LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 94380116401

SEWAGE INSTALLATION

Issued 05/09/94
Expires 11/09/94
Revenue Code 18754

Establishment

RANDY SCHANTELL
T9N R7E SEC 29
KENSINGTON ESTATES BLK 3 LOT 1
8800 S 55 STREET

FEES: $150.00

TOTAL $150.00

Permittee

RANDY SCHANTELL
1218 CLEARVIEW BLVD
LINCOLN NE 68512

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

FILING FEE: $ 150.00

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 3 : Lot 1 : Addition KENSINGTON ESTATES
   Street Address 8800 S. 55th St. LINCOLN, NE

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____

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

4. Distance to public sewer: 2 MILES ~~FT~~

Randy Schmitt
Signature of Applicant (Owner or Lessee)

1218 CLEARVIEW BLVD. LINCOLN, NE 68512
Address (434-8519)

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/6/94 . Date Frwd. 5/9/94 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 5/9/94 . Date Frwd. 5/9/94 . ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

3. City or County Engineer : Date Rec'd. 5-9-94 . Date Frwd. 5-9-94 . ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-25-94 by: P.D. need drawing
Date: 8-29-95 by: P.D
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-29-95 By: [signature]

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

FILE NO. _____

PROPERTY WHERE SOIL TESTED: 8800 S. 55th St / BLOCK 3 LOT 1 KENSINGTON ESTATES

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: 4/27 to 4/28. 5/4 to 5/5 Weather: Precip. .25" Temp. 42 81

OWNER: Randy Schantell

Address: 1218 CLEARVIEW BLVD. LINCOLN, NE 68512

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"	4/27	2:52	4/28	10:10	4/28	2:20	6"	2:50	5 1/8"	30	7/8"	34.3
2	36"	4/27	2:54	4/28	10:12	4/28	2:22	6"	2:52	5 1/4"	30	3/4"	40.0
3	36"	5/4	1:35	5/5	9:40	5/5	2:18	6 1/8"	3:04	5"	46	1 1/8"	41.0
4	36"	5/4	1:37	5/5	9:42	5/5	2:20	6"	3:06	4 7/8"	46	1 1/8"	41.0
5	36"	5/4	1:39	5/5	9:44	5/5	2:14	6 1/4"	3:00	5 1/8"	46	1 1/8"	41.0
6	36"	5/4	1:41	5/5	9:46	5/5	2:16	6"	3:02	5"	46	1"	46.0

Sum of Percolation Rates: 243.3
Average of Rates: 40.55
Mean of Rates: _____

Randy Schantell
Signature of Person Conducting Test

Address 1218 Clearview Blvd Phone 434-3519

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 30 min./inch
B. _____ min./inch
C. _____ min./inch

