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 $ 25.00

FILE NO. _____

DATE: 2/9/95

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 6b : Lot 1 : Addition Countryland addition
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe 6901 Vanderslice, Cir
3. Distance to Public Water Supply: NA Ft.
4. Intended use of well Household

Mike Dahlgren-Pendel Inc
Signature of Applicant (owner or lessee)

3700 NW 126th
Address
Lincoln - Ne 68524

City Water Yes ☐ No ☐

Sewage Permit Applied For Yes ☐ No ☐ Not Applicable ☑

1. Health Department: Date Rec'd 2/17/95. Date Frwd. 2/17/95. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 2/17-95. Date Frwd. _____. Action: Approved ☐ Disapproved ☐ Signature: _____
3. City or County Engineers: Date Rec'd 2/17/95. Date Frwd. _____. Action: Approved ☒ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 1/3/02 by Jerrold Hood
Date: _____ by _____
Date: _____ by _____

Nitrate Level 0.1 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1/4/02 By: J. C. Hood

Health Department copy: White
Engineers Copy: Light Green
Building Inspectors Copy: Light Blue

FORM 23-13

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

B

Permit Number: 00380222

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6901 Vanderslice Cir. (no rural route) City Lincoln NE, Zip 68516

Owner Bob & Lisa Kendle Addresss

Soil Type (SCS): Clay Percolation Rate: 153 min./inch

Date of Tests 7/18 to 7/19 Weather: Precipitation 1" over night Temperature 90+

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	40"	7/18	3:00	7/19	3:00	7/19	6:30	32 3/8	7/19	7:00	30	1/8	240
2	36	7/18	3:00	7/19	3:00	7/19	6:30	31 1/4	7/19	7:00	30	3/8	80
3	37	7/18	3:05	7/19	3:05	7/19	6:35	30 1/2	7/19	7:05	30	1/4	120
4	36	7/18	3:05	7/19	3:05	7/19	6:35	30 1/8	7/19	7:05	30	1/4	120
5	39	7/18	3:05	7/19	3:05	7/19	6:35	33 1/4	7/19	7:05	30	1/8	240
6	37	7/18	3:10	7/19	3:10	7/19	6:40	34 1/4	7/19	7:10	30	1/4	120
		All Test Failed for seepage field 7/19/00											
		USE as waste stabilization Pond											

Person Conducting Percolation Tests

Name: Claude R. Oie PE 3939

Phone: 423-0614

Address 5910 So 52nd St. Ct.
Lincoln Ne. 68516

Sum of Percolation Rates: 920

Average of Rates: 153

Rate Used for Calculation: 153

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 6901 Vanderslice (no rural route) City Lincoln NE, Zip _____

A. Building Sewer

1. Material: 4" PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 4
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

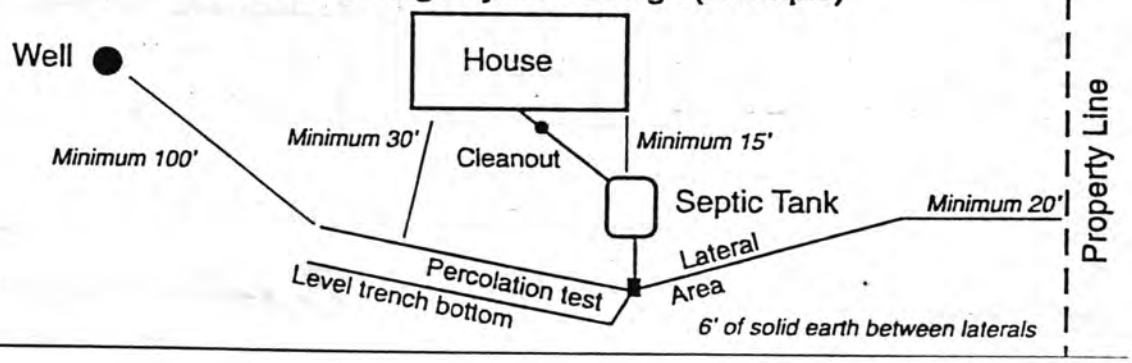
(Provide as-built drawings on back of this form)

