FILE #W-231

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL WATER WELL CONSTRUCTION — TYPE OF LICENSE OR PERMIT

JULY 27, 1988 — THIS LICENSE OR PERMIT EXPIRES

ROBERT L. HUNT — LICENSEE OR PERMITTEE

ROUTE #8 LINCOLN, NE 68506 — ADDRESS

T9N; R7E; Sec SE¼ 29 — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 45.00	019851	$ 45.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. Date and Amount

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

JAN 2 7 1988

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 $ 45.00

FILE NO. W-231

DATE: 1-15-88

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 SE 1/4
   Block _____ : Lot _____ : Addition _____
2. Well use: Residential ☑ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: _____ Ft.
4. Intended use of well Farm Use

56th & Rokeby Rd.

outside city limits

Robert L. Hunt
Signature of Applicant (owner or lessee)

R.R.8, Lincoln Nebr. 68506
Address

Sewage Permit Applied For Yes ☐ No ☐ Not Applicable ☒

1. Health Department: Date Rec'd 1/27/88. Action: Approved ☒ Disapproved ☐
   Date Frwd. 1/28/88. Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 1/28/88. Action: Approved ☐ Disapproved ☐
   Date Frwd. 1/28/88. Signature: [illegible]
3. City or County Engineers: Date Rec'd 1/28/88. Action: Approved ☒ Disapproved ☐
   Date Frwd. 1/28/88. Signature: John D. Mccoush

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11/2/88 by Jerrold Hood
Date: _____ by _____
Date: _____ by _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/8/88 By: J. C. Hood

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

ORM 23-13

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. W-231

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN NE 68502
Phone: 471-7800

RECEIVED APR 22 1988

SE¼ DATA SHEET FOR WATER WELLS

Legal Description: Sec. 29 T. 9N R. 7E Block ____ Lot ____ Addition ____

Owner Bob Hunt Address N of S. 56th & Rokeby Rd

LOG OF WELL	
Depth Ft. to	Description
0-45	yell clay
45-55	blue c
55-90	red & blue shale
90-93	black sh.
93-94	limestone
94-96	white sh.
96-100	dk red sh
100-196	med light brn ss
196-200	med coarse dk brn ss
200-201	blue shale
201-202	limestone
202-205	dk blue & red sh.

WELL COMPLETION RECORD

Drilling Method: Rotary Cir.
Depth (from ground level), Ft. 195
Date Completed 1-20-88

Casing: Length, Ft. 185 ; Dia. In. 4
Wall Thickness, Inc 200# ; type PVC

Screen: Length, Ft. 10 Dia. In. 4
Type wop PVC , slot Size .030

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

Water Level, Surface to top of water, Ft.:
Static 110 , Pumping ____

Yield: 50+ in air ggm, Measured ☒ , Est. ☐ 100+
Chlorination Completed Yes ☐ No ☐

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

Driller Bill Moser
(Signed)

REMARKS NITRATE NITROGEN < 0.1 p.p.m.
BACTERIOLOGICAL O.K.

Moser Well Drilling & Service, Inc.
Box 308
Hickman, NE 68372

Address ____

Date 4-20-88

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

006

Lincoln-Lancaster County Health Department

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 9405 So. 56th

Twp 9N Range 7E Section 19 1/4 ___ 1/4 ___ Block 2 Lot 7 Addition Kennington Est 1st Add.

Directions to Property _____

Location of Well North of house Tap Location: Inside ☒ Outside ☐

Location of Sewage System West of house Year Installed 88

	NAME	ADDRESS	PHONE
Present Owner:	Robert & Norma Hunt		
Tenant/Buyer:	Rod Hornby	6940 "O" St Ste 300 Lincoln NE 68510	488-9222
Return to:	Rod		

Signature of Applicant [signature] Address 6940 "O" St Ste 300 Date 7/23/96

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 7/23/96
Initials J.C.H.
Amount $150.00
Check No. 12191

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

PRELIMINARY STATUS--By Jerroll C. Hood **DATE:** 7/24/96

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.2 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits
Date 8/2/96 by P.D
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: OLD WELL IN PIT WITHIN 100 FT. OF WELL. SEPTIC SYSTEM APPEARS SMALL, PREDATES REGULATIONS. IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. See Attached Letter ☐

