LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit No. 98400073101

WATER WELL
NEW WATER WELL CONSTRUCTION

Issued 04/03/98
Expires 10/03/98
Revenue Code 3162

Establishment

MICHAEL D GOINGS
T9N R7E SEC 28
COUNTRYLANE BLK 6 LOT 3
6801 VANDERSLICE CIR

FEES: $75.00

PAID

TOTAL $75.00

Permittee

MICHAEL D GOINGS
4031 FOSSIL CREEK CIR
LINCOLN NE 68516

Issued By Gregg Wright MD.
~~M. Jane Ford~~
Health Director

6281

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street ● Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit No. _____ ✓

Request for Site Clearance and Permit for Individual Water Well

The undersigned hereby requests:

- ☒ Site Clearance and Permit to construct a new individual water well - $75.00
- ☐ Annual Permit for an existing well - $50.00
- ☐ Permit to repair or alter existing well involving opening of well - $25.00

1. Well Site Address 6701 ~~6801~~ Vanderslice Circle City Lincoln, NE Zip 68516
(No Rural Route Please)

Legal description of property:
Twp 9N; Range 7E; Section 28; Block 6; Lot 3; Addition Country Lane

2. Well use: ☒ Residential; ☐ Commercial; ☐ Other; Describe: _____

3. Distance to Public Water Supply _____ feet.

Signature of Owner Michael D. Goings

Print Name Michael D. Goings
Current Address 4031 Fossil Creek Circle
Lincoln, NE 68516
Current Home Phone 421-7991
Work Phone 430-2555

Moser Well Drilling Co

Signature of Contractor Michael D. Goings

Print Name Michael D. Goings
Address 4031 Fossil Creek Circle
Lincoln, NE 68516
Home Phone 421-7991
Work Phone 421-7991
Cellular Phone 430-2555

Sewage Permit Applied for: ☒ Yes ☐ No ☐ Not applicable

Please Submit Permit Fee with This Request
Please Do Not Write Below This Line

Approval Process: Lincoln Municipal Code 8.44

1.	Health Department	Date received 4/3/98 Date forwarded 4/3/98	ACTION ☒ Approved ☐ Disapproved Signature: Jerrold C. Hood	
2.	Building & Safety	Date received 4/3/98 Date forwarded 4/3/98	ACTION ☒ Approved ☐ Disapproved Signature:	
3.	City Engineer	Date received 4/3/98 Date forwarded 4/3/98	ACTION ☒ Approved ☐ Disapproved Signature: Mark McGhee	

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits:
Date: 6/1/00 By Jerrold C. Hood
Date: ___/___/___ By _____
Date: ___/___/___ By _____

Installation Final Written Approval
By: Jerrold C. Hood R.E.H.S.
Date: 6/5/00

Distribution:
White - Health Dept. Lt. Green - Engineer Lt. Blue - Bldg Inspector

Nitrate Level 1.8 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory
Yes X No ____
Other _____

Business Office Use Only
Date Rec'd: 4/3/98
Amt Paid: $ 75
Rec'd By ____ Cash/Check No. 2662

OCT 26 1998

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13553
FILE NO. 984000731

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

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 28 T. 9 R. 7 Block 6 Lot 3 Addition 6701 Vanderslice Circle, Country View Est.
Owner Mike Goings Homes Address 4031 FossilCreekCr., Lincoln, NE 68516

LOG OF WELL	
Depth ft. --to--	Description
0- 5	BRN CLAY
5- 50	YEL CLAY
50- 55	YEL & RED CLAY MIX
55- 65	YEL CLAY
65- 80	SANDSTONE
80- 95	RED, YEL, BRN & WHITE SHALE
95-130	BLUE SHALE
130-233	MED ORANGE SS W/LAYERS OF
	IRONSTONE & SHALE
233-240	PINK & LIGHT YEL SHALE
240-258	FINE WHITE SS
258-290+	MED YEL SS

WELL COMPLETION RECORD

Drilling Method: Roto/Water
Depth (from ground level), Ft. 288'
Date Completed 7/10/98

Casing: Length, Ft. 268' ; Dia. In. 4"
Wall Thickness, Inc. .214" ; type pvc

Screen: Length, Ft. 20' Dia. In. 4"
Type pvc wop & slotted , slot Size .030 & .025

Drop Pipe: Length, Ft. 200 Dia. In. 1 1/4"

Water Level, Surface to top of water, Ft.:
Static 161', Pumping 170' est

Yield: 70 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 [signature] (Signed)
Address P. O. BOX 308 Hickman, Nebraska 68372-0308
Date 23 OCTOBER 1998

REMARKS NITRATE NITROGEN 1.8PPM BACTERIOLOGICAL O.K.

