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. 93380101601

Issued 07/02/93
Expires 01/02/94
Revenue Code 18754

Establishment
CHRIS GRABENSTEIN
T9N R7E SEC 29
KENSINGTON ESTATES BLK 4 LOT 4

FEES: $150.00

TOTAL $150.00

Permittee
CHRIS GRABENSTEIN
4630 ANTELOPE RD
APT 110
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

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FILING FEE: $ 150.00

FILE NO. _____

DATE: July 1 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. T9N ; Range R7E ; Section 29 ;
   Block 4 : Lot 4 : Addition KELLSINGTON ESTATES
   Street Address 5301 CARPENTER CIR.

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. TO BE DETERMINED by PERK TESTS

Chris E Grabius
Signature of Applicant (Owner or Lessee)

GRABIUS CHRISTOPHER
4630 ANTELOPE CREEK DR
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/1/93. Date Frwd. 7/2/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Reed

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7/2/93. Date Frwd. 7/2/93. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Spin

3. City or County Engineer: Date Rec'd. 7-2-93. Date Frwd. 7-2-93. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL Experimental system

Site Visits:
Date: 11-5-93 by: P.D 8:45 AM
Date: 11-5-93 by: PD 12:00 Need Drawing
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-9-93 By: Paul Hoffmann

* Provisional approval only

FORM 23-43

RECEIVED NOV 0 - 1993

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. _____

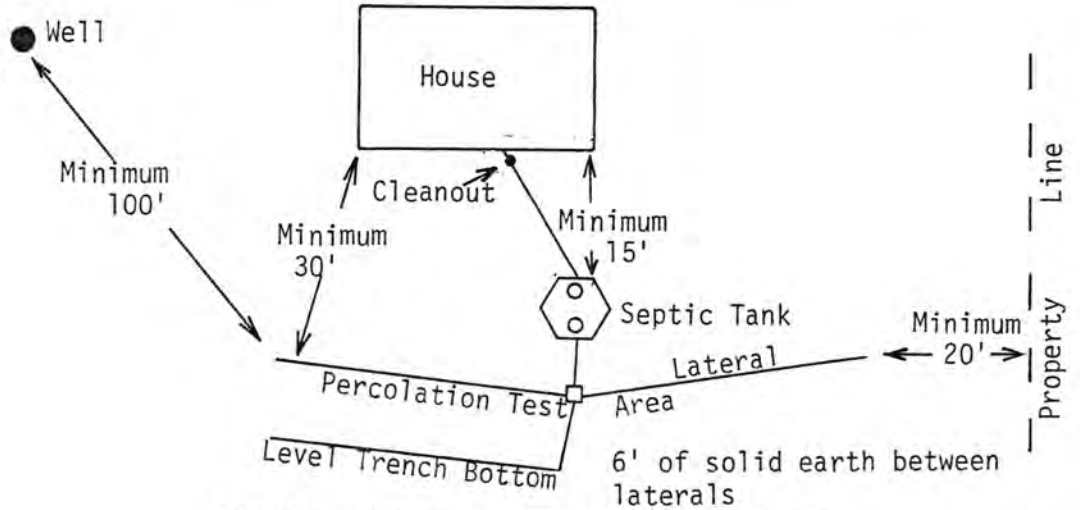
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material #160 ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank _____ ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Precast ; No. of compartments _____.
2. Capacity 1250 gals.;
3. Factory Built: Yes ☒ No ☐
(Company _____)
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 _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Precast ; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 10 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 ___ ; Length of each line 130 , 130 , 120 , 120 , _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines 10 ft.
3. Trench dimensions: Width 7½ - 8 ft.;
Slope — in/100 ft.; Average Depth 36 in.
4. Filter Material: Road Gravel
Depth of Material 24 in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



