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. 93380107601

Issued 10/12/93
Expires 04/12/94
Revenue Code 18754

Establishment
DON JOHNSON
T9N R5E SEC 26
WISDSOR RIDGE WEST BLK 1 LOT 3

FEES: $150.00

TOTAL $150.00

Permittee
DON JOHNSON
3743 S 48 ST SUITE 100
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
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ 150.00

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. 9N ; Range 5E ; Section 26 ; Block 1 : Lot 3 : Addition Windsor Ridge West Addn. LLC
   Street Address _____

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

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

4. Distance to public sewer: _____ ft.

Dan Johnson - Builder
Signature of Applicant (Owner or Lessee)

3743 So. 48th Suite #100
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/11/93. Date Frwd. 10/12/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 10/12/93. Date Frwd. 10/12/93. ACTION: Approved ☒ Disapproved ☐ Signature: Tony Lopez

3. City or County Engineer: Date Rec'd. 10/12/93. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11/29/93 by: L.G.H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/29/93 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

8801 SW 8th 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: _____ to _____. Weather: Precip. _____ Temp. _____.

OWNER: _____

Address: _____

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
Hold No.	Hole Depth (in.)	Pre-Saturation Period Start Date (Mo./Day)	Pre-Saturation Period Start Time (Hr./Min.)	Pre-Saturation Period End Date (Mo./Day)	Pre-Saturation Period End Time (Hr./Min.)	Percolation Readings Start Date (Mo./Day)	Percolation Readings Start Time (Hr./Min.)	Percolation Readings Start Water Level (in.)	Percolation Readings End Time (Hr./Day)	Percolation Readings End Water Level (in.)	Elapsed Time (Min.)	Results Water Level Drop (in.)	Percolation Rates (Min./in.)
1	32"	10-10	15:00	10-11	10:00	10-11	10:00	6"	10:30	4"	30	2"	
2	32"	10-10	15:00	10-11	10:00	10-11	10:00	6"	10:30	4⅜"	30	1⅝"	
3	32"	10-10	15:00	10-11	10:00	10-11	10:00	6"	10:30	4"	30	2"	
4	32"	10-10	15:00	10-11	10:00	10-11	10:00	6"	10:30	3⅜"	30	2⅝"	
5	32"	10-10	15:00	10-11	10:00	10-11	10:00	6"	10:30	4"	30	2"	
6	32"	10-10	15:00	10-11	10:00	10-11	10:00	6"	10:30	4"	30	2"	

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

Signature of Person Conducting Test

Address 402 S. 7th Elmwood, NE Phone 994-2225

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Dickerson Sandy Loam
Date: October 11, 1993

Approved Percolation Rate (a)
A. 15 min./inch
B. _____ min./inch
C. _____ min./inch

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: October 11, 1993

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 380 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

030

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 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 8801 SW 91st Court

Twp 9N Range 5E Section 26 1/4 ___ 1/4 ___ Block 1 Lot 3 Addition Windsor Ridge West

Directions to Property Denton Rd to SW 70th turn to south one mile then on to Yankee Hill Rd Turn right ½ mile to SW 84th turn So to Windsor Ridge ¼ mile

Location of Well South of Home Tap Location: Inside ☑ Outside ☐

Location of Sewage System West and North of Home Year Installed 1994 back ¼ mile to east, house is on corner with my sign.

	NAME	ADDRESS	PHONE
Present Owner:	Rexhall Homes	3743 South 48th St	488-9222
Tenant/Buyer:	Sally Kungi & Kelli Larson		
Return to:	Dan Johnson	3743 South 48th St	437-7880

Signature of Applicant Dan Johnson Address 3743 South 48th St Date 1/14/93

HEALTH DEPARTMENT USE ONLY

Date Received 2/14/94 Received $150.00 Check ☑ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 2/15/94

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☑	☐	Approved ☑	Date ___/___/___ by ___
Bacteria	☑ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☑ <0.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: ___ See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 2/18/94

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.

WATER MICROBIOLOGY

STATE LAB NO. 14 2883

COMPLETE INFORMATION BELOW

DATE COLLECTED 2 (MO) 15 (DAY) 94 (YEAR) 10:09 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION REMBOLT HOMES

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 26 TWNSHP 9 N RANGE 5 E

REPORTED

RECEIVED

FEB 16 P2:08

FEB 15 AM:16

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

FOR LABORATORY USE ONLY

TEST METHOD: ☒ MEMBRANE FILTER ☐ MPN

COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS 0 PER 100 ML.

