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. _____

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

DATE: 10-3-95

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. E/K ; Range T-11-N R-5-E; Section 19 NW corner;
Block _____; Lot _____; Addition _____
Street Address NW 140th & West Bluff Rd

2. Property Use: Residential X ☐; Commercial _____ ☐
No. Bedrooms 2 Describe _____
Other Use ☐
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☒; Other ☐

4. Description of proposed alteration, extension or repair: Add 28' 4ft wide Trench Lateral TO EXISTING 72' 3ft Wide Lateral.

5. Work to be done by: Owner ☐ ; or Contractor ☒, Wayne Heidtbrink
Contractor's Name
Heidtbrink Construction Inc

6. Estimated cost of project:

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

Under $400.00

Bernard Michael
Signature of Applicant (owner or lessee)

351 Robert Rd Malcolm, Ne
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ NO FEE

2. Site Visits:
Date: 10/4/95 by: JK
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/4/95 by: JK

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 ELK ; Range T-11-N R-5-E ; Section & ¼ Section 19 NW Corner
Property Dimensions: 370 ft. x 1056 ft. Area: 9 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 9-26-95 to 9-27-95 . Weather: Precip. None Temp. 75 .

OWNER: Mrs. Leona Schmieding
Address: R#1 Box 46 Pleasant Dale, Ne 68423

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./ Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36	9-26	5:04	9-26	9:05	~~9-27~~	5:18	20 ¼	9:18 9-27	~~4 22½~~	30	2	
2	36	9-26	5:05	9-26	9:06	9:27	5:21	17	9:21 9-27	~~5 22~~	30	5	
3	36	9-26	5:06	9-26	9:07	9:27	5:24	18 ½	9:24	21	30	2 ¾	
4	36	9-26	5:09	9-26	9:09	9:27	5:27	17	9:27	22 ½	30	5 ½	
5	36	9-26	5:10	9-26	9:10	9:27	5:29	17	9:29	19	30	2	
6	36	9-26	5:11	9-26	9:11	9:27	5:30	18 ½	9:30	21	30	2 ½	

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

Bernard Michael
Signature of Person Conducting Test

Address 351 Robert Rd. Malcolm, Ne Phone 796-2282

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: SEPTEMBER 28, 1995

Approved Percolation Rate (a)
A. 9 min./inch
B. _____ min./inch
C. _____ min./inch

Gerald C. Hood
Signature of Reviewing Official

House
septic
well
1056'
Proposed
9 acres
NW 140th
370'
West Bluff Rd
N

	Ref Point	6" Water	Time & Drop	Time & Drop	Time & Drop	Time & Drop	Time & Drop
Hole #1	26¼	5:18 PM	5:48 2½	6:18 3"	6:48 4"	7:18 2"	7:50 2"
Hole #2	23	5:21	5:51 6"	6:21 6"	6:51 6"	7:21 6"	7:52 6"
Hole #3	24½	524	5:54 2½	6:24 3½	6:54 3"	7:24 3½	7:54 2½
Hole #4	23	5:27	5:57 6"	6:27 6"	6:57 6"	7:27 6"	7:57 6"
Hole #5	23	5:29	559 3"	6:29 3¼	6:59 2½	7:29 3½	7:59 2½
Hole #6	24½	5:30	6:00 4½	6:30 3"	7:00 3"	7:30 4"	8:00 2½

