LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit

SEWAGE INSTALLATION

No. 96380140701

Issued 03/26/96
Expires 09/26/96
Revenue Code 18754

Establishment

GARY FLOYD
T9N R7E SEC 23
SUNRISE ESTATES BLK 2 LOT 3

FEES: $150.00

TOTAL $150.00

Permittee

GARY FLOYD
2400 DEVOE DR
LINCOLN NE 68506

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: $_____

FILE NO._____

DATE:_____

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 7E ; Section 23 ;
   Block 2 : Lot 3 : Addition Sunrise Estates
   Street Address 8930 + 8940 Avon Lane
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe 1600 sq. ft. Ranch
3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☒ LAGOON
4. Distance to public sewer: _____ft.

Gary L. Hand
Signature of Applicant (Owner or Lessee)

2400 Devoe Dr. Lincoln 68506
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/25/96. Date Frwd. 3/26/96. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Head
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 3/26/96. Date Frwd. 3/26/96. ACTION: Approved ☐ Disapproved ☐ Signature:
3. City or County Engineer : Date Rec'd. 3-26-96. Date Frwd. 3-26-96. ACTION: Approved ☐ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL LAGOON MUST BE SEALED. HAVE WELL PERMIT.

Site Visits:
Date: 4-5-96 by: sm site lagoon
Date: 9-9-96 by: sm site lagoon
Date: 9-24-96 by: sm need to rebuild west side
9.30-96 P.D.
5-12-98 sm

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-12-98 By: Ron Meyer

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

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9N ; Range 7E ; Section & ¼ Section 23.
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: 12-15-95 to 12-16-95. Weather: Precip. 0 Temp. 45.

Holes #1, 2, 3, 4, +6 ALL Had Water Remaining From Pre-Sat. Period

OWNER: Gary Floyd

Address: 88th & E. Avon

Date of Test: 3-10-96 to 3-11-96 Precip 0 Temp. 54°

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"	12-16	1:00 PM	12-17	11:40 AM	12-17	11:40 AM	6"	12:10 PM	6"	30min	0	
2	36"	12-16	1:00 PM	12-17	11:40 AM	12-17	11:40 AM	6"	12:10 PM	6"	30 min	0	
3	36"	12-16	1:00 PM	12-17	11:40 AM	12-17	11:40 AM	6"	12:10 PM	6"	30min	0	
4	36"	12-16	1:00 PM	12-17	11:40 AM	12-17	11:40 AM	6"	12:10 PM	6"	30min	0	
5	36"	12-16	1:00 PM	12-17	11:40 AM	12-17	11:40 AM	6"	12:10 PM	5½"	30min	½	
6	36"	12-16	1:00 PM	12-17	11:40 AM	12-17	11:40 AM	6"	12:10 PM	6'	30min	0	4hrs. later 7:30
7	42"	3-10	5 PM	3-11	3:25 PM	3-11	3:25 PM	0	3:55 PM	6½	30min	6½	15 7:30 PM
8	42"	3-10	5 PM	3-11	3:25 PM	3-11	3:25 PM	0	3:55 PM	5	30min	5	18½ 7:30 PM
9	42"	3-10	5 PM	3-11	3:25 PM	3-11	3:25 PM	0	3:55 PM	3½	"	3½	10 7:30 PM
10	42"	3-10	5 PM	3-11	3:25 PM	3-11	3:25 PM	0	3:55 PM	3¼	"	3¼	10½

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

Install later

4:25 9 10
4:25 8¼ 8 - .9
4:25 5 7
4:25 4½

Signature of Person Conducting Test

Address 2702 Dan Ave. Phone 464-0638

(Do not write below this line)

