Lincoln-Lancaster County Health Department

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

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit # 00390068501

Issued 11/20/00
Expires 05/20/01
Revenue Code 3157

Establishment

PRAIRIE HOMES
T10N R6E SEC 32
HIGH RIDGE ESTATES BLK 3 LOT 1
3901 W SPRINGVIEW RD

FEES: $100.00

Permitee

PRAIRIE HOMES
BOX 84891
LINCOLN NE 68501-4891

TOTAL: $100.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013923

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

3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO. 0039 00686

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

DATE: 11-20-00

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. 10N; Range 6E; Section 32;
Block 3; Lot 1; Addition HIGH RIDGE ESTATES
Street Address 3901 W. SPRINGVIEW RD.

2. Property Use: Residential X ☒; 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: EXISTING LATERALS (2 OUT OF 3) WERE FOUND ON NEIBORING LOT TO EAST. WE WILL INSTALL A NEW TANK 1500 GAL - DIST. BOX & 254' OF 4' TRENCH

5. Work to be done by: Owner ☐; or Contractor ☒, G & A BACKHOE SERVICE
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	4,500 00

$100.00 for septic & alt.

Signature of Applicant (owner or lessee)

3901 W Springview Rd
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 11/20/00
Filing Fee: $ $100.00 ✓ #11168

2. Site Visits:
Date: 11/28/00 by: J.C.H. Tank, box, 1 lateral start of another
Date: 11/29/00 by: J.C.H.
Date: 11/30/00 by: J.C.H.

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: ____ by: ____

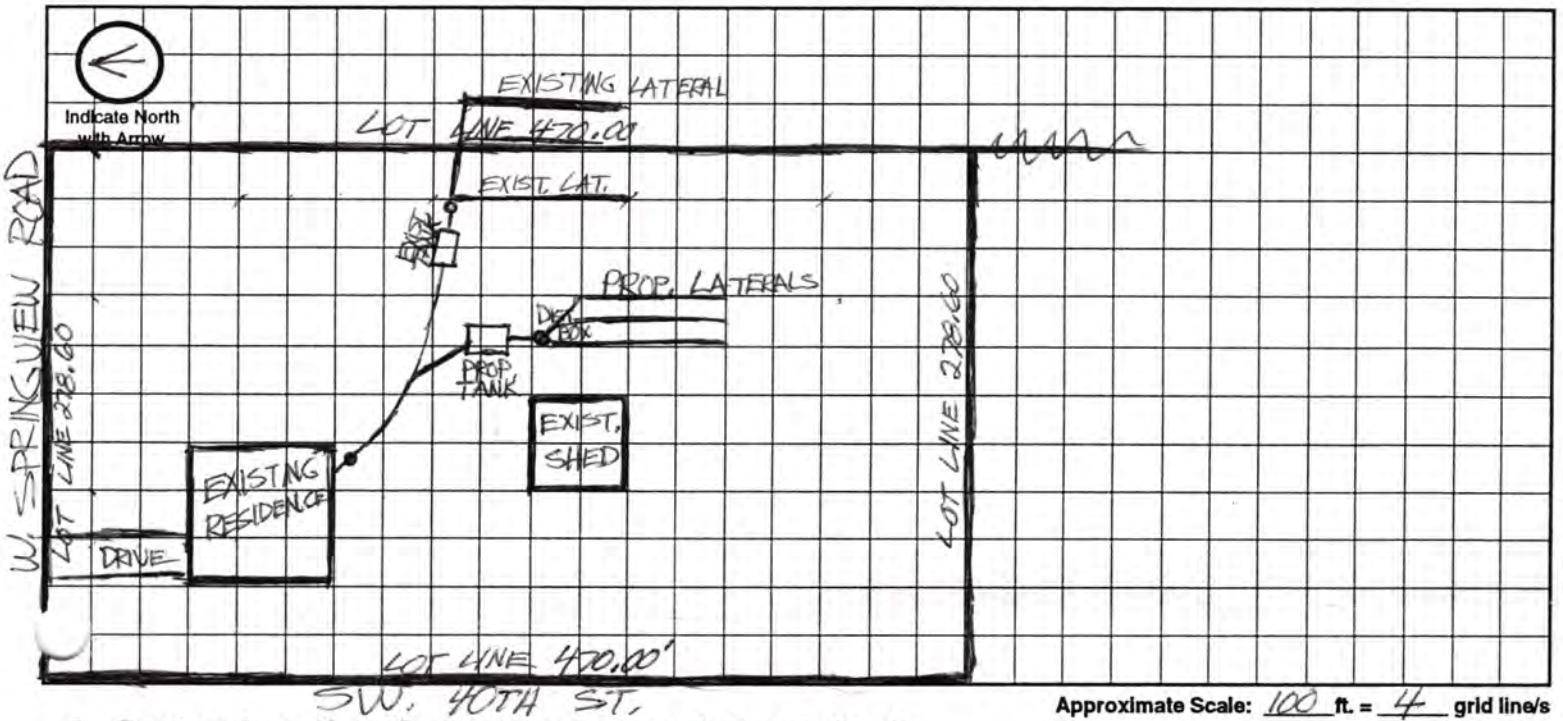
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 0039 00686