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., _____ 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

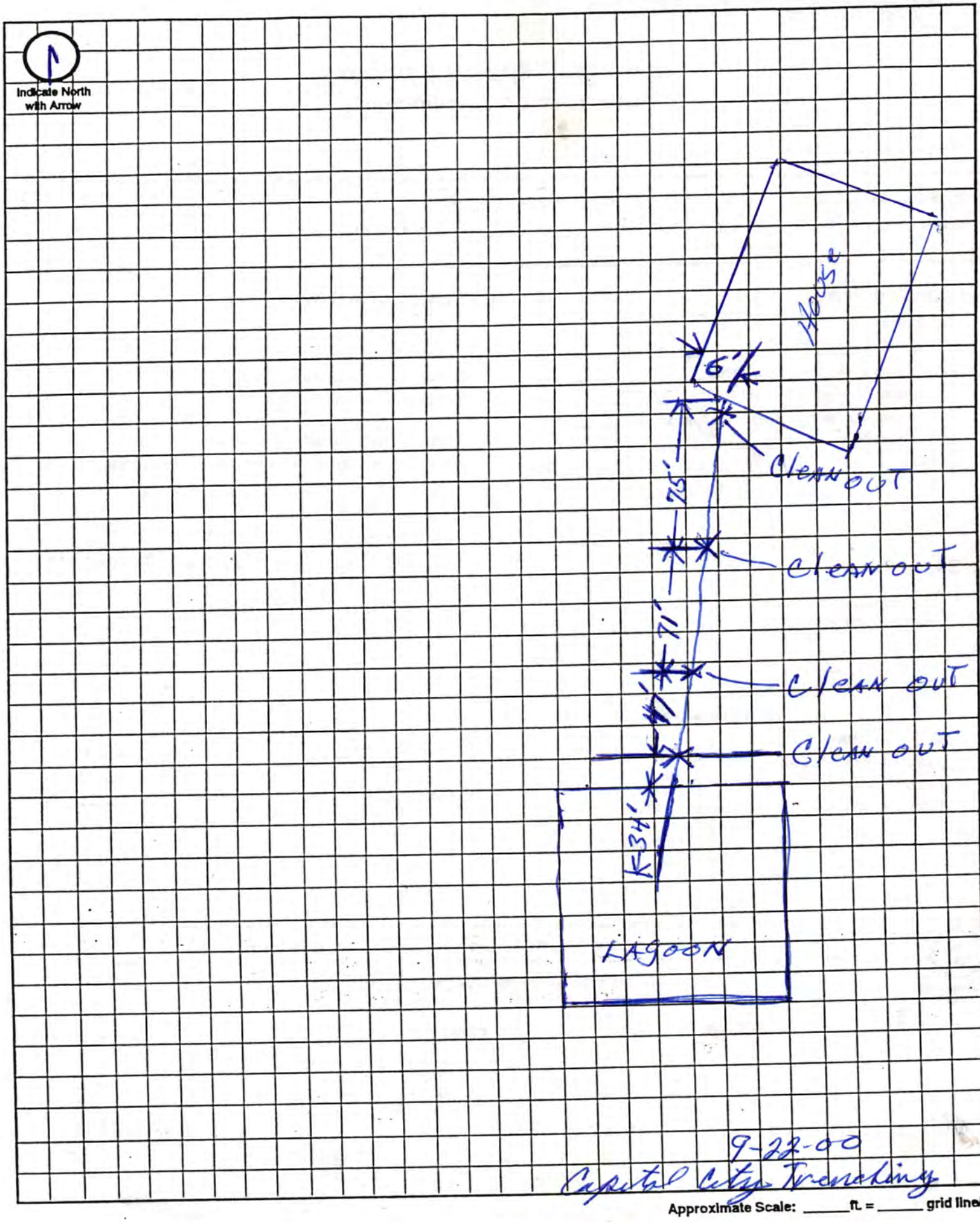
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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. 95400047201

