LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 95380133701

Issued 09/05/95
Expires 03/05/96
Revenue Code 18754

Establishment
DON JOHNSON
T9N R5E SEC 26
WINSOR RIDGE WEST BLK 1 LOT 11&24
8001 W YANKEE HILL ROAD

FEES: $150.00

TOTAL $150.00

Permittee
DON JOHNSON
6940 O ST
APT #3
LINCOLN NE 68510

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"

REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

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

FILING FEE: $ 150.00

FILE NO. _____

DATE: 8-30-95

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. 9 North; Range 5 East of 6th P.M.; Section 26; Block 1: Lot 11 & 24 (NW ¼ of); Addition Windsor Ridge West, Lancaster County
   Street Address 8001 West Yankee Hill Rd

2. Property Use: Residential ☑; Commercial ☐ Other Use ☐
   No. of Bedrooms 3. Describe ranch plan 1250 Sq. Ft.

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

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

Dan Johnson
Signature of Applicant (Owner or Lessee)

6940 O Street #300
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/31/95. Date Frwd. 8/31/95. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 8/31/95. Date Frwd. 8/31/95. ACTION: Approved ☑ Disapproved ☐ Signature: TK
3. City or County Engineer: Date Rec'd. 08/31/95. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12/5/95 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/5/95 By: Jerrold C. Hood

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 23-43

FAX 441-8323

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: NOV 18, 95 to NOV 19, 95. Weather: Precip. 0 Temp. 47

OWNER: _____

8001 W YANKee Hill Rd. Address: _____

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		11/18	10:30	11/18	11:00	11/19	11:30	6	12:00	5 1/4	30	3/4	40 MIN/IN
2		"	"	"	"	"	"	7	"	6 1/2	"	1/2	60 MIN/IN
~~3~~		"	"	"	"	"	"	6	"	5 3/4	"	1/4	120 MIN/IN
4		"	"	"	"	"	"	7	"	6 3/8	"	5/8	48 MIN/IN
5		"	"	"	"	"	"	8	"	7	"	1	30 MIN/IN
6		"	"	"	"	"	"	6	"	5 1/2	"	1/2	60 MIN/IN
7		"	"	"	"	"	"	6	"	5 3/4	"	1/4	120 MIN/IN

Melvin F Dayton
Signature of Person Conducting Test

Sum of Percolation Rates: _____
Average of Rates: 68 MIN/IN
Mean of Rates: _____

Address 4810 W CLARK Phone 797-2365
LINCOLN 68524

(Do not write below this line)

REVIEWING ACTION

Remarks: Confirmed soil by
Soil Type (SCS): Wymore Silty Clay Loam
Date: December 5, 1995

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

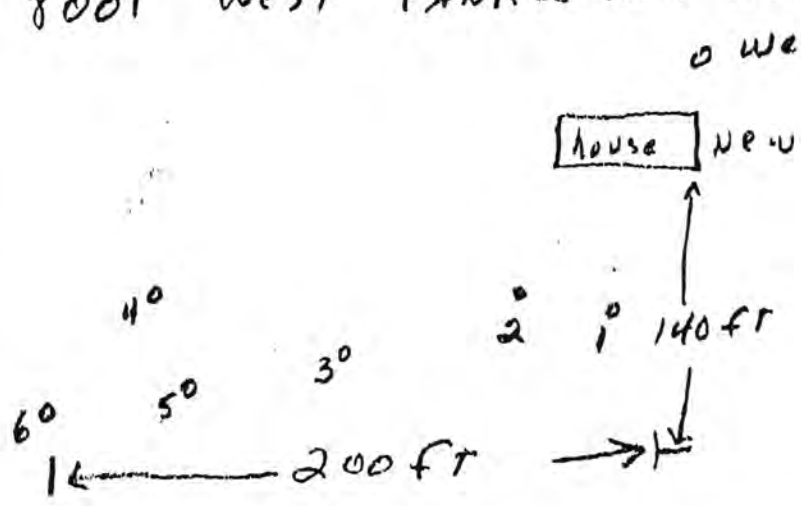
Gerrold C. Hood
Signature of Reviewing Official

Fax sent by : 797 7475 GAGNER 04-JA4 11/27/95 15:28 Pg: 2

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 3140 N Street Lincoln NE 68510 (402)-441-8022 **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.

8001 West YANKee Hill Rd.



Post-it® brand fax transmittal memo 7671 | # of pages ▸ 1

To Lancaster County Health	From Becca Chard
Co.	Co. Main St.
Dept. Health	Phone #
Fax # 441-8333	Fax # 797-7475

REVIEWING ACTION

Remarks: _____

_____

Date: _____

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 36 sq.ft.

_____
Signature of Reviewing Official

Fax sent by : 797 7475 GAGNER 11/27/95 15:30 Pg: 1

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
Lincoln, Nebraska 68502
Phone: 471-7800

