LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 95380132101

Issued 07/21/95
Expires 01/21/96
Revenue Code 18754

Establishment
ROBERT SCHULTZ
T9N R7E SEC 29
KENSINGTON ESTATE BLK 3 LOT 3 & 4

FEES: $150.00

Permittee
ROBERT SCHULTZ
8900 S 56 ST
LINCOLN NE 68516

TOTAL $150.00

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJE
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+4 : Addition Kensington Estates 1st Addition Street Address 5001 Johnson Road

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. EXPERIMENTAL SYSTEM

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

8900 So 56th
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/20/95. Date Frwd. 7/21/95. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 7/21/95. Date Frwd. 7/21/95. ACTION: Approved ☒ Disapproved ☐ Signature: TK

3. City or County Engineer: Date Rec'd. 7-21-95. Date Frwd. 7-21-95. ACTION: Approved ☒ Disapproved ☐ Signature: KD Mickam

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9-15-95 by: R.D.
Date: _____ by: _____
Date: _____ by: _____

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

PROVISIONAL APPROVAL ONLY *

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-27-95 By: Paul Wyrmann

* EXPERIMENTAL SYSTEM

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 HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

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: 7-14-95 to 7-15-95. Weather: Precip. 0 Temp. 74°.

OWNER: Eric M Williams

Address: 6701 So. 44th Lincoln, NE. 68516

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./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36"	7-14	6:30 pm	7-15	6:00 Am	7-15	6:00 Am	6"	7:00 Am	5 7/8"	30m	1/8"	
2	36"	7-14	6:30 pm	7-15	6:00 Am	7-15	6:00 Am	6"	7:00 Am	5 7/8"	30m	1/8"	
3	36"	7-14	6:30 pm	7-15	6:00 Am	7-15	6:00 Am	6"	7:00 Am	5 3/4"	30m	1/4"	
4	36"	7-14	6:30 pm	7-15	6:00 Am	7-15	6:00 Am	6"	7:00 Am	5 5/8"	30m	3/8"	
5	36"	7-14	6:30 pm	7-15	6:00 Am	7-15	6:00 Am	6"	7:00 Am	5 3/4"	30m	1/4"	
6	36"	7-14	6:30 pm	7-15	6:00 Am	7-15	6:00 Am	6"	7:00 Am	5 1/2"	30m	1/2"	

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

Mike Hoogland
Signature of Person Conducting Test

Address 2700 Daw Ave Lincoln, NE Phone 464-0630
Precast Products Inc.

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

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

_____
Signature of Reviewing Official

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

SEP 26 1995
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

D

DATE: 9-16-95

FILE NO. _____

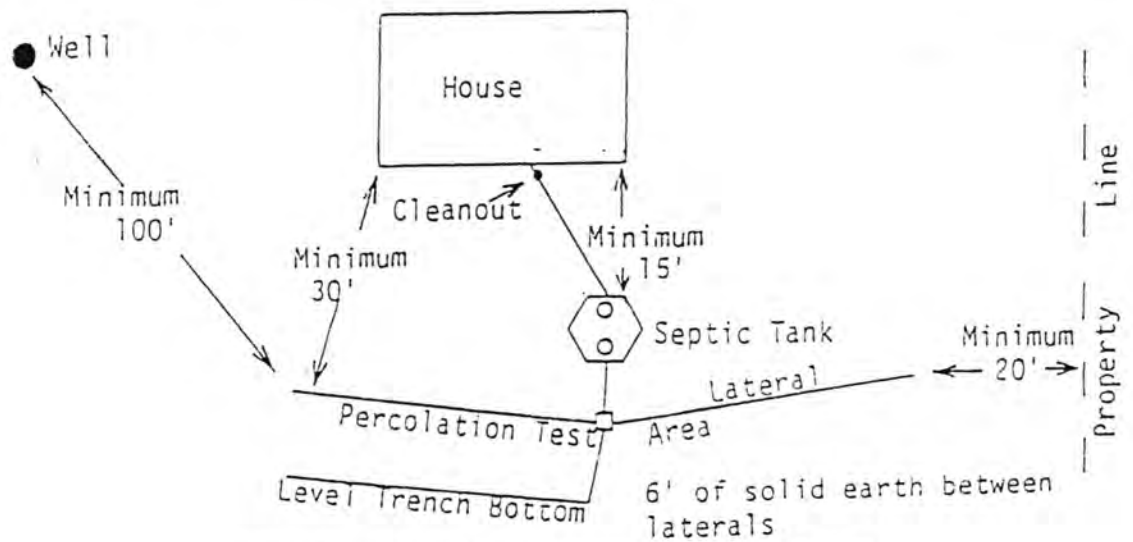
5001 Johnson Rd. SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material CPVC; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 24 in.
3. Distance between dwelling and septic tank 94 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.

