LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 91380070501

Issued 05/23/91
Expires 11/23/91

ESTABLISHMENT

WILLIAM BARCLAY
T10N R6E SEC 2
LOT 11
801 FLETCHER ST

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

WILLIAM BARCLAY
8410 PINEDALE AV
LINCOLN NE 68520

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
5/28/91	PAID

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

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: $ ~~75.00~~ 150.00

FILE NO. _____

DATE: 5-22-91

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. 10N ; Range 6E ; Section 2 ;
   Block _____ : Lot 1 I.T. : Addition _____
   Street Address 801 FLETCHER
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐
4. Distance to public sewer: _____ ft. Will install whatever perc test indicates

Signature of Applicant (Owner or Lessee)

8410 PINEDALE LINCOLN
Address BILL BARCLAY 489-8810

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/22/91 . Date Frwd. 5/23/91 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 5/28/91 Date Frwd. 5/28/91 ACTION: Approved ☒ Disapproved ☐ Signature: Mel Goddard
3. City or County Engineer: Date Rec'd. 5-23-91 . Date Frwd. 5-24-91 . ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL HAVE WELL PERMIT

Site Visits:
Date: 6-18-91 by: site visit for location info.
Date: 9-20-91 by: mm.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-20-91 By: Ron Maynard

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

FORM 23-43

ATTACHMENT C.

SOIL ABSORPTION TEST DATA REPORT

PROPERTY WHERE SOIL TESTED:
Location: Township _____
Section & 1/4 Sect. _____
Property Dimensions: _____ ft. x _____ ft
Area: _____ acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ___; Silty Clay Loam X; Sandy Loam ___
Silty Loam ___; Clay Loam ___: Sandy Clay ___

Owner: KEN DREWEL
Address: 801 FLETCHER

Dates of Tests: 6-25-91 to 6-26-91. Weather: Precip. Trace Temp. 93°

PERCOLATION TEST DATA FILE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole 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.)	Percolat Rates (Min./in
1	35"	6-25	1700	6-26	1630	6-26	1700	30"	2100		30 min	3 1/2	
2	"	"	"	"	"	"	"	"	"		"	3	
3	"	"	"	"	"	"	"	"	"		"	4	
4	"	"	"	"	"	"	"	"	"		"	3	
5	"	"	"	"	"	"	"	"	"		"	3 3/4	
6	"	"	"	"	"	"	"	"	"		"	3 1/2	

Andrew Tanner
Signature of Person Conducting Test

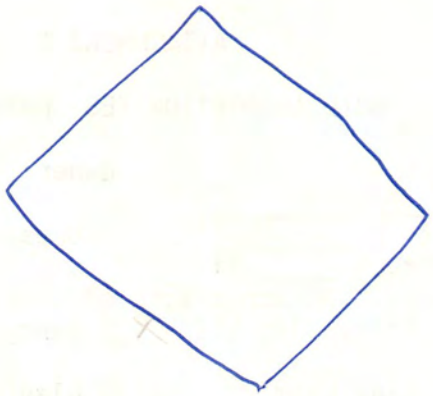
Address 3925 Touzalin
Phone 464 3947

Sum of Percolation Rates ____
Average of Rates: ____
Inches per Minute: ____

9 min/in

9-20-91 mm.

9-20-91 = Ron Maynard





(1)

(2)

(3)

(4)

(5)

(6)

FORM 20102-0477 PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application) 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 C
Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.	FILE NO. _____

Indicate on sketch if residence and well are exisiting or proposed.

