LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 91380078701

Issued 12/10/91
Expires 06/10/92

ESTABLISHMENT

MIKE MCCANN
T9N R5E SEC 26
WINDSOR RIDGE WEST BLK 6 LOT 1
8301 RINKGO LANE

FEES: Permit 018754 $150.00

Total $150.00

Issued By COUNTY HEALTH

PERMITTEE

MIKE MCCANN
1527 S 20 ST
APT 27
LINCOLN NE 68502

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
12/24/91	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

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: 12-6-91

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 R5E ; Section 26 ;
   Block 6 : Lot 1 : Addition Windsor Ridge West
   Street Address 8301 Vine Lane

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

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

4. Distance to public sewer: _____ ft.

Mike McCann
Signature of Applicant (Owner or Lessee)

1527 So 20th #27 Lincoln, NE 68502
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 12/6/91. Date Frwd. 12/9/91. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 12-9-91. Date Frwd. 12-20-91. ACTION: Approved ☒ Disapproved ☐ Signature: Paul B Auma

3. City or County Engineer: Date Rec'd. 12/09/91. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: [signature] *

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12/6/91 by: J. C. Hood
Date: 12-23-93 by: P.D.
Date: _____ by: _____

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

* OOPS NEED DRAWING

INSTALLATION FINAL WRITTEN APPROVAL *
Date: 12/26/91 By: Jerrold Hood

Drawing called in by Duane Friesen on 12-22-93
P.D.

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 5E ; Section & ¼ Section 26.
Property Dimensions: _____ ft. x _____ ft. Area: 5 acres. (Attach Sheet C with sketch of property).

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

Dates of Tests: 10-2-91 to 10-3-91. Weather: Precip NONE Temp. 60°

OWNER: MIKE MCCANN

Address: WEST GINKO LANE
R.R. DENTON, NE

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	10-2-91	4:00P	10-2-91	8:15P	10-3-91	8:30A	11 1/2	12:30P	13	30	1 1/2	
2	36	"	"	"	"	"	"	12	"	12 7/8	30	7/8	
3	36	"	"	"	"	"	"	NP	"	—	30	—	
4	36	"	"	"	"	"	"	10 7/8	"	13 3/4	30	2 7/8	
5	36	"	"	"	"	"	"	10 1/2	"	12 1/2	30	2	
6	36	"	"	"	"	"	"	14	"	14 3/4	30	3/4	

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

Signature of Person Conducting Test

Address 4700 LENOX AVE 68510 Phone 488-3128

(Do not write below this line)

REVIEWING ACTION

Remarks: Soil was observed to be a black silt
Soil Type (SCS): Pawnee Clay Loam
Date: December 6, 1991
Could be a deep topsoil or also alluvium or wind blown soil or combination caught in fence line.

Approved Percolation Rate (a)
A. 23 min./inch
B. _____ min./inch
C. _____ min./inch

Signature of Reviewing Official

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 Denton; 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: Oct 30 to _____. Weather: Precip. C Temp. 30°

OWNER: Mike Mccann
Address: 8301 Jimbo Lane

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	24					4/3					60	7	30.5"
2	24										60	6	3m 35
3	24										47	9	30 min 6"
4	24										35	3½	3 min 3"
5	24										45	9"	3 min 4"
6	24										45	6"	3 min 2"

