LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

P E R M I T

Permit

SEWAGE INSTALLATION

No. 93380097901

Issued 04/23/93
Expires 10/23/93
Revenue Code 18754

Establishment

JAY SINKULE
T9N R5E SEC 26
WINDSOR RIDGE WEST BLK 7 LOT 2
~~8400~~ 8350 W GINGKO LANE

FEES: $150.00

TOTAL $150.00

Permittee

JAY SINKULE
2040 S 17 ST
APT 2
LINCOLN NE 68502

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: 11-12-92

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 7 : Lot 2 : Addition Windsor Ridge West
   Street Address 8400 W. Gingko 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.

Jay Zirkel
Signature of Applicant (Owner or Lessee)

2040 S. 17th #2 Lincoln Ne. 68502
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/22/93. Date Frwd. 4/23/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4/23/93. Date Frwd. 4/23/93. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Lyon

3. City or County Engineer: Date Rec'd. 04/24/93. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Joseph D. Kearns

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12-22-93 by: PD
Date: 12-23-93 by: PD
Date: 12-23-93 by: P.D.

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-23-93 By: Paul D. Hoffman

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: 3 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☒ ; Clay Loam ☐ .
Dates of Tests: 11-12-92 to 11-13-92. Weather: Precip. _____ Temp. _____.

OWNER: Jay Sinhub

Address: 2040 S. 17th # 2 Lincoln

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		18"	9:A	11-12	2 PM	11-13	8 AM	6	12 PM	4¼	1 Hr.	1¾	
2										4½	"	1½	
3										4⅝	"	1⅜	
4										4½	"	1½	
5										4¼	"	1¾	
6										4¼	1	1¾	

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

Signature of Person Conducting Test

Address 6210 N07 Phone 435-8868

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Dickenson Sand Loam
Date: April 22, 1993

Approved Percolation Rate (a)
A. 37 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: April 22, 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 832 sq.ft.

Jerrold C. Hood
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. _____

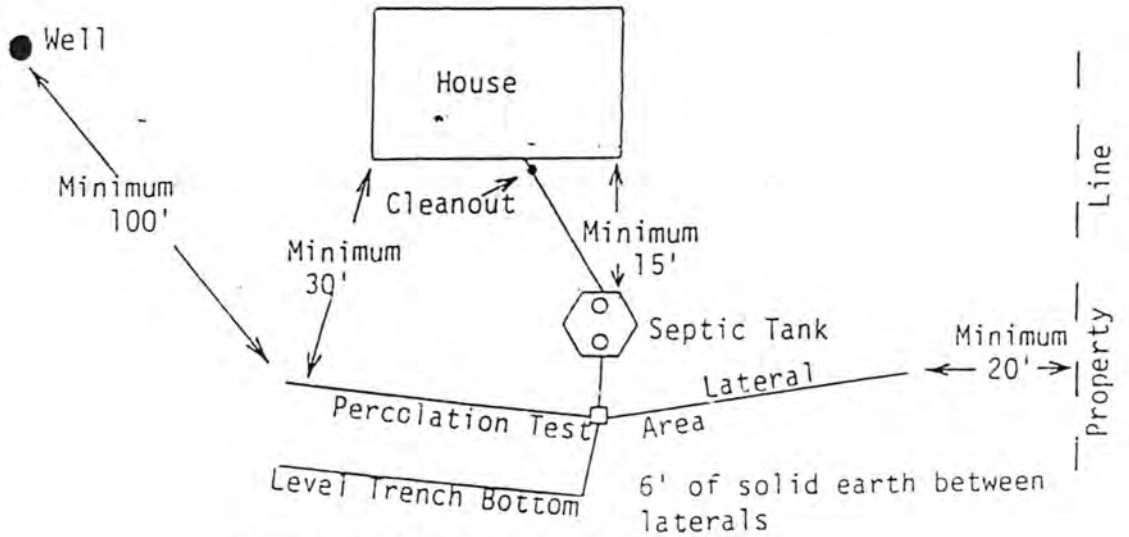
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Plastic; Diameter 4 in.
2. Distance above basement floor —— in., or below basement floor 6 in.
3. Distance between dwelling and septic tank 44 ft.
4. Number of clean-outs 2.
5. Distances to: Well or Suction Line 50 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 100 ft.

B. SEPTIC TANK:
1. Material Cement; No. of compartments 3.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐ (Company Pre-cast Products)
4. Manholes: Over Inlet; diam. _____ in. Over Outlet; diam. _____ in. Riser Above ☒ Below ☐ Grade 24 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 100 ft ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 150 ft.

C. DISTRIBUTION BOX:
1. Material Plastic; Number - available outlets 7.
2. Factory Built: Yes ☒ No ☐ (Company _____)
3. Distance from Septic Tank 60 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 3; Length of each line 100, 100, 100, _____, _____ ft.; Total length of laterals 300 ft.; Distance between lateral lines 20 ft.
3. Trench dimensions: Width 3 ft.; Slope _____ in/100 ft.; Average Depth 1½' in.
4. Filter Material: ~~Sand~~ Gravel Depth of Material _____ in.
5. Distances to: Well or Suction Line 120 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 170 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

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 8350 W. Ginkgo Lane

Twp 9N Range 5E Section 26 1/4 ___ 1/4 ___ Block 7 Lot 2 Addition WINSOR RIDGE WEST

Directions to Property W. Yankee Hill Rd & S.W. 84th ½ mile south on east side

Location of Well _____ Tap Location: Inside ☐ Outside ☒

Location of Sewage System _____ Year Installed 1993

	NAME	ADDRESS	PHONE
Present Owner:	Jay Sinkule	8350 W. Ginkgo Lane Denton, Ne.	797-8350
Tenant/Buyer:			
Return to:	JAY SINKULE	8350 W. GINKGO LANE DENTON, NEBRASKA 68339	797-8350

Signature of Applicant Jay Sinkule Address _____ Date ___/___/___

HEALTH DEPARTMENT USE ONLY

Date Received 5/19/94 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Gerald C. Hood **DATE:** 5/19/94

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 Gerald C. Hood R.E.H.S. Date 5/23/94

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.

