LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 93380110301

Issued 12/08/93
Expires 06/08/94
Revenue Code 18754

Establishment
CHRIS GRABENSTEIN
T9N R7E SEC 29
KENINGSTON ESTATES BLK 6 LOT 4
5400 CARLISLE COURT

FEES: $150.00

TOTAL $150.00

Permittee
CHRIS GRABENSTEIN
4630 ANTELOPE RD
STUTE 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

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: 12/7/93

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 6 : Addition KELLINGSTON ESTATES
   Street Address 5400 CARLISLE Ct
2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☑ or EVPA ; Other ☐
4. Distance to public sewer: — ft. AS DETERMINED by PERC TEST

Signature of Applicant (Owner or Lessee)
GRABENSTEIN COURT
4630 ANTELOPE CREEK DR 68506
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 12/7/93 . Date Frwd. 12/8/93 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____ . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: [signature]
3. City or County Engineer : Date Rec'd. 12-8-93 . Date Frwd. 12-8-93 . ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4-6-94 by: P.D 11:00
Date: 4-6-94 by: P.D 3:30 need drawing
Date: _____ by: _____

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

* Experimental

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-12-94 By: Paul Doehmann

provisional approval only

FORM 23-43

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. _____

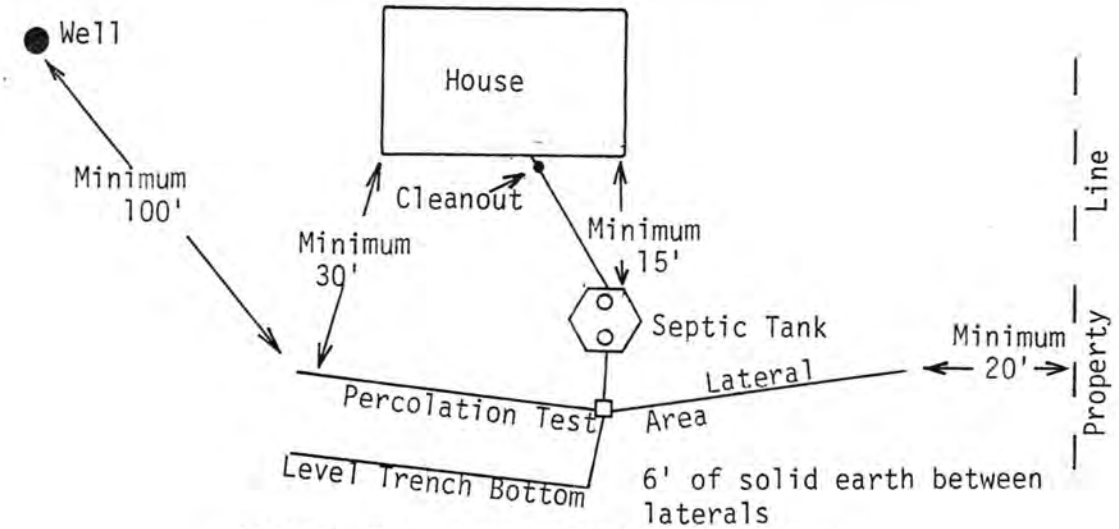
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC 160 ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 14 in.
3. Distance between dwelling and septic tank 32 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 ___ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade _____ in.
8. Distances to:
Well or Suction Line 75 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 36 ft.

