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

SEWAGE INSTALLATION

No. 94380120501

Issued 08/01/94
Expires 02/01/95
Revenue Code 18754

Establishment

JACK HELMICK
T11N R7E SEC 5
LOT 12
14655 N 56 STREET

FEES: $150.00

TOTAL $150.00

Permittee

JACK HELMICK
644 N 32 ST
LINCOLN NE 68503

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
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $_____

FILE NO. _____

DATE: 7-29-94

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. 11-N ; Range 7-E ; Section 5-NE¼;
   Block _____ : Lot 12 I.T. : Addition _____
   Street Address 14655 N. 56th

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.

Jack M. Helmick
Signature of Applicant (Owner or Lessee)

644 N. 32 Lincoln Ne
Address 68503 474-3766

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/29/94. Date Frwd. 7/29/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 7/29/94. Date Frwd. 7/29/94. ACTION: Approved ☒ Disapproved ☐ Signature: Dan Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6-20-95 by: rmm need design
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-23-95 By: Ron Magnuson

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

B

Test Location Highway 77 + Raymond Rd
1/4 mile So. West side of Rd.

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 11-N ; Range 7-E ; Section & ¼ Section 5-NE 1/4
Property Dimensions: 305 ft. x 679 ft. Area: 4.5 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ■ .
Dates of Tests: 7-27-94 to 7-28-94 . Weather: Precip. 0 Temp. 80°.

Hole-1-had water in From Pre-Test

OWNER: Jack M. Helmick
Address: 644 N. 32nd Lincoln, NE. 68503
474-3766

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"	7-27	6:30 pm	7-28	2:00 pm	7-28	2:00 pm	6"	6:00 pm	5 3/4"	30 m	1/4"	
2	36"	7-27	6:30 pm	7-28	2:00 pm	7-28	2:00 pm	6"	6:00 pm	5 1/2"	30 m	1/2"	
3	36"	7-27	6:30 pm	7-28	2:00 pm	7-28	2:00 pm	6"	6:00 pm	5 1/2"	30 m	1/2"	
4	36"	7-27	6:30 pm	7-28	2:00 pm	7-28	2:00 pm	6"	6:00 pm	5"	30 m	1"	
5	36"	7-27	6:30 pm	7-28	2:00 pm	7-28	2:00 pm	6"	6:00 pm	5 1/4"	30 m	3/4"	
6	36"	7-27	6:30 pm	7-28	2:00 pm	7-28	2:00 pm	6"	6:00 pm	5"	30 m	1"	

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

Mike Hoagland
Signature of Person Conducting Test

Address 2700 PAW Ave Lincoln, NE. Phone 464-0638
Precast Products Inc.

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 44 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: July 29, 1994

Jerrold C. Hood
Signature of Reviewing Official

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 29, 1994

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 893 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

FORM 20104-0477
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~~ 3140 N St
Lincoln, Nebraska 68502
Phone: 471-7800

D

DATE: 6/20/95

FILE NO. _____

Attn: RON

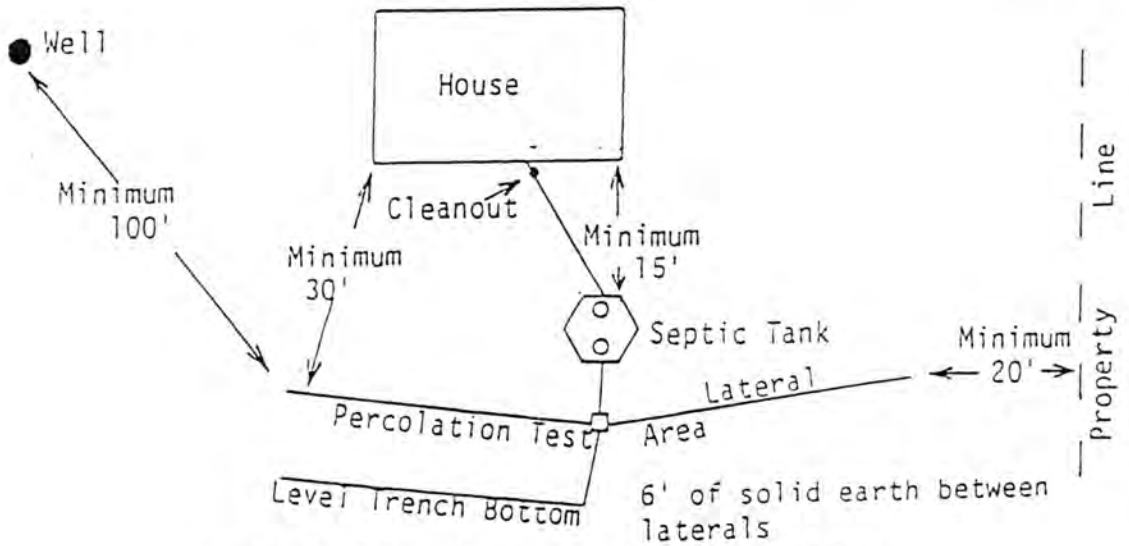
SPECIFICATIONS AS BUILT Jack Helmick 5-11-7

