LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit

SEWAGE INSTALLATION
LAGOON

No. 97380163701

Issued 08/22/97
Expires 02/22/98
Revenue Code 18754

Establishment

MARK GEIST
T9N R7E SEC 28
COUNTRYLANE 1ST ADD BLK 3 LOT 4
6301 COUNTRYVIEW COURT

FEES: $150.00

TOTAL $150.00

Permittee

MARK GEIST
7301 BUCKINGHAM DR
APT #32
LINCOLN NE 68506

5159

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"

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

A

Permit Number: 9738016370 1

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 6301 Countryview Court (no rural route) City Lincoln NE, Zip 685

Legal Description 28 9N 7E Countrylane 1st 3 4
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 Current address after Aug. 29, 1997

Name MARK B. & SuzanneC. GEIST Signature Mark B Geist

Address 7301 Buckingham Dr #32 City/State/Zip Lincoln, NE 68506

☐ Check if owner designed system Home Phone 402 483-1959 Work Phone 402 488-2267

C. Contractor Current address after August 29, 1997

Name Mark B Geist Company Name _____

Address 7301 Buckingham #32 City/State/Zip LINCOLN NE

☐ Check if contractor designed system Work Phone 402 488-2267 (H) 402 483-1959

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

Designer Name Dosting Plumbing and Well Firm _____ Work Phone 988-2055

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 8/22/97 Date frwd 8/22/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8/22/97 Date frwd 8/22/97 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 8-22-97 Date frwd 8-22-97 ACTION ☒ Approved ☐ Disapproved Signature _____

2-13-98 P.D.
11-7-97 PD Trees?

Installation Final Written Approval

By Paul Wittmann

Date 7-23-98

Business Office Use Only

Date Rec'd 08/22/97
Amt Paid 150 ck
Rec'd By LS Cash/Check No. 155

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

Also Well

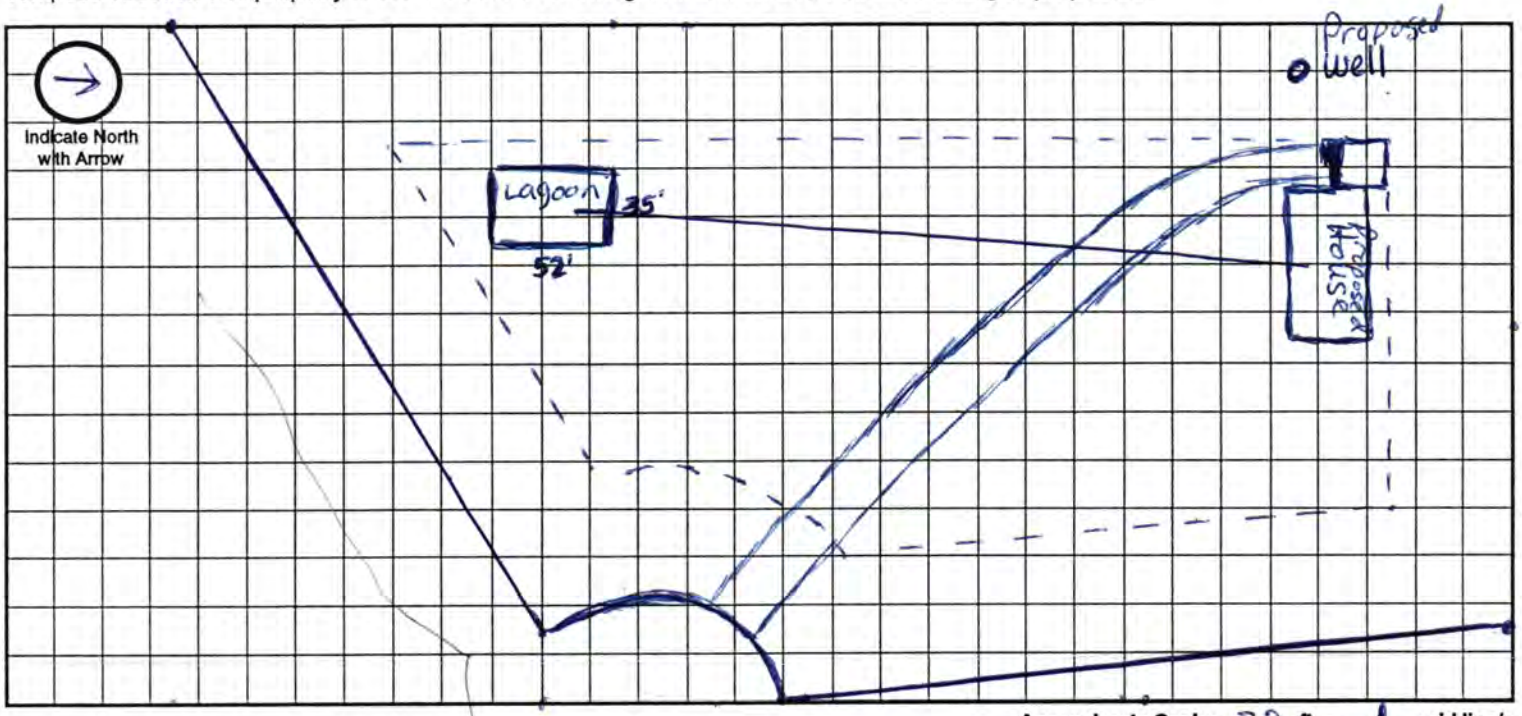
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 97380163701

