LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 94380119101

SEWAGE INSTALLATION

Issued 06/28/94
Expires 12/28/94
Revenue Code 18754

Establishment

JAMES WILLIAMSON
T9N R7E SEC 29
KENSINGTON FIRST BLK 3 LOT 2

FEES: $150.00

TOTAL $150.00

Permittee

JAMES WILLIAMSON
5721 DURHAM CT
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
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

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 2 : Addition Kensington 1st Addition
   Street Address 4901 Johnson Rd

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 5 . Describe Single Family Dwelling

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

4. Distance to public sewer: _____ ft. EXPERIMENTAL SYSTEM

Signature of Applicant (Owner or Lessee)

5721 Durham Ct.
Address

437-1200

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/27/94. Date Frwd. 6/28/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6/28/94. Date Frwd. 6/28/94. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Lyon

3. City or County Engineer: Date Rec'd. 6-28-94. Date Frwd. 6-28-94. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bowdish

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11/14/94 by: J. C. Hood
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/21/94 By: Jerrold Hood *

* EXPERIMENTAL SYSTEM

HENCE APPROVAL IS PROVISIONAL

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

Test Location So. 56th & Kensington Estates on Johnson Rd.

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: 6-26-94 to 6-27-94. Weather: Precip. 0 Temp. 67°.

Hole's - 1-6 had water in From Pre-Test

OWNER: James L. Williamson
Address: 5721 Durham Lincoln, NE. 68516
489-4994

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./Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36"	6-26	12:00 pm	6-27	6:00 Am	6-27	6:00 Am	6"	6:30 Am	5 7/8"	30m	1/8"	
2	36"	6-26	12:00 pm	6-27	6:00 Am	6-27	6:00 Am	6"	6:30 Am	5 7/8"	30m	1/8"	
3	36"	6-26	12:00 pm	6-27	6:00 Am	6-27	6:00 Am	6"	6:30 Am	5 7/8"	30m	1/8"	
4	36"	6-26	12:00 pm	6-27	6:00 Am	6-27	6:00 Am	6"	6:30 Am	6"	30m	0"	
5	36"	6-26	12:00 pm	6-27	6:00 Am	6-27	6:00 Am	6"	6:30 Am	5 3/4"	30m	1/4"	
6	36"	6-26	12:00 pm	6-27	6:00 Am	6-27	6:00 Am	6"	6:30 Am	6"	30m	0"	

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

Mike Hoogland
Signature of Person Conducting Test

Address 2700 Pan Ave. Lincoln Phone 464-0638
Precast

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: JUNE 27, 1994

Approved Percolation Rate (a)
A. 240 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

FORM 20104-0477 4901 Johnson Rd
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

RECEIVED NOV 17 1994
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

D

DATE: 11-11-94

FILE NO. _____

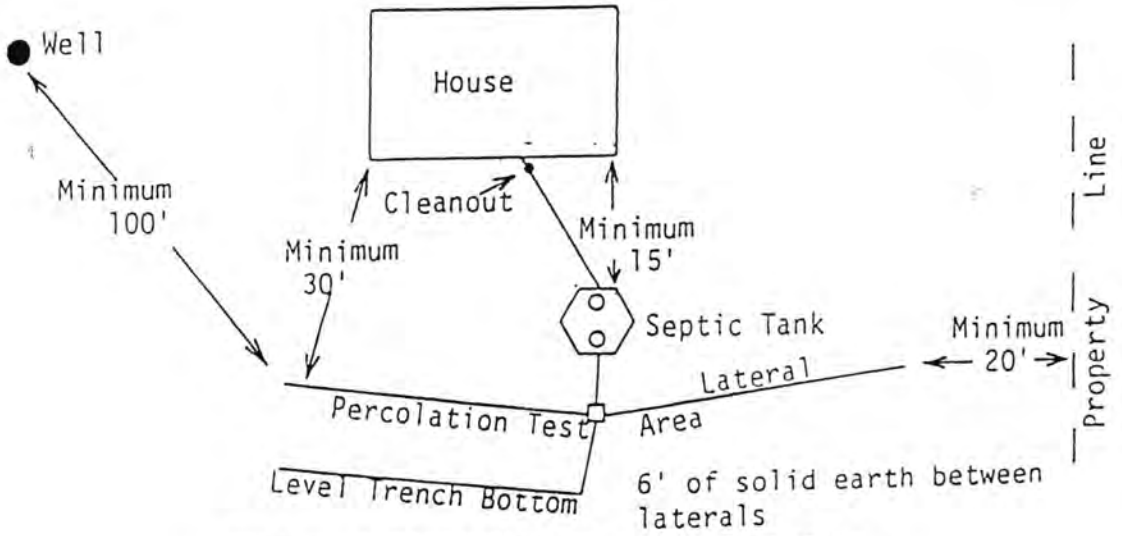
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 116 ft.
4. Number of clean-outs 1 .
5. Distances to: Well or Suction Line 100 + ft.; Stream ~~100~~ ____ ft.; Pressure Line 100 + ft.; Property Line 100 + ft.