DO NOT WRITE BELOW THIS DOUBLE LINE

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

(OCT 3)-4

Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008135

(402) 441-8000

Permit

WATER WELL
NEW WATER WELL CONSTRUCTION

Permit # 05400118801

Issued 08/18/05
Expires 08/18/06
Revenue Code 3162

Establishment

BEN BARRETT
T9N R7E SEC 28
COUNTRYLANE BLK 6 LOT 3
6701 VANDERSLICE CIR

FEES: $100.00

Permittee

BEN BARRETT
6701 VANDERSLICE CIR
LINCOLN NE 68516

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street ◆ Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit No. 05400118801

Request for Site Clearance and Permit for Individual Water Well

The undersigned hereby requests:

- ☒ Site Clearance and Permit to construct a new individual water well - $100
- ☐ Bi-Annual Permit for an existing well - $100 (Renewed every 2 years)
- ☐ Permit to repair or alter existing well involving opening of well - $50

1. Well Site Address 6701 Vondrslice Circle City Lincoln, NE Zip 68516
(No Rural Route Please)
Township 9N Range 7E Section 28 1/4 Section SE
Block 6 Lot 3 Addition COUNTRY LANE
Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)

2. Well use: ☐ Residential ☐ Commercial ☒ Other Describe Lawn Sprinklers

3. Distance to Public Water Supply X feet.

Signature of Owner _____ Print Name Ben Barrett
Current Address 6701 Vondrslice Circle, Lin Ne 68516
Current Home Phone 423-5455 Work Phone 323-1992

Signature of Contractor _____ Print Name Moser Well
Address PO Box 308 Hickman Ne 68372
Home Phone _____ Work Phone 792-2515 Cellular Phone _____

Sewage Permit Applied for: ☐ Yes ☐ No ☒ Not applicable

Please Submit Permit Fee with This Request

Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

Approval Process: Lincoln Municipal Code 8.44

1.	Health Department	Date received 8/18/05 Date forwarded 8/19/05	ACTION ☒ Approved ☐ Disapproved Signature: Jerrold C. Hood		
2.	Building & Safety	Date received 8/19/05 Date forwarded 8/19/05	ACTION ☒ Approved ☐ Disapproved Signature:		
3.	City Engineer	Date received 8/19/05 Date forwarded ___/___/___	ACTION ☐ Approved ☐ Disapproved Signature:		

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits
Date: 5/31/06 By J.C. Hood
Date: ___/___/___ By _____
Date: ___/___/___ By _____

Nitrate Level 0.2 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory X Yes ____ No
Other _____

Installation Final Written Approval
Date: 6/1/06 By J.C. Hood

Business Office Use Only
Received: Date: 08/18/05 Amount 100.00 Check No. 32807 Initials _____

Distribution: White - Health Department Lt. Green - Engineer Lt. Blue - Building Inspector

P29697-31

FORM 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 12558
FILE NO._____

AUG 1 8 2005

LINCOLN-LANCASTER COUNTY
HEALTH DEPARTMENT

3140 "N" STREET LINCOLN, NE 68510-1514

Legal Description Sec. 28 TN. 9 R. 7E Block 6 Lot 3 Addition COUNTRY LANE

Well location address or nearest road intersection Country View Estates at 6701 Vanderslice Circle, Lincoln, NE. From 70th & Rokeby Rd go 1/4 mile west and on north side.

Owner BEN BARRETT Address 6701 VANDERSLICE CIRCLE, LINCOLN, NE 68516

LOG OF WELL	
Depth Ft to:	Description
0- 55	Brown clay
55- 65	Blue clay
65- 90	Red, yellow & gray shale
90-125	Gray shale
125-225	Orange sandstone
225-230	Red & yellow shale
230-245	Gray shale
245-268	Yellow shale, some sandstone
268-281	Coarse tan sandstone, some gravel
281-290	Gray shale

Remarks: NITRATE NITROGEN 0.2 ppm.
BACTERILOGICAL O.K.

WELL COMPLETION RECORD

Drilling Method ROTO / WATER

Depth (from ground level). Ft. 280

Date Completed 07/27/04

Casing: Length, Ft. 270 : Dia. In. 4"

Wall Thickness, .214" : Type PVC 200 #

Screen: Length, Ft. 10' : Dia. In. 4"

Type PVC WOP , Slot size .025

Well tested capacity 25 GPM with Air

Static water level 162' Measured XX Est.

Pumping water level 180' at 25 gpm.
Measured Est. XX

Drop pipe: Length, Ft. 220' Dia. In. 1 1/2" Type. PVC 80

Pump model & H.P. 3 H.P. - 30 GPM

Gpm Yield of pump. 30 Measured XX Est.

Chlorination Completed Yes XX No

The above information including "Log of Well" is a true record of the job performed by me.