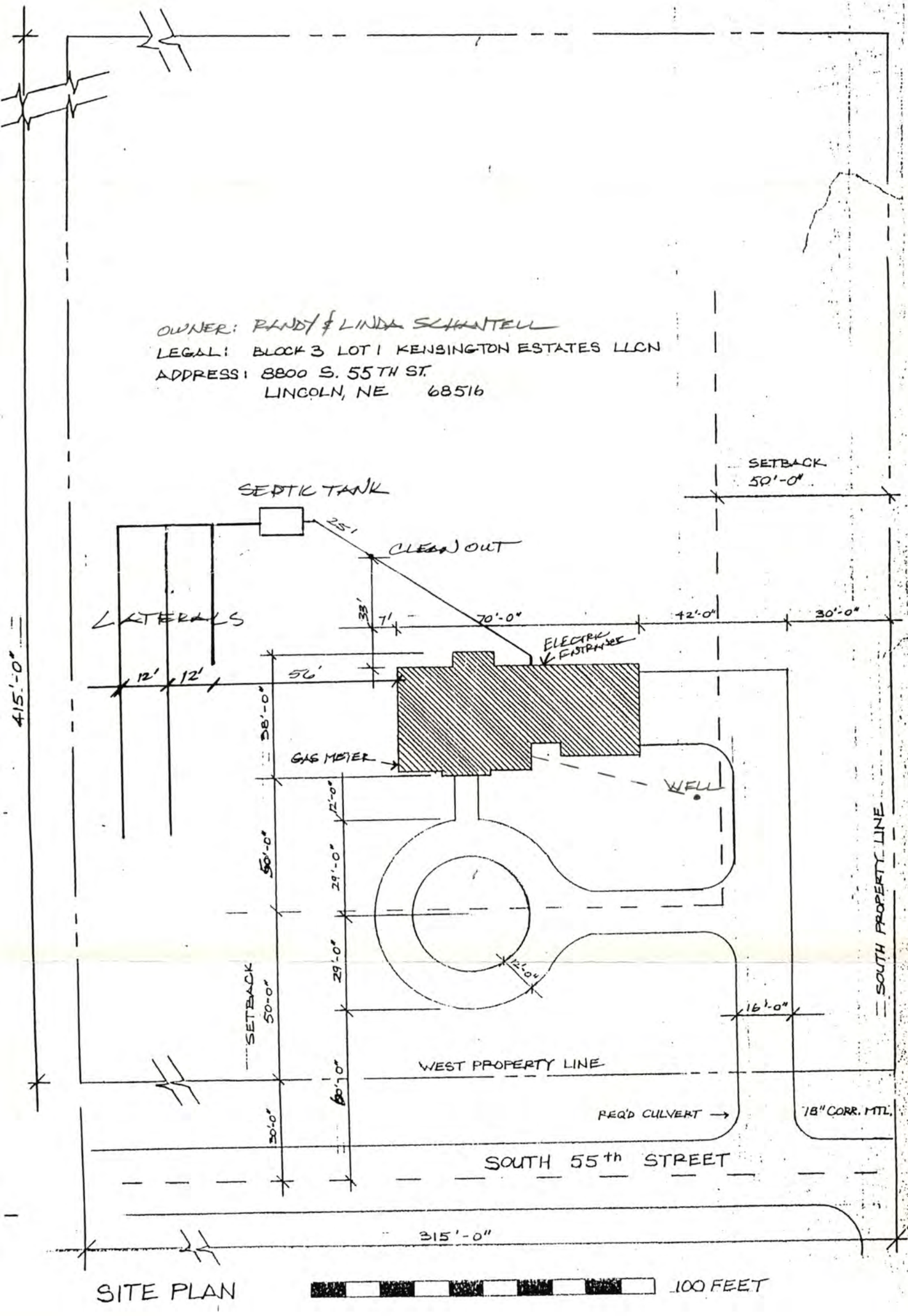
Remarks: _____

Soil Type (SCS): Wymore Silty Clay Loam

Date: May 9, 1994

Jerrold C. Head
Signature of Reviewing Official

AUG 2 8 1995


OWNER: RANDY & LINDA SCHANTELL
LEGAL: BLOCK 3 LOT 1 KENSINGTON ESTATES LLCN
ADDRESS: 8800 S. 55TH ST.
LINCOLN, NE 68516
SEPTIC TANK
25'-1"
CLEAN OUT
LATERALS
33'
7'
70'-0"
42'-0"
30'-0"
SETBACK
50'-0"
ELECTRIC ENTRANCE
12'
12'
52'
38'-0"
GAS METER
WELL
415'-0"
12'-0"
50'-0"
29'-0"
29'-0"
12'-0"
SETBACK
50'-0"
16'-0"
SOUTH PROPERTY LINE
WEST PROPERTY LINE
80'-0"
30'-0"
REQ'D CULVERT
18" CORR. MTL.
SOUTH 55th STREET
315'-0"
SITE PLAN
100 FEET

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. 94400042501

Issued 05/09/94
Expires 11/09/94
Revenue Code 19851

Establishment
RANDY SCHANTELL
T9N R7E SEC 29
KENSINGTON ESTATES BLK 3 LOT 1
8800 S 55 STREET

FEES: $75.00

TOTAL $75.00

Permittee
RANDY SCHANTELL
1218 CLEARVIEW BLVD
LINCOLN NE 68512

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 $ 75.00

FILE NO. _____

DATE: _____

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 3 : Lot 1 : Addition KENSINGTON ESTATES
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe 8800 So. 55th ST.
3. Distance to Public Water Supply: 1500 Ft. (RURAL WATER)
4. Intended use of well ~~RESIDENTIAL~~ DRINKING, CLEANING, LAWN CARE, ETC.

Randy Schmidt
Signature of Applicant (owner or lessee)

1218 CLEARVIEW BLVD, LINCOLN 68512
Address

(434-3519)

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 5/6/94. Date Frwd. 5/9/94. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 5/9/94. Date Frwd. 5/9/94. Action: Approved ☒ Disapproved ☐ Signature: Hayden
3. City or County Engineers: Date Rec'd 5-9-94. Date Frwd. _____. Action: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8/24/95 by Jerrold C. Hood
Date: _____ by _____
Date: _____ by _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/29/95 By: J.C. Hood

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

FORM 23-13

RECEIVED SEP 16 1994

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

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. 29 T. 9 R. 7 Block 3 Lot 1 Addition KENSINGTON

Owner WOODS BROS REALTY-RANDY SCHANTEL Address 3737 SOUTH 27TH, LINCOLN

LOG OF WELL	
Depth Ft. To	Description
0- 10	BRN CLAY
10- 70	YLW CLAY
70- 90	BLUE CLAY
90-100	BLACK & BLUE CLAY
100-120	RED & YLW SHALE
120-135	BLUE & BLACK SHALE
135-195	FINE TO MED FINE SS
195-213	COARSE SANDSTONE
213-220	YLW & GREEN SHALE