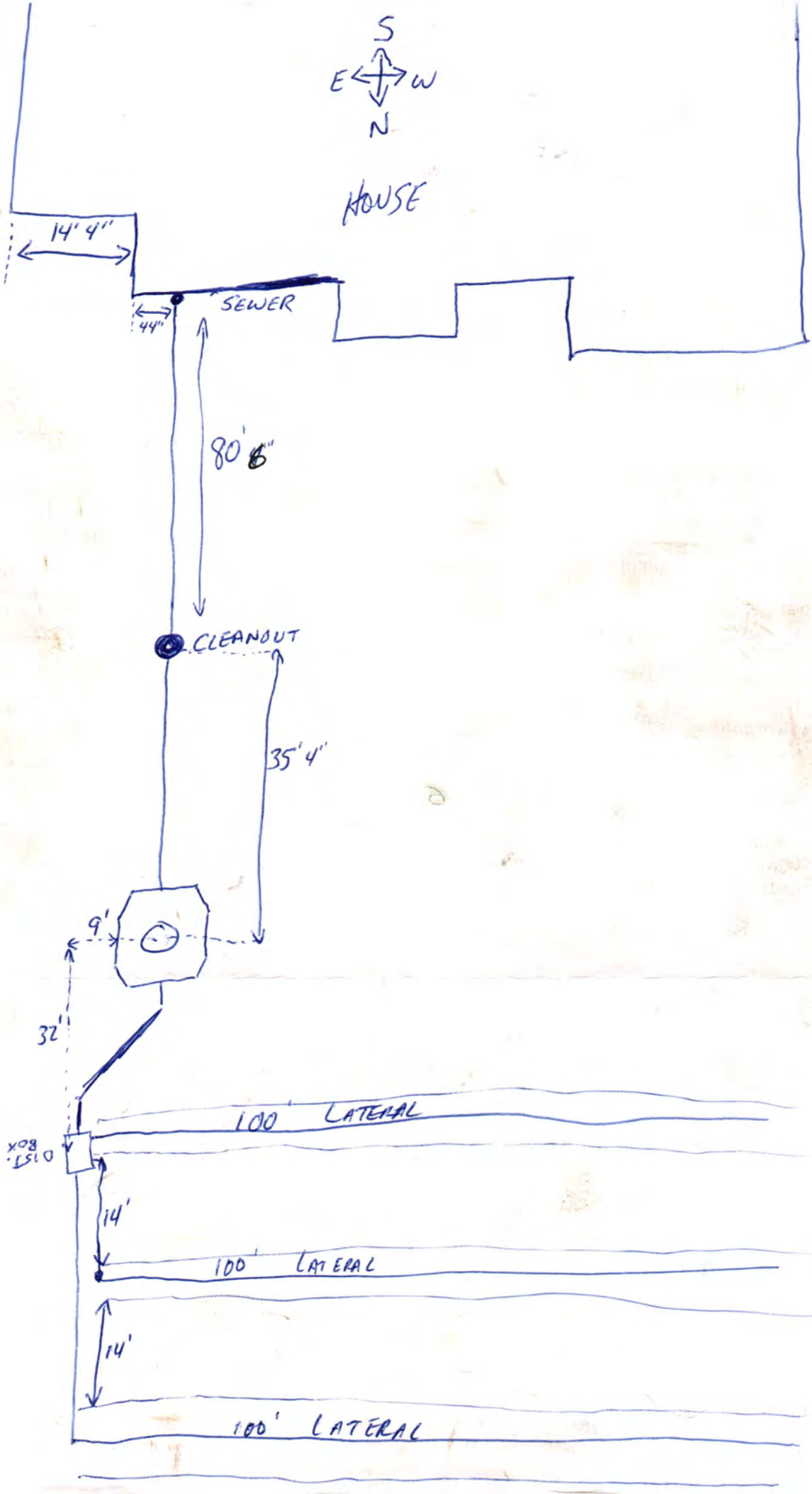
B. SEPTIC TANK:
1. Material Concrete ; No. of compartments 1 .
2. Capacity 1500 gals.;
3. Factory Built: Yes ☒ No ☐ (Company Pre Cast)
4. Manholes: Over Inlet; diam. 6" in. Over Outlet; diam. 6" in. Riser Above ☐ Below ☒ Grade 6 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth 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 100 + ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets 5 .
2. Factory Built: Yes ☒ No ☐ (Company Precast)
3. Distance from Septic Tank 32 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐ Diameter of Half Round 16" or Perforated Pipe ____. Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other ____.
2. Lateral Lines: Number 3 ; Length of each line 100 , 100 , 100 , ____ , ____ ft.; Total length of laterals 300 ft.; Distance between lateral lines 14 ft.
3. Trench dimensions: Width 8 ft.; Slope 4 in/100 ft.; Average Depth 42" in.
4. Filter Material: Sand + Gravel Depth of Material 6" Sand 22" gravel in.
5. Distances to: Well or Suction Line 100 + ft.; Stream —— ft.; Pressure Line 100 + ft.; Property Line 60 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


