LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 94380113001

Issued 03/15/94
Expires 09/15/94
Revenue Code 18754

Establishment
DAN LOECK
T10N R8E SEC 28
201 S 148 STREET

FEES: $150.00

TOTAL $150.00

Permittee
DAN LOECK
731 YUKON CT
LINCOLN NE 68521

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: $ 150.00

FILE NO. _____

DATE: MARCH 14, 1994

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. 10 N ; Range 8 E ; Section 28 ; Block _____ : Lot ~~PT.~~ 31 Addition _____
   Street Address 201 SO 148 ST

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____

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

4. Distance to public sewer: N/A ft. ~~WILL INSTALL WHATEVER SOIL PERCOLATION TEST INDICATES~~

D l R Loerk (BUILDER)
Signature of Applicant (Owner or Lessee)

DANIEL R LOERK
731 YUKON CT LINCOLN, NE
Address
560-4740 68521

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/15/94 . Date Frwd. 3/15/94 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 3/15/94 . Date Frwd. 3/15/94 . ACTION: Approved ☒ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 03/15/94 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5/3/94 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/3/94 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 DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

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: 4-19 to 4-20-94. Weather: Precip. _____ Temp. _____.

OWNER: Chuck Ames

Address: Box 293 Eagle 68347
781-2526

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	~~30~~	~~4-19~~	~~4PM~~	~~4-20~~	~~8 AM~~	4-20	10:00	~~14~~	~~10:30~~	~~14⅛~~	30		
2							10:00	17¼		18	30	¾	
3								14½		15		½	
4								15¼		16		¾	
5								14¼		15⅛		⅞	
6								14½		15		½	

Larry Schwarck
Signature of Person Conducting Test

Address 8200 old Cheney Phone 489-7294

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: May 3, 1994

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

Jerrold C. Hoos
Signature of Reviewing Official

RECEIVED MAR 2 3 1994

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: 471-7200

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 10N ; Range 8E ; Section & ¼ Section E ½, NE ¼, Section 28
Property Dimensions: _____ ft. x _____ ft. Area: 5.72 acres. (Attach Sheet C with sketch of property). plus a mine

Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ■ .

Dates of Tests: 6-3-89 to 6-4-89 . Weather: Precip. 0 Temp. 65° .

Test Taken 148 + 0st
¼ mi So. west Side

OWNER: Charles Ames

Address: 915 Wolf Eagle, NE 68347
781-2526

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"	6-3	1:00 pm	6-4	6:00 Am	6-4	6:00 Am	6"	10:00 Am	5½"	30m	½"	
2	36"	6-3	1:00 pm	6-4	6:00 Am	6-4	6:00 Am	6"	10:00 Am	5½"	"	½"	
3	36"	6-3	1:00 pm	6-4	6:00 Am	6-4	6:00 Am	6"	10:00 Am	5½"	"	½"	
4	36"	6-3	1:00 pm	6-4	6:00 Am	6-4	6:00 Am	6"	10:00 Am	5"	"	1"	
5	36"	6-3	1:00 pm	6-4	6:00 Am	6-4	6:00 Am	6"	10:00 Am	5½"	"	½"	
6	36"	6-3	1:00 pm	6-4	6:00 Am	6-4	6:00 Am	6"	10:00 Am	5⅝"	1h	⅜"	

William M. Hoogland
Signature of Person Conducting Test

Address 2700 Dan Ave Lincoln Phone 464-0638

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

Pre-Cast Step Co.

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): Mayberry Silty Clay Loam + Sharpsburg Silty Clay Loam

Approved Percolation Rate (a)
A. 53 min./inch
B. _____ min./inch
C. _____ min./inch

Date: _____

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: March 24, 1994

Minimum Design Requirement
1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals 397 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed ~~1250~~ 1191 sq.ft.