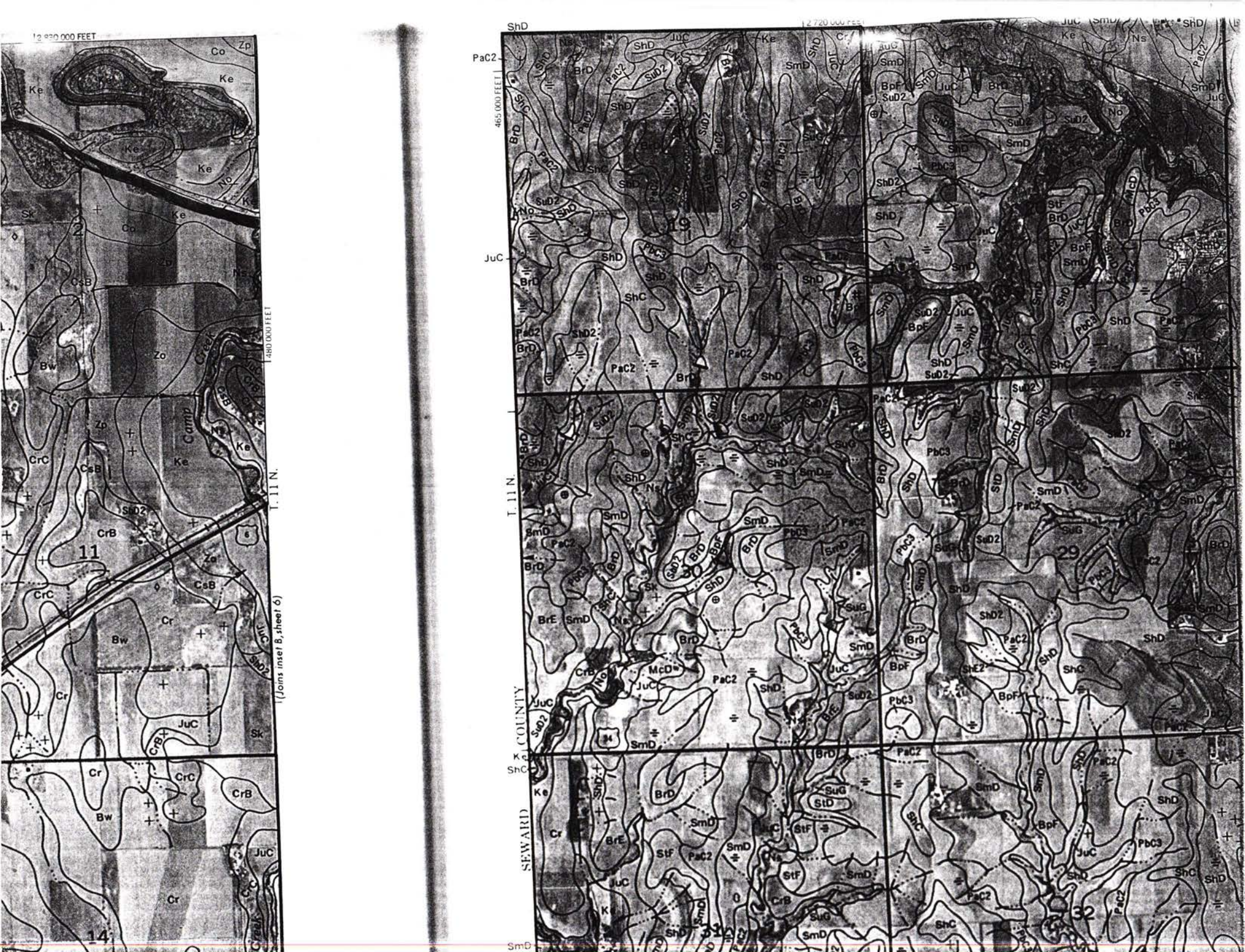
Hole #1	8:18 ½"	8:50 2"	9:18 2"
Hole #2	8:21 5"	8:52 4½	9:21 5"
Hole #3	8:24 2½	8:54 3½	9:24 2¾
Hole #4	8:27 6"	8:57 6"	9:27 5½
Hole #5	8:29 2½	8:59 2½	9:29 2"
Hole #6	8:30 3"	9:00 3"	9:30 2½

NW 140th

North →



West Bluffs Rd


2 720 000 FEET
465 000 FEET
480 000 FEET
T. 11 N.
SEWARD COUNTY
(Joins inset 8, sheet 6)
Camp Creek
11
14
19
29
30
31
32
Co
Zp
Ke
No
Sk
Ns
Zo
CsB
CrC
CrB
Cr
Bw
JuC
ShD
ShC
PaC2
BrD
SuD2
SmD
PbC3
BpF
StF
StD
SuG
McD
BrE