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 6301 Countryview Court 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 Mark B Gest Date 8-19-97

Installer Karin Adasting Date 8-21-97

FORM 23-102 10-96

JUN 30 1998

D

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

Permit Number: 97380/637

Sewage Disposal System

As Built Plans & Specifications

Date 6-15-98

System Location (Indicate correct number and street)

Address 6301 Country View Ct (no rural route) City Lincoln NE, Zip 68516

A. Building Sewer

1. Material: ~~ABS~~ PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 4 outside / one inside
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ❑ Yes ❑ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ❑ above ❑ below grade _____ in.
5. Inlet: ❑ baffle ❑ tee
6. Outlet: ❑ baffle ❑ tee
7. Depth to top of tank, below unfinished 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
3. Distance from septic tank: _____ ft.

D. Absorption Field

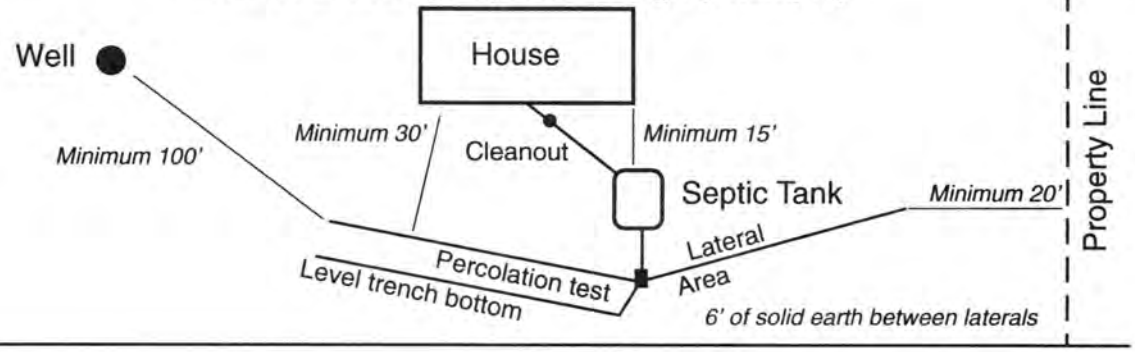
(Provide as-built drawings on back of this form)

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. _____ ft.
   _____ ft. _____ ft., _____ 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.

