# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 95380132201

Issued 07/24/95
Expires 01/24/96
Revenue Code 18754

Establishment
ROBERT SCHULTZ
T9N R7E SEC 29
KENINGTON ESTATE BLK 3 LOT 3

FEES: $150.00

TOTAL $150.00

Permittee
ROBERT SCHULTZ
8900 S 56 ST
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 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**
3140 "N" STREET LINCOLN, NE 68510-1514

A

FILING FEE: $_____

FILE NO. _____

DATE: 7-20-95

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 3 : Addition Kensington Estates
   Street Address 9000 S. 55th

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: _____ ft.

Robert E. Schultz
Signature of Applicant (Owner or Lessee)

8900 S. 56th
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/24/95. Date Frwd. 7/24/95. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7-24-95. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]
3. City or County Engineer : Date Rec'd. 7-24-95. Date Frwd. 7-24-95. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7/24/95 by: J.C.H.
Date: 7/25/95 by: J.C.H. As Drawing
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/1/95 By: Jerrold C. Hood

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

FORM 22-43

FORM 20105-0477

SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

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

B

Test Location
55th & Rebel Rd NE. Corner

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: 8-24-94 to 8-25-94. Weather: Precip. 0 Temp. 80°

Hole-1-had water in from Pre-Test

OWNER: Wellmen Plumbing
Address: Suit B 3301 So. 6
Lincoln, NE.

PERCOLATION TEST DATA TABLE

| a. | b. | c. | d. | e. | f. | g. | h. | i. | j. | k. | l. | m. | n. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Pre-Saturation Period | | | | Percolation Readings | | | | | | | |
| | | 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.) | Results Water Level Drop (in.) | Percolation Rates (Min./in.) |
| 1 | 36" | 8-24 | 6:30 Pm | 8-25 | 6:00 Am | 8-25 | 6:00 Am | 6" | 10:00 Am | 5 7/8" | 30m | 1/8" | |
| 2 | 36" | 8-24 | 6:30 Pm | 8-25 | 6:00 Am | 8-25 | 6:00 Am | 6" | 10:00 Am | 5 1/2" | 30m | 1/2" | |
| 3 | 36" | 8-24 | 6:30 Pm | 8-25 | 6:00 Am | 8-25 | 6:00 Am | 6" | 10:00 Am | 5 3/8" | 30m | 5/8" | |
| 4 | 36" | 8-24 | 6:30 Pm | 8-25 | 6:00 Am | 8-25 | 6:00 Am | 6" | 10:00 Am | 5 3/8" | 30m | 5/8" | |
| 5 | 36" | 8-24 | 6:30 Pm | 8-25 | 6:00 Am | 8-25 | 6:00 Am | 6" | 10:00 Am | 5 3/8" | 30m | 5/8" | |
| 6 | 36" | 8-24 | 6:30 Pm | 8-25 | 6:00 Am | 8-25 | 6:00 Am | 6" | 10:00 Am | 5 1/4" | 30m | 3/4" | |

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

Mike Hoogland
Signature of Person Conducting Test

Address 2700 P Ave Lincoln NE Phone 464-0138

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 53 min./inch
B. _____ min./inch
_____ min./inch

Remarks:

