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. 94380112501

Issued 03/10/94
Expires 09/10/94
Revenue Code 18754

Establishment

MICHAEL KINNING
T9N R7E SEC 29
KENSINGTON ESTATES BLK 2 LOT 1

FEES: $150.00

TOTAL $150.00

Permittee

MICHAEL 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"

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: $_____

FILE NO._____

DATE:_____

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 4 Z : Lot 1 : Addition Kensington Estates
   Street Address 9201 So 53rd

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2 . Describe_____

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

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

Michael K
Signature of Applicant (Owner or Lessee)

P.O. Box 6554 Lincoln 68506
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/8/94 . Date Frwd. 3/8/94 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 3/8/94 . Date Frwd. 3/8/94 . ACTION: Approved ☒ Disapproved ☐ Signature: Kay Lyon

3. City or County Engineer: Date Rec'd. 3-8-94 . Date Frwd. 3-8-94 . ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Duckworth

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 5/26/94 by: J.C.H. Need drawing
Date:_____ by:_____
Date:_____ by:_____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 2/13/95 By: Jerrold C. Hood *

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

FORM 23-43

* EXPERIMENTAL SYSTEM
HENCE PROVISIONAL APPROVAL

9201 S 53rd Attn Jerry Hood

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: _____

FILE NO. _____

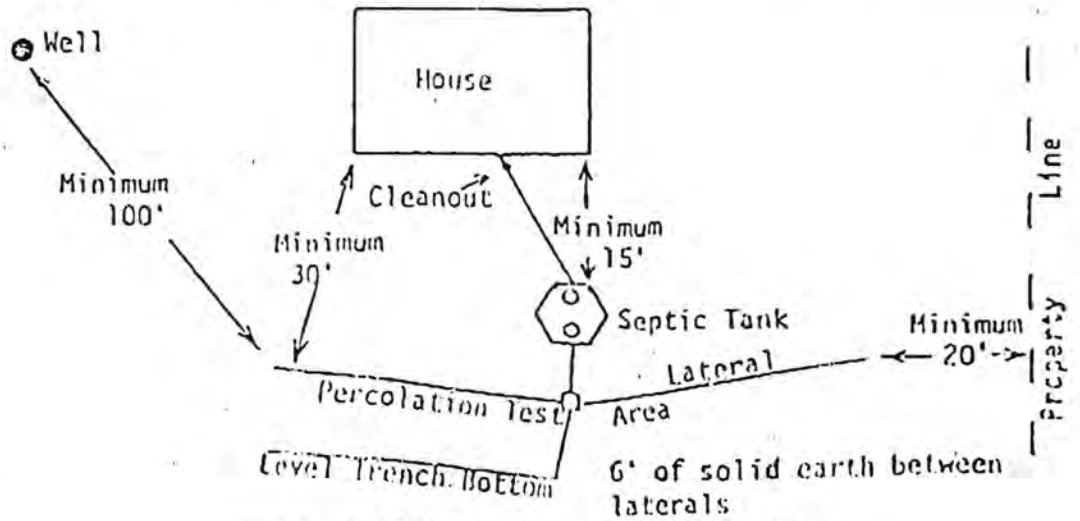
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Plastic; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor 20 in.
3. Distance between dwelling and septic tank 130 ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line 180' ft.; Stream No ft.; Pressure Line No ft.; Property Line 200' ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments 2.
2. Capacity 1000 gal gals.;
3. Factory Built: Yes ☐ No ☐
(Company Precast)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☑ Below ☐ Grade 2 in.
5. Inlet: Baffle ☑ ; or Tee ☐
6. Outlet: Baffle ☑ ; or Tee ☐
7. Depth of top of tank below finished grade 24 in.
8. Distances to:
Well or Suction Line 200 ft.; Stream No ft.; Pressure Line No ft.; Property Line 200' ft.

C. DISTRIBUTION BOX:
1. Material Plastic; Number - available outlets 5.
2. Factory Built: Yes ☑ No ☐
(Company _____)
3. Distance from Septic Tank 20' ft.