Indicate North with Arrow

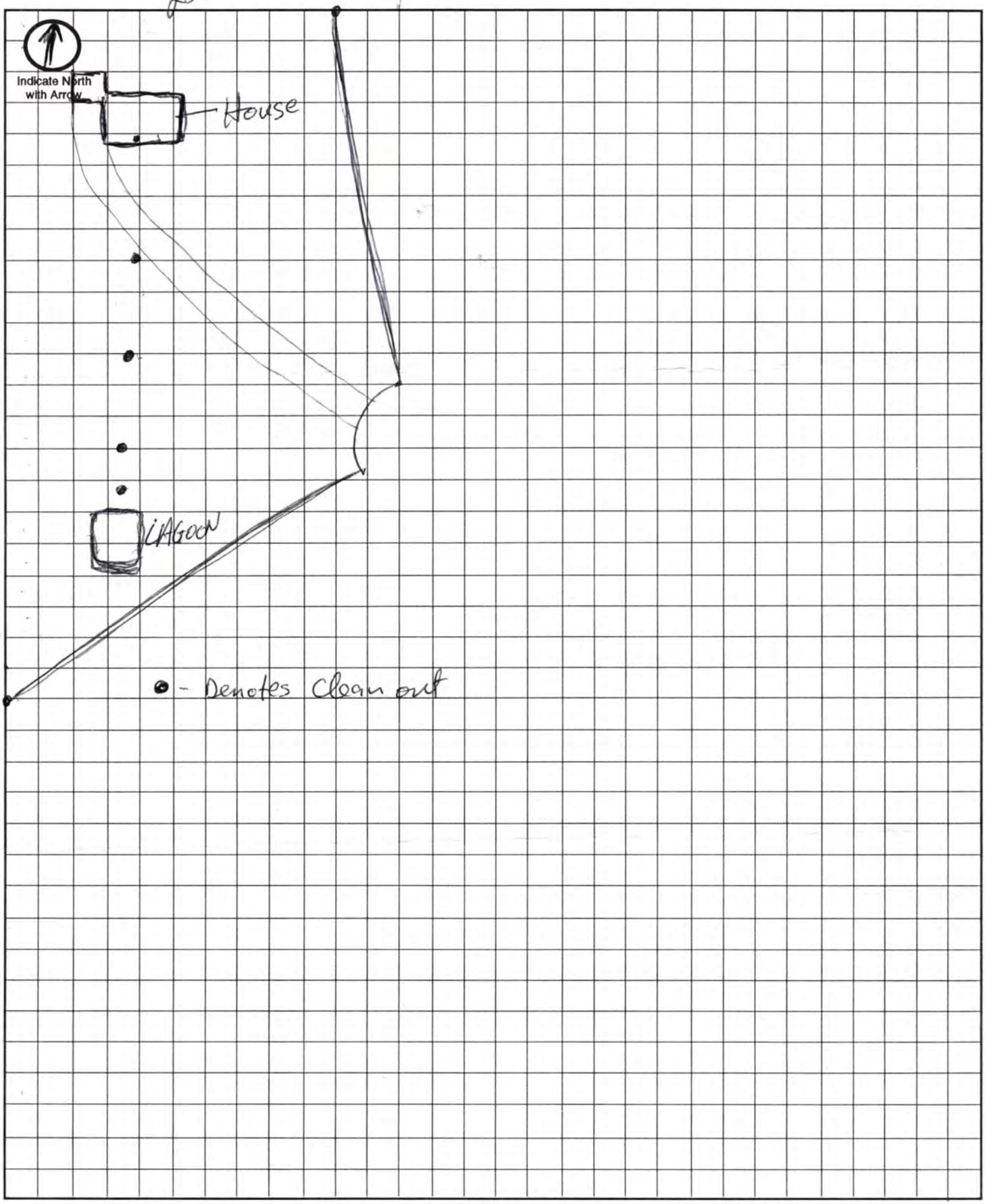
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit No. 97400065201