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: 100 ft. = 4 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 3901 W. SPRINGVIEW RD. City LINCOLN NE, Zip 68522

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☒ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: INFILTRATOR

Capacity of Septic Tank 1500 gals Number of Absorption Beds: 1 Number of Distribution Laterals per Bed 3

Total Length of Laterals 254 ft. Number of Trenches _____ Trench Width 4'

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☒	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor Rob Chapman Date 11-20-00

Installer _____ Date _____

FORM 23-102 10-96

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 96380148601

SEWAGE INSTALLATION

Issued 09/20/96
Expires 03/20/97
Revenue Code 18754

Establishment

STEVEN CHAMPOUX
T10N R6E SEC 32
HIGH RIDGE ESTATES BLK 3 LOT 1

FEES: $150.00

TOTAL $150.00

Permittee

STEVEN CHAMPOUX
BOX84891
BOX 84891
LINCOLN NE 68501

2587

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

A

FILING FEE: $ ~~75.00~~ 150.00 # 5455
9/19/96 by Mario Homes

FILE NO. _____

DATE: 9-18-96

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 32 ;
   Block 3 : Lot 1 : Addition High Ridge Estates
   Street Address 3901 spring view Rd
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.

Steve Clapper
Signature of Applicant (Owner or Lessee)

Box 84991 68501
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/19/96. Date Frwd. 9/19/96. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9/19/96. Date Frwd. 9/19/96. ACTION: Approved ☒ Disapproved ☐ Signature: _____
3. City or County Engineer : Date Rec'd. 9-19-96. Date Frwd. 9-19-96. ACTION: Approved ☒ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4/16/97 by: L.C.H. Sewer & Tank only.
Date: 4/17/97 by: L.C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4/18/97 By: Jerrold C. Hood

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

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 D.
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

FILE NO: _____

3701 West Spring View Rd

PROPERTY WHERE SOIL TESTED:

Location: Township 9 ; Range 6 ; Section & ¼ Section _____.
Property Dimensions: 278.6 ft. x 470 ft. Area: 3 acres. (Attach Sheet C with sketch of property).

Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ :

Dates of Tests: 9-9-96 to 9-10-96 : Weather: Precip. 2¼" Temp. 70°.

OWNER: Prairie Homes 476-6549

Address: Box 84891 Lincoln 68501

Lot 1 Block 3 High Ridge Estates

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"	9/9/96	6:00p	9-10-96	6:30	9-10-96	6:30	6"	7:00	5	30m	1"	30
2	"	"	6:00p	7-10-96	6:30	"	6:30	6"	7:00	5¼	30m	¾"	40
3	"	"	6:00p	"	6:30	"	6:30	6"	7:00	5¼	30m	¾"	40
4	"	"	6:00p	"	6:35	"	6:35	6"	7:05	4¾	30m	1¼"	24
5	"	"	6:00p	"	6:35	"	6:35	6"	7:05	5½	30m	1½"	60
6	"	"	6:00p	"	6:35	"	6:35	6"	7:05	5¼	30m	¾"	40
7	"	"	6:00p	"	6:35	"	6:35	6"	7:05	4½	30m	1½"	20