Soil Type (SCS): Sharpsburg Silty Clay Loam

Date: July 20, 1995

Jerrold C. Hood
Signature of Reviewing Official

JUL 27 1995

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: 7-25-95

FILE NO. _____

address 9000 So. 55th

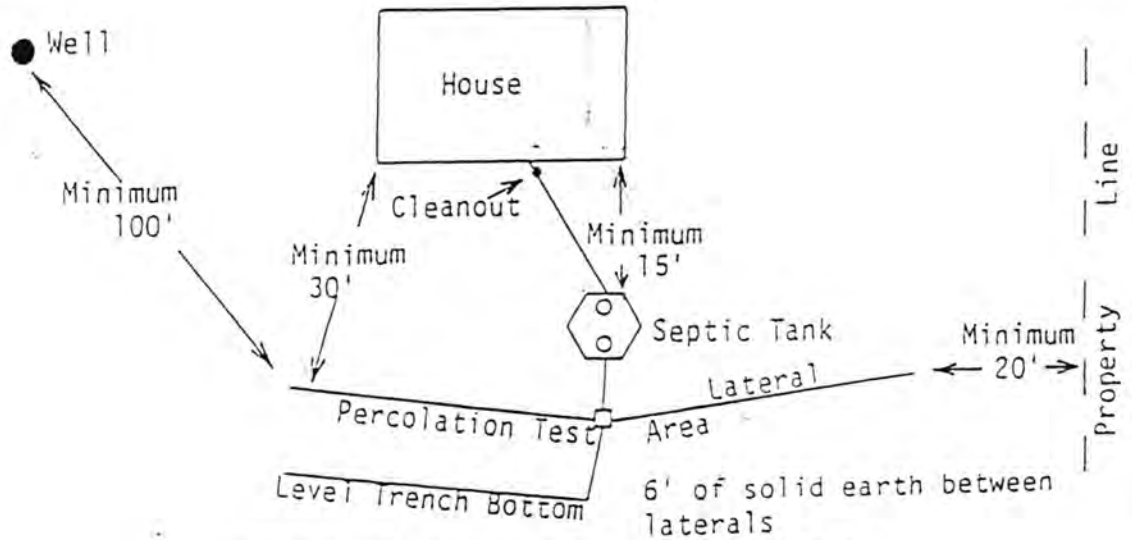
## SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4" in.
2. Distance above basement floor ____ in., or below basement floor 24 in.
3. Distance between dwelling and septic tank 100 ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line 100 + ft.; Stream — ft.; Pressure Line 100+ ft.; Property Line 20 + ft.

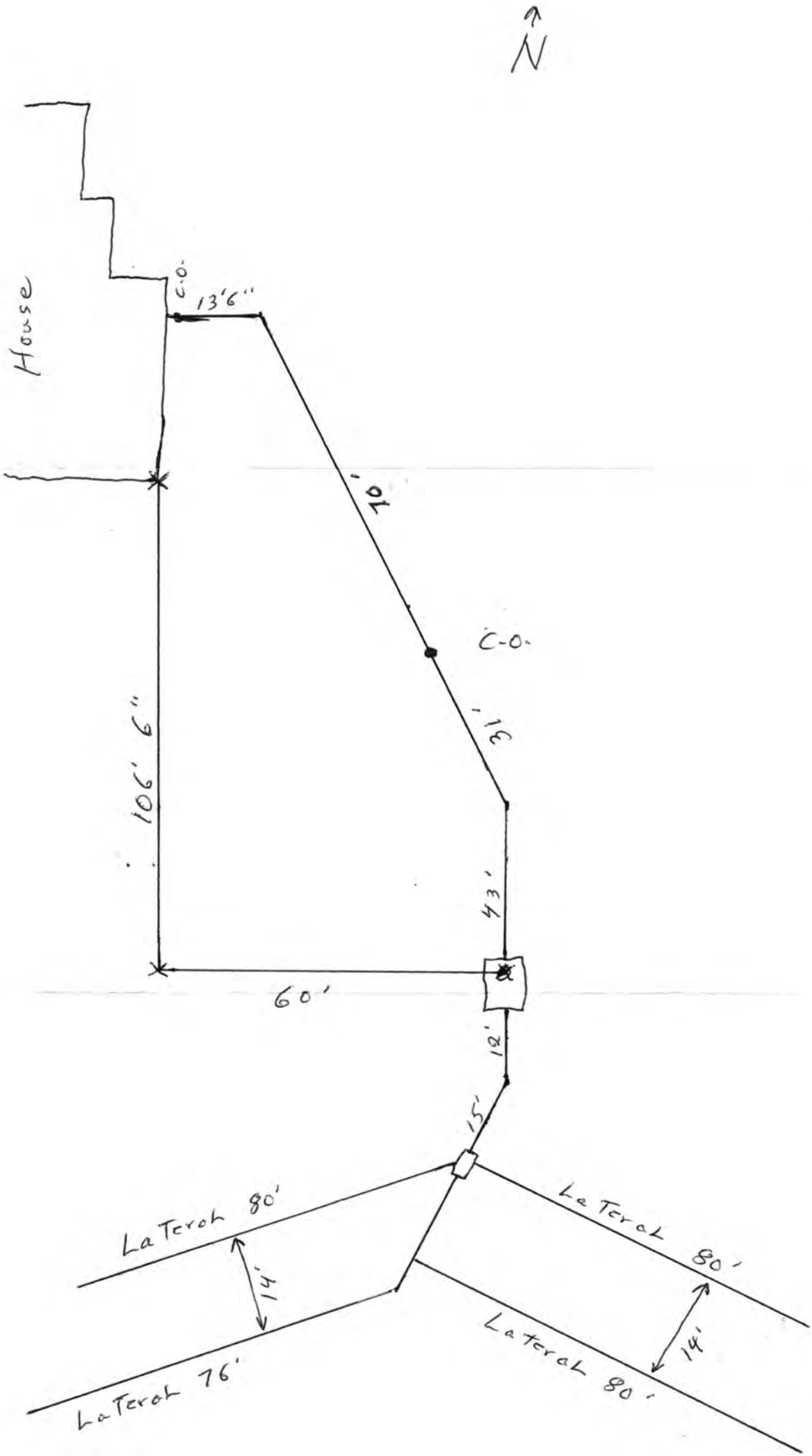
B. SEPTIC TANK:
1. Material Concrete ; No. of compartments 1.
2. Capacity 1250 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Precast )
4. Manholes: Over Inlet; diam. 8 in.
Over Outlet; diam. 8 in.
Riser Above ☐ Below ☒ Grade 6 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 30 in.
8. Distances to:
Well or Suction Line 100 + ft.; Stream — ft.; Pressure Line 100 + ft.; Property Line 20 ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number available outlets 5.
2. Factory Built: Yes ☒ No ☐
(Company Precast )
3. Distance from Septic Tank 27 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 20" or Perforated Pipe ____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other ____.
2. Lateral Lines:
Number 4 ; Length of each line 80, 80, 80, 76, ____ ft.;
Total length of laterals 316 ft.;
Distance between lateral lines 14 ft.
3. Trench dimensions: Width 4 ft.;
Slope 3 in/100 ft.; Average Depth 9 42 in.
4. Filter Material: gravel
Depth of Material 24 in.
5. Distances to:
Well or Suction Line 100 + ft.; Stream — ft.; Pressure Line 100 + ft.; Property Line 20 + ft.




TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N
House
C.O.
13'6"
70'
C.O.
31'
106' 6"
43'
60'
12'
15'
Lateral 80'
14'
Lateral 80'
Lateral 76'
Lateral 80'
14'

# 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. 95400049701

Issued 07/24/95
Expires 01/24/96
Revenue Code 19851

Establishment
ROBERT SCHULTZ
T9N R7E SEC 29
KENINGTON ESTATE BLK 3 LOT 3

FEES: $75.00

TOTAL $75.00

Permittee
ROBERT SCHULTZ
8900 S 56 ST
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"

56th & McLeod Rd

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 $ _____

FILE NO. _____

DATE: 7-20-95

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 29
   Block 3 : Lot 3 : Addition Kensington Estate
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: _____ Ft.
4. Intended use of well Single Family Res.

Robert E. Schutz
Signature of Applicant (owner or lessee)

8900 So. 56th
Address

City Water Yes ☐ No ☒

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 7/24/95. Action: Approved ☒ Disapproved ☐
   Date Frwd. 7/24/95. Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 7-24-95. Action: Approved ☒ Disapproved ☐
   Date Frwd. 7-24-95. Signature: _____
3. City or County Engineers: Date Rec'd 7/24/95. Action: Approved ☒ Disapproved ☐
   Date Frwd. _____. Signature: L Eckh

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8/25/95 by J. C. Hood
Date: _____ by _____
Date: _____ by _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/30/95 By: J. C. Hood

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

FORM 23-13

SEP 5 1995

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 3 Lot 3 Addition KENSINGTON ESTATES
Owner ROBERT SCHULTZ Address ~~8900~~ 9000 SOUTH 56TH STREET

| LOG OF WELL | |
|---|---|
| Depth Ft. to | Description |
| 0 - 2 | Top Soil |
| 2 - 70 | Brown clay |
| 70 - 75 | Brown + Blue Clay |
| 75 - 90 | Blue Clay |
| 90 - 115 | Yellow + Red Clay |
| 115 - 120 | Red Clay |
| 120 - 128 | Blue Clay |
| 128 - 145 | Shale + Sandstone |
| 145 - 190 | Sandstone |
| | |
| | |
| | |
| | |

WELL COMPLETION RECORD

Drilling Method: Rotary
Depth (from ground level), Ft. 190
Date Completed 5/16/95

Casing: Length, Ft. 170 ; Dia. In. 4
Wall Thickness, Inc. .214 ; type PVC

Screen: Length, Ft. 20 Dia. In. 4
Type PVC , slot Size .016

Drop Pipe: Length, Ft. 160 Dia. In. 1¼"

Water Level, Surface to top of water, Ft.:
Static 138 , Pumping 145

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 Inc.
(Signed)

REMARKS NITRATE NITROGEN <0.1 ppm. BACTERIOLOGICAL O.K.

Address Box H Milford NE. 68405

Date 9/1/95

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