WATER WELL

Issued 08/25/97
Expires 02/25/98
Revenue Code 19851

Establishment

MARK GEIST
T9N R7E SEC 28
COUNTRYLANE 1ST ADD BLK 3 LOT 4
6301 COUNTRYVIEW COURT

FEES: $75.00

TOTAL $75.00

Permittee

MARK GEIST
7301 BUCKINGHAM DR
APT #32
LINCOLN NE 68506

Issued By M. Jane Ford
Health Director

5179

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. 97400652

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 6301 Countryview Ct (No Rural Route Please) City Lincoln, NE Zip 68516

Legal description of property:
Twp 9N; Range 7E; Section 28; Block 3; Lot 4; Addition 1st Addition Country lane

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

3. Distance to Public Water Supply _____ feet.

Signature of Owner Mark B Geist

Print Name MARK B GEIST
Current Address 7301 Buckingham #32
Lincoln, NE 68506
Current Home Phone 402 488-1959
Work Phone 402 488-2267

Signature of Contractor Mark B Geist

Print Name MARK B. GEIST
Address 7301 Buckingham #32
Lincoln NE 68506
Home Phone 402 483-1959
Work Phone 402 488-2267
Cellular Phone 402 440-1400

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 8/22/97; Date forwarded 8/22/97 — ACTION ☒ Approved ☐ Disapproved — Signature: Jerrold C. Hoag
2. Building & Safety — Date received 8/22/97; Date forwarded 8/22/97 — ACTION ☒ Approved ☐ Disapproved — Signature: _____
3. City Engineer — Date received 8/22/97; Date forwarded 8/22/97 — ACTION ☒ Approved ☐ Disapproved — Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits:
Date: 8/17/98 By P.P.
Date: ____/____/____ By _____
Date: ____/____/____ By _____

Installation Final Written Approval
By: Paul Dratzmann
Date: 8/25/98

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

Nitrate Level < 0.1 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory
Yes X No ____
Other _____

Business Office Use Only
Date Rec'd: 08/22/97
Amt Paid: $ 75
Rec'd By _____ Cash/Check No. 155

Also Sewer

October 1995
DWR Form 145

STATE OF NEBRASKA
DEPARTMENT OF WATER RESOURCES
WATER WELL REGISTRATION

FOR DEPARTMENT USE ONLY

Registration Date 1-15-98 Sequence No. 110005 Registration No. G-94343
Owner Code No. 50081 Receipt No. 94316 Lower Platte South 20 NRD

1. Well Owner Mark B. Geist Telephone Number (402) 483-1959
Address 7301 Buckingham Drive Apartment 32
City Lincoln State NE Zip Code 68506 +

2. Drilling Firm Blue Valley Drilling (did not install pump) Telephone Number (402) 673-3465
Address Route #1 Box 89-A Contractor's License No. 39022
City Pickrell State NE Zip Code 68422 +

3. Permit Number(s) 9740006520 1

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 ___Aquaculture
___Other _____ (indicate use)

