FILE #2107

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

JANUARY 13, 1985
THIS LICENSE OR PERMIT EXPIRES

BRAD SOUTHWICK/BILL ULCEK 32 228 NELSON LINCOLN, NE 68521
LICENSEE OR PERMITTEE ADDRESS

T9N; R7E; Sec 33; Bk 3; Lot 6; 10550 Weeks Dr.
NAME OF ESTABLISHMENT, IF ANY ADDRESS

REMARKS: NON TRANSFERABLE ALTER, EXTEND OR REPAIR

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 30.00	018754	$ 30.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. Date and Amount

APPLICATION

HEALTH
ISSUING OFFICER OR DEPARTMENT

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 2107

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 7-13-84

The undersigned hereby applies for a permit to ALTER ☒, EXTEND ☐, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 9N ; Range 7E ; Section 33 ;
Block 3 ; Lot 6 ; Addition NEALRENE ACRES FIRST ADDITION
Street Address 10550 WEEKS DRIVE

2. Property Use: Residential ☒; Commercial ☐
No. Bedrooms 3
Describe
Other Use ☐
Describe

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

4. Description of proposed alteration, extension or repair: INSTALL PUMP STATION AT OUTGOING OF SEPTIC TANK, INSTALL 800 Sq FT OF ABSORBTION AREA — Perforated PIPE IN 16' X 50' TRENCH

5. Work to be done by: Owner ☐ ; or Contractor ☒, SOUTHWICK SEWER & DRAIN
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	2950 00

Bill ULCEK by Brad Southwick
Signature of Applicant (owner or lessee)

328 Nelson LINCOLN, NE HICKMAN, NE
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd:
Filing Fee: $ 30.00

2. Site Visits:
Date: 7/12/84 by: J.C.H.
Date: 7/13/84 by: J.C.H.
Date: by:

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL X
Date: 7/13/84 by: J. C. Hood

X EXPERIMENTAL SYSTEM HENCE PROVISIONAL APPROVAL.

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☐ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 10550 Weeks Drive, Lincoln, NE 68516

Twp 9N Range 7E Section 33 1/4 ___ 1/4 ___ Block 3 Lot 6 Addition Nealrene Acres First

Directions to Property 3 miles South of Hwy 2 on 56 then east on Roteby Rd to hill is Weeks Dr. in flower bed

Location of Well front yard - North of driveway Tap Location: Inside ☐ Outside ☒

Location of Sewage System back yard Year Installed 7/84

	NAME	ADDRESS	PHONE
Present Owner:	~~Jack L.~~ Linda Hinrichsen	RR 3, Box 91 Pawnee City, NE 68420	402-852-2642
Tenant/Buyer:	Tammie C. Havlat	5421 Stonecliffe Dr. Lincoln, NE 68516	464-7740
Return to:	Capitol Title Attn: Marilyn Wimer	P O Box 6577 Lincoln, NE 68506-6577	434-3737

Signature of Applicant Linda Hinrichsen Address RR3 Box 91 Pawnee City NE 68420 Date 6/10/98

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 09/17/98
Initials LS
Amount 150.00
Check No. 1409

DATA ENTRY

Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Ron Maynard **DATE:** 9/17/98

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☒ Corrected ☒ above ground full tank <1500	Approved ☐	Date 9/30/98 by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☒	Date ___/___/___ by ___
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: Sewage treatment system is a wide seepage bed supplied by a sewage lift pump. This is permitted as an experimental system. Thus a provisional approval. Recommend checking to see if septic tank needs pumping and that lift pump is regularly serviced. See Attached Letter ☐

FINAL STATUS

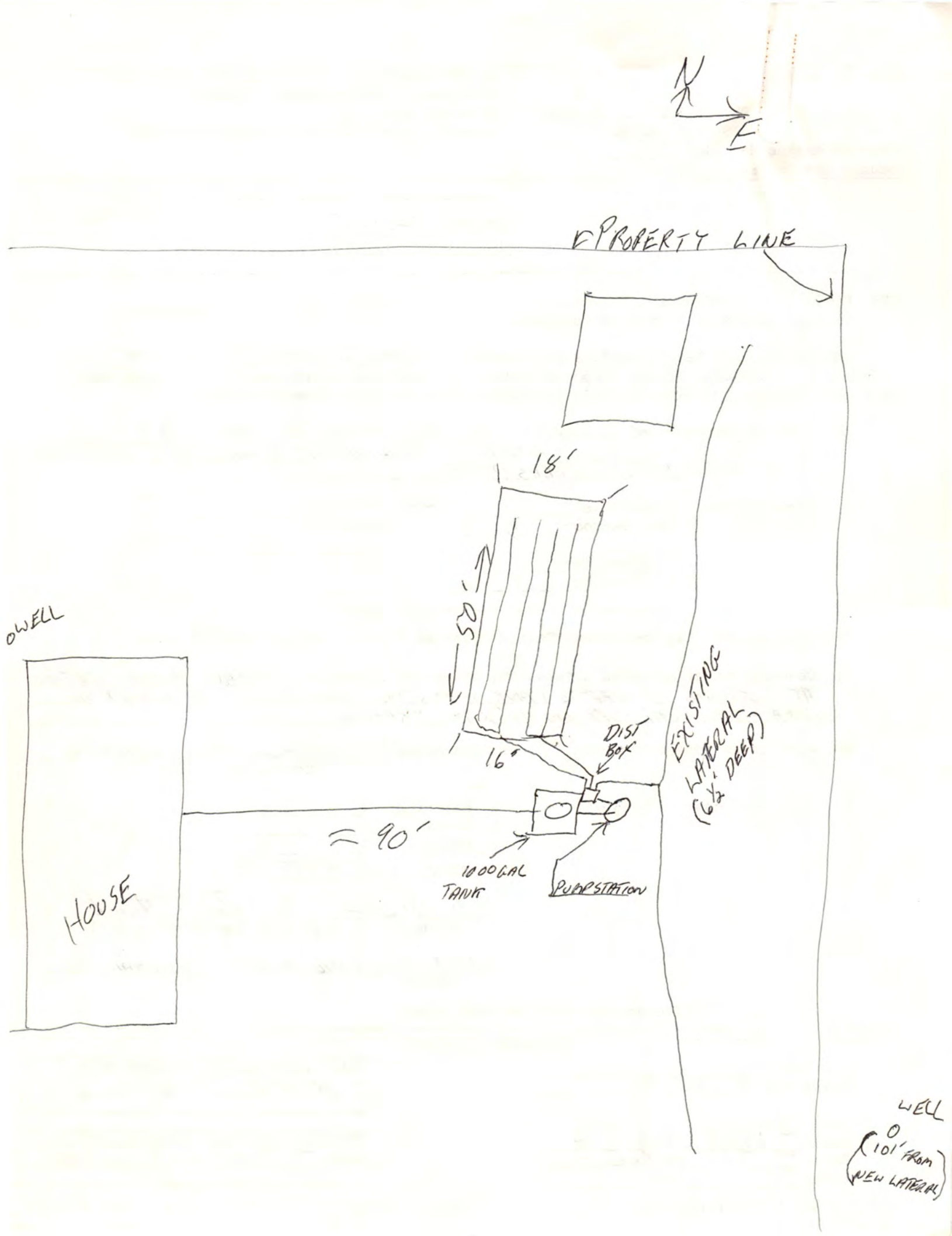
WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☐ Provisional Approval ☒

