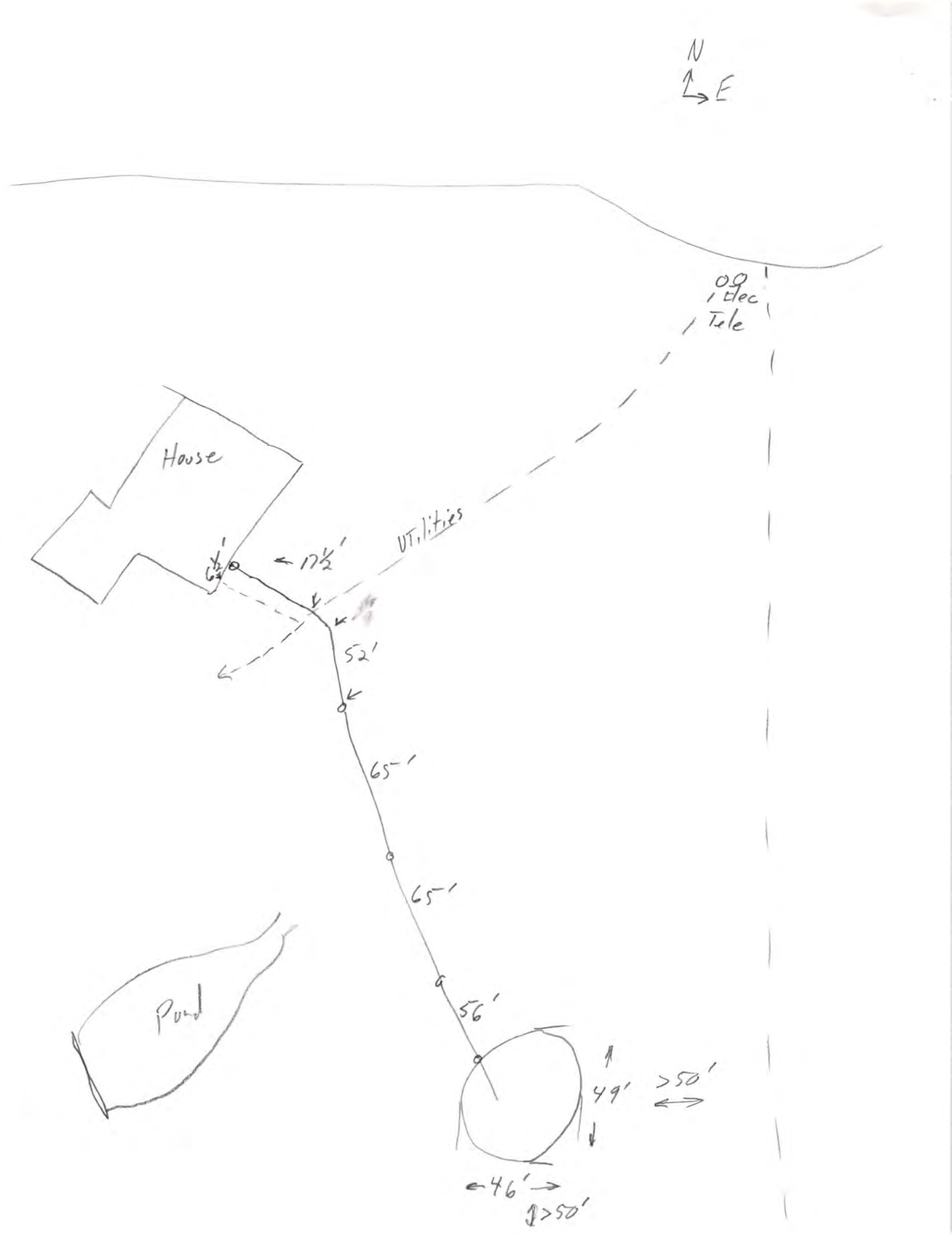
B. SEPTIC TANK:
1. Material _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7.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

C. DISTRIBUTION BOX:
1. Material _____; 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 _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number ___ ; Length of each line _____, _____, _____, _____, _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width _____ ft.;
Slope _____ in/100 ft.; Average Depth _____ in.
4. Filter Material: _____
Depth of Material _____ in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N
E
OG
Elec
Tele
House
Utilities
17½'
52'
65'
65'
56'
Pond
49'
>50'
46'
>50'