A. BUILDING SEWER:
1. Material C ; Diameter ____ in.
2. Distance above basement floor ____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank ____ ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

B. SEPTIC TANK:
1. Material CONCRETE; No. of compartments 1 .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Precast)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Riser Above ☑ Below ☐ Grade ____ in.
5. Inlet: Baffle ☑ ; or Tee ☐
6. Outlet: Baffle ☑ ; or Tee ☐
7. Depth of top of tank below finished grade 24 in.
8. Distances to:
Well or Suction Line 100 ft.; Stream N/A ft.; Pressure Line 160 ft.; Property Line 200 ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets 2 .
2. Factory Built: Yes ☑ No ☐
(Company Precast)
3. Distance from Septic Tank 21 ft.

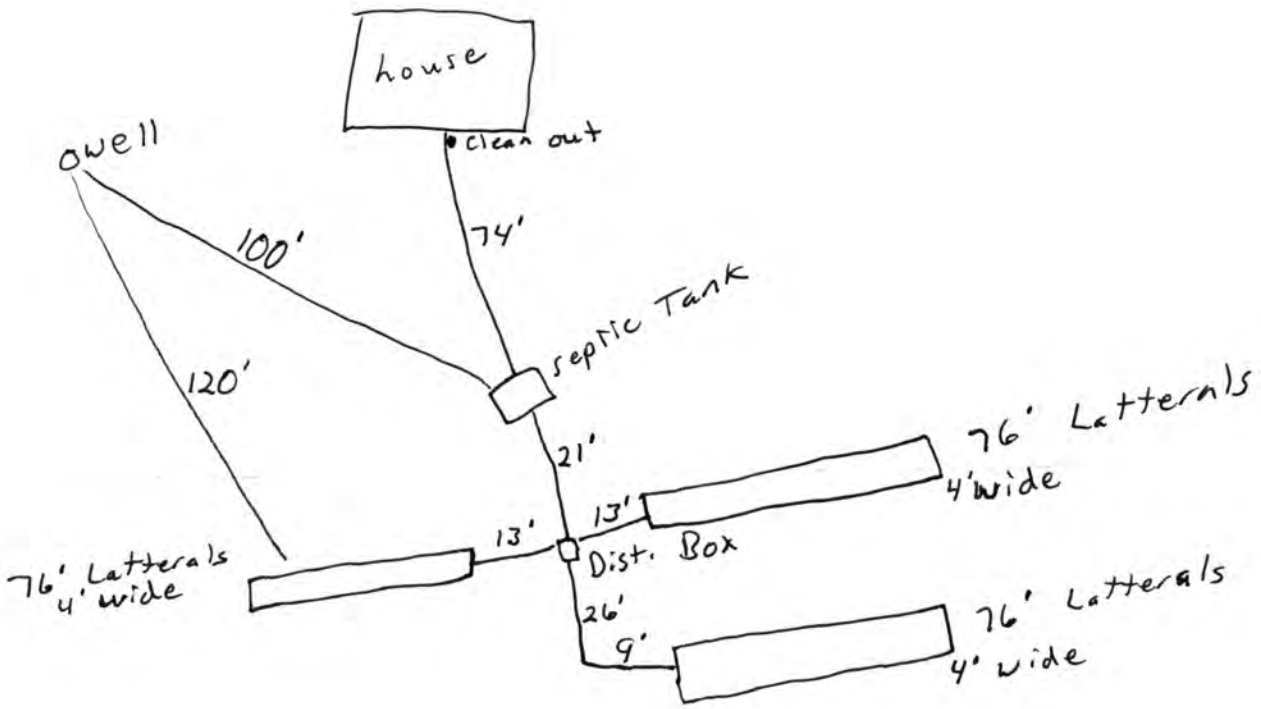
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☑ Perforated Pipe ☐
Diameter of Half Round 16" or Perforated Pipe ____ .
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other ____ .
2. Lateral Lines:
Number 3 ; Length of each line 76', 76', 72', ____, ____ ft.;
Total length of laterals 224 ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width 4 ft.;
Slope 2" in/100 ft.; Average Depth 42" in.
4. Filter Material: GRAVEL
Depth of Material 22" in.
5. Distances to:
Well or Suction Line 120' ft.; Stream N/A ft.; Pressure Line 160 ft.; Property Line 110' ft.