S
E
W
N
HOUSE
14' 4"
SEWER
44"
80' 6"
CLEANOUT
35' 4"
9'
32'
100' LATERAL
DIST. BOX
14'
100' LATERAL
14'
100' LATERAL

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. 94400043901

Issued 06/28/94
Expires 12/28/94
Revenue Code 19851

Establishment
JAMES WILLIAMSON
T9N R7E SEC 29
KENSINGTON FIRST BLK 3 LOT 2

FEES: $75.00

TOTAL $75.00

Permittee
JAMES WILLIAMSON
5721 DURHAM CT
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: 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 $_____

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 2 : Addition Kensington First Addition
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe 4901 JOHNSON RD.
3. Distance to Public Water Supply: ____Ft.
4. Intended use of well Household & Yard

Signature of Applicant (owner or lessee)

5721 Durham Ct.
Address
437-1200

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 6/27/94. Date Frwd. 6/28/94. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 6/28/94. Date Frwd. 6/28/94. Action: Approved ☒ Disapproved ☐ Signature: [signature]
3. City or County Engineers: Date Rec'd _____. Date Frwd. _____. Action: Approved ☐ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL 12-2-94 Well severly damaged, vent broken off depression around well. Nitrate sample collected. 12-5 well repaired but still has depression and high chlorine level

Site Visits:
Date: 12-2-94 by P.D.
Date: 12-5-94 by P.D.
Date: 12-9-94 by P.D.

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-15-94 By: Paul Hogstrom

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

FORM 23-13

June 1994
DWR Form 981

STATE OF NEBRASKA
DEPARTMENT OF WATER RESOURCES
WATER WELL REGISTRATION

FOR DEPARTMENT USE ONLY

Registration No. _____ Sequence No. _____ Registration Date: _____

Owner Code No. _____ Receipt No. _____ _____ NRD

1. Well Owner Jim Williamson Telephone Number ( )
   Address 5721 Durham Court
   City Lincoln State Ne Zip Code 68516 +

2. Drilling Firm Earnest Well Drilling, Inc. Telephone Number (402) 761-2281
   Address Box H Contractor's License No. 29051 Pump Installer License No. _____
   City Milford State NE Zip Code 68405 +

3. Permit Number(s) _____

4. Purpose of well (indicate one): ___Dewatering (over 90 days) ✓Domestic ___Geothermal ___Ground Heat Exchanger
   ___Ground Water Source Heat Pump ___Industrial ___Injection ___Irrigation ___Livestock ___Monitoring
   ___Observation ___Public Water Supply (with spacing (46-638)) ___Public Water Supply (without spacing) ___Recovery
   ___Other _____ (indicate use)