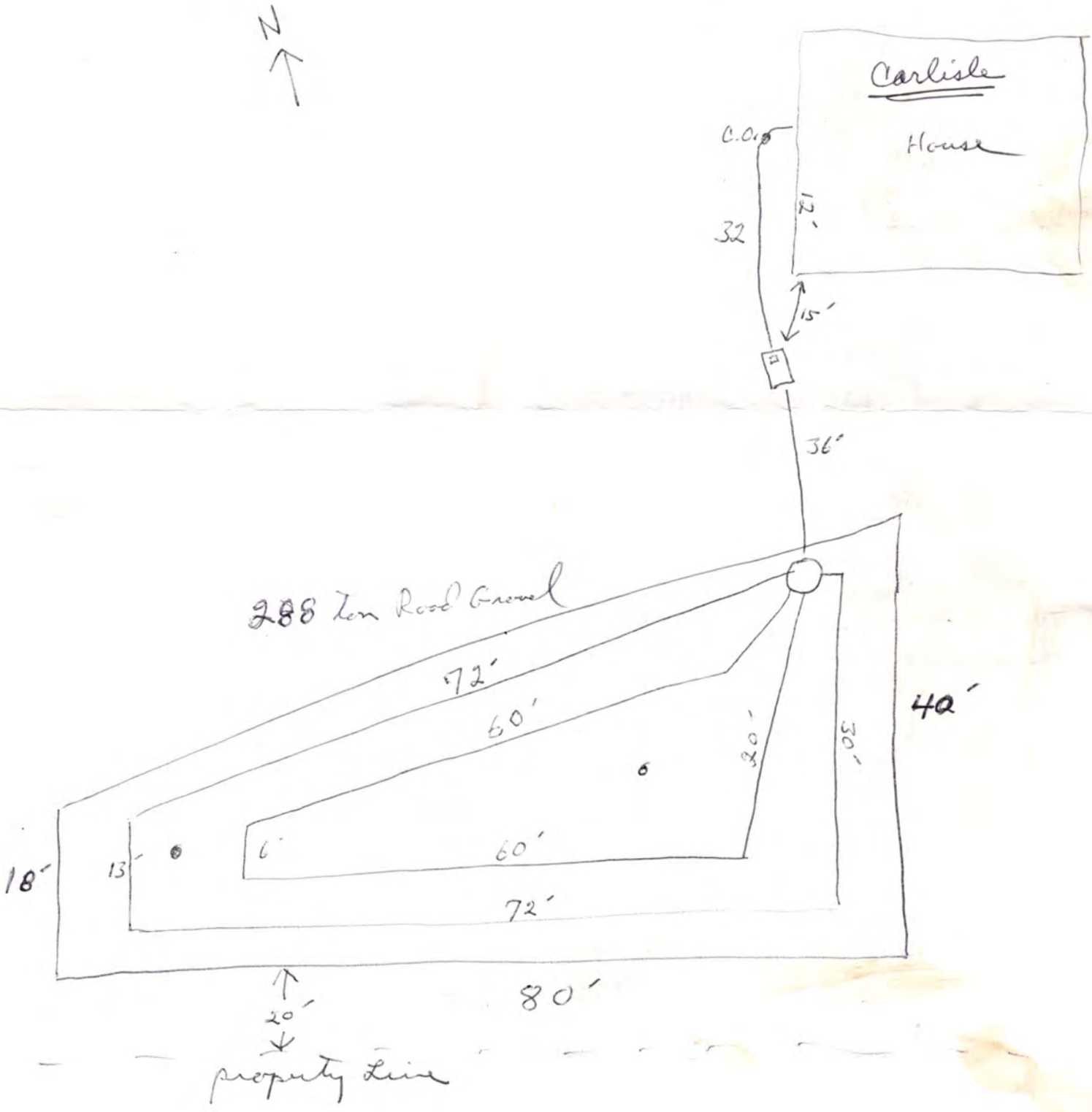
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☐
Diameter of Half Round _____ or
Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 2 ; Length of each line loops _____, _____, _____, _____, _____ ft.;
Total length of laterals 335' ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width _____ ft.;
Slope _____ in/100 ft.; Average Depth _____ in. 285 ton
4. Filter Material: Rod Gravel
Depth of Material 36 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 4-6-94 INSTALLER Larry Schwark



0640012390 1

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street ◆ Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit No._____

5-11-06

Request for Site Clearance and Permit for Individual Water Well

The undersigned hereby requests:
- ☒ Site Clearance and Permit to construct a new individual water well - ~~$100~~ $150
- ☐ Bi-Annual Permit for an existing well - $100 (Renewed every 2 years)
- ☐ Permit to repair or alter existing well involving opening of well - $50

1. Well Site Address 5400 Carlisle Court City Lincoln, NE Zip 68516
(No Rural Route Please)
Township 9N Range 7E Section 29 1/4 Section NE
Block_____ Lot_____ Addition Kensington Estates
Parcel ID 16 - 29 - 200 - 0006 - 000 (i.e. 99-99-999-999-999)

2. Well use: ☐ Residential ☐ Commercial ☒ Other Describe lawn irrigation

3. Distance to Public Water Supply X feet.

Signature of Owner_____ Print Name Keith FicKenscher
Current Address 5400 Carlisle Court
Current Home Phone 423-4923 Work Phone 483-7671

Signature of Contractor Allen Moser Print Name Moser Well Co.
Address PO Box 308 Hickman Ne 68372
Home Phone_____ Work Phone 792-2515 Cellular Phone_____

Sewage Permit Applied for: ☐ Yes ☐ No ☒ Not applicable

Please Submit Permit Fee with This Request

Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

Approval Process: Lincoln Municipal Code 8.44

1. Health Department	Date received ___/___/___ Date forwarded ___/___/___	ACTION ☐ Approved ☐ Disapproved Signature:		
2. Building & Safety	Date received ___/___/___ Date forwarded ___/___/___	ACTION ☐ Approved ☐ Disapproved Signature:		
3. City Engineer	Date received ___/___/___ Date forwarded ___/___/___	ACTION ☐ Approved ☐ Disapproved Signature:		