Issued 02/17/95
Expires 08/17/95
Revenue Code 19851

Establishment
MERLE JAHDE
T9N R7E SEC 28
COUNTY LANE BLK 6 LOT 1

FEES: $75.00

TOTAL $75.00

Permittee
MERLE JAHDE
3700 NW 126 ST
LINCOLN NE 68524

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
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2200 ST. MARYS AVENUE
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   Block 56 : Lot 1 : Addition Countryland additions
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Mark Dahlsen-Pendel Inc
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2. Supt. Bldg. Insp.: Date Rec'd 2/17-95. Date Frwd. _____. Action: Approved ☒ Disapproved ☐ Signature: [illegible]
3. City or County Engineers: Date Rec'd 2/17/95. Date Frwd. _____. Action: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4/3/02 by Gerrold Hood
Date: _____ by _____
Date: _____ by _____

Nitrate Level 0.1 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/4/02 By: G.C. Hood

Health Department copy: White
Engineers Copy: Light Green
Building Inspectors Copy: Light Blue

FORM 23-13

FEB 15 2001

February 1995
DWR Form 981-2

STATE OF NEBRASKA
DEPARTMENT OF WATER RESOURCES
WATER WELL REGISTRATION PUMP INSTALLATION UPDATE

FOR DEPARTMENT USE ONLY

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

Owner Code No. _____ Receipt No. _____ _____ NRD

Premeire Builders Attn. Paul (Country Lane Estates)

1. Well Owner Bob & Lisa Kendle Telephone Number (402) 423-4025
   Address 6901 Vanderslice Circle
   City Lincoln State NE Zip Code 68516 +

2. Pump Installation Contractor EARNEST WELL DRILLING INC. Telephone Number (402) 761-2281
   Address 2796 WEST MILFORD RD. Pump Installer License No. 39051
   City MILFORD State NE. Zip Code 68405 +

3. Water Well Registration _____

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. A. Well location: ____¼ ____¼ of Section _____, Township _____North, Range _____East/West, _____County.

6. Pump Information.
   A. Pumping rate: 20 gallons per minute. Measured ☒ or Estimated ☐
   B. Pumping water level: 195 feet.
   C. Amount of time pumped: 1hr.
   D. Pump column diameter: 1¼ inches. E. Length of pump column: 220 feet.
   F. Pumping equipment installed: 9/16, 2000. G. Brand/Type: 2hp Dempster

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

Pump Installer's Signature	Date	Water Well Owner's Signature	Date
Rick Bell	9/17/00	[signature]	2/2/01

printed on recycled paper

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6901 VANDERSLICE CIR

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13553
FILE NO. 9540000472

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. 9 R. 7 Block 6 Lot 1 Addition STAN VANDERSLICE PROP

Owner MERLE JAHDE Address 3700 N.W. 126TH, LINCOLN 68524

LOG OF WELL	
	Description
Depth Ft. to	
0- 55	BRN & YEL CLAY
55- 65	YEL SS
65- 75	BRN CLAY
75- 90	YEL SS
90-125	RED & WHITE SHALE
125-140	BLUE SHALE
140-160	RED SHALE
160-215	BLUE SHALE
215-240	MED SS
240-261	VRY CRS TO MED SS
261-270	YEL SHALE

WELL COMPLETION RECORD

Drilling Method: ROTO

Depth (from ground level), Ft. 261'
Date Completed 8-24-94

Casing: length, Ft 241 ; Dia. In. 4"
Wall Thickness, Inc. 200#; Type PVC

Screen: Length, Ft. 20' Dia. In. 4"
Type PVC SLOTTED , slot Size .025

Drop Pipe: Length, Ft. Dia. In.