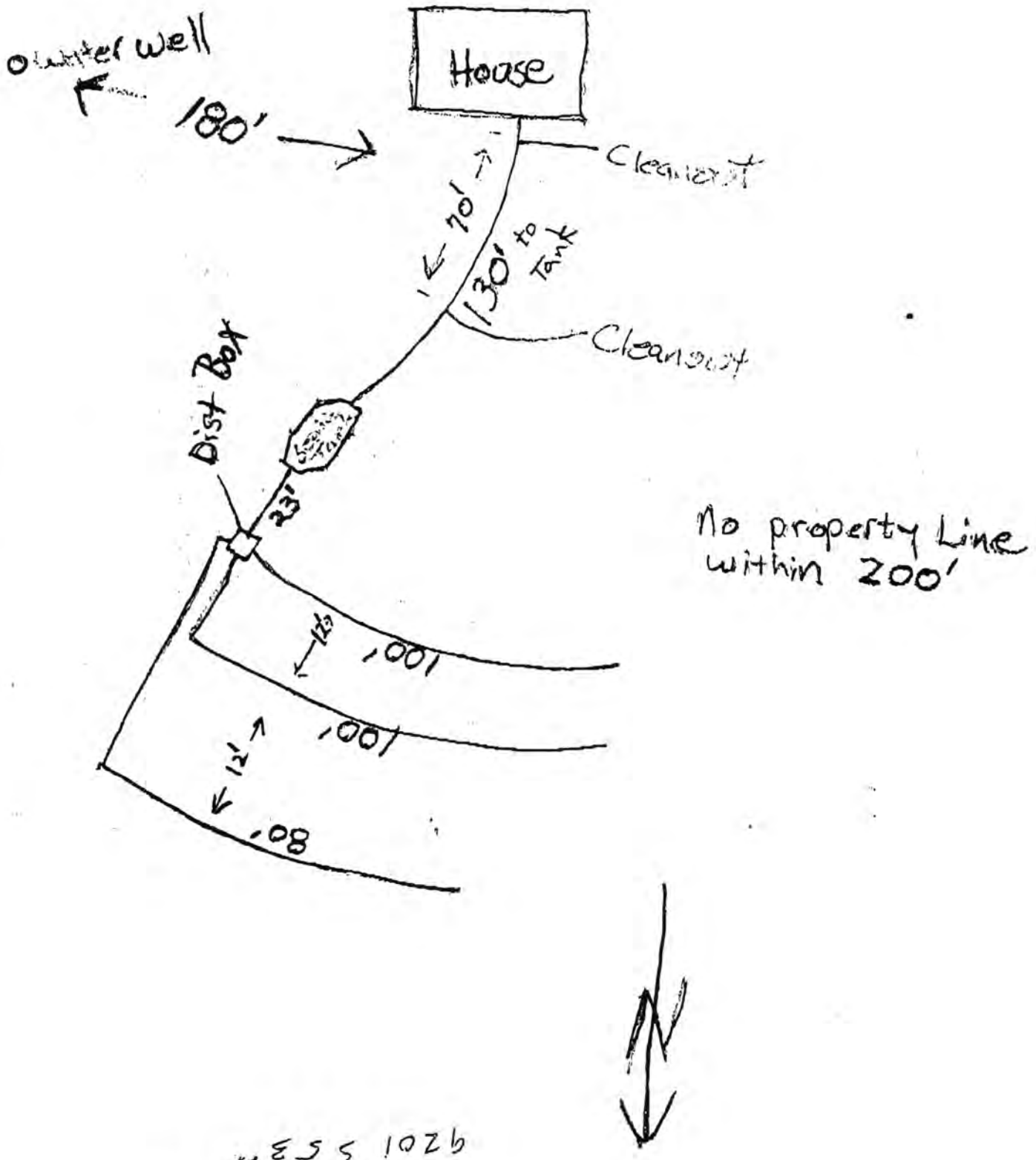
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☑
Diameter of Half Round _____ or Perforated Pipe 4"
Material: fiberglass ☐ ; plastic ☑ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 3 ; Length of each line 100, 100, 80, _____, _____ ft.;
Total length of laterals 280' ft.;
Distance between lateral lines 12 ft.
3. Trench dimensions: Width 3 ft.;
Slope 0 in/100 ft.; Average Depth 24 in.
4. Filter Material: Gravel
Depth of Material 12 in.
5. Distances to:
Well or Suction Line 350' ft.; Stream No ft.; Pressure Line No ft.; Property Line 300' ft.



441-8030

TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

491-8323


House
Water well
180'
Cleanout
70'
130' to Tank
Cleanout
Dist Box
23'
12"
100'
100'
12"
80'
No property Line within 200'
N
Ann. Terry Hood
9201 553rd

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
WATER WELL

No. 94400041201

Issued 03/10/94
Expires 09/10/94
Revenue Code 19851

Establishment
MARY KINNING
T9N R7E SEC 29
KENSINGTON ESTATES BLK 2 LOT 1

FEES: $75.00

TOTAL $75.00

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"

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 $ 75

FILE NO. _____

DATE: 3-7-94

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 2 : Lot 1 : Addition Kensington Estates
2. Well use: Residential ☑ ; Commerical ☐ ; Other Use ☐
   Describe Single family residence
3. Distance to Public Water Supply: ____ Ft.
4. Intended use of well SFR

