FILE #2207

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

DECEMBER 3 1985 — THIS LICENSE OR PERMIT EXPIRES

GENEVIEVE A. GROSSMAN — LICENSEE OR PERMITTEE

RT #1, BOX 62 MALCOLM, NE 68402 — ADDRESS

TION: RSE: Sec 3: Lot 9 I.T. — 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

REC'D JUN 3 1985

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

City Ordinance No. 9150 [X]
County Resolution No. 2832 [ ]

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO. 2207

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

DATE: 5-30-85

The undersigned hereby applies for a permit to ALTER [ ], EXTEND [X], or REPAIR [X] 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. 10N; Range 5E; Section 3;
Block ____; Lot 9 E.T.; Addition ____
Street Address ____

2. Property Use: Residential ✓ Rental [X]; Commercial ____ [ ]
No. Bedrooms 2
Describe ____
Other Use [ ]
Describe ____

3. Type of existing Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Description of proposed alteration, extension or repair: Repaired old lateral & installed additional lateral

5. Work to be done by: Owner [ ]; or Contractor [X], Sintek Serv. Co.
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ >400.00

Genevieve A. Grossman
Signature of Applicant (owner or lessee)

Rt. 1 Box 62, Malcolm Ne 68402
Address

(Do not write below this line)

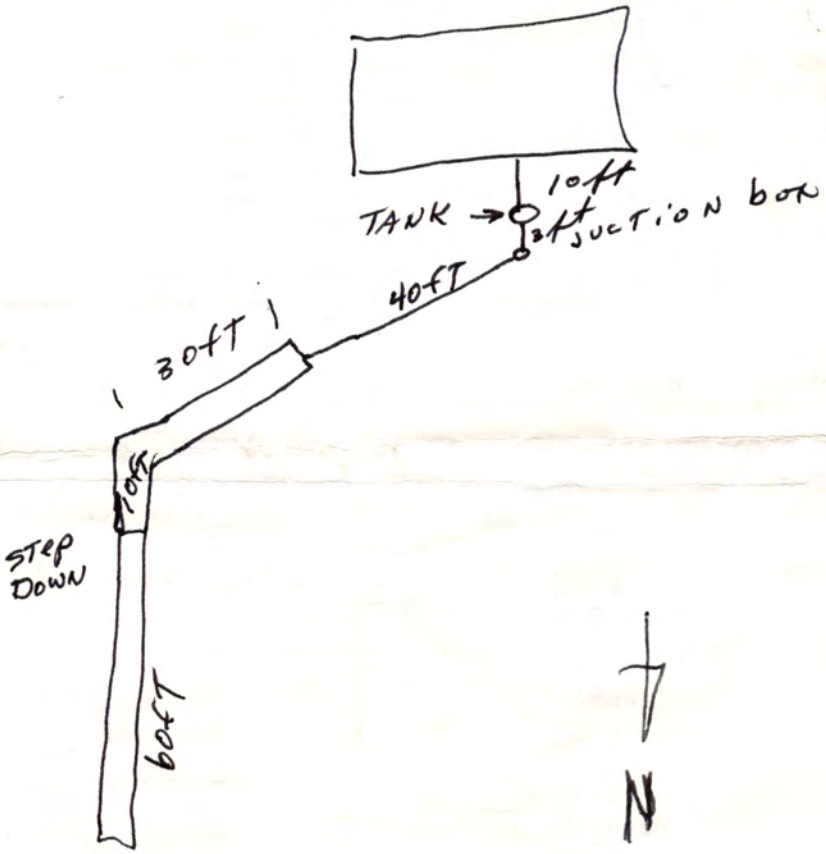
REVIEWING ACTION

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

2. Site Visits:
Date: 5-30-85 by: mm
Date: ____ by: ____
Date: ____ by: ____

3. Date: Approved [X]; Disapproved [ ]
by: Jerold C. Hoos

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-3-85 by: Ron Maynard


TANK
10ft
JUCTION box
40ft
30ft
STEP DOWN
60ft
N

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

P E R M I T

Permit
WATER WELL

No. 94400040501

Issued 01/05/94
Expires 07/05/94
Revenue Code 19851

Establishment
GENEVIEVE GROSSMAN
T10N R5E SEC 3
LOT 9

FEES: $75.00

TOTAL $75.00

Permittee
GENEVIEVE GROSSMAN
RR0001
BOX 00062
MALCOLM NE 68402

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"

RECEIVED JAN 0 4 1994

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: 12-30-93

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. 10N : Range 5E : Section 3
   Block _____ : Lot 9 I.T. : Addition _____
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: miles Ft.
4. Intended use of well House Well

X Genevieve A. Grossman
Signature of Applicant (owner or lessee)

Rt. 1 Box 62, Malcolm, Ne 68402
Address

No Water city

Sewage Permit Applied For Yes ☐ No ☒ Not Applicable ☐

1. Health Department: Date Rec'd 1/4/94. Date Frwd. 1/5/94. Action: Approved ☒ Disapproved ☐ Signature: Jerold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 1-5-94. Date Frwd. 1-5-94. Action: Approved ☒ Disapproved ☐ Signature: Harry Spier
3. City or County Engineers: Date Rec'd 1-5-94. Date Frwd. _____. Action: Approved ☐ Disapproved ☐ Signature: L Scott

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 1-14-94 by sm
Date: 1-18-94 by sm
Date: _____ by _____

Nitrate Level 8.7 PPM Above 40 ppm
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: Feb-1-94 By: Ron Maynard

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. 9440000405

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

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 3 T.10N R.5E Block ___ Lot 9 Addition ___

Owner G. A. Grossman Address Rt 1 Box 62, Malcolm, NE 68402

LOG OF WELL

Depth Ft. to	Description
0-19	Clay-brown
19-53	Clay-yellow
53-55	Layers brown sand & yellow clay
55-91	clay-silty yellow
93-96	layers fine yellowsand & & tan clay
96-110	clay-silty brown
110-113	clay-sandy yellow
113-118	sand-dirty fine yellow
118-132	Sand-very fine silty tan
132-142	sand-fine tan
142-156	caly-soft sandy tan
156-161	caly-light brown
161-176	caly-sandy light gray
176-180	layers fine sand &brown clay
180-202	clay-gray

WELL COMPLETION RECORD

Drilling Method: ~~Direct Rotary~~
Depth (from ground level), Ft. 148
Date Completed 11-17-93

Casing: Length, Ft. 128 ; Dia. In. 5"
Wall Thickness, Inc. 200#; type PVC

Screen: Length, Ft 20 Dia. In. 5
Type 200# PVC , slot Size .013

Drop Pipe: Length, Ft. 120 Dia. In. 1

Water Level, Surface to top of water, Ft.:
Static 90 , Pumping 110

Yield: 9 ggm, Measured ☒ , Est. ☐
Chlorination Completed Yes ☒ No ☐

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

Blue Valley Drilling
Driller Roger Strader
(Signed)
submitted by B & R Pump Service
Rosemary Overman
Address 4337 Madison, Lincoln, NE 68504

Date 12-30-93

REMARKS NITRATE NITROGEN 8.7 p.p.m.
BACTERIOLOGICAL O.K.
CHLORIDE 40 p.p.m.

50/52

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