LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 93380107801

Issued 10/12/93
Expires 04/12/94
Revenue Code 18754

Establishment
MARY KINNING
T9N R7E SEC 29
KENSINGTON ESTATES BLK 1 LOT 3

FEES: $150.00

TOTAL $150.00

Permittee
MARY KINNING
BOX 06554
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"

RECEIVED OCT 0 8 1993

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
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: 9-29-93

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 29 ;
   Block 1 : Lot 3 : Addition Kensington Estates
   Street Address 5401 Rebel Dr.

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe 1914 sq ft ranch

3. Type of Individual Sewage Disposal System: Septic Tank ☑ ; Other ☐

4. Distance to public sewer: _____ ft. EXPERIMENTAL SYSTEM

Mary Kimming
Signature of Applicant (Owner or Lessee)

P.O. Box 6554
Lincoln, NE 68506
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/11/93 . Date Frwd. 10/11/93 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10/11/93 . Date Frwd. 10/11/93 . ACTION: Approved ☒ Disapproved ☐ Signature: Gary Spin

3. City or County Engineer : Date Rec'd. 10-11-93 . Date Frwd. 10-11-93 . ACTION: Approved ☐ Disapproved ☑ Signature: Dennis L Bartels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10-18-93 by: J.C.H Sewer, tanks, pipe after tank & HALF OF ONE LATERAL DONE
Date: 10-11-93 by: _____
Date: 11-22-93 by: PD

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-22-93 By: Paul Drotzmann
* Experimental System

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

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

Test Taken 2 Blks. west of So. 56th + Rebel Dr So. side

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: 5-29-93 to 5-30-93. Weather: Precip. 0 Temp. 60°.
Holes 1-4 had water in From Pre-test

OWNER: Michael C. Kinning
Address: 4631 Birchhollow Dr. Lincoln NE 68516
421-1334

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"	5-29	2:00 pm	5-30	8:00 Am	5-30	8:00 Am	6"	9:00 Am	5 7/8"	30m	1/8"	
2	36"	5-29	2:00 pm	5-30	8:00 Am	5-30	8:00 Am	6"	9:00 Am	5 7/8"	30m	1/8"	
3	36"	5-29	2:00 pm	5-30	8:00 Am	5-30	8:00 pm	6"	9:00 Am	5 1/4"	30m	3/4"	
4	36"	5-29	2:00 pm	5-30	8:00 Am	5-30	8:00 Am	6"	9:00 Am	6"	30m	0"	
5	36"	5-29	2:00 pm	5-30	8:00 Am	5-30	8:00 Am	6"	9:00 Am	5 7/8"	30m	1/8"	
6	36"	5-29	2:00 pm	5-30	8:00 Am	5-30	8:00 Am	6"	9:00 Am	5 3/4"	30m	1/4"	

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

Mike Hoogland
Signature of Person Conducting Test

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

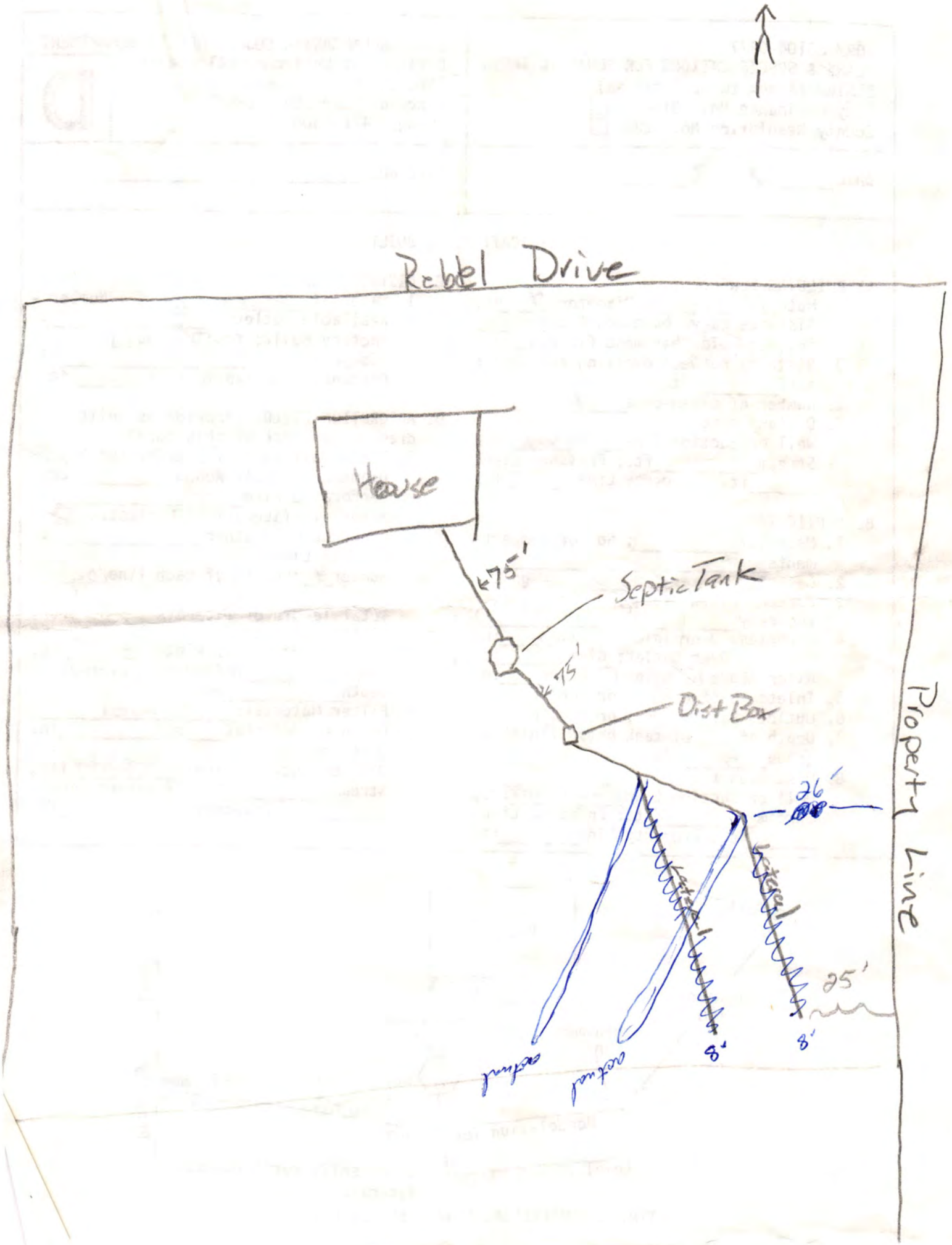
(Do not write below this line)