5. Replacement and abandoned well information.
   A. Is this well a replacement well? ___Yes ✓No B. Registration number of abandoned well: _____
   C. Replacement well is _____ feet from abandoned well. D. Abandoned well last operated _____, 19____
   E. Original well pump column size: _____ inches. F. Abandoned well plugged _____, 19____

6. A. Well location: ____¼ ____¼ of Section _____, Township _____North, Range _____East/West, _____County.
   B. The well is _____ feet from the North/South section line (indicate one) and _____ feet from the East/West section line (indicate one).
   C. Street address or block, lot and subdivision, if applicable: _____
   D. Location of water use, if applicable (give legal descriptions): _____
   E. If for irrigation, the land to be irrigated is _____ acres.
   F. Well reference letter(s), if applicable: _____

7. Pump Information.
   A. Actual pumping rate, if applicable: 20 gallons per minute. Measured ☑ or Estimated ☐
   B. Pump column diameter: 1¼ inches. C. Length of pump column: 140 feet.
   D. Pumping equipment installed: 8/24, 1994. E. Brand/Type: Roberts

printed on recycled paper

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 2 Addition KENSINGTON 1ST ADD
Owner JAMES WILLIAMSON Address 5721 DURHAM COURT

LOG OF WELL	
	Description
Depth Ft. to	

WELL COMPLETION RECORD

Drilling Method: ROTARY
Depth (from ground level), Ft. 170
Date Completed 8/25/94

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

Screen: Length, Ft. 30 Dia. In. 4
Type PVC , slot Size .018

Drop Pipe: Length, Ft. 140 Dia. In. 1¼

Water Level, Surface to top of water, Ft.:
Static 95 , Pumping _____

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 _____
(Signed)

REMARKS _____

Address _____

Date _____

DO NOT WRITE BELOW THIS DOUBLE LINE

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

FORM 33-A

8. Well Construction Information.

A. Total well depth: 170 feet. B. Static water level: 95 feet. C. Pumping water level: _____ feet.

D. Construction began: 8/19, 19 94. E. Construction completed: 8/25, 19 94.

F. Bore hole diameter: 9 inches.

G. Casing: Diameter 4.072 ID 4.5 OD inches. Type of material: PVC

Wall thickness: .214 inches. Joints--Welded/Glued/Threaded/Other: _____ Guides at _____ ft.

Length(s) and placement(s) depth from 0 ft. to 150 ft. from _____ ft. to _____ ft.

H. Screen: 4.026 ID 4.5 OD in.; Type of material PVC

Screen openings (slot size): .018 Trade name: Monoflex Guides at 155 & 165 ft.

Length(s) and placement(s) depth from 150 ft. to 170 ft. from _____ ft. to _____ ft.

I. Gravel pack interval(s) from 10 ft. to 40 ft. from 55 (85) ft. to 75 (170) ft. Grade size: Gravel C-pack

J. Grouted/Sealed from 5 (40) ft. to 10 (55) ft., with Bentonite (type)

from 75 ft. to 85 ft., with Bentonite (type)

K. Drilling method: Rotary L. Drilling fluid: Quick-gel

M. Well development technique (total time and method): Air 1hr

N. Will chemicals, fertilizer or antifreeze be injected or utilized in the system? ___Yes ✓No

If yes, what will be used: _____

9. Geologic Materials Logged

DEPTH IN FEET FROM	TO	DESCRIPTION	DEPTH IN FEET FROM	TO	DESCRIPTION
0	2	Top Soil	78	190	Sandstone
2	10	Brown clay			
10	15	Sand			
15	18	Brown clay			
18	30	Red & White clay			
30	38	Yellow & White clay			
38	50	Blue clay			
50	60	Red clay			
60	65	Sandstone			
65	78	Yellow clay			

(Additional sheets may be submitted)

10. I am familiar with the information submitted on this registration, and to the best of my knowledge it is true.

Mark Rott — Water Well Contractor's Signature

9/17/94 — Date

_____ — Water Well Owner's Signature

_____ — Date