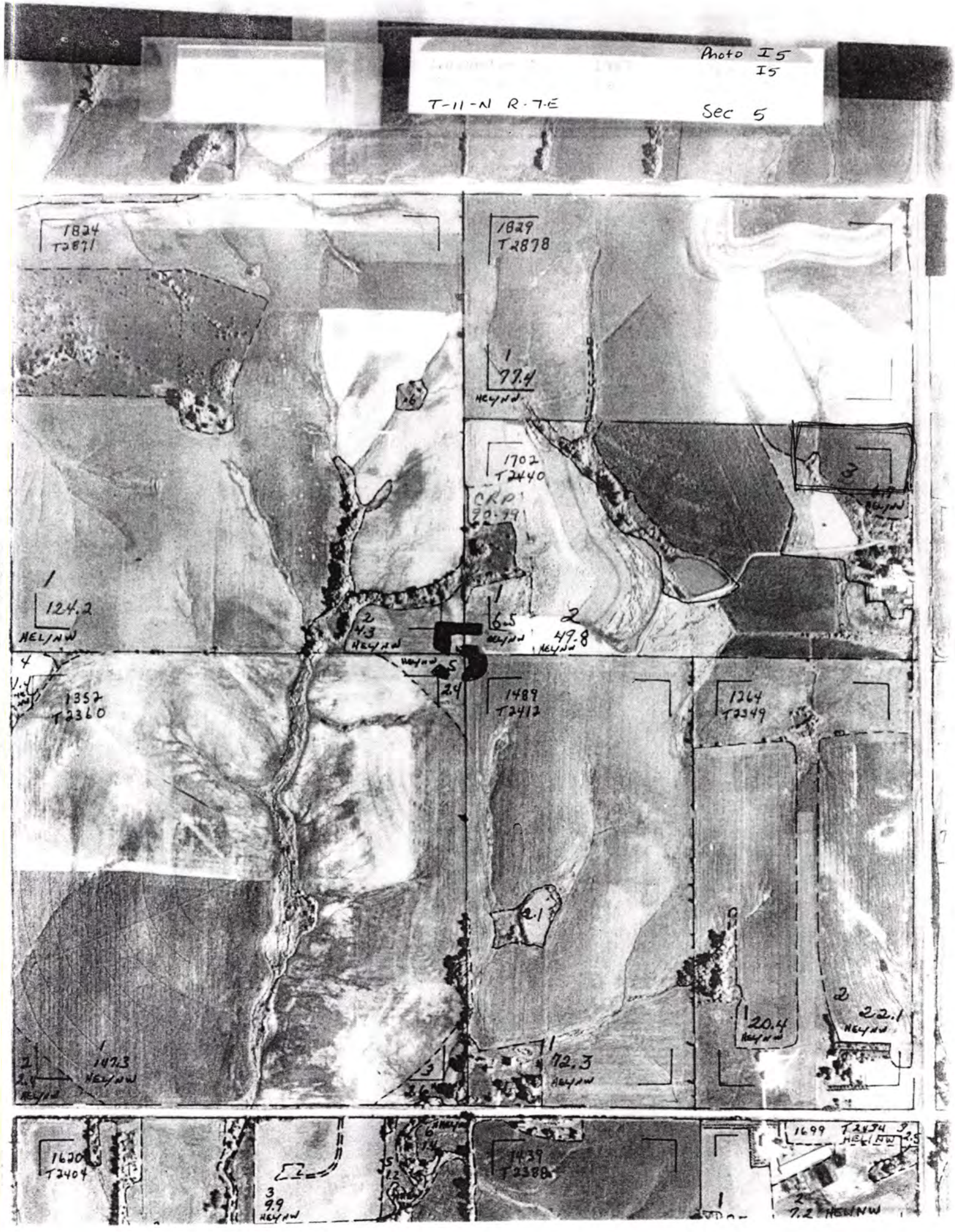


TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

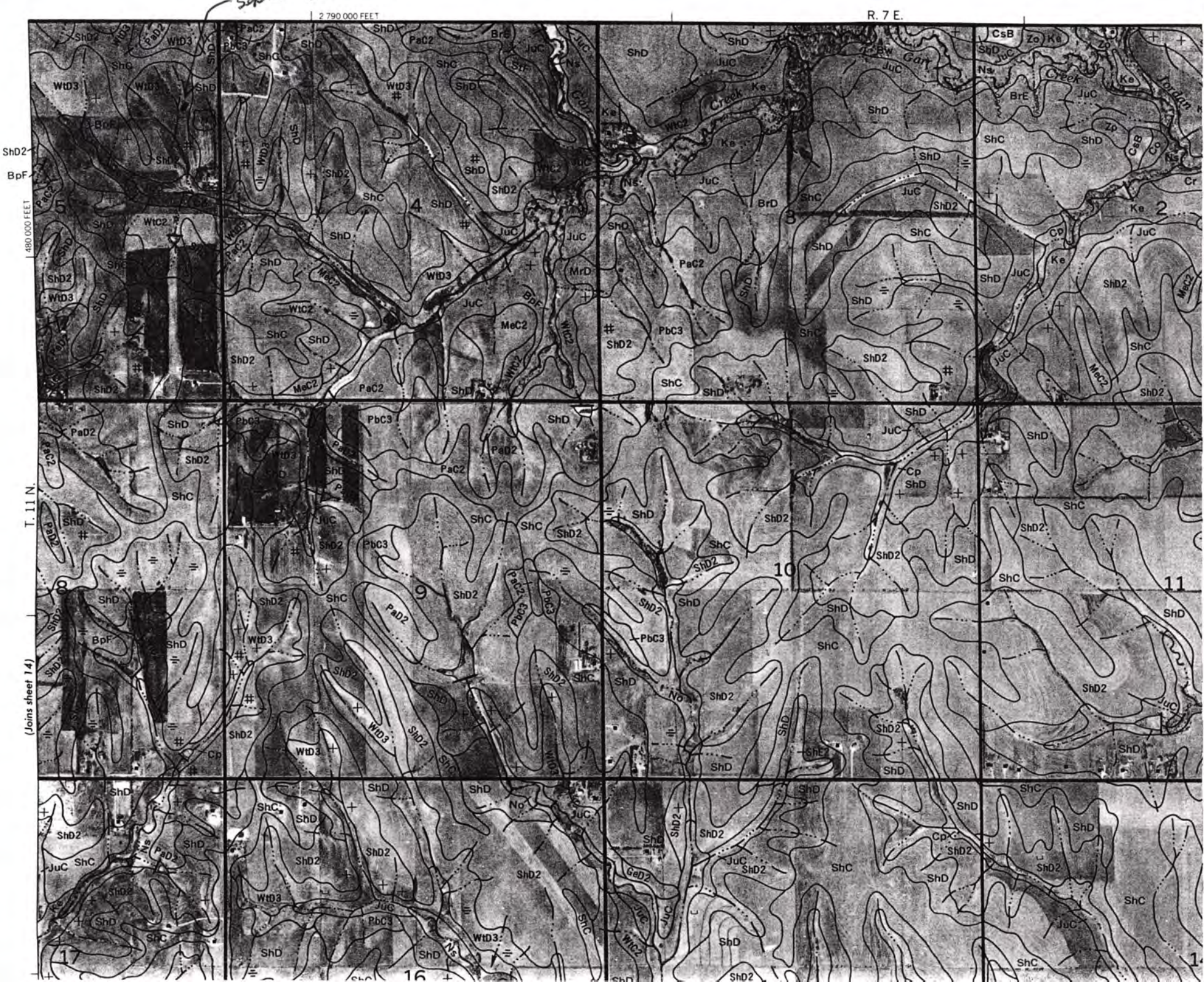
Jack Helmick

2




Photo I5
I5
T-11-N R-7-E
Sec 5
1824
T2871
1829
T2878
1
77.4
HEL/NW
1702
T2440
CRP
20.7
1
124.2
HEL/NW
2
4.3
HEL/NW
1
6.5
HEL/NW
2
47.8
HEL/NW
5
2.4
1352
T2360
1489
T2412
1264
T2349
2.1
1
20.4
HEL/NW
2
22.1
HEL/NW
1
14.3
HEL/NW
1
72.3
HEL/NW
1620
T2404
3
9.9
HEL/NW
1439
T2388
1699
T2434
7.2
HEL/NW

septic system



4/23-9683

November 1993
DWR Form 131

STATE OF NEBRASKA
DEPARTMENT OF WATER RESOURCES
WATER WELL REGISTRATION

INSTRUCTIONS

To register a ground water well, forward the following to the Department of Water Resources, P.O. Box 94676, Lincoln, Nebraska 68509-4676. Telephone number: 402/471-2363:

1. Water Well Registration form (DWR Form 131).
2. The most recent United States Department of Agriculture aerial photograph(s), available at the county Agricultural Stabilization and Conservation Service, marked to show the following:
   a) The location of the well to be registered.
   b) The location of wells owned by you in the same section. Each well should be labeled to show the use of water and the registration number. Abandoned wells should be shown, also.