006

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_____

Twp 11 Range 5 Section 19 1/4 N 1/4 Block____ Lot____ Addition_____

Directions to Property Highway 34 to Northwest 140 - 2 miles North W. Bluff Rd. Eastside of Road

Location of Well See map Tap Location: Inside ☒ Outside ☐

Location of Sewage System See map Year Installed 1966

	NAME	ADDRESS	PHONE
Present Owner:	Leona Schmieding	Rt #1 - Box 46 Pleasant Dale NE 68423	749-2524
Tenant/Buyer:			
Return to:	Louise Kirkbride	Woods Bros. Realty 7111 "A" St - Lincoln NE 68510	432-5943 call 432-5943

Signature of Applicant Leona Schmieding Address_____ Date 7/11/95

HEALTH DEPARTMENT USE ONLY

Date Received 7/13/95 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Ron Marquart **DATE:** 7/14/95

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ .1 ppm	☐ ____ ppm

SEWAGE SYSTEM

Approved ☐

Provisional ☒

Disapproved ☒ Corrected

Additional Site Visits

Date 8/21/95 by RM

Date 8/22/95 by RM cl 3.0

Date 9/26/95 by RM

10-13-95 RM 0.3

10-19-95 RM cl 0

10-25-95 RM cl >3.0

10-27-95 cl 0.2

10-31-95 cl 0

Comments: The original construction of this septic system predates regulations, thus, a provisional approval. Repair work to this failing system has been completed and meets Health Dept. requirements.

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart, R.S. Date 11/2/95

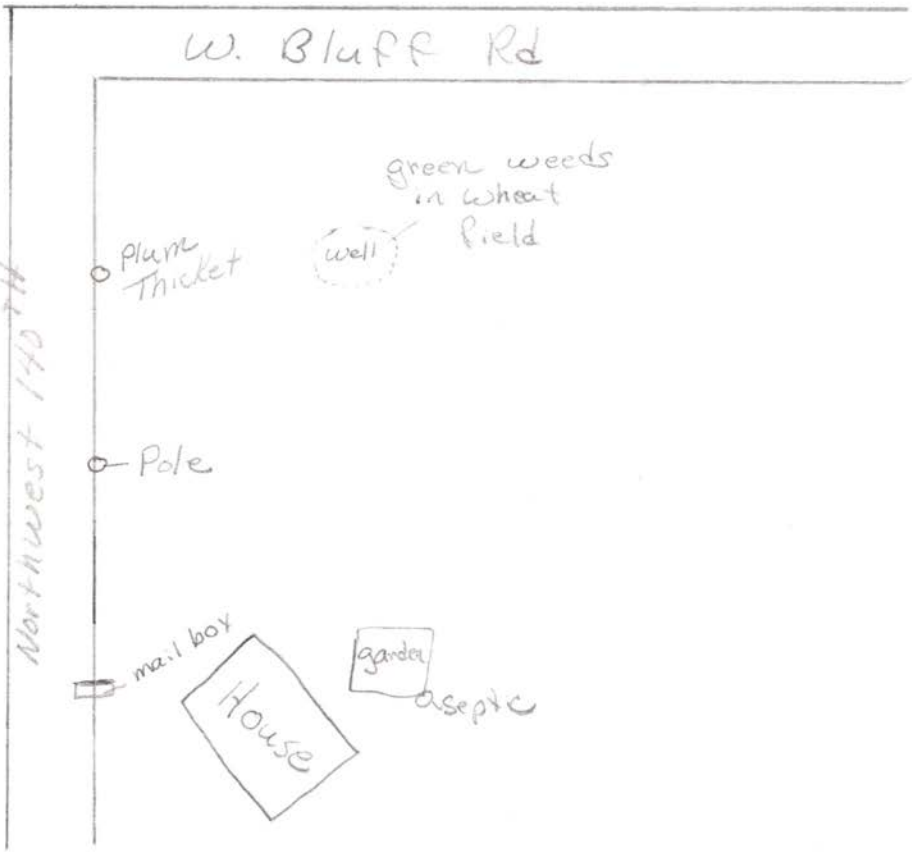
Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

A note from . . .