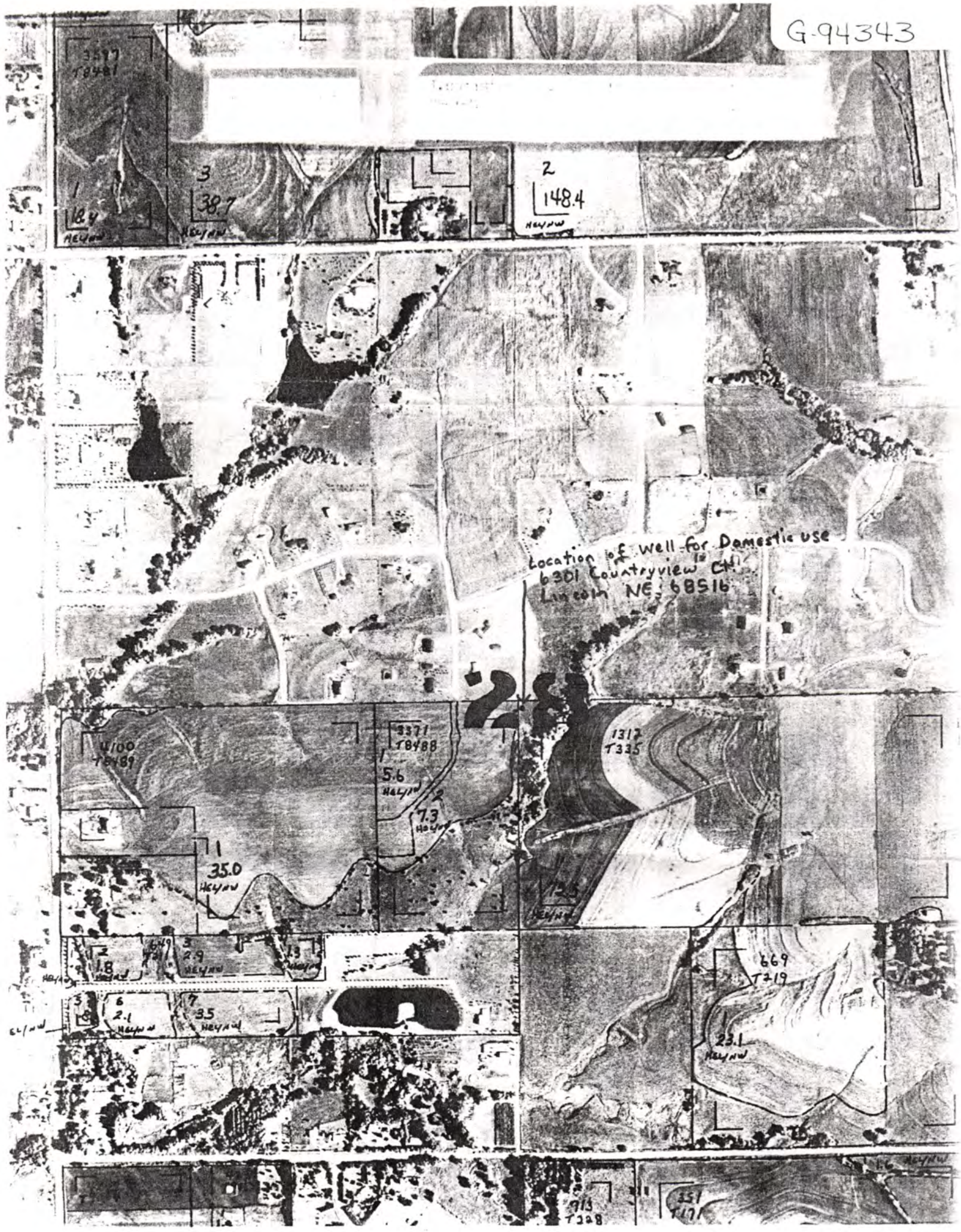
5. Replacement and abandoned well information.
A. Is this well a replacement well? ___Yes X No B. Registration number of abandoned well: _____
C. Replacement well is _____ feet from abandoned well. D. Abandoned well last operated _____, 19____
E. Original well pump column size: _____ inches. F. Completion of original well abandonment on _____, 19____
G. Location of water use of abandoned well: _____

6. A. Well location: NW ¼ of the ~~SE~~ SE ¼ of Section 28, Township 9 North, Range 7 East/West, Lancaster County.
B. The well is 2550 feet from the (~~North~~ or South) section line and 2600 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): NW¼ - SE¼ 28-9-7
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 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: 30 gallons per minute. Measured ☒ or Estimated ☐
B. Pump column diameter: 1¼ inches. C. Length of pump column: 187 feet.
D. Pumping equipment installed: 12-18, 1997. E. Brand/Type: Gould
F. Pump installed by: Contractor ☐ Owner ☐ Pump Installer ☒ License No. 29096

printed on recycled paper

G-94343


3597
T8481
1
L&4
NE¼NW
3
38.7
NE¼NW
2
148.4
NE¼NW
Location of well for Domestic use
6301 Countryview Ln.
Lincoln NE; 68516
W100
T8489
3371
T8488
1
5.6
NE¼NW
2
7.3
NE¼NW
1
35.0
NE¼NW
1317
T335
12.5
NE¼NW
669
T219
23.1
NE¼NW
913
T328
351
T171