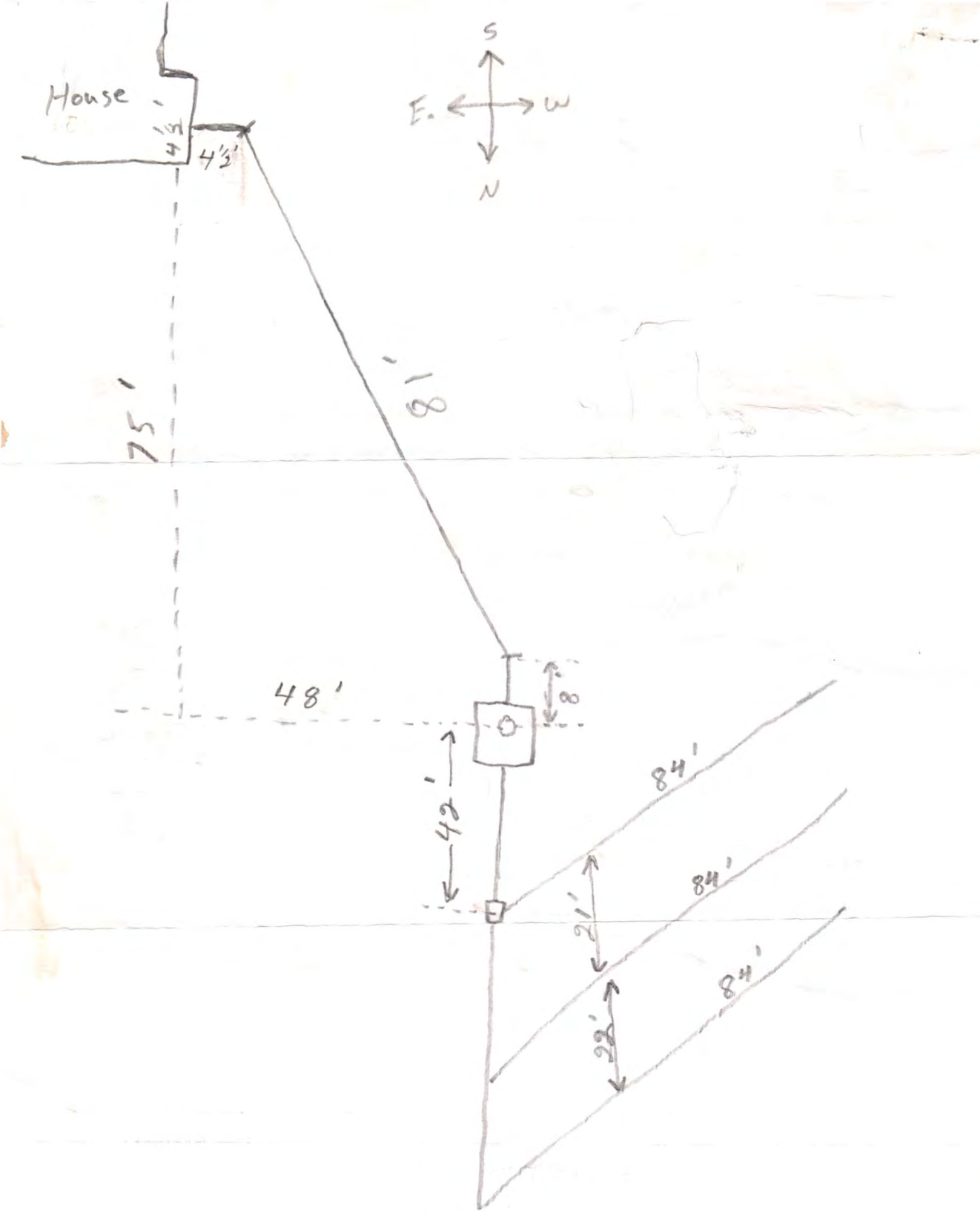
B. SEPTIC TANK:
1. Material Concrete; No. of compartments 1.
2. Capacity 1250 gals.;
3. Factory Built: Yes ☒ No ☐ (Company Precast)
4. Manholes: Over Inlet; diam. 8 in. Over Outlet; diam. 8 in. Riser Above ☒ Below ☐ Grade 4 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 20 in.
8. Distances to: Well or Suction Line 100+ ft.; Stream 100+ 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 42 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 3 ; Length of each line 84, 84, 84, ____, ____ ft.; Total length of laterals 252 ft.; Distance between lateral lines 16 ft.
3. Trench dimensions: Width 9 ft.; Slope 3 in/100 ft.; Average Depth 42 in.
4. Filter Material: Gravel; Depth of Material 22 in.
5. Distances to: Well or Suction Line 100+ ft.; Stream 100+ ft.; Pressure Line 100+ ft.; Property Line 40 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


House
4'3"
S
E.
W
N
75'
81'
48'
8
42'
84'
84'
84'
21'
22'

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit

WATER WELL

No. 95400049601

Issued 07/21/95
Expires 01/21/96
Revenue Code 19851

Establishment

ROBERT SCHULTZ
T9N R7E SEC 29
KENSINGTON ESTATE BLK 3 LOT 3 & 4

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"

