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. 93380098901

Issued 05/14/93
Expires 11/14/93
Revenue Code 18754

Establishment
JEFF WALKER
T9N R5E SEC 26
WINSOR RIDGE WEST BLK 7 LOT 3
~~8400~~ 8250 W GINGO LANE

FEES: $150.00

TOTAL $150.00

Permittee
JEFF WALKER
BOX 0088C
DENTON NE 68339

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: $_____

FILE NO._____

DATE: May 13, 1993

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 3 : Addition Winsor Ridge West
   Street Address 8400 West Ginkgo Lane Denton, NE 68339

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. WILL INSTALL WHATEVER SOIL PERC TEST INDICATES M.K. + M.A.R. Mild Residence

Jeff Brehmer
Signature of Applicant (Owner or Lessee)

88C Denton, NE 68339
Address

Jeff – 432-0172

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/13/93. Date Frwd. 5/13/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 5/13/93. Date Frwd. 5/13/93. ACTION: Approved ☒ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 05/13/93. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-20-93 by: P.D Need perc. test + better drawing.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/30/93 By: Jerrold C. Hood

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

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: 8-7-93 to _____. Weather: Precip. O Temp. 70°.

OWNER: _____

Address: 8250 West Ginkgo Ln.

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"	8-7	4:00 pm	8-7	4:30 pm	8-7	5:00 pm	6"	6:00 pm	4 3/4"	10 m	1 1/4"	
2	36"	8-7	4:00 pm	8-7	4:30 pm	8-7	5:00 pm	6"	6:00 pm	4 3/4"	10 m	1 1/4"	
3	36"	8-7	4:00 pm	8-7	4:30 pm	8-7	5:00 pm	6"	6:00 pm	4"	10 m	2"	
4	36"	8-7	4:00 pm	8-7	4:30 pm	8-7	5:00 pm	6"	6:00 pm	4 1/4"	10 m	1 3/4"	
5	36"	8-7	4:00 pm	8-7	4:30 pm	8-7	5:00 pm	6"	6:00 pm	4 3/4"	10 m	1 1/4"	
6	36"	8-7	4:00 pm	8-7	4:30 pm	8-7	5:00 pm	6"	6:00 pm	4 3/4"	10 m	1 1/4"	

Mike Hoagland
Signature of Person Conducting Test

Address 2700 Daw Ave Lincoln Phone 464-0638
Precast Products INC.

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

(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 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

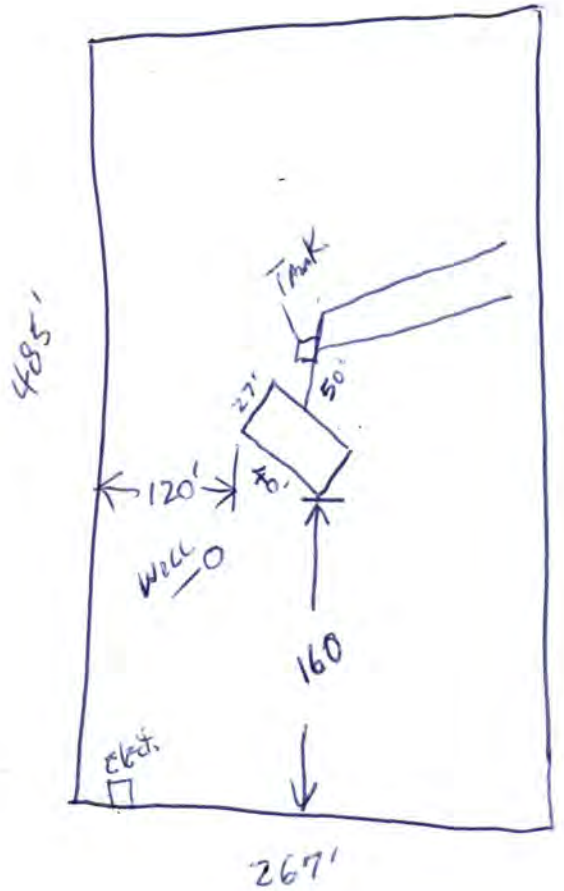
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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 :_____