Sum of Percolation Rates: 254
Average of Rates: 36.28
Mean of Rates: 24

Signature of Person Conducting Test

Address Rt 6 Box 52 Phone 438-3349

(Do Not Write below this line)

REVIEWING ACTION

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

Remarks: _____

Soil Type (SCS): _____

Date: _____

Signature of Reviewing Official

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

B

FILE NO. [illegible]

[illegible] Lot

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: 9/4/96 to 9/6/96. Weather: Precip. 2¼ Temp. [illegible].

OWNER: [illegible]

Address: Box 84511

Lot 1 Block 3 High Ridge Estates

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	9/4/96	6 [illegible]	9/6/96	6 36	9/5/96	6 36	6	7 00	5 00	30	1	30 MIN/IN
2			6 [illegible]		6 36		6 36	6	7 00	5 ¼	30	¾	40 MIN/IN
3			6 [illegible]		6 36		6 36	6	7 00	5 ¼	30	¾	40 MIN/IN
4			6 [illegible]		6 37		6 37	6	7 01	4 ¾	30	1 ¼	24 MIN/IN
5			6 [illegible]		6 38		6 38	6	7 02	5 ½	30	1/2	60 MIN/IN
6			6 [illegible]		6 39		6 39	6	7 03	5 ¼	30	¾	40 MIN/IN
7			6 [illegible]		6 40		6 40	6	7 03	4 ½	30	1 ½	20 MIN/IN

[illegible] & [illegible]
Signature of Person Conducting Test

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

Address [illegible] Box 22 Phone [illegible]

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Part Lot Pawnee Clay Loam part Shrewsbury Silty Clay Loam
Date: SEPTEMBER 19, 1996

Approved Percolation Rate (a)
A. 60 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

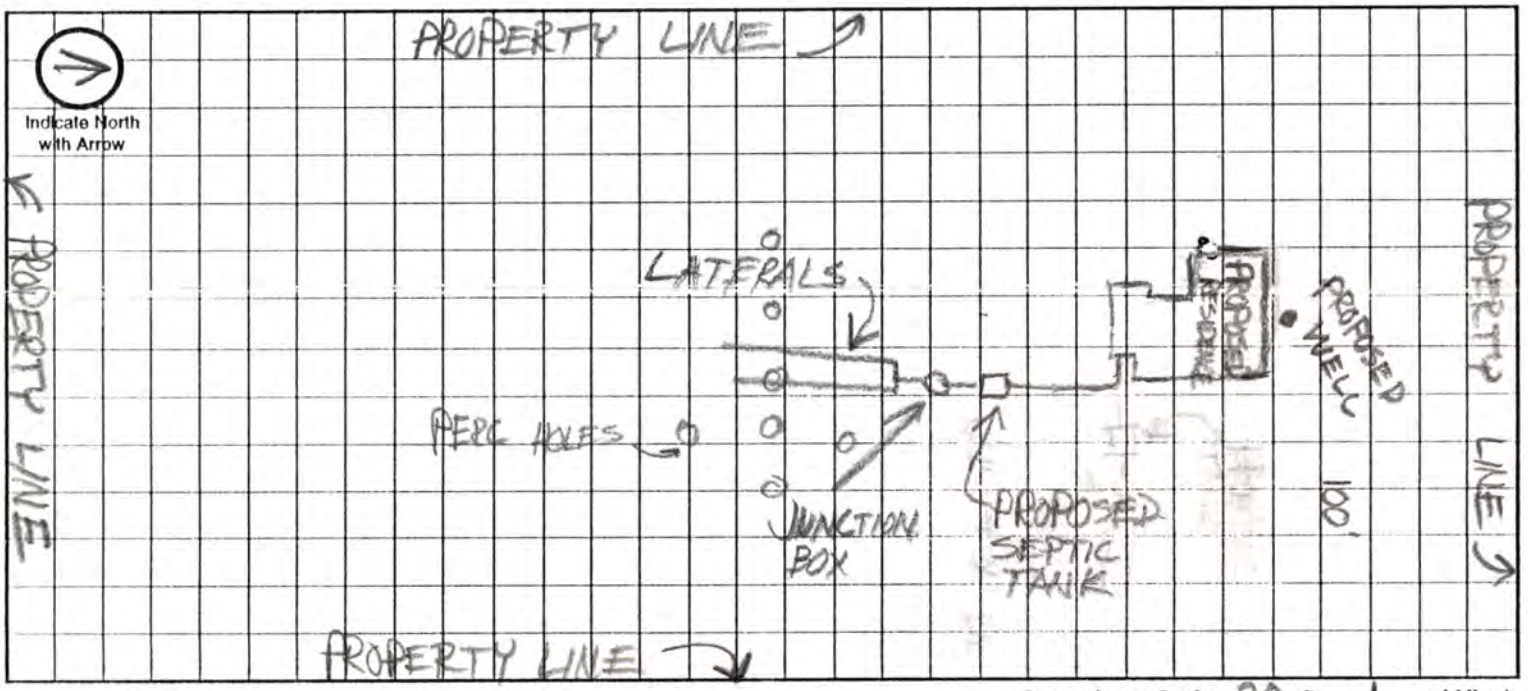
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 3901 W. SPRINGVIEW RD City LINCOLN NE, Zip 68522