SE & Yankee Hill 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[redacted] : Lot 34 : Addition Kensington Estates 1st Addition
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. Shultz
Signature of Applicant (owner or lessee)

8900 Sa56th
Address

City Water Yes ☐ No ☒

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 7/20/95. Action: Approved ☒ Disapproved ☐
   Date Frwd. 7/21/95. Signature: Jerrold C. Hoos
2. Supt. Bldg. Insp.: Date Rec'd 7/21/95. Action: Approved ☒ Disapproved ☐
   Date Frwd. 7/21/95. Signature: [signature]
3. City or County Engineers: Date Rec'd 7/21/95. Action: Approved ☒ Disapproved ☐
   Date Frwd. _____. Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12/20/95 by J. C. Hoos
Date: _____ by _____
Date: _____ by _____

Nitrate Level 0.1 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1-3-95 By: Paul Dyson

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. 13558
FILE NO. _____

Lincoln-Lancaster County
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 29 T. 9N R. 7E Block 3 Lot 344 Addition KENSINGTON ESTATES
Owner ROBERT SCHULTZ Address 8900 SOUTH 56TH STREET

LOG OF WELL	
	Description
Depth Ft. to	

WELL COMPLETION RECORD

Drilling Method: ROTARY
Depth (from ground level) Ft. 166
Date Completed 9/11/95

Casing: Length, Ft. 146 ; Dia. In. 4.072
Wall Thickness, Inc. .214 ; type PVC

Screen: Length, Ft. 20 Dia. In. 4.026
Type PVC MONOFLEX Slot Size .018

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

Water Level, Surface to top of water, Ft.:
Static 84, Pumping 94

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
(Signed)

Address BOX H, MILFORD, [redacted] 68405

Date _____

REMARKS NITRATE NITROGEN 0.1 p.p.m.
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-A

JOHNSON RD.
SCHULTZ CONST.

STATE OF NEBRASKA
DEPARTMENT OF WATER RESOURCES
WATER WELL REGISTRATION

DEC 2 1 1995

FOR DEPARTMENT USE ONLY

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

Owner Code No. _____ Receipt No. _____ _____ NRD

1. Well Owner _____ Telephone Number (___) _____
   Address _____
   City _____ State _____ Zip Code _____ +

2. Drilling Firm Earnest Well Drilling, Inc. Telephone Number (402) 761-2281
   Address Box H Contractor's License No. 39051 Pump Installer License No. _____
   City Milford State NE Zip Code 68405 +

3. Permit Number(s) _____

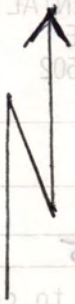
4. Purpose of well (indicate one): ___Dewatering (over 90 days) X Domestic ___Geothermal ___Ground Heat Exchanger ___Ground Water Source Heat Pump ___Industrial ___Injection ___Irrigation ___Livestock ___Monitoring ___Observation ___Public Water Supply (with spacing (46-638)) ___Public Water Supply (without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

5. Replacement and abandoned well information.
   A. Is this well a replacement well? ___Yes X 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.
   Is pump installed at this time? X Yes ___No
   If yes, complete items A through E.
   If no, complete items A and D with estimated information for those wells in which pump will be installed.
   A. Actual pumping rate, if applicable: 20 gallons per minute. Measured ☑ or Estimated ☐
   B. Pump column diameter: 1 1/4" inches. C. Length of pump column: 120' feet.
   D. Pumping equipment installed: 9/11, 19 95. E. Brand/Type: Dempster

printed on recycled paper



AREA OF SEPTIC SYSTEM



Well Construction Information.

A. Total well depth: 166 feet. B. Static water level: 84 feet. C. Pumping water level: 94 feet.
D. Construction began: 8/23, 19 95. E. Construction completed: 9/11, 19 95
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 146 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 150 ft.
Length(s) and placement(s) depth from 146 ft. to 166 ft. from _____ ft. to 160 ft.
I. Gravel pack interval(s) from 20 ft. to 50 ft. from 60 ft. to 166 ft. Grade size: Road Gravel
J. Grouted/Sealed from 5 ft. to 20 ft., with Bentonite (type)
from 50 ft. to 60 ft., with Bentonite (type)
K. Drilling method: Rotary L. Drilling fluid: Quick-Gel
M. Well development technique (total time and method): Air 1 HR
N. Will chemicals, fertilizer or antifreeze be injected or utilized in the system? ___Yes X No
If yes, what will be used: _____

9. **Geologic Materials Logged**

DEPTH IN FEET FROM	TO	DESCRIPTION
0	1	Top Soil
1	8	Brown Clay
8	11	Sand
11		Rock (6")
11	25	Brown clay
25	35	Brown + Red clay
35	45	Gray + Red clay
45	50	Gray clay
50	60	Gray + Red clay
60	62	Shale
62	68	Red + Brown clay
68	145	Sandstone (Brown-med)
145	166	Sandstone (Brown-co
166	169	Brown clay
169		Very course Sandsto

(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.

Water Well Contractor's Signature — Date — Water Well Owner's Signature — Date