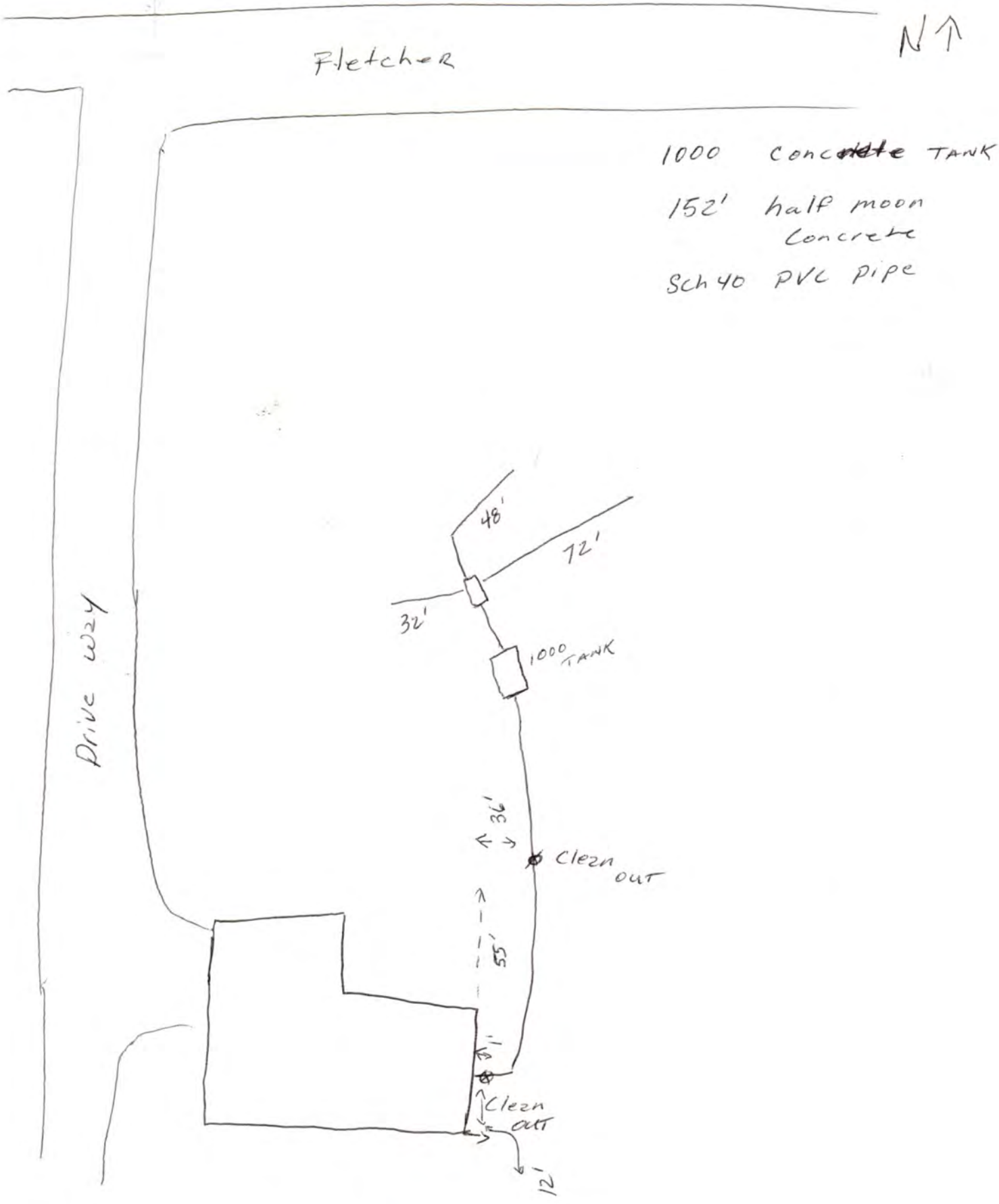
REVIEWING ACTION

Remarks: _____

Date: July 19, 1991

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 119 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 476 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official



9/20/91

Bouwens Plumbing
3900 N 27th
466-1944

Greg Bouwens

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

WATER WELL

No. 91400024701

Issued 05/23/91
Expires 11/23/91

ESTABLISHMENT

WILLIAM BARCLAY
T10N R6E SEC 2
LOT 11
801 FLETCHER ST

FEES: Permit 019851 $75.00

Total $75.00

PERMITTEE

WILLIAM BARCLAY
8410 PINEDALE AV
LINCOLN NE 68520

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
5/28/91	PAID

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

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: 5-22-91

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. 10 N : Range 6 E : Section 7
   Block _____ : Lot 1 I.T. : Addition 801 FLETCHER
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: _____ Ft.
4. Intended use of well S.F.R.

804 Fletcher John McNaught Dowling Assoc. W- 488-8866 H- 489-8810

Signature of Applicant (owner or lessee)

8410 PLEDALE Lincoln

Address BILL BARCLAY 489-8810

W-466-7312

City Water Yes ☐ No ☒

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 5/22/91. Date Frwd. 5/23/91. Action: Approved ☒ Disapproved ☐ Signature: Gerald C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 5/24/91. Date Frwd. 5/24/91. Action: Approved ☒ Disapproved ☐ Signature: Mel Goldberg
3. City or County Engineers: Date Rec'd 5/23/91. Date Frwd. 5/23/91. Action: Approved ☒ Disapproved ☐ Signature: John D. Miranda