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

5

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 24" (min. per Inch) Soil Type: CLAY LOAM Land Slope: 5 %

Type of Absorption System: ☐ Trench ☒ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank 1500 gals Number of Absorption Beds: 1 Number of Distribution Laterals per Bed 2

Total Length of Laterals 254 ft. Number of Trenches 2 Trench Width 4'

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☒	25 ☒	20 ☒	15 ☒	25 ☒	☐
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor Rob Champ Date 4-1-97

Installer _____ Date _____

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date 4-17-97

System Location (Indicate correct number and street)
Address 3901 W Spring View Rd (no rural route) City Lincoln NE, Zip 68522

A. Building Sewer
1. Material: Scheduled 40 PVC
   Diameter: 4" in.
2. Distance above basement floor: — in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 100 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 95 ft.
   stream — ft.
   pressure line 40 ft.
   property line 150 ft.

B. Septic Tank
1. Material: Concrete
   Number of compartments: 3
2. Capacity: 1500 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter — in.
   Over outlet, diameter — in.
   Riser: ☑ above ☐ below grade 3 in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 10 in.
8. Distances to: Well or suction line 190 ft.
   Stream — ft.
   Pressure line 140 ft.
   Property line 150 ft.

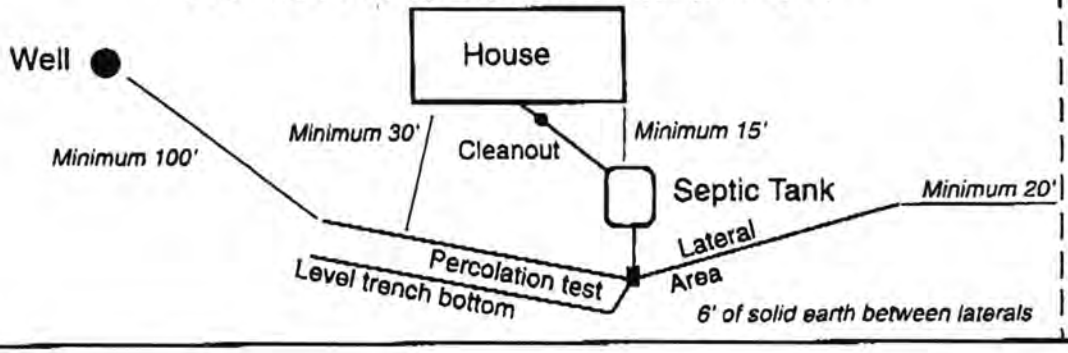
C. Distribution Box
1. Material: Plastic
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 20 ft.