   c) If the well is for irrigation, the land to be irrigated should be shown by a crosshatch pattern and the number of acres irrigated from the well should be indicated.
3. Fees: * For monitoring and observation wells --- $60.
   * For wells which pump less than 50 gallons per minute --- $60.*
   * For wells which pump 50 gallons per minute or more --- $100.*

* For wells permitted pursuant to the Industrial Ground Water Regulatory Act, a separate registration fee is required for each of the first ten wells registered under the permit. For each additional group of ten or fewer wells registered under the permit only one registration fee is required.

For Department Use Only

Registration Number: G-81497
Registration Date: 5-27-94
Receipt Number: 77767
20 LOWER PLATTE SOUTH NRD
#90240

1. Name of well owner JACK M. HELMICK Telephone Number (402) 432-6411 Home 477-3766
   Address 644 N. 32nd (41859)
   City LINCOLN State NE Zip Code 68503

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
   Well Logger (Name) RICK BELL Well Driller (Name) RICK BELL

3. Permit Number(s) NA

4. This well will be for (indicate one): ___Irrigation ___Industrial Use ___Public Water Supply X Domestic ___Livestock
   ___Recovery ___Injection ___Observation (Ground Water Levels) ___Monitoring (Ground Water Quality)
   ___Dewatering (over 90 days) ___Other (Indicate use)

5. Replacement and abandoned well information (Notice of abandonment procedure is required for all abandoned, registered wells.):
   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: SE¼ NE ¼ of Section 5, Township 11 North, Range 7 (East)/West, LANCASTER County.
   B. The well is 300' West of Highway 77 feet from the North/South section line and ___ feet from the East/West section line. (If possible, measurements should be from nearest section line.) (13905 1250' North 300 W) See attached Map
   C. Street address or block, lot and subdivision, if applicable: See attached Legal 14605 N. 56th St
   D. Location of use (give legal description): See Attached for Legal
   E. If for irrigation, the land to be irrigated is ___ acres.

printed on recycled paper

7. Pump Information. If a timed pump test was conducted, submit complete pumping and drawdown data including depth of observation wells, if any, on separate page.