FINAL STATUS

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

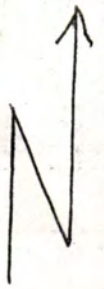
Approved by [signature] Date 8/7/96

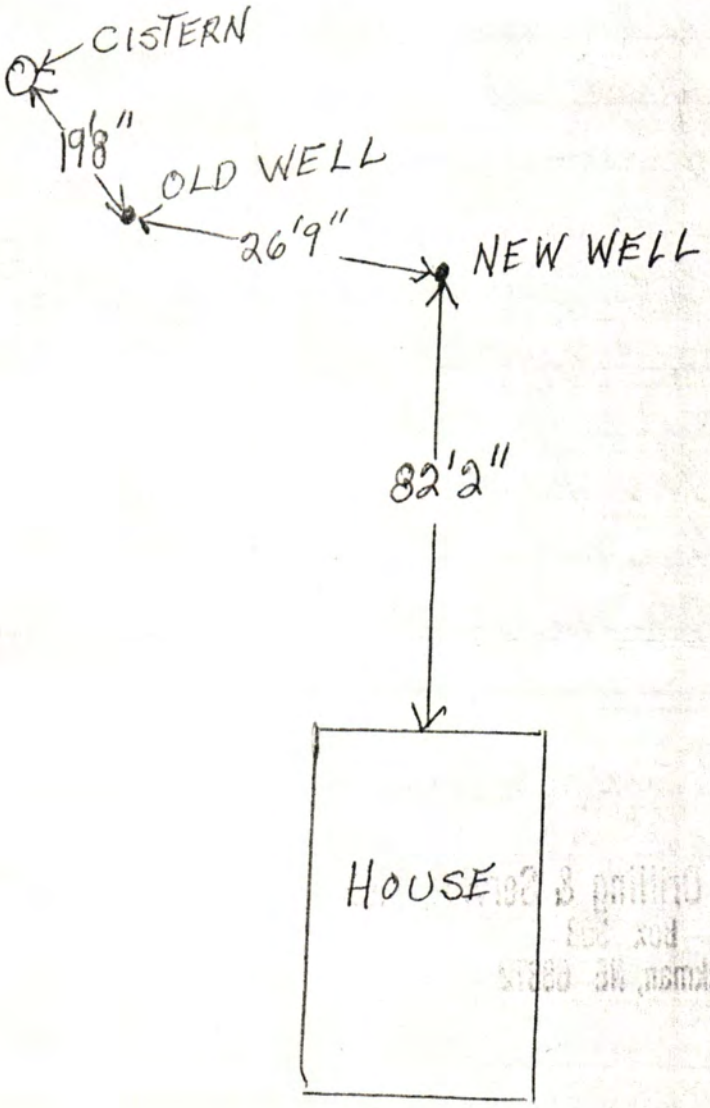
Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95

AS BUILT DRAWING OF INSTALLATION IN RELATION TO BUILDINGS, PROPERTY LINES, OTHER WELLS, AND SOURCES OF CONTAMINATION. INDICATE NORTH.





AREA OF SEPTIC SYSTEM

9809 10002

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

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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.

CR 3107

Legal Description of Property: Street Address 9405 South 56th

Twp 9N Range 7E Section 28 1/4 ___ 1/4 ___ Block 2 Lot 7 Addition 1st Add Kensington

Directions to Property _____

Location of Well North of House Tap Location: Inside ☐ Outside ☐

Location of Sewage System Behind House Year Installed unknown

CR 15515

	NAME	ADDRESS	PHONE
Present Owner:	Rod Hornby (copy)	REMAX (Norwest Bank) 70th & O	730-6510
Tenant/Buyer:	Roger Wiegel Tenant		421-1863
Return to:	DALE M°CLURE	5307 W. Zeamer Lincoln, NE. 68524	890-1220

Signature of Applicant Rod H Address 3221 Orwell Date 8/13/98

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 8/24/98

Initials JS

Amount 150.00

Check No. 2781

DATA ENTRY

Date ___/___/___

Case No. _____

Initials _____

PRELIMINARY STATUS--By John Chess **DATE:** 8/31/98

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ .2 ppm *	☐ ____ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☐

Additional Site Visits

Date___/___/___by___

Date___/___/___by___

Date___/___/___by___

Comments: See attached letter. If the septic tank has not been pumped recently, it should be checked to see if it is needed. System produces effluent

See Attached Letter ☒

FINAL STATUS

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

Approved by John Chess Date 9/8/98

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

* - phone call -