REVIEWING ACTION

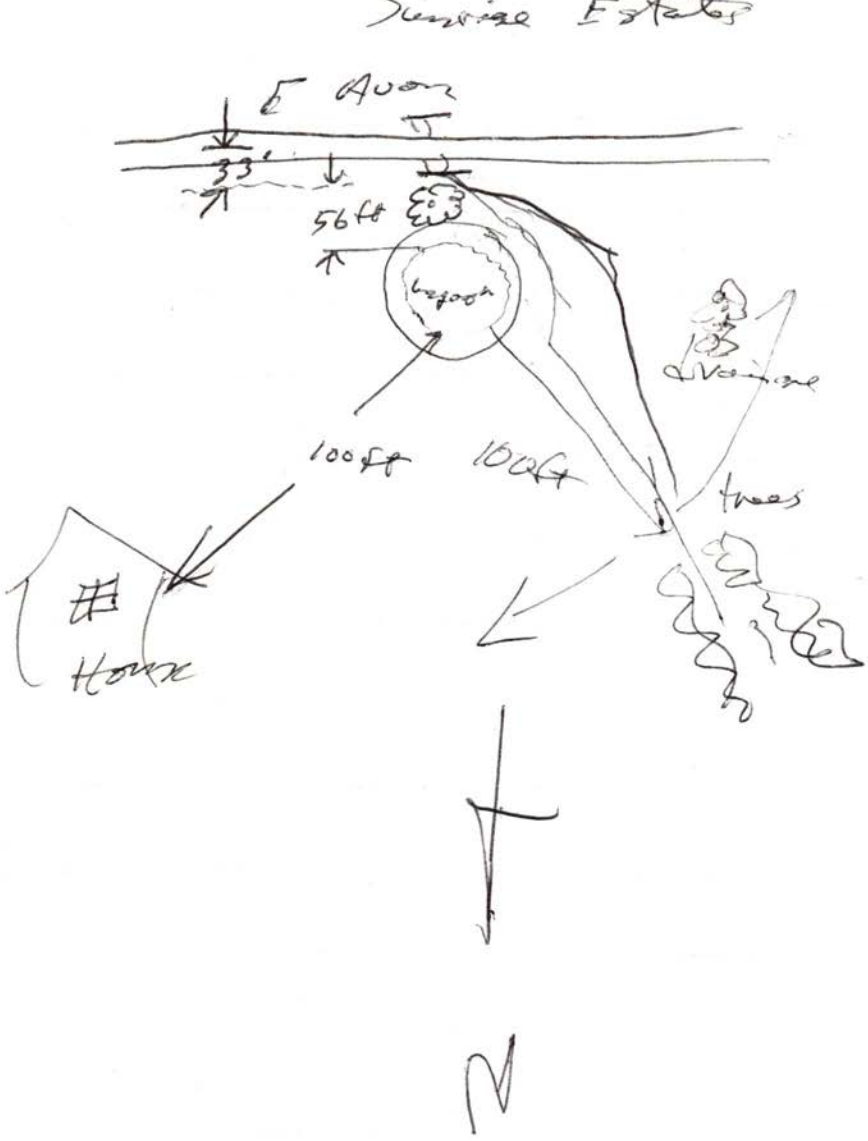
Remarks: _____

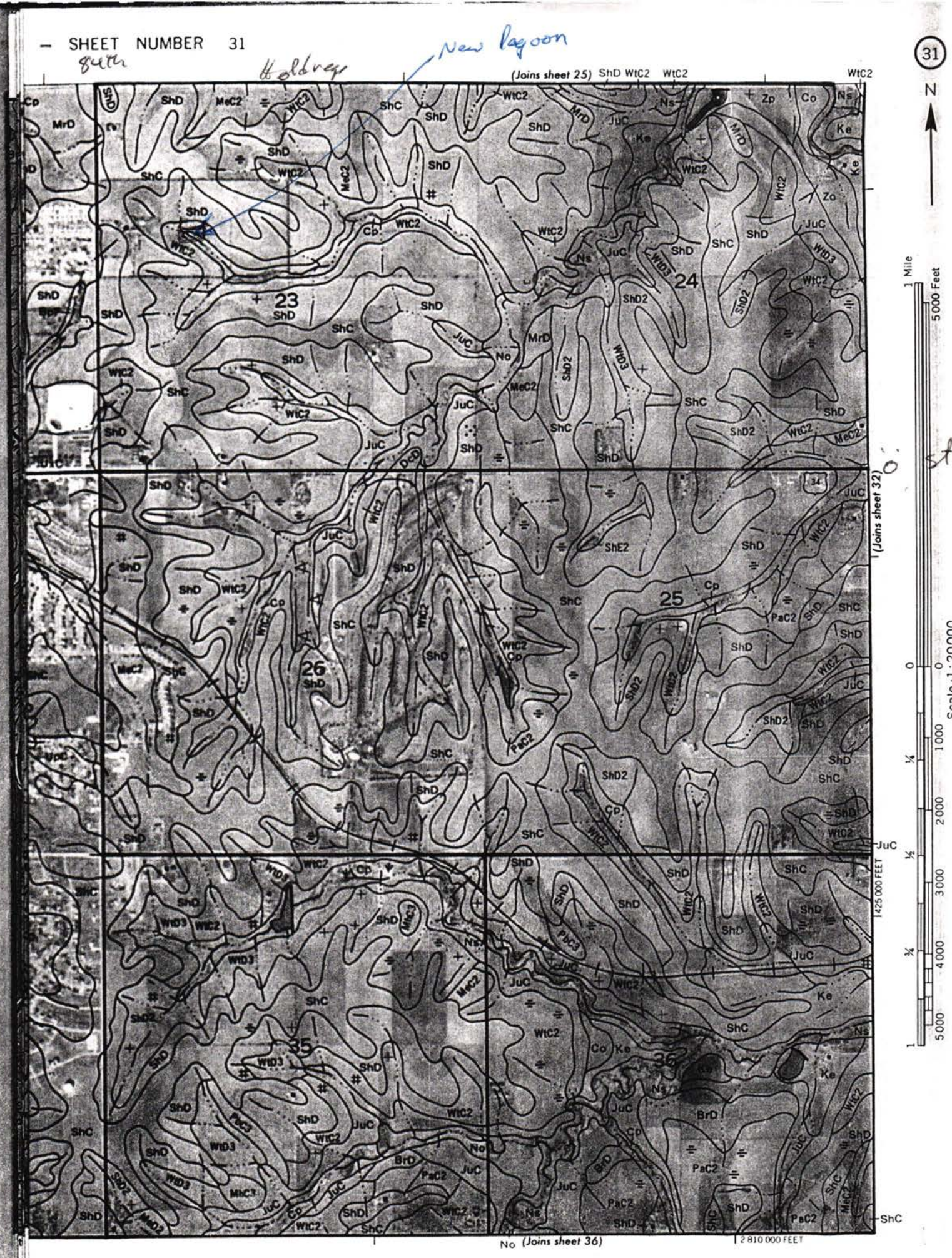
Soil Type (SCS): _____

Date: _____

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

Signature of Reviewing Official


Sunrise Estates
Avon
33'
56ft
Lagoon
100ft
100ft
trees
Hours


SHEET NUMBER 31
New Lagoon
(Joins sheet 25)
(Joins sheet 32)
(Joins sheet 36)
23
24
25
26
35
36
N
1 Mile
5000 Feet
Scale 1:20000
1425 000 FEET
2 810 000 FEET

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit
WATER WELL

No. 96400052901

Issued 01/16/96
Expires 07/16/96
Revenue Code 19851

96400052901

Establishment
GARY FLOYD
T10N R7E SEC 23
SUNRISE ESTATES BLK 2 LOT 3
2400 DEVOE DRIVE

FEES: $75.00

TOTAL $75.00

Permittee
GARY FLOYD
2400 DEVOE DR
LINCOLN NE 68506

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: 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~~ 3140 N. St.
LINCOLN, NEBRASKA 68502
PHONE: ~~471-7800~~ 441-8022

FILING FEE $ 75.00

FILE NO. 96400529

DATE: _____

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 7E : Section 29
   Block 2 : Lot 3 : Addition Sunrise Estates
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: _____ Ft.
4. Intended use of well _____

Larry L Flayd
Signature of Applicant (owner or lessee)

2400 Devee Dr., Lincoln
Address

Sewage Permit Applied For Yes ☒ No ☒ Not Applicable ☐

1. Health Department: Date Rec'd 1/11/96. Date Frwd. 1/12/96. Action: Approved ☒ Disapproved ☐ Signature: Gerald C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 1/12/96. Date Frwd. 1/12/96. Action: Approved ☒ Disapproved ☐ Signature: TK
3. City or County Engineers: Date Rec'd 1/12/96. Date Frwd. _____. Action: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9-30 by Paul Dostermann
Date: _____ by _____
Date: _____ by _____

Nitrate Level 0.2 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-19-96 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. 964000529