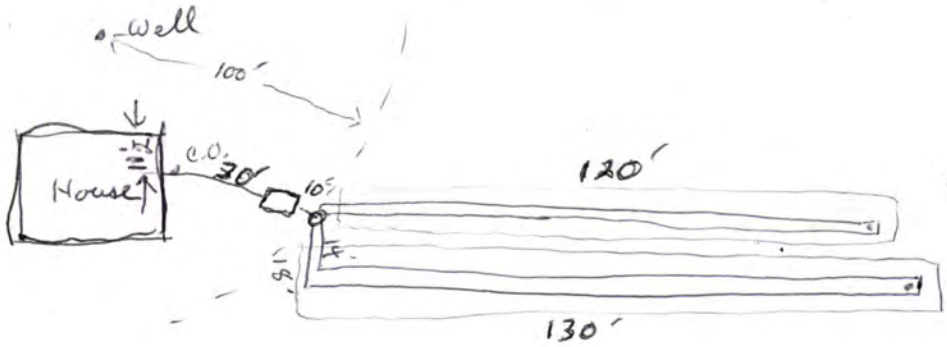
TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 11-5-93 INSTALLER Larry Schwarck

5301 Carlisle

N



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

rmit
ATER WELL

No. 93400037601

Issued 07/02/93
Expires 01/02/94
Revenue Code 19851

Establishment
CHRIS GRABENSTEIN
T9N R7E SEC 29
KENSINGTON ESTATES BLK 4 LOT 4

FEES: $75.00

TOTAL $75.00

Permittee
CHRIS GRABENSTEIN
4630 ANTELOPE RD
APT 110
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: 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. 9 R. 7 Block 4 Lot 4 Addition KENSINGTON

Owner CHRIS GRABENSTEIN Address _____

LOG OF WELL	
	Description
Depth Ft. to	
0 - 10	GRAY CLAY
10 - 28	YELLOW CLAY
28 - 35	YELLOW CLAY, MOSTLY SAND
35 - 55	YELLOW CLAY
55 - 85	BLUE CLAY
85 - 100	RED SHALE
100 - 125	BLUE SHALE
125 - 135	YELLOW SHALE AND SS
135 - 150	MED CRS YLW SS
150 - 205	MED YLW SS
205 - 212	VERY CRS SS & GRAVEL
212 - 220	YLW & RED TURNING BLU SHALE

WELL COMPLETION RECORD

Drilling Method: ROTO DRILL
Depth (from ground level), Ft. 212'
Date Completed 9-3-93

Casing: Length, Ft. 192' Dia.In. 4"
Wall Thickness, Inc. 200# type PVC

Screen: Length, Ft. 20' Dia.In. 4"
Type PVC SLOTTED, slot Size .025

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

Water Level, Surface to top of water, Ft.:
Static 135', Pumping ____

Yield: 25 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 [signature] (Signed)

MOSER WELL DRILLING & SER., INC
Address P.O. BOX 308
HICKMAN, NE 68372

Date 9-21-93

REMARKS _____

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

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. T9N : Range R7E : Section 29
   Block 4 : Lot 4 : Addition KENSINGTON ESTATES
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: 2,000 Ft.
4. Intended use of well RESIDENTIAL

Chris E Gubbrud
Signature of Applicant (owner or lessee)

GUBBRUD CUSTOM CONST
4630 ANTELOPE CREEK DR
Address

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 7/1/93. Action: Approved ☒ Disapproved ☐
   Date Frwd. 7/2/93. Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 7/2/93. Action: Approved ☒ Disapproved ☐
   Date Frwd. 7/2/93. Signature: Harry Spurr
3. City or County Engineers: Date Rec'd 7-2-93. Action: Approved ☒ Disapproved ☐
   Date Frwd. 7-2-93. Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