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. 95400048601

Issued 06/05/95
Expires 12/05/95
Revenue Code 19851

Establishment
BOB COATS
T9N R7E SEC 28
COUNTRY LANE ADD BLK 6 LOT 2

FEES: $75.00

TOTAL $75.00

Permittee
BOB COATS
8020 BANCROFT ST
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"

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: _____

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 6 : Lot 2 : Addition COUNTRY LANE Addition
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe 6801 VANDER SLICE.
3. Distance to Public Water Supply: 0 Ft.
4. Intended use of well Single Family RES

Bob Coats 489-5815 HM 430-8520 - Cell
Signature of Applicant (owner or lessee)

8020 Bancroft Ave Linc. 68506
Address

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 5/31/95. Date Frwd. 5/31/95. Action: Approved ☒ Disapproved ☐ Signature: Jerold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 5/31/95. Date Frwd. 5/31/95. Action: Approved ☒ Disapproved ☐ Signature: Gary Lee
3. City or County Engineers: Date Rec'd 5-31-95. Date Frwd. _____. Action: Approved ☒ Disapproved ☐ Signature: L. Hoo8

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10/18/95 by J.C. Hood
Date: _____ by _____
Date: _____ by _____

Nitrate Level 0.8 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/23/95 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. 13558
FILE NO._____

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 6 Lot 2 Addition COUNTRY LANE ADDITION
Owner ROGER FREESE Address 6801 VANDERSLICE CIRCLE

LOG OF WELL	
	Description
Depth Ft. to	

WELL COMPLETION RECORD

Drilling Method: ROTARY
Depth (from ground level), Ft. 240
Date Completed JULY 15, 1995

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 200 Dia. In. 1¼

Water Level, Surface to top of water, Ft.:
Static 175 , Pumping 185

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 0.8ppm. 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 23-A

DWR Form

STATE OF NEBRASKA
DEPARTMENT OF WATER RESOURCES
WATER WELL REGISTRATION

FOR DEPARTMENT USE ONLY

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

Owner Code No. _____ Receipt No. _____ _____ NRD

1. Well Owner Roger Freese Telephone Number (402) 4
   Address (3221 Carnelian) 6801 Vanderslice Circle
   City Lincoln State NE Zip Code 68516 +

2. Drilling Firm Earnest Well Drilling Inc. Telephone Number (402) 761-2251
   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) ✓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 ✓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: Section 28, SE Quarter ¼ ___¼ of Section ___, Township 9 North, Range 7 East/West, Lancaster County.
   (B.) The well is _____ feet from the North/South section line (indicate use) and _____ feet from the East/West section line (indicate use)
   C. Street address or block, lot and subdivision, if applicable: Lot 2, Block 6 Country Lane Addition
   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? ✓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" inches. C. Length of pump column: 200 fe
   D. Pumping equipment installed: 8/15, 1995. E. Brand/Type: Demister

8. Well Construction Information.

A. Total well depth: 240 feet. B. Static water level: 175 feet. C. Pumping water level: 195 fe

D. Construction began: 7/14, 19 95. E. Construction completed: 7/15, 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: _____ Guides at _____

Length(s) and placement(s) depth from 0 ft. to 220 ft. from _____ ft. to _____

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

Screen openings (slot size): .018 Trade name: monoflex Guides at 225-235 fi

Length(s) and placement(s) depth from 220 ft. to 240 ft. from _____ ft. to _____

I. Gravel pack interval(s) from 20 ft. to 160 ft. from 170 ft. to 240 ft. Grade size: 20 Gravel C-pac

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

from 160 ft. to 170 ft., with Bentonite (type)

K. Drilling method: Rotary L. Drilling fluid: [redacted] Quick jell

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

N. Will chemicals, fertilizer or antifreeze be injected or utilized in the system? ___Yes ✓No

If yes, what will be used: _____

Geologic Materials Logged

DEPTH IN FEET FROM	TO	DESCRIPTION
0	2	Top Soil
2	60	Brown Clay
60	70	Sandstone (Brown)
75	77	Sandstone (Rusty Color)
77	100	Yellow & Red clay
100	108	Gray clay
108	130	Blue clay
30	131	Rock
31	155	Blue clay & sandstone
155	160	Gray Clay
160	175	Gray & Red clay
175	235	Sandstone (Brown)
235	240	Shale & Gravel
240	246	Shale & Gray clay
246		Red clay