Driller [signature] (Signed)

Address P.O. BOX 308
HICKMAN, NE 68372

Date: 16 AUGUST 2005

DO NOT WRITE BELOW THIS DOUBLE LINE

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

Lincoln-Lancaster County Health Department

20050301 1df

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

Legal Description of Property: Street Address 6701 Vanderslice Circle

Twp 9N Range 7E Section 28 1/4 ___ 1/4 ___ Block 6 Lot 3 Addition Country lane

Directions to Property West of S. 70th & Rokeby Rd.

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System Rear (lagoon) Year Installed 1998

	NAME	ADDRESS	PHONE
Present Owner:	Michael Goings	6701 Vanderslice Circle Lincoln, NE 68516	430-2550
Tenant/Buyer:	Monte & Sherri Zyssett	1714 181st Ave NE Snohomish, WA 98290	425-335-3255
Return to:	Carolyn Jahde Home Real Estate 225 N. Cotner	Lincoln, NE. 68505	432-3700 ext 436-3399

Signature of Applicant Carolyn Jahde. Address Home Real Estate 225 N Cotner, Lincoln, NE 68505 Date 04/04/00

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 04/05/00
Initials CW
Amount 150 00
Check No. 1620

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

PRELIMINARY STATUS--By John Chen **DATE:** 4/11/00

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 1.1 ppm	☐ ____ ppm

SEWAGE SYSTEM	
Approved	☒ 5-2-00
Provisional	☐
Disapproved	☒

Additional Site Visits
Date 5/2/00 by JC
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: Need signs, advised owner, 5-2-00. Signs installed

See Attached Letter ☐

FINAL STATUS

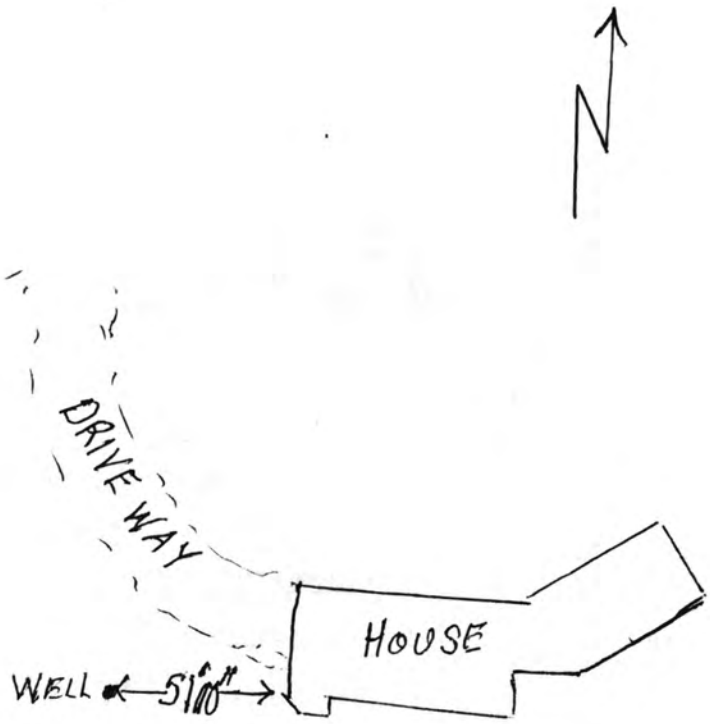
WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☒ Provisional Approval ☐

Approved by [signature] Date 5/2/00

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: 10-95



AREA OF
SEPTIC SYSTEM

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET ENVIRONMENTAL HEALTH DIVISION (402)
Lincoln, NE 68510-1514 441-8000
NON TRANSFERABLE

PERMIT

Permit No. 98380173301

SEWAGE INSTALLATION
LAGOON

Issued 04/03/98
Expires 10/03/98
Revenue Code 3157

Establishment

MICHAEL D GOINGS
T9N R7E SEC 28
COUNTRYLANE BLK 6 LOT 3
~~6831~~ VANDERSLICE CIR

FEES: $150.00

PAID

TOTAL $150.00

Permittee
6701

MICHAEL D GOINGS
4031 FOSSIL CREEK CIR
LINCOLN NE 68516

Gregg Wright MD.
Issued By ~~M. Jane Ford~~
Health Director

6280

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

A

Permit Number: 98380173 3

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address ~~6801~~ 6701 Vanderslice Circle City Lincoln NE, Zip 68516
(no rural route)

Legal Description 28 9N 7E Countrylane 6 3
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Michael D. Goings Signature Michael D. Goings

Address 4031 Fossil Creek Cr. City/State/Zip Lincoln, NE 68516

☐ Check if owner designed system Home Phone 421-7991 Work Phone 430-2555

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 17201 S. 72nd City/State/Zip Hickman, NE 68372