D. Absorption Field
(Provide as-built drawings on back of this form)
1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 12
   or perforated pipe:
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☑ other Infil Trator
2. Lateral lines: Number 3
   Length of each line: 100 ft. 100 ft.
   54 ft. ft., ft.
3. Trench dimensions: Width 4 ft.
   Slope 1 in/100 ft.
   Average depth 30 in
4. Filter material: Gravel
   Depth of material 18 in.
5. Distances to: Well or suction line 210 ft.
   Stream — ft.
   Pressure line 140 ft.
   Property line 40 ft.

Complete "As Built" drawing on back of this form.

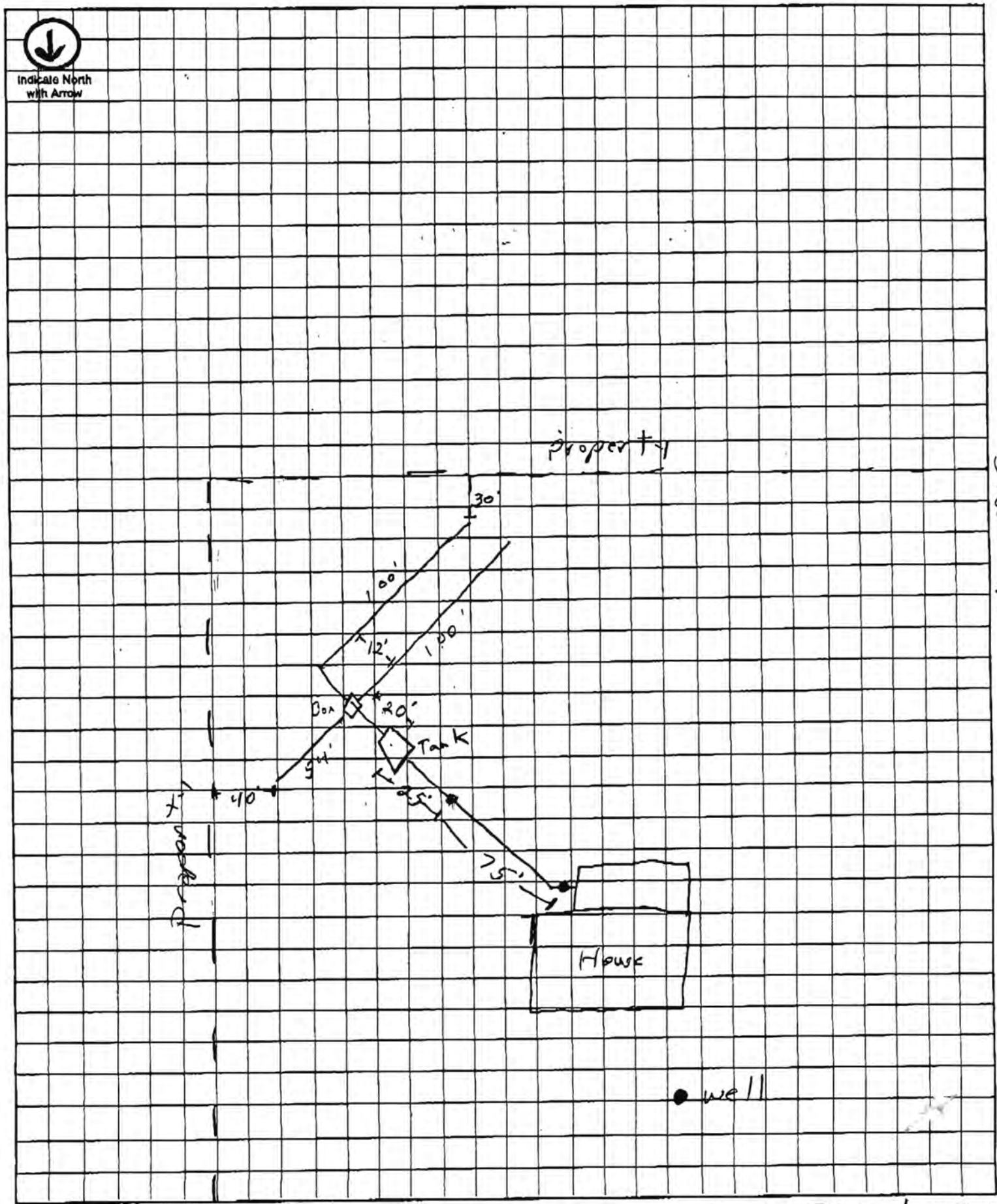
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: 20 ft. = 1 grid line/s