_____

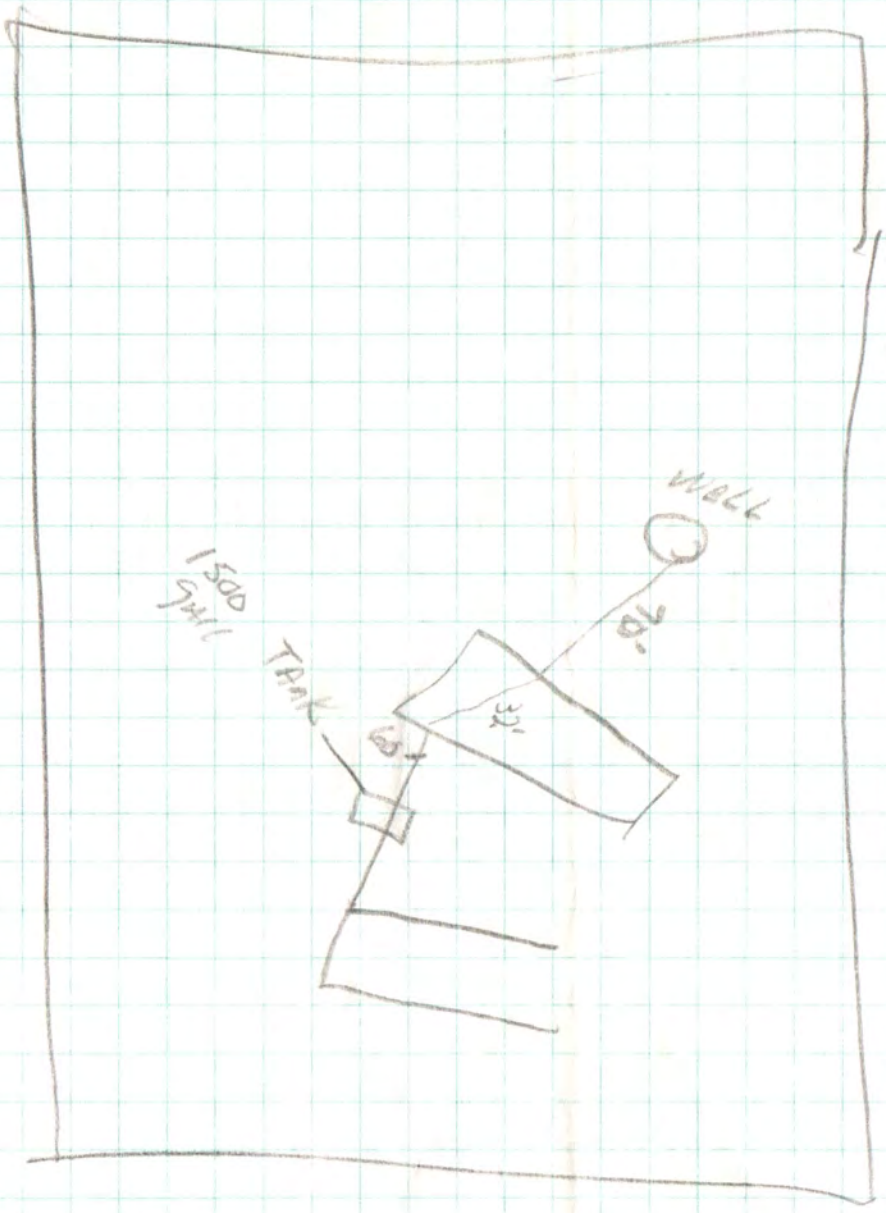
Date:_____

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

RE: 8250 W. Ginko Lane, Jeff Walker 432-0172 or 432-3152
797-2007

Ron did about 3 wks ago. Closing today.



001

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 8250 West Ginkgo Lane Denton, NE 68339

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

Directions to Property 6 to SW 70th on Denton Rd. 1 mile south 1 mile west 1/4 south to top of Hill 6 east House on north side of W. Ginkgo Lane

Location of Well South of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System north of House Year Installed 93

	NAME	ADDRESS	PHONE
Present Owner:	Mike Mild	8250 W. Ginkgo Lane	476-0447
Tenant/Buyer:			
Return to:	First Federal Lincoln		

Signature of Applicant [signature] Address 88C Denton, NE 68339 Date 10/13/93

432-0172

HEALTH DEPARTMENT USE ONLY

Date Received 10/15/93 Received $150.00 Check ☐ Cash ☐

PRELIMINARY STATUS--By Paul Dhotzmann **DATE:** 10/15/93

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: ___

See Attached Letter ☐

FINAL STATUS

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

Approved by Paul Dhotzmann Date 10/25/93

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.

053

BIOLOGICAL [redacted]ATION OF DRINKING WATER

SAMPLE TO BE COLL[redacted]ON:

MO. ____ (2-3) WI[redacted]DAY ____ (5) SAMP/DAY ____ (6-7)

ACCOUNT NO. ____ (16-22) ADD. TESTS ____ (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL 10-15-93 2:25 BY PAUL DROTZMANN
MO./DAY/YR./HOUR (9-16) (17-28)

ADDRESS OR LOCATION Mike Mild 8250 W. Ginkgo (29-41)

NAME AND ADDRESS OF OWNER

LCHD
2200 St. Mary's Ave
LINCOLN NE 68502

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FOR LABORATORY USE ONLY

SPECIAL REQUEST: ____ (42)
0. NONE 1. CHECK 2. REPLACEMENT

SAMPLE CONDITION: ____ (43)
1. GOOD 2. DAMAGED 3. INSUFFICIENT 4. OLD 5. RETURNED UNUSED

LABORATORY NO. 26313 (44-47)

DATE EXAMINED ____ (48-53)

COLIFORM 0 (54-56) /100 mL

FLUORIDE ____ (57-60) mg/LITER

NITRATE ____ (61-64) mg/LITER

TPC ____ (65-68) /100 mL

LAB. PROCEDURE ____ (69-75)

ANALIZED BY ____ (76-79)

IN '93 OCT 15 P3:05

OUT '93 OCT 16 P5:57

WATER CHEMISTRY

STATE LAB NO. 1511953

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

DATE COLLECTED 10-15-93 2:25
MO DAY YEAR HOUR

SAMPLE COLLECTED BY PAUL DROTZMANN

LOCATION Mike Mild 8250 W. Ginkgo

LEGAL DESCRIPTION: COUNTY LANC

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

REPORTED OCT 18 '93 P5:41

RECEIVED OCT 15 '93 P3:04

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

FOR ACCOUNTING USE ONLY

LWN 88