D

DATE: 5 Dec 95

FILE NO. _____

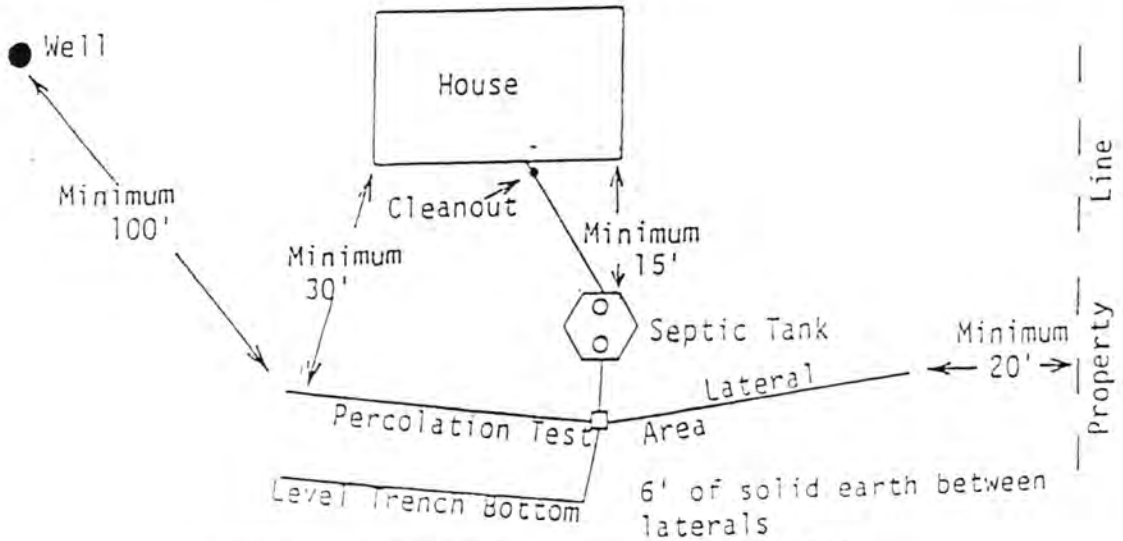
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PLASTIC; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 26 ft.
4. Number of clean-outs 0.
5. Distances to:
Well or Suction Line 150 ft.; Stream NA ft.; Pressure Line _____ ft.; Property Line 25 ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre-Cast)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☒ Below ☐ Grade 12 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 12 in.
8. Distances to:
Well or Suction Line 189 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Plastic; Number - available outlets 7.
2. Factory Built: Yes ☒ No ☐
(Company HANCOR)
3. Distance from Septic Tank 51.6" ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒
Diameter of Half Round _____ or Perforated Pipe 4".
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 4; Length of each line 100, 100, 100, 30, _____ ft.;
Total length of laterals 330 ft.;
Distance between lateral lines 8 ft.
3. Trench dimensions: Width 36 ft.;
Slope 4 in/100 ft.; Average Depth 24 in.
4. Filter Material: Gravel
Depth of Material 12 in.
5. Distances to:
Well or Suction Line 150 ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Lincoln-Lancaster County Health Department

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

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment 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.

Legal Description of Property: Street Address 8001 W Yankee Hill Rd.

Twp 9N Range 5E Section 26 1/4 NW 1/4 ___ Block 1 Lot 11 Addition Windsor Ridge West

Directions to Property Denton road west to SW 70th, turn South 1 mile to Yankee Hill Rd turn right or west ½ mile on South side of road

Location of Well North of home Tap Location: Inside ☐ Outside ☐ Hydrant

Location of Sewage System South of home Year Installed 1995

	NAME	ADDRESS	PHONE
Present Owner:	Don Johnson Homes	6940 O St.	467-3000 ✱ 430-7880
Tenant/Buyer:	Dave Hadenfeldt		
Return to:	Don Johnson	6940 O St Lincoln 68505	

Signature of Applicant Don Johnson Address 6940 O St Date 12/19/95

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 12/19/95
Initials at
Amount 150.00
Check No. 504

DATA ENTRY

Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 12/20/95

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.5 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___
Date ___/___/___ by ___
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 12/22/95

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.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95

'95 DEC 21 P2:32

REPORTED

'95 DEC 20 P3:32

RECEIVED

COMPLETE INFORMATION BELOW

WATER MICROBIOLOGY

STATE LAB NO 14 29993

FOR LABORATORY USE ONLY

DATE COLLECTED 12 (MO.) 20 (DAY) 95 (YEAR) 1:29 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION DON JOHNSON

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR N.W. SECT 26 TWNSHP 9 N RANGE 5 E

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

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
3140 "N" STREET
LINCOLN, NEBRASKA 68510

TEST(S) BY ET

FOR ACCOUNTING USE ONLY

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

LWB 91

WATER CHEMISTRY

STATE LAB NO. 15 / 3035

PLETE INFORMATION BELOW:

DATE COLLECTED 12 (Mo.) 20 (Day) 95 (Yr) 1:29PM (Hour)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION DON JOHNSON

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QUARTER NW SECTION 26 TOWNSHIP 9 N RANGE 5 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

REC.

REC.

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
3140 "N" STREET
LINCOLN, NEBRASKA 68510

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

CHECK TESTS REQUESTED

- ☐ ALL TESTS BELOW
- ☐ pH _____
- ☐ CALCIUM _____ mg/l
- ☐ MANGANESE _____ mg/l
- ☒ CHLORIDE 256 mg/l
- ☒ NITRATE-N 0.5 mg/l
- ☐ FLUORIDE _____ mg/l
- ☐ SODIUM _____ mg/l
- ☐ IRON _____ mg/l
- ☐ SULFATE _____ mg/l
- ☐ TOTAL ALKALINITY _____ mg/l as $CaCO_3$
- ☐ TOTAL HARDNESS _____ mg/l as $CaCO_3$
- ☐ TOTAL DISSOLVED SOLIDS BY CONDUCTANCE _____ mg/l

NOT TESTED BECAUSE OF:

- ☐ DAMAGE
- ☐ INSUFFICIENT AMOUNT
- ☐ IMPROPER CONTAINER

☐ NITRATE AND BACTERIOLOGICAL PURITY COMBINATION TEST

TEST(S) BY: JK SW

FOR ACCOUNTING USE ONLY

LRWC 85

'95 DEC 20 P3:31

100'
22
150
10
100
30
516'
44
96
100'
WELL
North