REVIEWING ACTION

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

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

_____
Signature of Reviewing Official


Rebel Drive
House
75'
Septic Tank
75'
Dist Box
26'
Property Line
25'
8'
8'

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

D

DATE: 11-22-93

FILE NO. _____

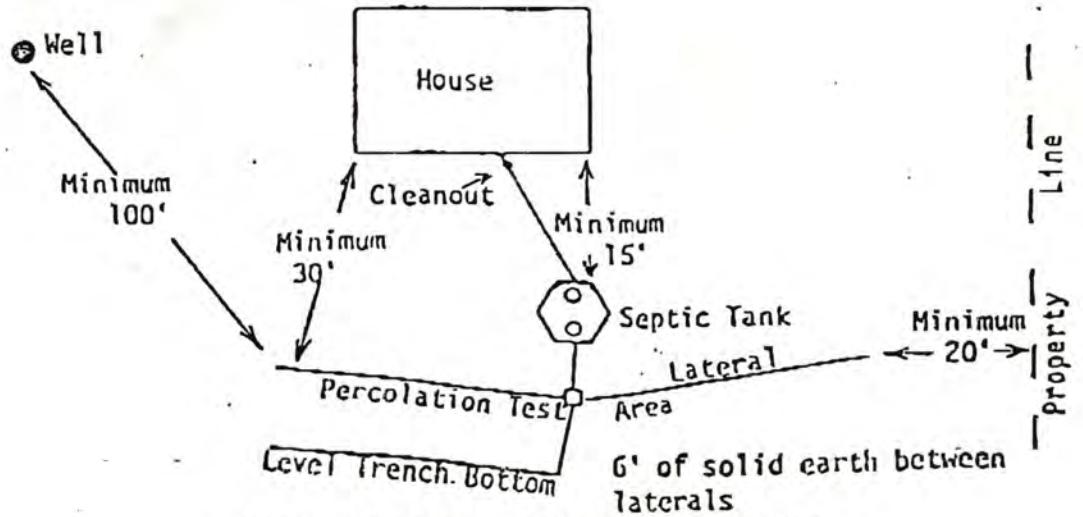
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor _____ in., or (below) basement floor 30 in.
3. Distance between dwelling and septic tank _____ ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line City Water ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material _____ ; No. of compartments 2 .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. 10 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 4 in.
8. Distances to:
Well or Suction Line City Water ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Plastic ; Number - available outlets 5 .
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 100 , _____ , _____ , _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines 6 ft.
3. Trench dimensions: Width 8' ft.;
Slope 0 in/100 ft.; Average Depth 3' in.
4. Filter Material: Gravel
Depth of Material 2 in.
5. Distances to:
Well or Suction Line City Water ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

P E R M I T

Permit
WATER WELL

No. 93400036601

Issued 04/05/93
Expires 10/05/93
Revenue Code 19851

Establishment
MARY KINNING
T9N R7E SEC 29
KENSINGTON ESTATES BLK 1 LOT 3

FEES: $75.00

TOTAL $75.00

Permittee
MARY KINNING
4631 BIRCHHOLLOW DR
LINCOLN NE 68516

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: 3-31-93

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 29
   Block 1 : Lot 3 : Addition Kensington Estates
2. Well use: Residential ☑ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: ½mi ~~Ft~~.
4. Intended use of well single family residence

Mary Kunning
Signature of Applicant (owner or lessee)