A. Pumping rate: 20 gallons per minute. Measured ☐ or Estimated ☒

B. Pump: Column diameter: 1¼" PVC SCH80 inches. C. Depth to pump: 260 feet.

D. Pumping equipment installed: 4/23, 1994. E. Brand/Type: GEOFLEX/SUBM. 15 GPM

8. Well Information.

A. Total well depth: 306 feet. B. Static water level: 200 feet. C. Pumping water level ____ feet.

D. Construction began: 4/16, 1994. E. Construction completed: 4/20, 1994.

F. Bore hole diameter 9 inches.

G. Casing: Diameter 4.072 ID 4.5 OD in.; Type of material: PVC 200#

Wall thickness .214 in. Joints--Welded/Glued/Threaded/Other: ____; Guides at ____ ft.

Length(s) and placement(s) depth from 0 ft. to 296 ft. from ____ ft. to ____ ft.

H. Screen: 4.026 ID 4.5 OD in.; Type of material PVC SCH 40

Screen openings (slot size): .016; Trade name: MONOFLEX; Guides at 301 ft.

Length(s) and placement(s) depth from 296 ft. to 306 ft. from ____ ft. to ____ ft.

I. Gravel pack interval(s) from 20 ft. to 270 ft. from 260 ft. to 306 ft. Grade size: COARSE #0/8 WASHED RAILROAD

J. Grouted/Sealed from 5 ft. to 20 ft., with BENTONITE (HOLEPLUG) (type)

from 270 ft. to 260 ft., with ____ (type)

K. Drilling method: MUD ROTARY L. Drilling fluid: BENTONITE (QUIK-GOO)

M. Well development technique (total time and method): AIR 1 HR

N. Will chemicals or fertilizer be injected into the distribution system? ___Yes X No

GEOLOGIC MATERIALS LOGGED

DEPTH IN FEET FROM	TO	DESCRIPTION
0	1	TOP SOIL
1	19	BROWN CLAY
19	21	SAND
21	37	BROWN CLAY
37	45	SAND (MED TO COARSE)
45	52	BROWN AND GRAY CLAY
52	164	BLUE CLAY
164	166	BLACK CLAY
166	174	DARK GRAY CLAY
174	183	SANDSTONE (COARSE BC. CLOG)
183	245	BROWN, RED, GRAY CLAY
245	247½	ROCK
247½	266	GRAY AND BROWN CLAY
266	____	ROCK (16")
266	288	GRAY CLAY
288	306	SANDSTONE RED GRAY GREEN COAL
____	____	
____	____	

(Additional sheets may be submitted)

I am familiar with the information submitted on this registration, and to the best of my knowledge it is true.

Rick Bell — Water Well Contractor's Signature — 4/21/94 Date

[signature] — Water Well Owner's Signature — 4-30-94 Date

RON marquart 441 8030

c/o Sing - Prop. rep. of 9-18-95

014

Lincoln-Lancaster County Health Department

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

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned 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.

☒ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 14555 N. 56

Twp 11N Range 7E Section NE 1/4 ___ 1/4 ___ Block ___ Lot 12 Addition ___

2845 Directions to Property 6 miles north of Cornhuskers Hiway on Hiway 77 or 56th House on Westside - Turn in @ temp Concrete plant for Hiway Const

Location of Well North of House Tap Location: Inside ☒ Outside ☒

Location of Sewage System West of House Year Installed 1995

	NAME	ADDRESS	PHONE
Present Owner:	Jack Helmick	644 N. 32 Lincoln NE 68503	474-3766 or 464-3220
Tenant/Buyer:	Same		
Return to:	Same		

Signature of Applicant Jack Helmick Address above Date 8/22/95

HEALTH DEPARTMENT USE ONLY

Date Received 08/23/95 by Received $150.00 Check ☒ Cash ☐ #5570

PRELIMINARY STATUS--By Ron Marquart **DATE:** 8/24/95

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**		**Additional Site Visits**
Construction	☒	☐	Approved	☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional	☐	Date ___/___/___ by ___
Nitrate	☒ 8.9 ppm	☐ ___ ppm	Disapproved	☐	Date ___/___/___ by ___

Comments: It would be wise to periodically check the nitrate level because it is approaching the 10 ppm limit.

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart, R.S. Date 8/30/95

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.