Mary Kinning
Signature of Applicant (owner or lessee)
Kinning-Sydow Builders
P.O. Box 6554
Address Lincoln, NE 68516

Acct sub city

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 3/8/94. Action: Approved ☒ Disapproved ☐
   Date Frwd. 3/8/94. Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 3/8/94. Action: Approved ☒ Disapproved ☐
   Date Frwd. 3/8/94. Signature: Gary Spies
3. City or County Engineers: Date Rec'd 3-8-94. Action: Approved ☒ Disapproved ☐
   Date Frwd. _____. Signature: J. Hood

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 2/1/95 by J.C. Hood + L. Chess
Date: _____ by _____
Date: _____ by _____

Nitrate Level <0.1 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 2/6/95 By: J.C. Hood

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

FORM 23-13

November 1993
DWR Form 131

STATE OF NEBRASKA
DEPARTMENT OF WATER RESOURCES
WATER WELL REGISTRATION

INSTRUCTIONS

o register a ground water well, forward the following to the Department of Water Resources, .O. Box 94676, Lincoln, Nebraska 68509-4676. Telephone number: 402/471-2363:
. Water Well Registration form (DWR Form 131).
The most recent United States Department of Agriculture aerial photograph(s), available at the county Agricultural Stabilization and Conservation Service, marked to show the following:
a) The location of the well to be registered.
b) The location of wells owned by you in the same section. Each well should be labeled to show the use of water and the registration number. Abandoned wells should be shown, also.
c) If the well is for irrigation, the land to be irrigated should be shown by a crosshatch pattern and the number of acres irrigated from the well should be indicated.

For Department Use Only

Registration Number: G-82831
Registration Date: 10-20-94
Receipt Number: 79363
20 LOWER PLATTE NRD
92502

). Fees: * For monitoring and observation wells --- $60.
* For wells which pump less than 50 gallons per minute --- $60.*
* For wells which pump 50 gallons per minute or more --- $100.*

* For wells permitted pursuant to the Industrial Ground Water Regulatory Act, a separate registration fee is required for each of the first ten wells registered under the permit. For each additional group of ten or fewer wells registered under the permit only one registration fee is required.

Name of well owner Vince & Mary F. Cornell Telephone Number (402) 421-6206
Address 9201 So 53rd
City Lincoln State NE Zip Code 68516

Drilling Firm Earnest Well Drilling Inc. Telephone Number (402) 761-2281
Address Box H Contractor's License No. Pump Installer License No.
City Milford State NE Zip Code 68405
Well Logger (Name) Marin Roth Well Driller (Name) Marin Roth

Permit Number(s) NA

This well will be for (indicate one): ___Irrigation ___Industrial Use ___Public Water Supply X Domestic ___Livestock
___Recovery ___Injection ___Observation (Ground Water Levels) ___Monitoring (Ground Water Quality)
___Dewatering (over 90 days) ___Other
(Indicate use)

Replacement and abandoned well information (Notice of abandonment procedure is required for all abandoned, registered wells.):
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. Abandoned well plugged ___, 19___

A. Well location: SE¼ NE¼ of Section 29, Township 9 North, Range 7 East/West: Lancaster County.
B. The well is 2145 feet from the North/South section line and 1000 feet from the East/West section line.
(If possible, measurements should be from nearest section line.) (2145S1000W)
C. Street address or block, lot and subdivision, if applicable: 9201 S 53rd St Lincoln NE
Lot 1 Block 2 Kensington Estates Lancaster Co
D. Location of use (give legal description):
E. If for irrigation, the land to be irrigated is ___ acres.

printed on recycled paper

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 2 Lot 1 Addition KENSINGTON ESTATES
Owner VINCE CORNELL Address 9201 SOUTH 53RD STREET

LOG OF WELL	
	Description
Depth Ft. to	

WELL COMPLETION RECORD

Drilling Method: MUD ROTARY
Depth (from ground level), Ft. 175
Date Completed _____

Casing: Length, Ft. 155 ; Dia. In. 4.5
Wall Thickness, Inc. ____ ; type PVC, SCH. 40

Screen: Length, Ft. 20 Dia. In. 4.5
Type PVC MOROFLEX, slot Size .010

Drop Pipe: Length, Ft. 140 Dia. In. 1¼

Water Level, Surface to top of water, Ft.:
Static 100, Pumping _____

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 < 0.1 p.p.m. BACTERIOLOGICAL O.K