Approved by Ron Maynard, R.S. Date 9/30/98

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95


N
E
PROPERTY LINE
18'
50'
16'
DIST BOX
EXISTING LATERAL (6½' DEEP)
WELL
HOUSE
≈ 90'
1000 GAL TANK
PUMP STATION
WELL
(101' FROM NEW LATERAL)

FILE #W-64

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

TYPE OF LICENSE OR PERMIT	THIS LICENSE OR PERMIT EXPIRES
INDIVIDUAL WATER WELL CONSTRUCTION	MARCH 18, 1985

LICENSEE OR PERMITTEE	ADDRESS
LINDA VLCEK	10550 WEEKS DRIVE LINCOLN, NE 68516

NAME OF ESTABLISHMENT, IF ANY	ADDRESS
T9N R7E; Sec 33; Bk 3; Lot 6; Nealrene Acres First Addition	

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 45.00	019851	$ 45.00

Valid Receipt Only if Machine Receipted In This Space

Serial No.	Date and Amount
	4 15

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. W-64

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN NE 68502
Phone: 471-7800

REC'D OCT 1 1984

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 33 T. 9N R. 7E Block 3 Lot 6 Addition NEALRENE ACRES 1ST ADD
Owner Williams & Linda Wiek Address 10550 Weeks Dr Lincoln Nebr

LOG OF WELL	
	Description
Depth Ft. to	
0-10	light gray-br. c.
10-15	dark br. c.
15-70	yell. c.
70-95	yell. ss.
95-100	san. ss
100-115	yell, san. + red shales
115-135	blue shale
135-155	red shale
155-200	white + red shale
200-205	yell. shale
205-240	med. fine yell. ss.
240-245	coarse yell. ss
245-255	very coarse ss.
255-265	yell. shale + ss.

REMARKS NITRATE NITROGEN <0.1 p.p.m.
BACTERIOLOGICAL O.K.

WELL COMPLETION RECORD

Drilling Method: rotary - circulation
Depth (from ground level), Ft. 255
Date Completed 9-21-84

Casing: Length, Ft 245 ; Dia. In. 4"
Wall Thickness, Inc 200# ; type PVC

Screen: Length, Ft. 10 Dia. In. 4"
Type Keystone wrap , slot Size .020

Drop Pipe: Length, Ft. 200 Dia. In. 1 1/4

Water Level, Surface to top of water, Ft.:
Static 170' , Pumping 20 gpm

Yield: 60 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 Bill Moon
(Signed)

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 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 $45.00

FILE NO. W-64

DATE: Sept 18, 1984

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 33
   Block 3 : Lot 6 : Addition NEALRENE ACRES FIRST ADDITION
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: _____ Ft.
4. Intended use of well DOMESTIC

Linda Week
Signature of Applicant (owner or lessee)

10550 Weeks Dr, Lincoln, Nebr
Address

Sewage Permit Applied For Yes ☐ No ☐ Not Applicable ☒

1. Health Department: Date Rec'd 9/18/84. Date Frwd. 9/18/84. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 9/18/84. Date Frwd. 9/18/84. Action: Approved ☐ Disapproved ☐ Signature: Mel Goddard
3. City or County Engineers: Date Rec'd 9-18-84. Date Frwd. 9-18-84. Action: Approved ☒ Disapproved ☐ Signature: Johnny P. Hallmann

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10/1/84 by J. C. Hood
Date: _____ by _____
Date: _____ by _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/2/84 By: J. C. Hood

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

FORM 23-13

AS BUILT DRAWING OF INSTALLATION IN RELATION TO BUILDINGS, PROPERTY LINES, OTHER WELLS, AND SOURCES OF CONTAMINATION. INDICATE NORTH.