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

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

DATA SHEET FOR WATER WELLS

Legal Description: Sec.____T.____R.____Block 3 Lot 4 Addition 1st Addition Countryl ane

Owner Mark B. Geist Address 7301 Buckingham #32
Lincoln, NE 68506

LOG OF WELL	
	Description
Depth Ft. to	

WELL COMPLETION RECORD

Drilling Method:

Depth (from ground level), Ft._____
Date Completed_____

Casing: Length, Ft._____;Dia.In._____
Wall Thickness, Inc._____;type_____

Screen: Length, Ft._____Dia.In._____
Type_____,slot Size_____

Drop Pipe: Length, Ft.____Dia.In._____

Water Level, Surface to top of water,Ft.:
Static_____, Pumping_____

Yield: ____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

11-19-98

LLCHD -- Well Data Entry

Permit Number: 97400652 ID Number: G-94343 Date Abandoned:

Lat Deg: Min: Sec: Lng Deg: Min: Sec: Elev:

Township: 9 Range: 7 Section: 28 Quarter: Quarter/Quarter:

Blk: 3 Lot: 4 Addition: Country Lane 1st Add

House No: 6301 Dir: St. Name: Countryview St. Type: Ct Suf:

Well Use: R Applicant: Mark B. Geist

Owner: Mark B. Geist Drlr: Blue Valley Drilling

Drl Method: Rty Date Cmpltd: 12/15/97 Well Depth: 254 Cs Lngth: 234 Cs Dia: 5

Cs. Type: Pvc Screen Length: 254 Static Lvl: 151 Pumping Lvl: 200 Yield:

8. Well Construction Information.

A. Total well depth: 254 feet. B. Static water level: 151 feet. C. Pumping water level: 200 feet.
☒ Estimated or ☐ Measured

D. Well Construction began: December 15, 1997. E. Well Construction completed: December 15, 1997.

F. Bore hole diameter: 8 inches.

G. Plain Casing: Diameter 5 ID 5½ OD inches. Type of material: PVC
Wall thickness: .265 inch(es). Joints--Welded/Glued/Threaded/Other
Length(s) and placement(s) depth from 0 ft. to 234 ft. from ft. to ft.

H. Screen: 5 ID 5½ OD in.; Type of material PVC
Screen openings (slot size): .013 Trade name:
Length(s) and placement(s) depth from 234 ft. to 254 ft. from ft. to ft. Guides at ft.

I. Gravel pack interval(s) from 200 ft. to 254 ft. from ft. to ft. Grade size: 47-B

J. Grouted/Sealed from 6 ft. to 10 ft., with Bentonite (type)
from 95 ft. to 100 ft., with Bentonite (type)

K. Drilling method: Direct rotary L. Drilling fluid: Water

M. Well development technique (total time and method): 2 hours - Air

N. Will chemicals, fertilizer or antifreeze be injected or utilized in the system? ___Yes ___No
If yes, what will be used:

9. Geologic Materials Logged

DEPTH IN FEET FROM	TO	DESCRIPTION
0	8	Clay - brown
8	12	Clay - yellow
12	13	Sand - fine brown
13	33	Clay - yellow & brown
33	38	Sand - fine to coarse brown
38	83	Clay - blue/gray
83	97	Clay - red & white
97	101	Clay - yellow
101	112	Clay - gray
112	137	Clay - brown
137	152	Clay - gray - layers brown sandstone
152	154	Ironstone - layers crusty brown sandstone
154	183	Sandstone - fine to medium brown - hard
183	196	Sandstone - hard fine ornage
196	197	Pyrite - red
197	215	Sandstone - fine brown
215	217	Clay - white
217	248	Sandstone - fine to medium fine brown - softer
248	254	Shale - red & white

(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.

Roger Shrader — Water Well Contractor's Signature — 12-16-97 Date

Mark B Bent — Water Well Owner's Signature — 1-7-98 Date