4631 Birchhollow Dr
Lincoln, NE 68516
Address

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 4/2/93. Date Frwd. 4/5/93. Action: Approved ☒ Disapproved ☐ Signature: Gerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 4/5/93. Date Frwd. _____. Action: Approved ☒ Disapproved ☐ Signature: [illegible]
3. City or County Engineers: Date Rec'd 4/5/93. Date Frwd. 4/5/93. Action: Approved ☒ Disapproved ☐ Signature: Mick McEden

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 3/2/94 by J.C. Hood
Date: _____ by _____
Date: _____ by _____

Nitrate Level 1.2 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 3/4/94 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: 471-7300

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 29 T. 9N R. 7E Block 1 Lot 3 Addition KENSINGTON ESTATES
Owner MIKE KINNING Address _____

LOG OF WELL	
	Description
Depth Ft. To	

WELL COMPLETION RECORD

Drilling Method: _____
Depth (from ground level), Ft. 185
Date Completed _____

Casing: Length, Ft. ____ ; Dia. In. 4
Wall Thickness, Inc. ____ ; type 160# PVC.

Screen: Length, Ft. 20 Dia. In. _____
Type MONOFLEX , slot Size .010

Drop Pipe: Length, Ft. ____ Dia. In. _____

Water Level, Surface to top of water, Ft.:
Static 120 , Pumping _____

Yield: 40 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 PUMP CO.
(Signed)

REMARKS NITRATE NITROGEN 1.2 P.P.M.
BACTERIOLOGICAL O.K.

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

RECEIVED MAR 0 3 1994

DATE: 4/29/93

Earnest Pump Co.

WELL DRILLING & REPAIR
P. O. BOX H 400 2ND ST.
MILFORD, NE 68405
(402) 761-2281

NAME: Mike Kinning

ADDRESS: 4631 Birchhollow

CITY: Lincoln STATE: NE ZIP: 68516 PHONE: 421-1334

WELL INFORMATION

Bore ~~WELL~~ DIA. 9" DEPTH 185'

STATIC WATER LEVEL 120'

ESTIMATED G.P.M. 40

GRAVEL PACK Washed Round Gravel + C-Pack SLOT .018 LENGTH 20' TYPE Monoflex

CASING

SIZE 4" TYPE 160# PVC

SCREEN

WELL LOG

FEET	FORMATION
0-2	Top soil
2-48	Brown clay
48-52	Blue clay
52-60	Brown clay
60-62	Blue clay
62-65	Brown clay
65-67	Sandstone
67-80	Brown + Yellow clay
80-90	Blue + Yellow clay
90-92	Yellow clay
92-96	Gray + Red clay
96-110	Blue clay

FEET	FORMATION
110-118	Sandstone
118-120	Red clay
120-125	Shale + Sandstone
125-135	Sandstone
135-137	Blue clay
137-190	Sandstone
5-20	Sealed Bentonite
110-120	Sealed "

PUMP:

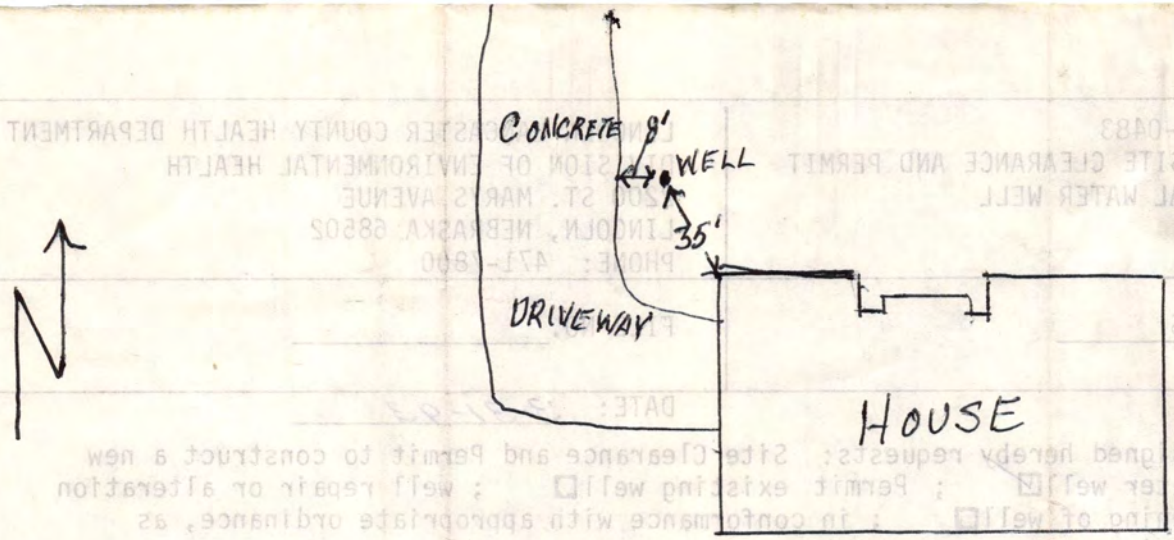
DROP PIPE: CABLE:

PRESSURE TANK:

PREPARED BY Mic Roth

Earnest Well Drilling, Inc.

KNOWLEDGE EXPERIENCE national water well association CERTIFIED ABILITY C.W.D./P.I.



AREA OF

SEWAGE SYSTEM