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

_____
Signature of Person Conducting Test

Address _____ Phone _____

(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

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: 12-23-93

FILE NO. _____

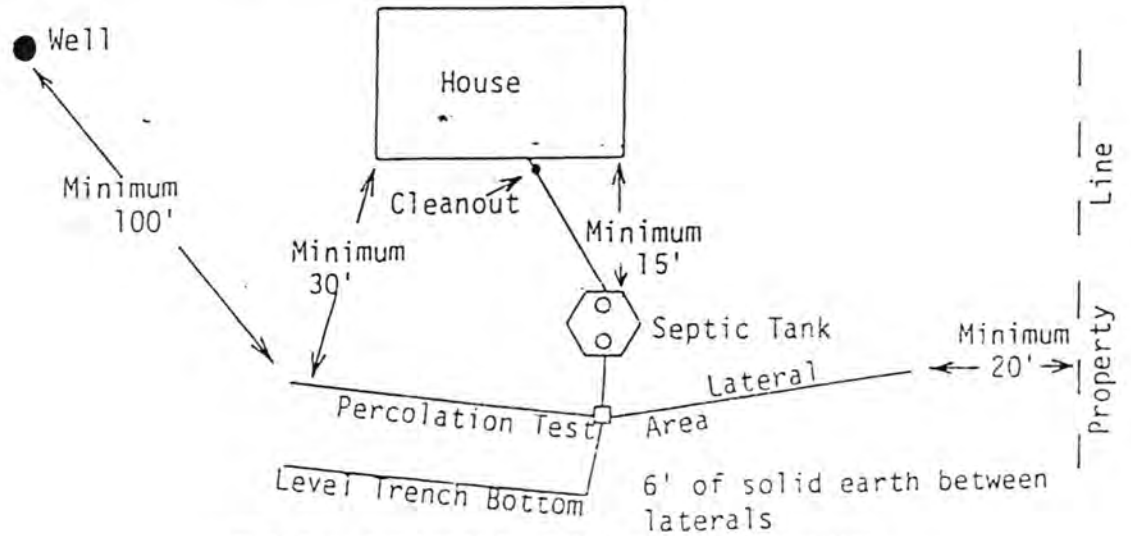
SPECIFICATIONS AS BUILT

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

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

C. DISTRIBUTION BOX:
1. Material _____ ; Number - available outlets _____.
2. Factory Built: Yes ☐ No ☐
(Company _____)
3. Distance from Septic Tank 18 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 _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 3 ; Length of each line 80, 100, 100, _____, _____ ft.;
Total length of laterals 280 ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width 3 ft.;
Slope _____ in/100 ft.; Average Depth _____ in.
4. Filter Material: Gravel
Depth of Material _____ in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

003

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 8301 Winkgo Ln.

Twp 9 Range 5 Section 26 1/4 ___ 1/4 ___ Block 6 Lot 1 Addition Windsor Ridge West

Directions to Property .5 So of SW 84 & Yankee Hill Rd.

Location of Well East of house Tap Location: Inside ☒ Outside ☒

Location of Sewage System west of house Year Installed 1992

	NAME	ADDRESS	PHONE
Present Owner:	Michael K McCann	8301 Winkgo Ln Denton, NE 68339	797-2233
Tenant/Buyer:			
Return to:			

Signature of Applicant Michael K McCann Address 8301 Winkgo Ln Denton, NE 68339 Date 12/23/93

HEALTH DEPARTMENT USE ONLY CK # 2386

Date Received 12/23/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Paul Dyjhamm **DATE:** 12/23/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☒	Date 12/23/93 by PD
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 Paul Dyjhamm Date 1/5/94

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.

050

'93 DEC 27 P1:40 REPORTED

'93 DEC 23 P2:25 RECEIVED

WATER CHEMISTRY

STATE LAB NO. 1519860

COMPLETE INFORMATION BELOW

DATE COLLECTED 12-23-93 1:50
MO DAY YEAR HOUR

SAMPLE COLLECTED BY PAUL DROTZMANN

SAMPLE LOCATION Mike McCann 8301 Ginko Rd

PROPERTY LEGAL DESCRIPTION: COUNTY LANC.

QRTR ____ SECT 26 TWNSHP 9 N S RANGE 5 E W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:

LLCHD
2200 St. Mary's Ave
LINCOLN, NE 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 CONTAINER

TEST(S) BY DJ

FOR ACCOUNTING USE ONLY

LWN 98

'93 DEC 24 A12:25

REPORTED

'93 DEC 23 P2:25

RECEIVED

COMPLETE INFORMATION BELOW

WATER MICROBIOLOGY

STATE LAB NO. 1432680

DATE COLLECTED 12-23-93 1:50
MO. DAY YEAR HOUR

SAMPLE COLLECTED BY PAUL DROTZMANN

SAMPLE LOCATION Mike McCann 8301 Ginko Rd

PROPERTY LEGAL DESCRIPTION: COUNTY LANC.

QRTR ____ SECT 26 TWNSHP 9 (N) S RANGE 5 (E) W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:
LLCHD
2200 St. Mary's Ave
LINCOLN NE 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*

MPLE NOT ANALYZED BECAUSE OF:
☐ EXCESSIVE AGE ☐ INSUFFICIENT AMOUNT
☐ DAMAGE ☐ IMPROPER CONTAINER

TEST METHOD NUMBER: NIPDWR 141

TEST(S) BY AP

FOR ACCOUNTING USE ONLY

LI

Closing 6/27/97

013

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 8301 W GINKGO LANE

Twp 9N Range 5E Section 26 1/4 ___ 1/4 ___ Block 6 Lot 1 Addition WINSOR RIDGE 1ST