Spring View

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 96400058401

WATER WELL

Issued 09/20/96
Expires 03/20/97
Revenue Code 19851

Establishment

STEVEN CHAMPOUX
T10N R6E SEC 32
HIGH RIDGE ESTATES BLK 3 LOT 1

FEES: $75.00

TOTAL $75.00

Permittee

STEVEN CHAMPOUX
BOX84891
BOX 84891
LINCOLN NE 68501

2585

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"

SW 40 17 - Variances

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 #5455
9/19/96 cs Prairie Homes

FILE NO. 9640005 84

DATE: 9-18-96

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 6E : Section 32
   Block 3 : Lot 7 : Addition High Ridge Estates
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: _____ Ft.
4. Intended use of well _____

Steve Chapman
Signature of Applicant (owner or lessee)

Box 84891 68501
Address

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 9/19/96. Date Frwd. 9/19/96. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 9/19/96. Date Frwd. 9/19/96. Action: Approved ☒ Disapproved ☐ Signature: [illegible]
3. City or County Engineers: Date Rec'd 9/19/96. Date Frwd. _____. Action: Approved ☐ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4/17/97 by Jerrold Hood
Date: _____ by _____
Date: _____ by _____

Nitrate Level 0.8 PPM CHLORIDE 62 P.P.M.
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4/23/97 By: J. C. Hood

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

FORM 23-13

OCT 1 0 1996

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. 96W000584

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

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 10N T. 6E R. 32 Block 3 Lot 1 Addition 3901 W. SPRINGVIEW RD

Owner TOM HINZMAN Address 3901 W. SPRINGVIEW RD
LINCOLN, NEBRASKA 68522

LOG OF WELL	
Depth ft. --to--	Description
0- 15	BRN CLAY
15- 55	YEL CLAY
55- 80	BLUE CLAY
80- 85	SILTY BLUE CLAY
85- 95	SILTY BLUE & BLACK CLAY
95-105	FINE SAND & SILTY BLUE CLAY
105-135	SANDY YEL & BLUE SHALE
135-155	FINE TAN SANDSTONE
155-180	MED FINE TAN SS W/LAYER OF IRONSTONE @ 162'
180-200	MED FINE YEL SS W/LAYER OF IRONSTONE @ 182'

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER
Depth (from ground level) Ft. 199'
Date Completed 8-21-96

Casing: Length, Ft. 184; Dia. In. 4"
Wall Thickness, Inc. 214; type PVC

Screen: Length, Ft. 15' Dia. In. 4"
Type PVC SLOTTED, slot Size .025

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

Water Level, Surface to top of water, Ft.
Static 97', Pumping 110'

Yield: 80 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 NITRATE NITROGEN 0.8 p.p.m.
BACTERIOLOGICAL O.K.
CHLORIDE 62 p.p.m.