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

DATA SHEET FOR WATER WELLS

8930 Avon Lane, Lincoln

Legal Description: Sec. 23 T. 10 R. 7E Block ___ Lot ___ Addition SUNRISE ESTATES

Owner GARY FLOYD Address 2400 DEVOE DR., LINCOLN, NE 68506

LOG OF WELL	
Depth ft. --to--	Description
0- 5	DARK RED/BRN CLAY
5- 10	YEL CLAY
10- 15	FINE SAND
15- 60	YEL CLAY
60- 80	BLUE CLAY
80- 85	BRN & ORANGE SHALE
85-135	MED SS
135-155	CONSISTENT LIGHT CHATTER
155-205	BETTER DRILL RATE.
	GOOD HEAVY CHATTER

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level), Ft. 195
Date Completed 3-13-96

Casing: Length, Ft. 175 ; Dia. In. 4"
Wall Thickness, Inc. 214 ; type PVC

Screen: Length, Ft. 20 Dia. In. 4"
Type WOP & SLOTTED, slot Size .030 & .025

Drop Pipe: Length, Ft. 140 Dia. In. 1½"

Water Level, Surface to top of water, Ft.:
Static 94, Pumping 104

Yield: 10 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)

P. O. BOX 308
Address HICKMAN, NEBRASKA 68372

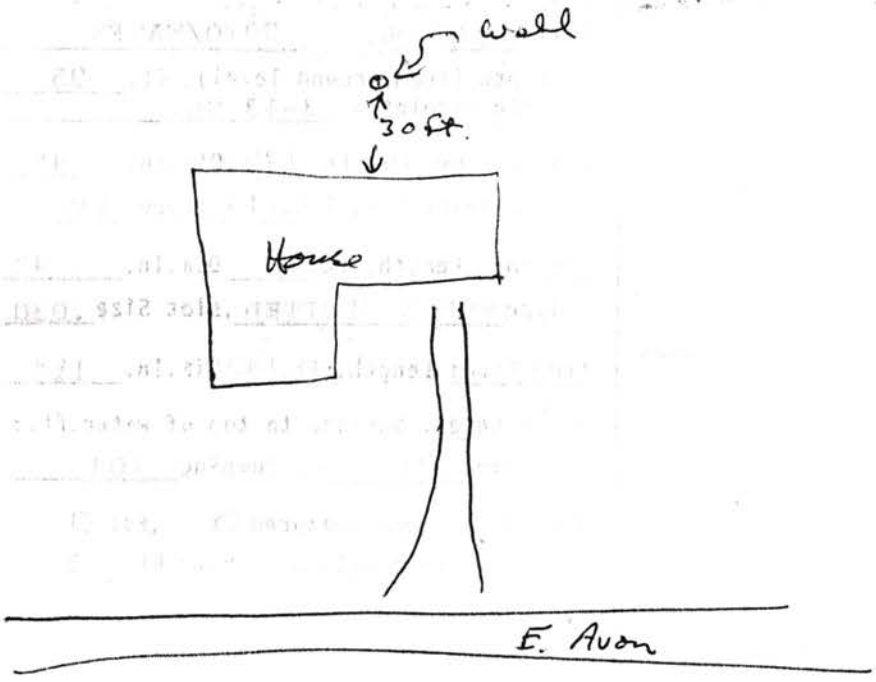
Date 16 MAY 1996

REMARKS NITRATE NITROGEN 0.2 p.p.m.
BACTERIOLOGICAL O.K.

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


wall
30 ft.
House
E. Avon

11/24/98

LLCHD -- Well Data Entry

Permit Number: 96400529 ID Number: Date Abandoned:

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

Township: 10 Range: 7 Section: 23 Quarter: Quarter/Quarter:

Blk: 2 Lot: 3 Addition: Sunrise Estates

House No: 2400 Dir: St. Name: Devoe St. Type DR Suf:

Well Use: R Applicant: Gary FLOYD

Owner: Gary Floyd Drlr: Moserwell Drilling

Drl Method: Rty Date Cmpltd: 03/13/96 Well Depth: 195 Cs Lngth: 175 Cs Dia: 4

Cs. Type: PVC Screen Length: 20 Static Lvl: 94 Pumping Lvl: 104 Yield: 10