☒ Check if contractor designed system Work Phone 475-2462

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub (YES) NO

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☒ Municipal Code 24.38 ☐ County Resolution No. 2832

1. **Health Department** Date rec'd 4/3/98 Date frwd 4/3/98 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4-3-98 Date frwd 4-3-98 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 4-3-98 Date frwd 4-3-98 **ACTION** ☒ Approved ☐ Disapproved Signature Dennis Bartels

9-17-98, Need fence drawing [9' trees (pine) 4/in 50']

Lock

Installation Final Written Approval SIGNS

By John Ihm - (Town Installed)

Date 9-7-99

Business Office Use Only

Date Rec'd 4/3/98
Amt Paid #150 cc
Rec'd By _____ Cash/Check No. 2663.

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

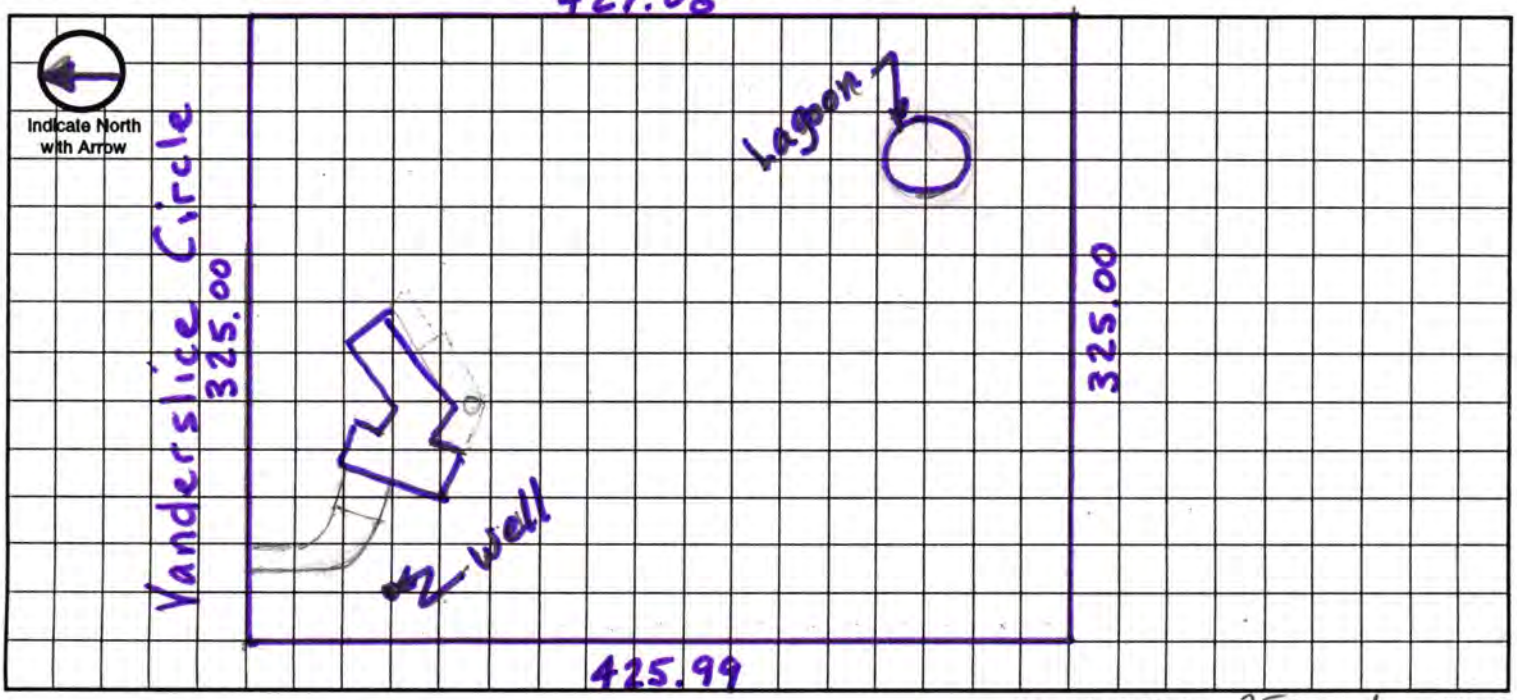
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 98380173 3

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: 25 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 6801 Vanderslice Circle City Lincoln NE, Zip 68516

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☒	500 ☒	50 ☒	N/A ☒	30 ☒	50 ☒	100 ☒	200 ☒	☐

E. Required Signatures

Home Building Contractor Michael D. Young Date 4-1-98

Installer Brad Southard Date 4-2-98

FORM 23-102 10-96