Louise Kirkbride, CRS
Associate Broker



North
↑
→ East



WOODS BROS REALTY

SERVING LINCOLN SINCE 1889

LINCOLNSHIRE

7141 "A" Street
Lincoln, Nebraska 68510

Business: 402/434-3800
Residence: 402/421-1560
Mobile: 402/432-5943

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

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

DATA SHEET FOR WATER WELLS

Legal Description: NW¼ Sec. 19 T. 11N R. 5E Block ____ Lot ____ Addition _____

Owner BERNARD MICHAEL Address 351 ROBERT RD., MALCOLM, NEB.

LOG OF WELL	
Depth Ft. to	Description
0-2	TOP SOIL
2-90	BROWN CLAY
90-170	BROWN CLAY & FINE SAND
170-190	BLUE CLAY & FINE SAND
190-335	BLUE CLAY
335-337	BLACK CLAY
337-345	BLUE CLAY
345-360	SANDSTONE

WELL COMPLETION RECORD

Drilling Method: ROTARY

Depth (from ground level), Ft. 360

Date Completed _____

Casing: Length, Ft. ____ ; Dia. In. 4.072

Wall Thickness, Inc. .214 ; type PVC

Screen: Length, Ft. 20 Dia. In. 4.026

Type PVC , slot Size .010

Drop Pipe: Length, Ft. 240 Dia. In. 1

Water Level, Surface to top of water, Ft.:

Static 164 , Pumping 180

Yield: 12 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 EARNEST WELL DRILLING
(Signed)

REMARKS NITRATE NITROGEN <0.1 ppm. CHLORIDE 30 p.p.m.

Address BOX H, MILFORD, NEBRASKA

Date _____

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

DWR Form 981

OCT 10 1995

STATE OF NEBRASKA
DEPARTMENT OF WATER RESOURCES
WATER WELL REGISTRATION

FOR DEPARTMENT USE ONLY

Registration No. _____ Sequence No. _____ Registration Date: _____

Owner Code No. _____ Receipt No. _____ _____ NRD

Well Owner Bernard Michael Telephone Number ( )

Address 351 Robert RD.

City Malcolm State NE Zip Code 68402 +

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 +

Permit Number(s) _____

Purpose of well (indicate one): ___Dewatering (over 90 days) ✓Domestic ___Geothermal ___Ground Heat Exchanger ___Ground Water Source Heat Pump ___Industrial ___Injection ___Irrigation ___Livestock ___Monitoring ___Observation ___Public Water Supply (with spacing (46-638)) ___Public Water Supply (without spacing) ___Recovery ___Other _____ (indicate use)

Replacement and abandoned well information.

A. Is this well a replacement well? ✓Yes ___No B. Registration number of abandoned well: _____

C. Replacement well is 1000' feet from abandoned well. D. Abandoned well last operated 9/21, 1995

E. Original well pump column size: 1" inches. F. Abandoned well plugged 9/21, 1995

A. Well location: ___¼ ___¼ of Section ___, Township ___North, Range ___East/West, _____County.

B. The well is _____ feet from the North/South section line and _____ feet from the East/West section line. (indicate one) (indicate one)

C. Street address or block, lot and subdivision, if applicable: _____

D. Location of water use, if applicable (give legal descriptions): _____

E. If for irrigation, the land to be irrigated is _____ acres.

F. Well reference letter(s), if applicable: _____

Pump Information.

Is pump installed at this time? ✓Yes ___No

If yes, complete items A through E.

If no, complete items A and D with estimated information for those wells in which pump will be installed.

A. Actual pumping rate, if applicable: 12 gallons per minute. Measured ☑ or Estimated ☐

B. Pump column diameter: 1" inches. C. Length of pump column: 240 feet.

D. Pumping equipment installed: 9/21, 1995 E. Brand/Type: Red Jacket

printed on recycled paper

Well Construction Information.