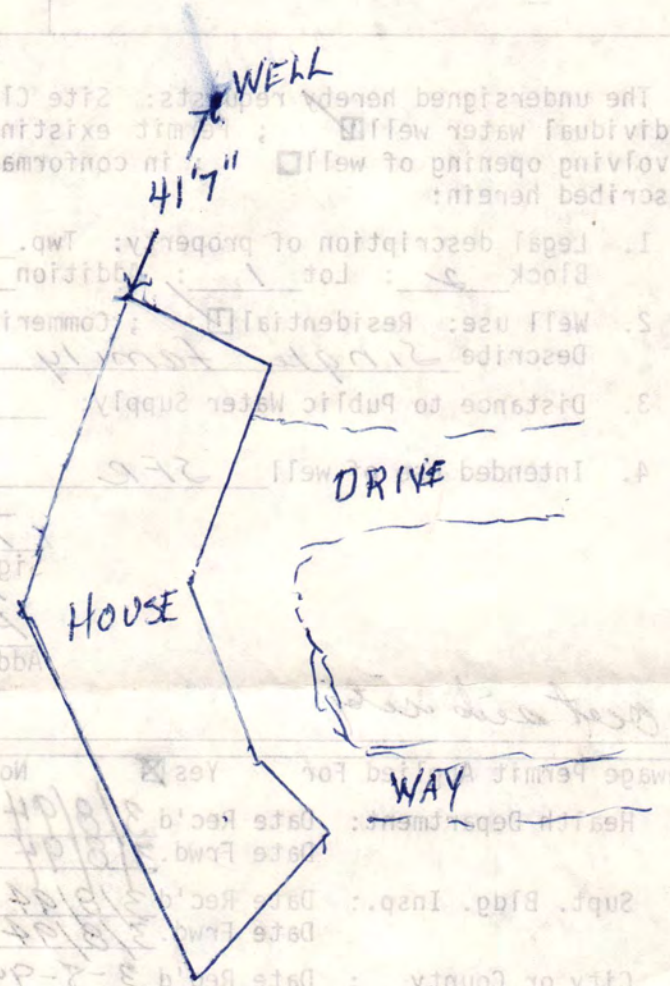
Address BOX H, MILFORD, NEBRASKA

Date _____

DO NOT WRITE BELOW THIS DOUBLE LINE

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

FORM 23-4


WELL
41'7"
DRIVE
HOUSE
WAY
AREA OF
SEPTIC SYSTEM

Pump Information. If a timed pump test was conducted, submit complete pumping and drawdown ... observation wells, if any, on separate page.

A. Pumping rate: 20 gallons per minute. Measured ☑ or Estimated ☐

B. Pump: Column diameter: 1¼" sch. 80 inches. C. Depth to pump: 140 feet.

D. Pumping equipment installed: 3/15, 1994. E. Brand/Type: Dempster 1 H.P. 20 6 P.M.

Well Information.

A. Total well depth: 175' feet. B. Static water level: 100' feet. C. Pumping water level ____ feet.

D. Construction began: 3/8, 1994. E. Construction completed: 3/15, 1994.

F. Bore hole diameter 9 inches.

G. Casing: Diameter 4.154 ID 4.5 OD in.; Type of material: 160# PVC;

Wall thickness .173 in. Joints--Welded/Glued/Threaded/Other: ____; Guides at ____ ft.

Length(s) and placement(s) depth from 0 ft. to 155 ft. from ____ ft. to ____ ft.

H. Screen: 4.026 ID 4.5 OD in.: Type of material PVC Sch 40

Screen openings (slot size): .010; Trade name: Monoflex; Guides at 160 + 170 ft.

Length(s) and placement(s) depth from 155 ft. to 175 ft. from ____ ft. to ____ ft.

I. Gravel pack interval(s) from 20 ft. to 70 ft. from 85 ft. to 175 ft. Grade size: washed Road Gravel

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

from 70 ft. to 85 ft., with Bentonite (type) Hole Plug

K. Drilling method: Mud Rotary L. Drilling fluid: Bentonite (Quick Gel)

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

N. Will chemicals or fertilizer be injected into the distribution system? ___Yes X No

GEOLOGIC MATERIALS LOGGED

DEPTH IN FEET FROM	TO	DESCRIPTION	DEPTH IN FEET FROM	TO	DESCRIPTION
—	2	TOP SOIL	—	—	
—	45	BROWN CLAY	—	—	
—	50	RED AND BROWN CLAY	—	—	
—	90	GRAY AND RED CLAY	—	—	
—	95	YELLOW, GRAY + RED CLAY	—	—	
—	175	SANDSTONE	—	—	
—	—		—	—	
—	—		—	—	
—	—		—	—	

(Additional sheets may be submitted)

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

Water Well Contractor's Signature — Date: 4/27/94

Water Well Owner's Signature: Vince Cornell — Date: 9-9-94