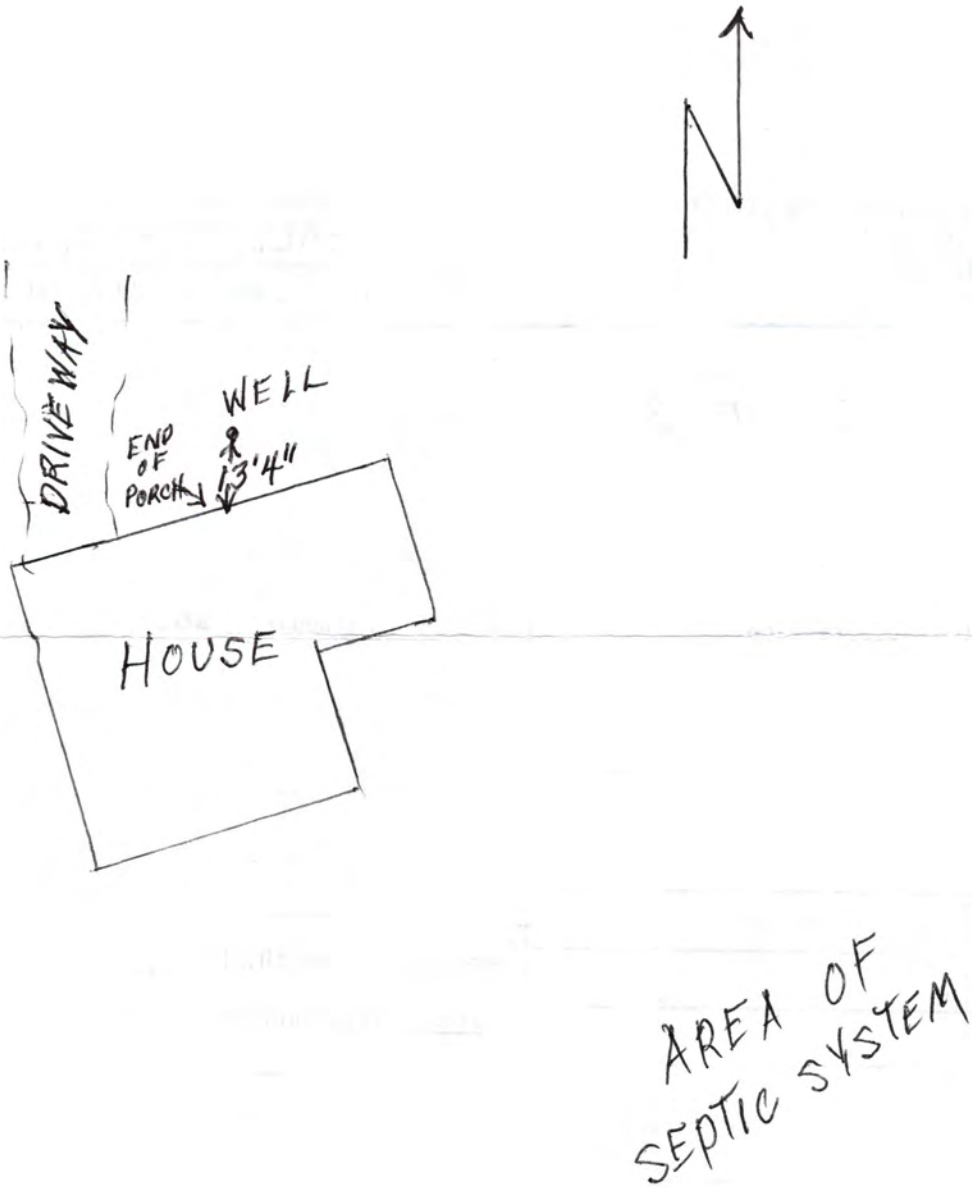
Address P. O. BOX 308
HICKMAN, NEBRASKA 68372

Date 9 October 1996

DO NOT WRITE BELOW THIS DOUBLE LINE

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

(08) 23-4


N
DRIVE WAY
WELL
END OF PORCH
13'4"
HOUSE
AREA OF SEPTIC SYSTEM

~~7/14/98~~ 11-19-98

LLCHD -- Well Data Entry

Permit Number: 96400584 ID Number: Date Abandoned:

Lat Deg: Min: Sec: Lng Deg: Min: Sec: Elev:

Township: 10N Range: 6E Section: 32 Quarter: Quarter/Quarter:

Blk: 3 Lot: 1 Addition: High Ridge Estates

House No: 3901 Dir: W. St. Name: Springview St. Type RD. Suf:

Well Use: Res Applicant: Steve champoux

Owner: Tom Hinzman Drlr: Bill Moser

Drl Method: Rtb Date Cmpltd: 08/21/96 Well Depth: 199' Cs Lngth: 184' Cs Dia: 4"

Cs. Type: PVC Screen Length: 15' Static Lvl: 97' Pumping Lvl: 110' Yield: 80gpm