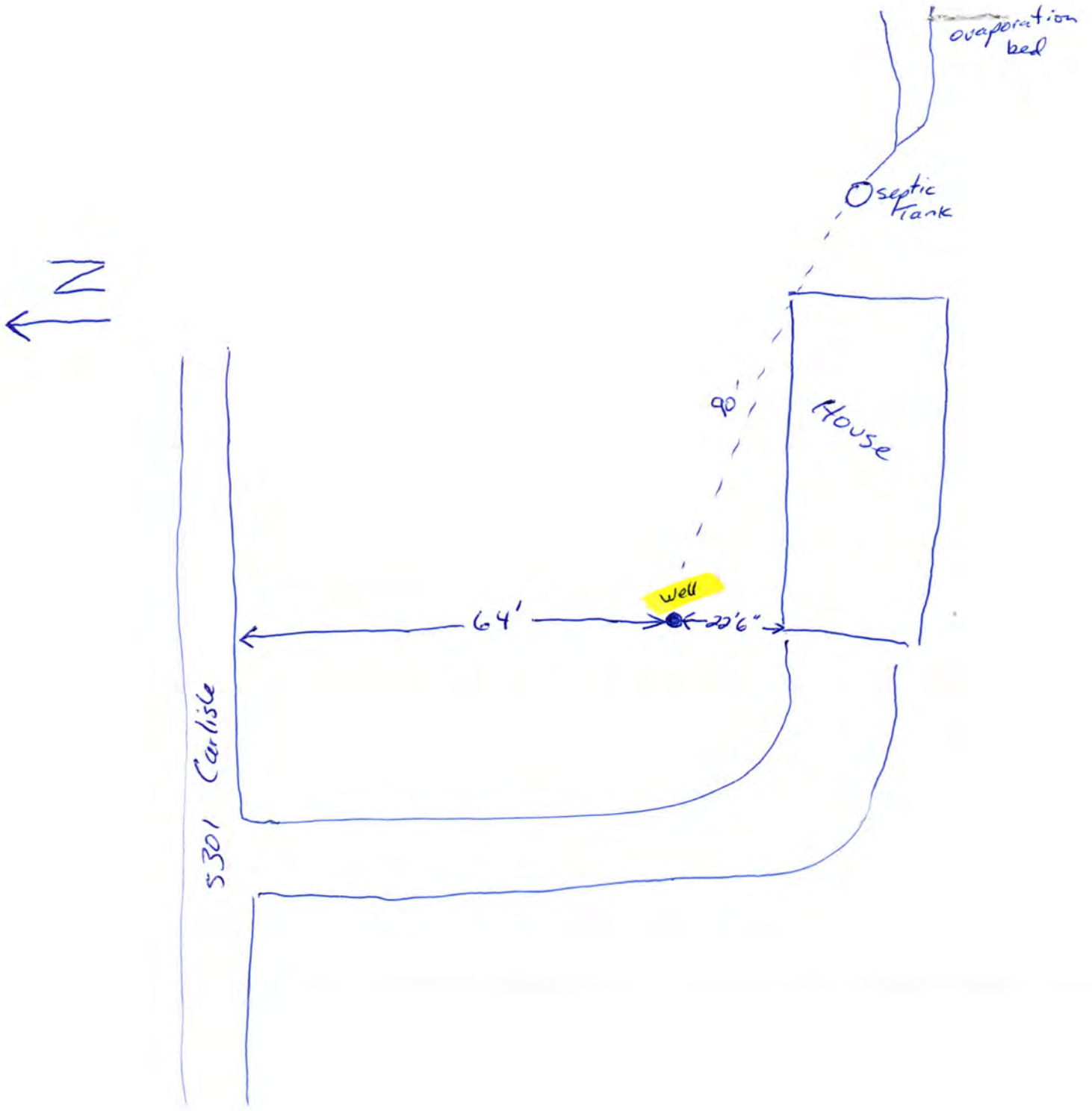
Site Visits:
Date: 11-9-93 by P.D
Date: _____ by _____
Date: _____ by _____

Nitrate Level 0.1 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-29-93 By: Paul D Zimmerman

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

FORM 23-13


evaporation bed
septic tank
N
90'
House
well
64'
22'6"
5301 Carlisle