Directions to Property 1 mile So 1 EAST ½ So OF DENTON ON SW 84TH

Location of Well EAST OF HOUSE Tap Location: Inside ☐ Outside ☒

Location of Sewage System WEST OF HOUSE Year Installed 92

	NAME	ADDRESS	PHONE
Present Owner:	MIKE McCANN	8301 W GINKGO	7972233
Tenant/Buyer:	ROBERT PANHAN	BOX 248 DORCHESTER NE	
Return to:	CITIZENS STATE REALTY	BOX 248 DORCHESTER NE 68343	432-2669

CALL AGENT TO TURN ON ELECT

Signature of Applicant [signature] Address BOX 248 DORCHESTER NE 68343 Date 6/16/97

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 6/16/97
Initials [illegible]
Amount $150
Check No. 974

DATA ENTRY

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 6/17/97

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ <0.1 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: SHOULD FILL SOME DIRT OVER SEPTIC LATERALS WHERE SOIL HAS SUNKEN IN. SEPTIC TANK SHOULD BE CHECKED TO SEE IF IT IS IN NEED OF PUMPING. See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 6/19/97

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

'97 JUN 18 PM 2 22

REPORTED

'97 JUN 17 P2:44

RECEIVED

JUN 20 1997

COMPLETE INFORMATION BELOW

WATER MICROBIOLOGY

STATE LAB NO 14 12650

FOR LABORATORY USE ONLY

DATE COLLECTED 6 17 97 1:23 P.M.
(MO. DAY YEAR HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION MIKE McCANN

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
3140 "N" STREET
LINCOLN, NEBRASKA 68510

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

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 ET

FOR ACCOUNTING USE ONLY

LWB 91

'97 JUN 18 PM 1 5

REPORTED

'97 JUN 17 P2:44

RECEIVED

JUN 2 0 1997

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 153796

DATE COLLECTED 6 (MO.) 17 (DAY) 97 (YEAR) 1:25 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION MIKE MCCANN

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
3140 "N" STREET
LINCOLN, NEBRASKA 68510

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

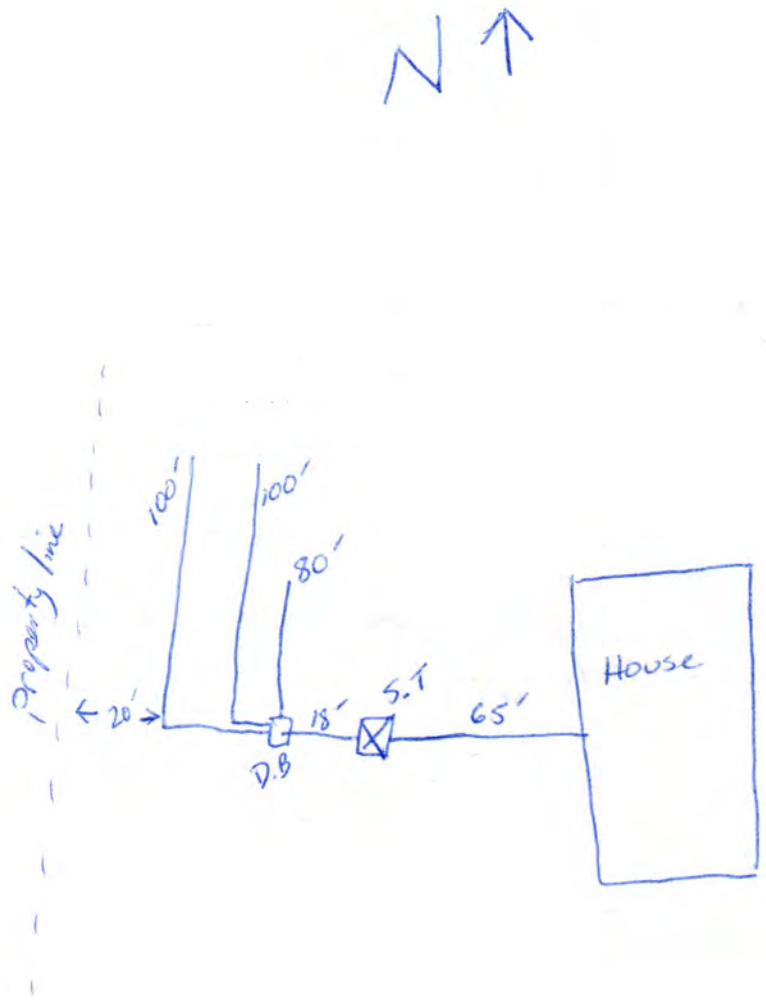
NITRATE — N less than 0.1 mg/l

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

TEST(S) BY SB

FOR ACCOUNTING USE ONLY

LWN 88



Drawing is as described by Duane Friesen by telephone conversation 12-22-93 P.D.