(Additional sheets may be submitted)

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

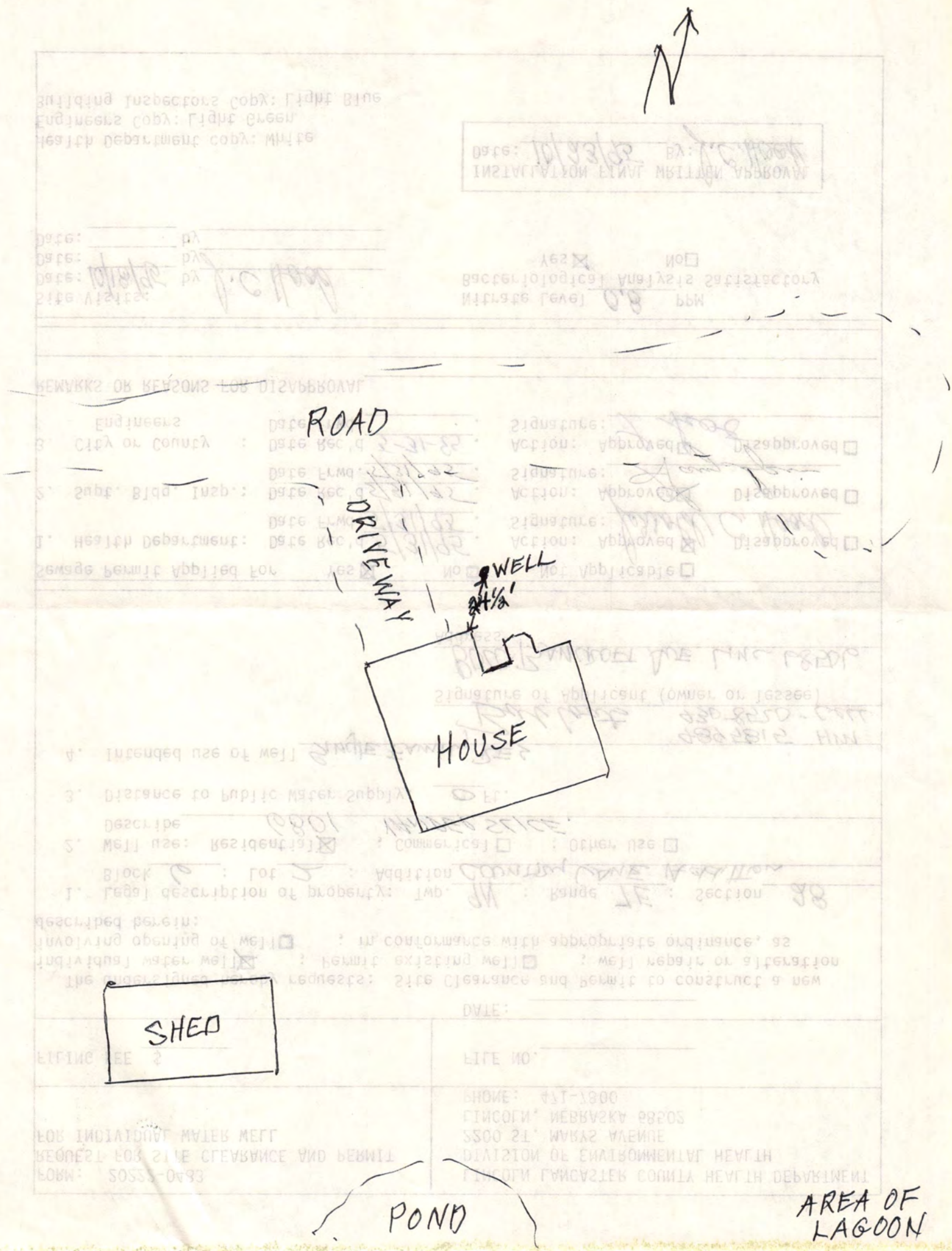
Ben Earnest III 10/6/95

Water Well Contractor's Signature Date

_____ _____

Water Well Owner's Signature Date

mailed 10/17/95 with $60.00 check


N
ROAD
DRIVEWAY
WELL
24½'
HOUSE
SHED
POND
AREA OF LAGOON