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10-14-91 by rm
Date: 10-28-91 by rm
Date: _____ by _____

coli - Confluent Growth

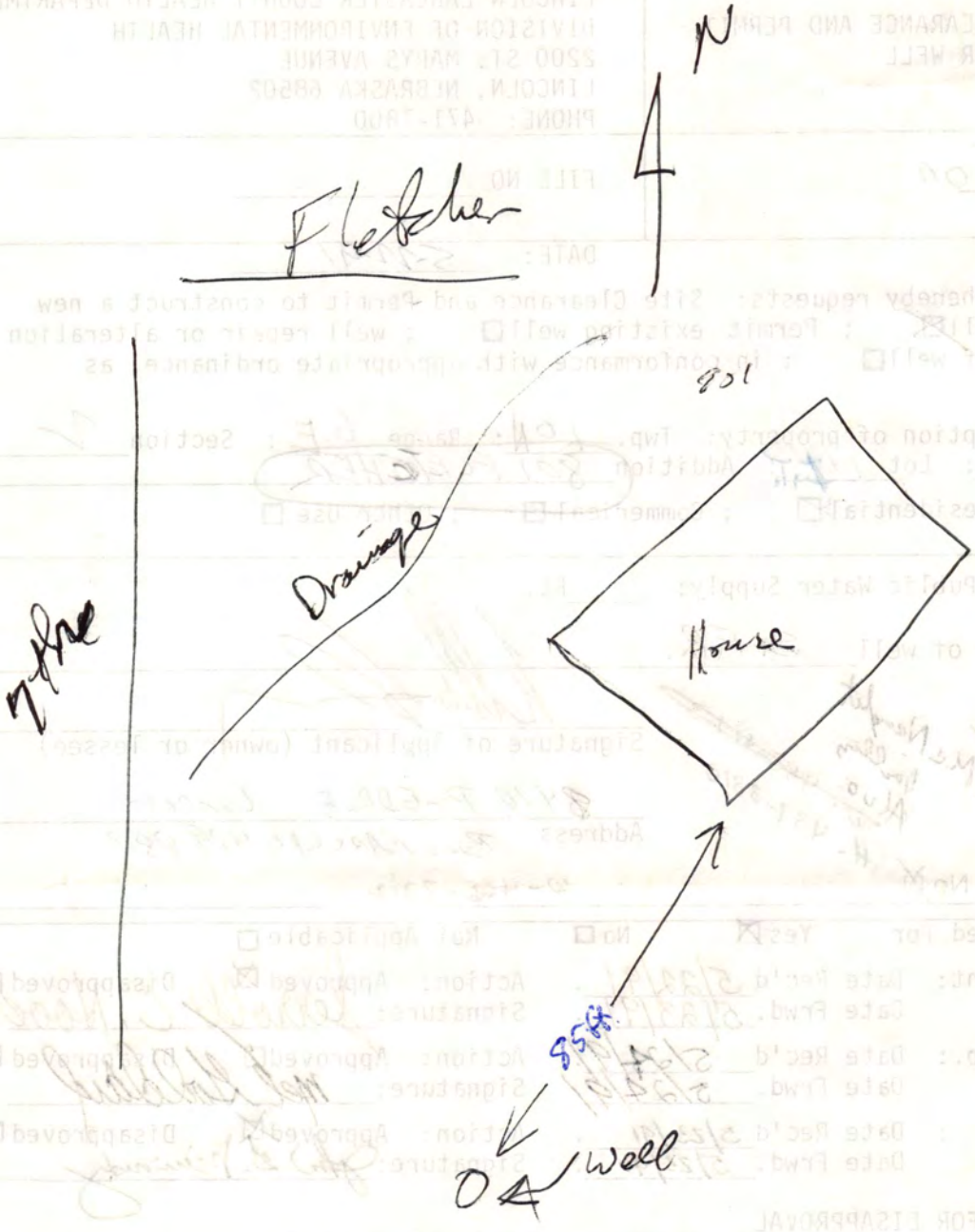
Nitrate Level 20.1 PPM Clonic 34

Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-30-91 By: Ron Magnuson

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

FORM 23-13


N
Fletcher
831
Drainage
Pipe
House
95ft
well

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: 471-7800

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 2 T. 10N R. 6E Block ____ Lot 11 Addition GROVE PARK
Owner Kenny Drewel Address 801 Fletcher, Lincoln, NE

LOG OF WELL	
	Description
Depth Ft. to	
0-48	clay
48-56	sand
56-110	clay
110-112	rock
112-163	shale
163-177	Sandstone
177-180	shale

WELL COMPLETION RECORD

Drilling Method: Rotary, Mud
Depth (from ground level), Ft. 180'
Date Completed 7-27-91

Casing: Length, Ft. 140 ; Dia. In. 5"
Wall Thickness, Inc. ~~200~~ Type PVC

Screen: Length, Ft. 40 Dia. In. 5"
Type Eagle , slot Size .025"

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

Water Level, Surface to top of water, Ft.:
Static 124', 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 John McNaught (Signed)

REMARKS NITRATE NITROGEN < 0.1 ppm
BACTERIOLOGICAL O.K.
CHLORIDE 34 p.p.m.

Address RFD Alvo, NE 68304

Date 10-26-91

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