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. 94400041001

Issued 03/01/94
Expires 09/01/94
Revenue Code 19851

Establishment
DENNIS FREY
T9N R7E SEC 29
KENSINGTON 1ST BLK 2 LOT 6

FEES: $75.00

TOTAL $75.00

Permittee
DENNIS FREY
RR0001
BOX 0088A
HICKMAN NE 68372

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 2 : Lot 6 : Addition Kensington First ADDITION
2. Well use: Residential ☑ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: ____ Ft.
4. Intended use of well Household use

Dennis Frey
Signature of Applicant (owner or lessee)

RT #1 Box 88 A Hickman NE 68430
Address

56th & Yankee Hill Rd.

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 2/28/94. Action: Approved ☒ Disapproved ☐
   Date Frwd. 2/28/94. Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 2/28/94. Action: Approved ☒ Disapproved ☐
   Date Frwd. 2/28/94. Signature: Gary Spain
3. City or County Engineers: Date Rec'd 2-28-94. Action: Approved ☒ Disapproved ☐
   Date Frwd. 2-28-94. Signature: L E Kath

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10/3/94 by Jerrold C. Hood
Date: _____ by _____
Date: _____ by _____

Nitrate Level 0.1 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/6/94 By: J. C. Hood

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

FORM 23-13

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: 471-7300

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 29 T. 9 R. 7 Block ____ Lot ____ Addition KENSINGTON-S.E. CORNER OF 53RD

Owner BRANDT & FREY CONSTRUCTION Address _____

LOG OF WELL	
Depth Ft. To	Description
0- 35	YLW CLAY
35- 50	RED & YLW SHALE
50- 70	RED & BLUE SHALE
70- 75	BLK & BLUE SHALE
75- 80	RED & YLW SHALE
80-120	YLW SS & SOME SHALE
120-155	MED FINE SANDSTONE
155-165	MED CRS SANDSTONE
165-170	MED FINE SANDSTONE
170-186	MED CRS SANDSTONE
186-195	BLUE & GREEN SHALE

WELL COMPLETION RECORD

Drilling Method: ROTO

Depth (from ground level), Ft. 186'

Date Completed 4-14-94

Casing: Length, Ft 176'; Dia. In. 4"

Wall Thickness, Inc. 200#; type PVC

Screen: Length, Ft. 10' Dia. In. 4"

Type PVC WOP, slot Size .030

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

Water Level, Surface to top of water, Ft.:

Static _____, Pumping _____

Yield: 30 gpm, 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)

P.O. BOX 308
Address HICKMAN, NEBRASKA 68372

Date 5-9-94

REMARKS NITRATE NITROGEN 0.1 ppm.
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

AREA OF
SEPTIC SYSTEM