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 ☐

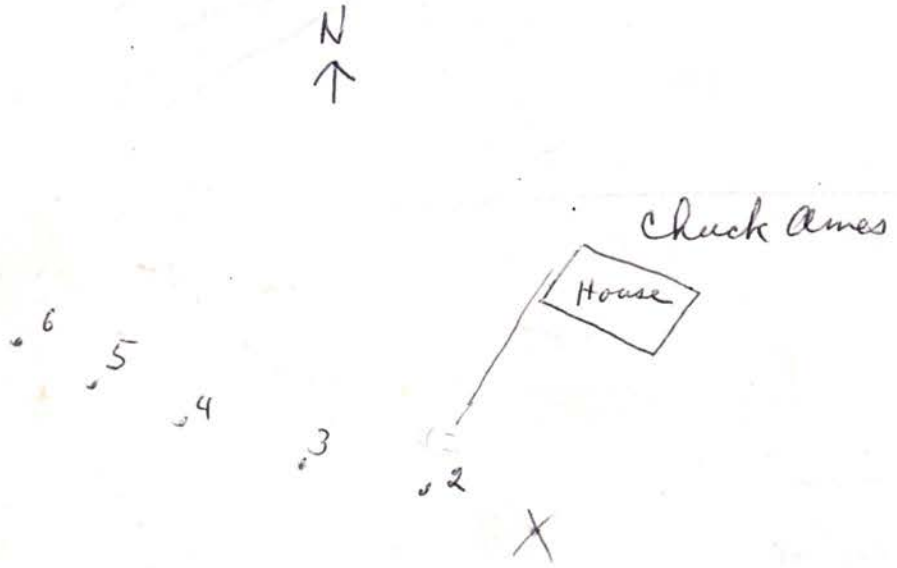
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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.



407 X 3'
305 X 4'

REVIEWING ACTION

Remarks:_____

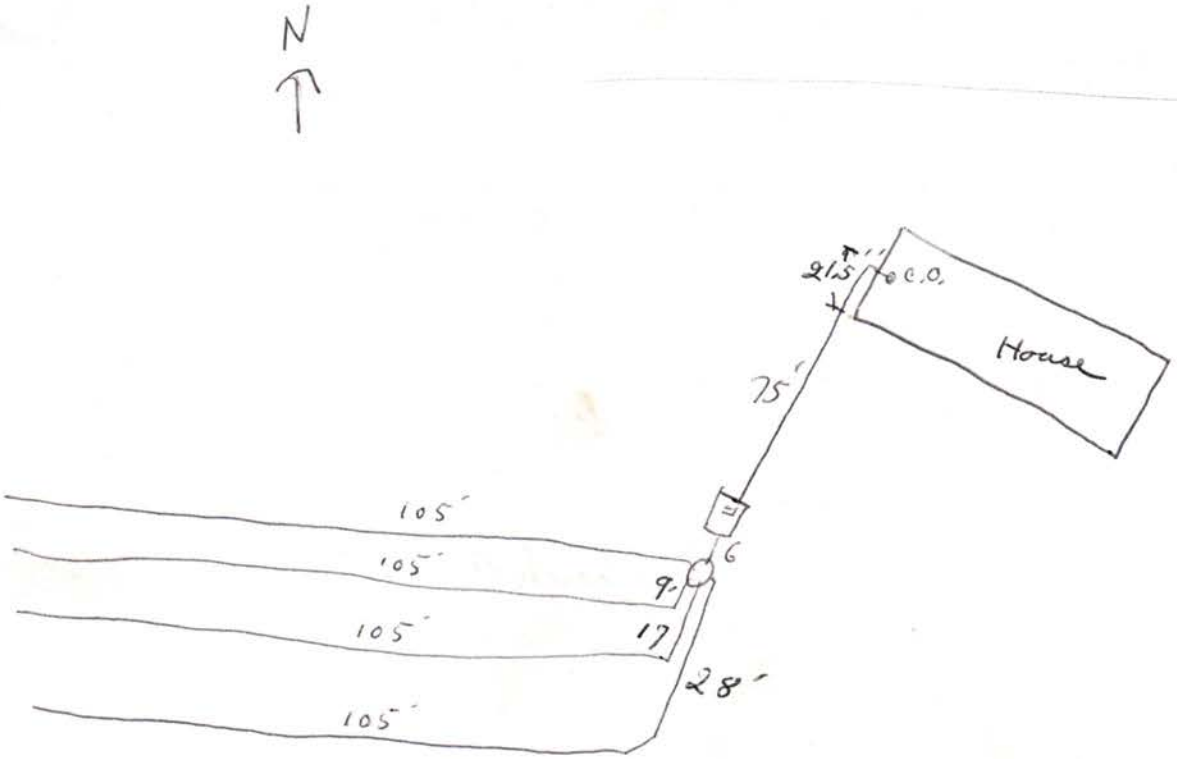
_____

Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed_____sq.ft.

_____
Signature of Reviewing Official

5'3-94 Larry Schwanck



420' perf in 3" wide trench
75' Sewer class #160
1250 gal precast tank
D box precast

APPLICATION FOR WELL REGISTRATION AND SAMPLING

DATE:

Legal Description of Property T10N R8E Sec 24 Lot 31 I.T. NE¼
Directions to Property 201 South 148th St. Take O Street all way to 148th – turn South

Land Owners		Send Results to:	
Name:	Charles & Sherrie Ames	Name:	Charles & Sherrie Ames
Address:	201 South 148th	Address:	201 South 148th
Phone:	781-2526 after 9-15 484-8911	Phone:	781-2526 after 9-15 484-8911

Sherrie-work 472-9994

Land Owners Signature Sherrie L. Ames

I hereby authorize the Health Department to inspect, sample, and register the well on the above property.