'94 MAY 20 P11:20

REPORTED

'94 MAY 19 P2:28

RECEIVED

COMPLETE INFORMATION BELOW

WATER MICROBIOLOGY

STATE LAB NO. 1410619

FOR LABORATORY USE ONLY

DATE COLLECTED 5 (MO.) 19 (DAY) 94 (YEAR) 1:54 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION JAY SINKULE

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW 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

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

TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY

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 9692

COMPLETE INFORMATION BELOW

DATE COLLECTED 5 (MO.) 19 (DAY) 94 (YEAR) 1:54 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION JAY SINKULE

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 CONTAINER

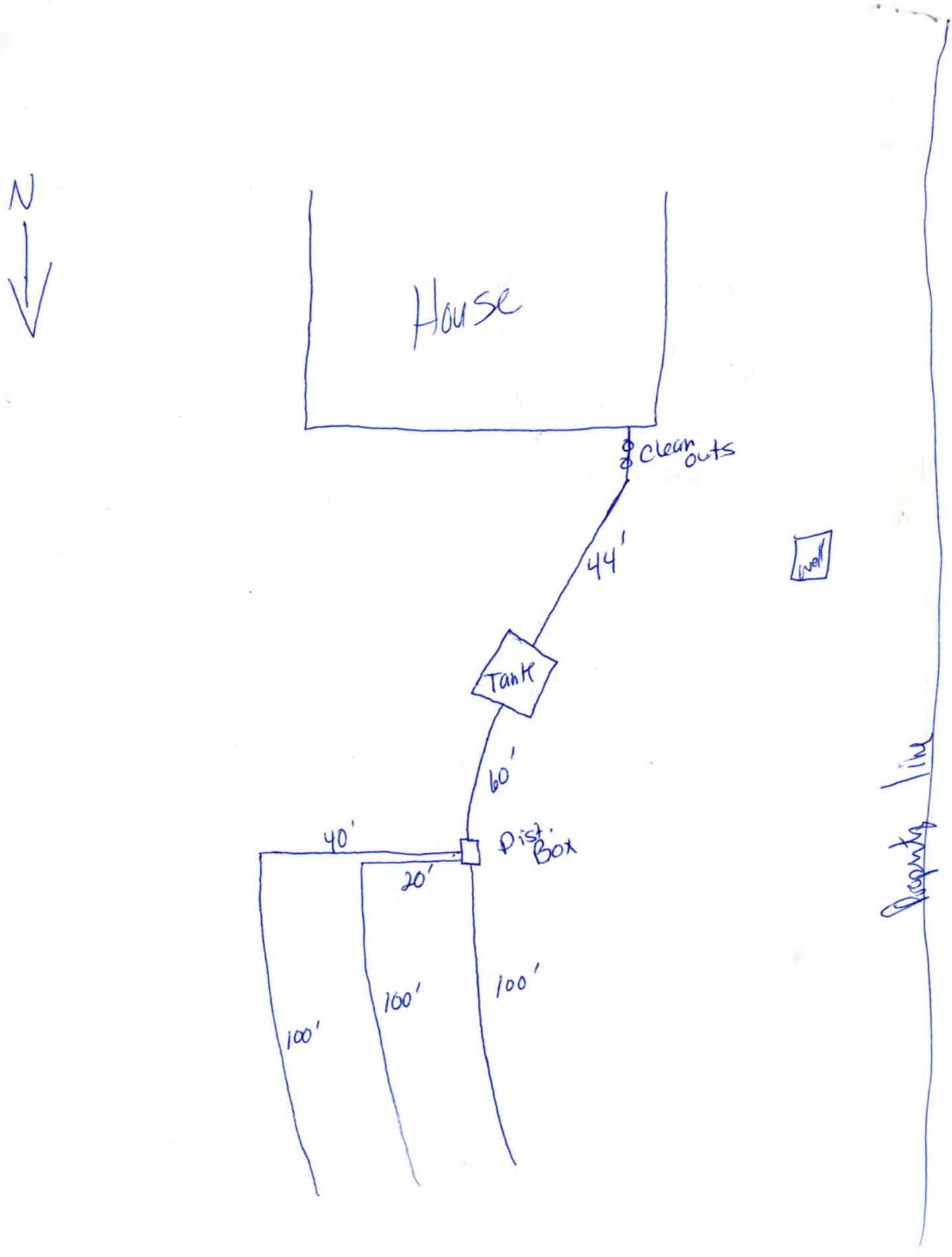
TEST(S) BY JW

FOR ACCOUNTING USE ONLY

LWN 88

REPORTED '94 MAY 20 P3:05

RECEIVED '94 MAY 19 P2:21


N
House
clean outs
44'
well
Tank
60'
40'
Dist. Box
20'
100'
100'
100'
Hwy 11