☒ THE WATER MEETS BACTERIOLOGICAL STANDARD

☐ WATER DOES NOT MEET BACTERIOLOGICAL STANDARD

☐ RESULTS MAY BE INVALID DUE TO EXCESSIVE AGE*

*SAMPLES RECEIVED BETWEEN 30-48 HRS. AFTER COLLECTION

SAMPLE NOT ANALYZED BECAUSE OF:

☐ EXCESSIVE AGE ☐ INSUFFICIENT AMOUNT

☐ DAMAGE ☐ IMPROPER CONTAINER

TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY CC

FOR ACCOUNTING USE ONLY

LWB 91

WATER CHEMISTRY

STATE LAB NO. 15 2229

COMPLETE INFORMATION BELOW

DATE COLLECTED 2 (MO.) 15 (DAY) 94 (YEAR) 10:09 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION REMBOLT HOMES

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 26 TWNSHP 9 N RANGE 5 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N less than 0.1 mg/l

NOT TESTED BECAUSE OF:
☐ INSUFFICIENT AMOUNT ☐ DAMAGE ☐ IMPROPER CONTAIN

TEST(S) BY DT

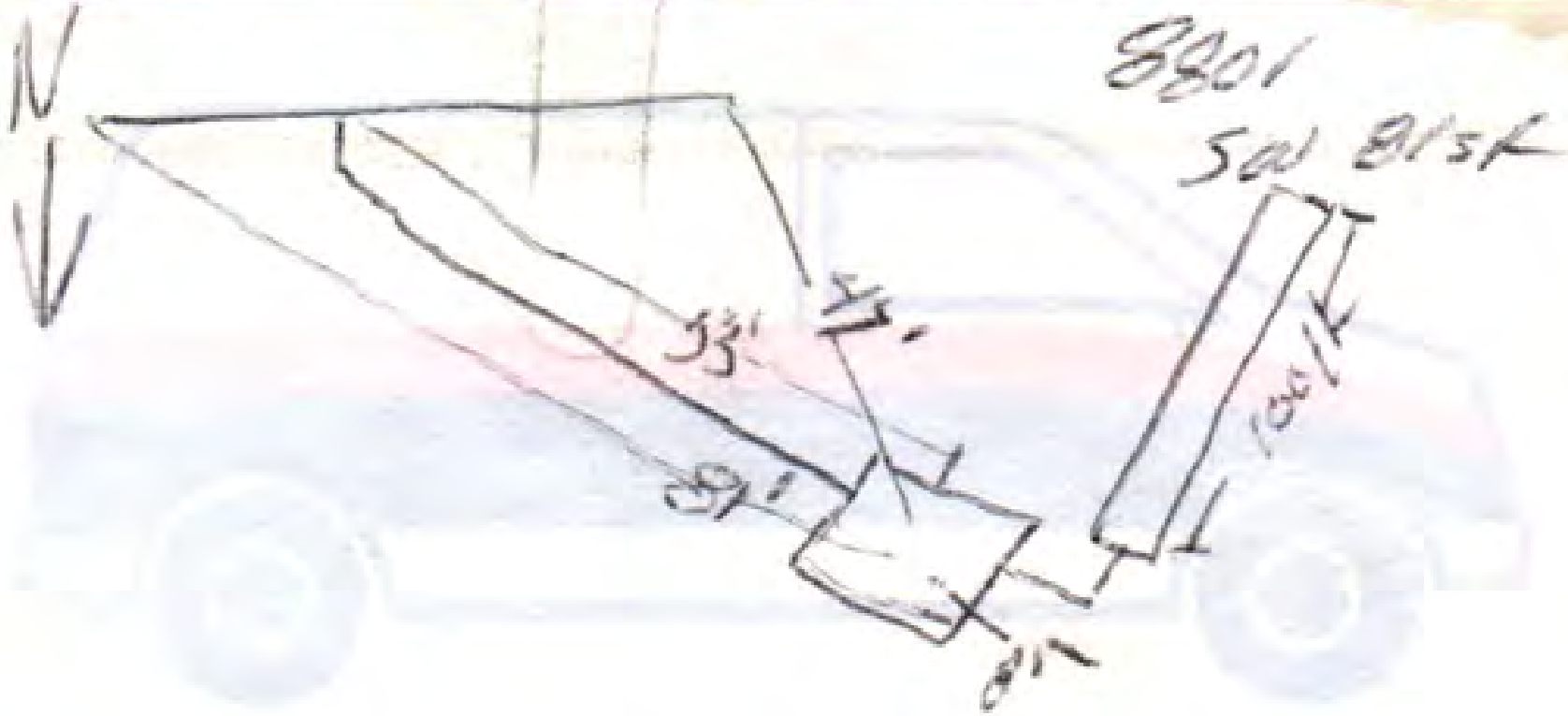
FOR ACCOUNTING USE ONLY

LWN 88

RECEIVED '94 FEB 15 A11:15

REPORTED FEB 16 P3:06

AUTO GLASS CENTER



LINCOLN, NE
1500 NORTH 48TH ST.
68508
402-466-4611 • 800-383-4611

LINCOLN, NE
116 SOUTH 16TH ST.
68508
402-435-1415 • 800-779-1415

Vogt Trenching

8801 S.W. 81st Street

2:30