A. Total well depth: 360 feet. B. Static water level: 164 feet. C. Pumping water level: 180 feet.

D. Construction began: 9/19, 19 95. E. Construction completed: 9/20, 19 95.

F. Bore hole diameter: 9 inches.

G. Casing: Diameter 4072 ID 4.5 OD inches. Type of material: PVC

Wall thickness: .214 inches. Joints--Welded/Glued/Threaded/Other: _____ Guides at _____ ft.

Length(s) and placement(s) depth from 0 ft. to 340 ft. from _____ ft. to _____ ft.

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

Screen openings (slot size): .010 Trade name: monoflex Guides at 345 & 355 ft.

Length(s) and placement(s) depth from 340 ft. to 360 ft. from _____ ft. to _____ ft.

I. Gravel pack interval(s) from 20 ft. to 190 ft. from 200 ft. to 360 ft. Grade size: RD Gravel C-pack

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

from 190 ft. to 200 ft., with Bentonite (type)

K. Drilling method: Rotary L. Drilling fluid: Quick jel

M. Well development technique (total time and method): Air 1 hr

N. Will chemicals, fertilizer or antifreeze be injected or utilized in the system? ___Yes ✓No

If yes, what will be used: _____

eologic Materials Logged

TH IN FEET FROM	TO	DESCRIPTION	DEPTH IN FEET FROM	TO	DESCRIPTION
)	2	Top Soil			
	90	Brown Clay			
0	170	Brown clay + Fine Sand			
0	190	Blue clay + Fine Sand			
2	335	Blue clay			
35	337	Black clay			
37	345	Blue clay			
15	360	Sandstone			

(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.

Water Well Contractor's Signature — Date 10/5/95

Water Well Owner's Signature — Date

TRI-WA-1
OCT 1 0 1995

WELL ABANDONMENT FORM

WELL REGISTRATION NUMBER: _____

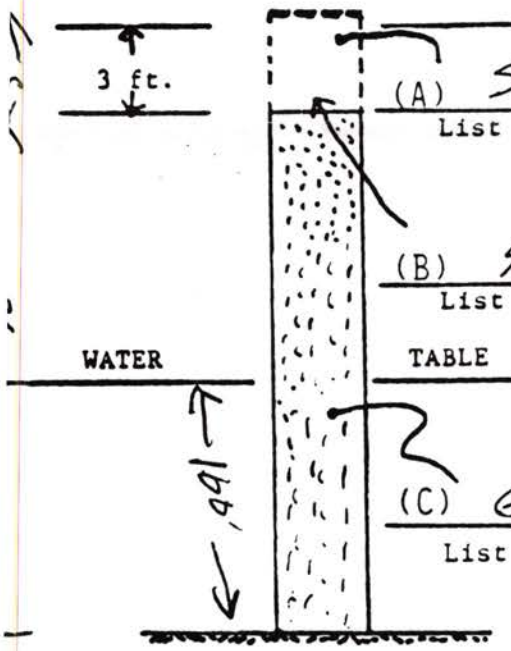
LEGAL DESCRIPTION: _____ ¼ OF _____ ¼ Section _____, Township ___North,
Range ___ West/East _____ County

DATE OF ABANDONMENT: 8/22/95

COMPLETED BY: EARNEST WELL DRILLING

++

ACTUAL METHOD USED



(A) SOIL REMOVED (CUT OFF 5' DEEP)
List the type of backfill material used in upper 3 ft.

(B) 4" PVC CAP & CONCRETE
List and illustrate the type of cover used.

(C) GRAVEL & BENTONITE
List the type and amount of material used in lower casing.

ADDITIONAL COMMENTS: _____

_____

WELL OWNER & ADDRESS: _____

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DATED: 8/22/95

_____
(Owner/Operator Signature)

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Please return to the: **Dept. of Water Resources**
P. O. Box 94676
Lincoln, NE 68509-4676
(402)471-0576