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level), Ft. 213'
Date Completed 7-15-94

Casing: length, Ft 193 ; Dia. In. 4"
Wall Thickness, Inc. 200#; type PVC

Screen: Length, Ft. 20' Dia. In. 4"
Type 10'WOP/10'SLOTTED Slot Size .030&.025

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

Water Level, Surface to top of water, Ft.:
Static 150 , Pumping _____

Yield: 15 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 /s/ Bill Moser
(Signed)

Address P. O. BOX 308
Hickman, Nebraska 68372

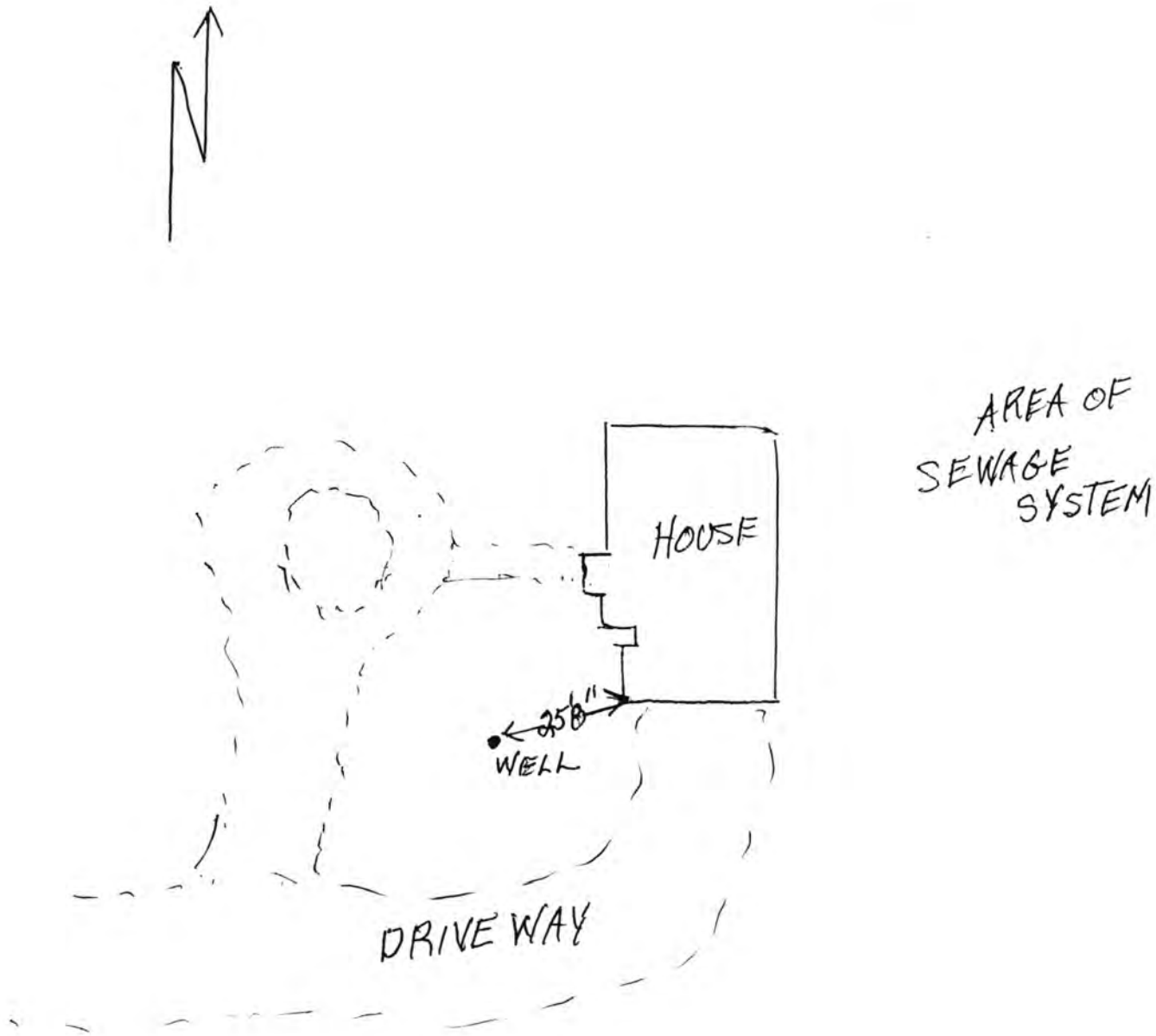
Date _____

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


N
HOUSE
AREA OF SEWAGE SYSTEM
25'
WELL
DRIVE WAY