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits
Date: 9/4/2008 By JM
Date: ___/___/___ By_____
Date: ___/___/___ By_____

Nitrate Level n.d. mg/L (n.d. = less than reporting limit (No Detection) n.d.)
Chloride Level_____mg/L
Bacteriological Analysis Satisfactory _____Yes _____No
Other_____

Installation Final Written Approval
Date: 9/9/2008 By JM

Business Office Use Only
Received: Date:___/___/___ Amount_____ Check No._____ Initials_____

Distribution: White - Health Depart[illegible] Lt. Blue - Building Inspector

P34667-43 QT

P34184-39 No3

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street ◆ Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit No._____

Sent on 3-5-07

Request for Site Clearance and Permit for Individual Water Well

The undersigned hereby requests:

- ☒ Site Clearance and Permit to construct a new individual water well - ~~$150~~ $160
- ☐ Bi-Annual Permit for an existing well - $100
- ☐ Permit to repair or alter existing well involving opening of well - $75

1. Well Site Address 5400 Carlisle Court City Lincoln, NE Zip 68516
(No Rural Route Please)
Township 9 Range 7E Section 29 1/4 Section NE
Block_____ Lot_____ Addition_____
Parcel ID____-____-_____-_____-_____ (i.e. 99-99-999-999-999)

2. Well use: ☐ Residential ☐ Commercial ☒ Other Describe Lawn Sprinkler

3. Distance to Public Water Supply X feet.

Signature of Owner_____ Print Name Keith Fickenscher
Current Address Same as above
Current Home Phone 423-4923 Work Phone_____

Signature of Contractor_____ Print Name Moser Well
Address Box 308 Hickman 68372
Home Phone_____ Work Phone 792-2515 Cellular Phone_____

Sewage Permit Applied for: ☐ Yes ☐ No ☒ Not applicable

Please Submit Permit Fee with This Request

Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

Approval Process: Lincoln Municipal Code 8.44

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2	Building & Safety	Date received ____/____/____ Date forwarded ____/____/____	ACTION ☐ Approved ☐ Disapproved Signature:	
3	City Engineer	Date received ____/____/____ Date forwarded ____/____/____	ACTION ☐ Approved ☐ Disapproved Signature:	

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits
Date: ____/____/____ By_____
Date: ____/____/____ By_____
Date: ____/____/____ By_____

Nitrate Level_____mg/L
Chloride Level_____mg/L
Bacteriological Analysis Satisfactory _____Yes _____No
Other_____

Installation Final Written Approval
Date: ____/____/____ By_____

Business Office Use Only
Received: Date: ____/____/____ Amount_____ Check No._____ Initials_____

Distribution: White - Health Department Lt. Green - Engineer Lt. Blue - Building Inspector

FORM 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 12558
FILE NO._____

LINCOLN-LANCASTER COUNTY
HEALTH DEPARTMENT

3140 "N" STREET LINCOLN, NE 68510-1514

Legal Description Sec. 29 TN. 9 R. 7E Block____ Lot____ Addition _____

Well location address or nearest road intersection 5400 Carlisle Court, Lincoln, NE. From 56th & Yankee Hill Road go 2 blocks west and on south side. Well is about 50' north of the pole building

Owner KEITH FICKENSCHER Address 5400 CARLISLE COURT, LINCOLN, NE 68516

LOG OF WELL	
Depth Ft to:	Description
0- 65	Brown clay
65- 95	Blue clay
95-140	Mostly brown & yellow shale
140-160	Red, yellow shale, two very hard layers
160-185	Gray shale
185-190	Sandy yellow shale
190-215	Medium fine sandstone turning medium
215-216	Shale
216-219	Sandstone
219-225	Yellow shale
225-235	Dark red shale
235-240	Dark red & gray shale

Remarks: _____

WELL COMPLETION RECORD

Drilling Method ROTO / WATER

Depth (from ground level). Ft. 219'

Date Completed 12/9/06

Casing: Length, Ft. 205' : Dia. In. 4"

Wall Thickness, .214" : Type PVC 200#

Screen: Length, Ft. 14' : Dia. In. 4"

Type PVC WOP; SLOTTED , Slot size .025

Well tested capacity 50 gpm with 15' draw down

Static water level 160' Measured XX Est. ____

Pumping water level 170' at 30 gpm.
Measured ____ Est. XX

Drop pipe: Length, Ft. 195' Dia. In. 1 1/2" Type. PVC 80

Pump model & H.P. 3 HP - 30 GPM
Gpm Yield of pump. 30 Measured XX Est. ____

Chlorination Completed Yes XX No ____

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

Driller _____
(Signed)

Address P.O. BOX 308
HICKMAN, NE 68372

Date: 7 APRIL 2008

DO NOT WRITE BELOW THIS DOUBLE LINE

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