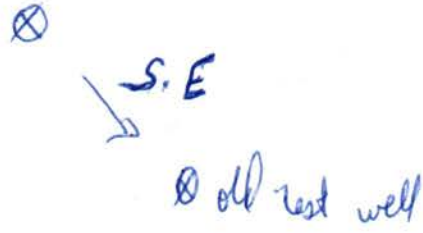
Well Data: Please fill in the following information as thoroughly as possible. Leave blank any areas that are unknown.

Approximate Depth of well _____
Casing Material _____ see attached
Casing Diameter _____
Is well located in a pit _____
Type of pump _____

POINT SOURCES - DISTANCE WITHIN 1/2 MILE OF WELL FROM: UPHILL/DOWNHILL FROM WELL

HOUSE FOUNDATION	_____ (distance) FEET		U/D
CESSPOOL	_____ FEET		U/D
SEPTIC TANK	50 + FEET		U/(D)
SEWAGE DISTRIBUTION FIELD	100 + FEET		U/(D)
WASTE STABILIZATION LAGOON	_____ FEET		U/D
BARN YARD	_____ FEET		U/D
NEAREST WELL	_____ FEET		U/D
NEAREST PASTURELAND	_____ FEET		U/D
NEAREST CROPLAND	50 FEET		(U)/D
SHOP	300 FEET		U/(D)
GRAINERY	_____ FEET		U/D
FUEL TANKS	_____ FEET		U/D
OTHER POTENTIAL CONTAMINATION SOURCE	_____ FEET	WHAT?	_____

ADM.0002/34



9-2-94 confluent growth

9-2-94 Nitrate < 0.1 ppm

BAC

9-12-94 > 100

9-13-94 17

10-3-94

9-28-94

9-26-94

8. Well Construction Information.

A. Total well depth: 212 feet. B. Static water level: 90.2 feet. C. Pumping water level: NA feet.

D. Construction began: Aug 7, 1994. E. Construction completed: Aug 9, 1994.

F. Bore hole diameter: 9.875 inches.

G. Casing: Diameter 5" ID 5.563 OD inches. Type of material: PVC

Wall thickness: .258 inches. Joints--Welded/Glued/Threaded/Other: Guides at 211, 201, 191 ft.

Length(s) and placement(s) depth from 191 ft. to 005 ft. from ft. to ft.

H. Screen: 5 ID 5.563 OD in.; Type of material PVC

Screen openings (slot size): 0.018 Trade name: Monoflex Guides at 211, 201, 191 ft.

Length(s) and placement(s) depth from 191 ft. to 212 ft. from ft. to ft.

I. Gravel pack interval(s) from 212 ft. to 180 ft. from 160 ft. to 20 ft. Grade size: 16 32

J. Grouted/Sealed from 160 ft. to 180 ft., with hole plug Baroid (type)

from 20 ft. to 05 ft., with hole plug Baroid (type)

K. Drilling method: Rotary L. Drilling fluid: water base

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

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

If yes, what will be used:

9. Geologic Materials Logged

DEPTH IN FEET FROM	TO	DESCRIPTION
0	85	clay
85	90	sand coarse
90	195	clay
195	210	sand med.
210	213	limestone

DEPTH IN FEET FROM	TO	DESCRIPTION

(Additional sheets may be submitted)

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

John McNaught — Water Well Contractor's Signature

8-10-94 — Date

Water Well Owner's Signature

Date

June 1994
DWR Form 981

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

1. Well Owner Charles M. & Sherrie L. Ames Before 9-15-94 402-781-2526 Telephone Number (402) 484-8911
   Address 201 South 148th Street
   City Lincoln State NE Zip Code 68520 +

2. Drilling Firm McNaught Drilling Telephone Number (402) 781-WELL
   Address 4518 250th Contractor's License No. 3929-1 ~~Pump Installer License No.~~
   City Alvo State NE Zip Code 68304 + 2348

3. Permit Number(s) _____

4. Purpose of well (indicate one): ___Dewatering (over 90 days) _X_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)

5. Replacement and abandoned well information.
   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: ____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: _____

7. Pump Information.
   A. Actual pumping rate, if applicable: 10 gallons per minute. Measured ☐ or Estimated ☒
   B. Pump column diameter: 1¼ inches. C. Length of pump column: 180 feet.
   D. Pumping equipment installed: Aug 9, 19 94. E. Brand/Type: Grundfos/submersible