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

Yield: 25 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 Bill Mar
(Signed)

Address P. O. BOX 308
HICKMAN, NEBRASKA 68372

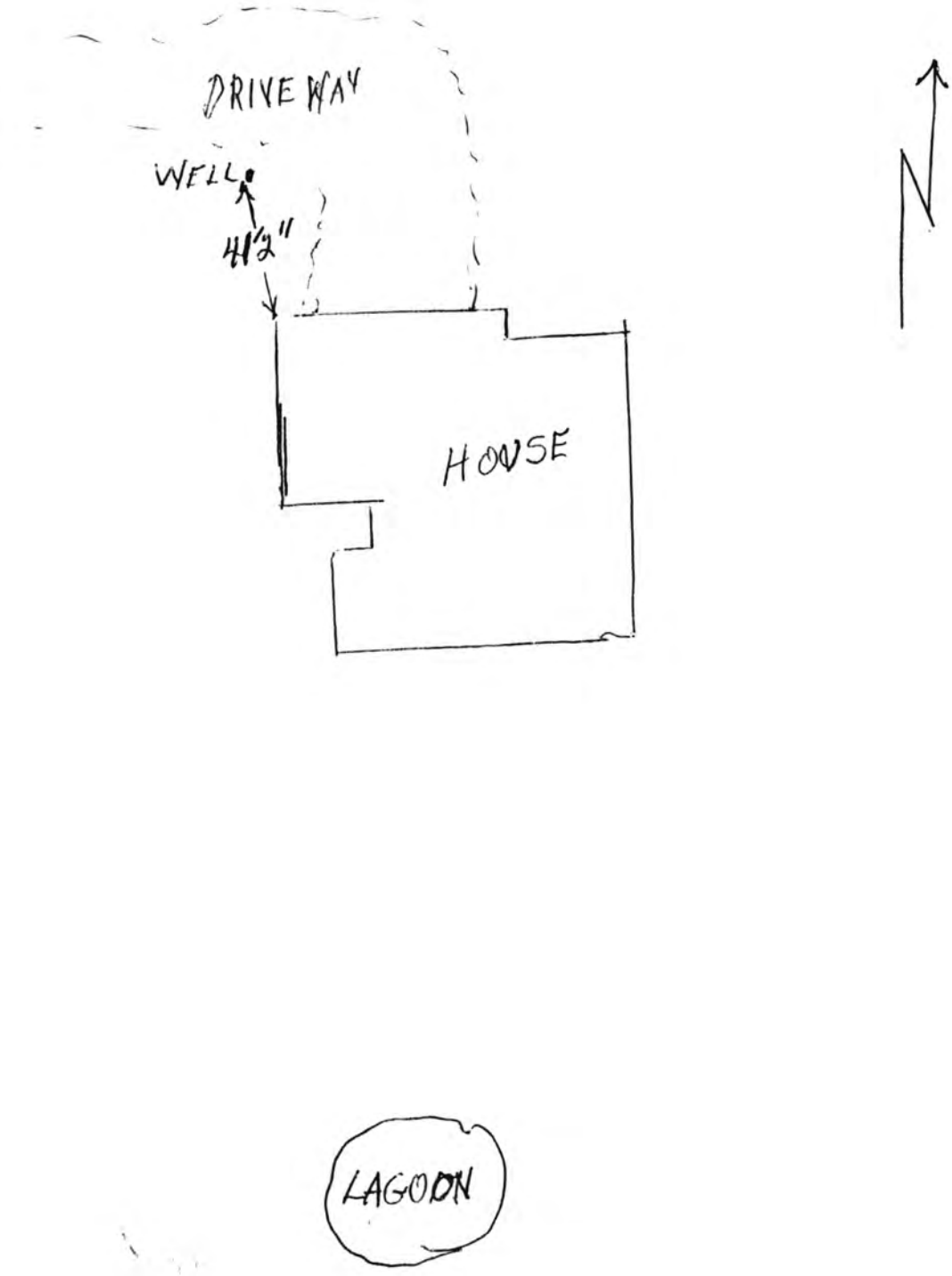
Date 11 October 1994

REMARKS NITRATE NITROGEN 0.1 p.p.m.
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 ☒

FORM 23-4


DRIVE WAY
WELL
41/2"
HOUSE
N
LAGOON