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. 96380148101

Issued 08/29/96
Expires 03/01/97
Revenue Code 18754

Establishment
MIKE MCCOWN
T9N R7E SEC 22
BLK 1 LOT 4
7901 AMBERHILL ROAD

FEES: $150.00

TOTAL $150.00

Permittee
MIKE MCCOWN
5051 STARR ST
LINCOLN NE 68504

Issued By M. Jane Ford
Health Director

2525

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

A

FILING FEE: $_____

FILE NO._____

DATE: Aug. 26, 1996

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 7E ; Section 22 ;
   Block 1 : Lot 4 : Addition Amber Hill Estates 1st Addition
   Street Address 7901 Amberhill road.

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 5 . Describe_____

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

4. Distance to public sewer: NONE ft.

Mike D. McCown
Signature of Applicant (Owner or Lessee)

5051 STARR City 68504
Address

432-7346
467-1687

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/28/96. Date Frwd. 8/28/96. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8/28/96. Date Frwd. 8/28/96. ACTION: Approved ☒ Disapproved ☐ Signature:

3. City or County Engineer : Date Rec'd. 8-28-96. Date Frwd. 8-28-96. ACTION: Approved ☒ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 9/9/96 by: J.C.H. Sewer order. Lagoon not finished.
Date: 12/13/96 by: J.C.H. West berm needs more work, lagoon a little large
Date:_____ by:_____

INSTALLATION FINAL WRITTEN APPROVAL
Date:_____ By:_____

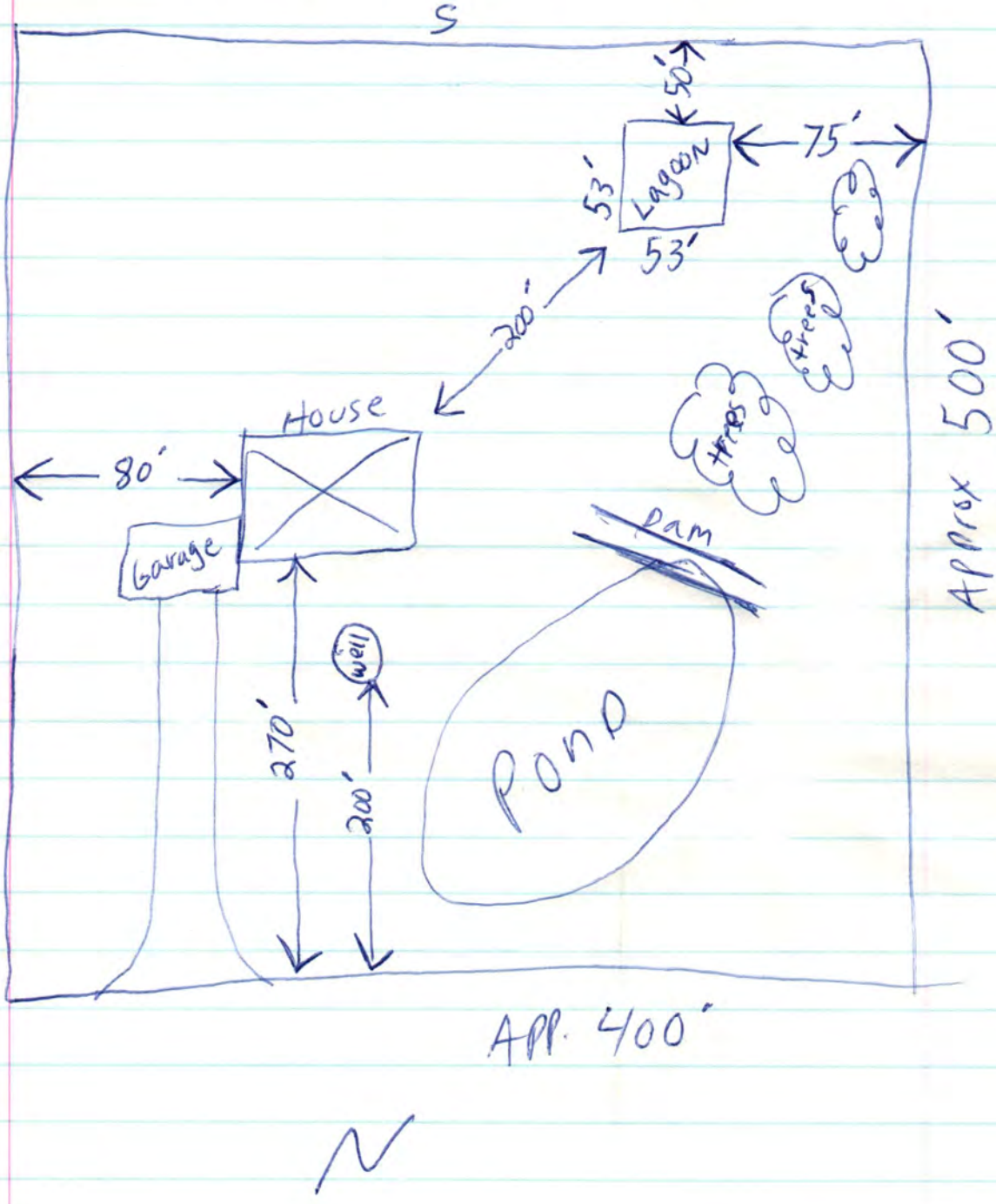
White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 23-43

Mike McCown 432-7346
467-1687

Amber Hill estates 1st ADD. Lot 4 Block 1

7901 Amber Hill RD.



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
WATER WELL

No. 96400057701

Issued 08/29/96
Expires 03/01/97
Revenue Code 19851

Establishment
MIKE MCCOWN
T9N R7E SEC 22
BLK 1 LOT 4
7901 AMBERHILL ROAD

FEES: $75.00

TOTAL $75.00

Permittee
MIKE MCCOWN
5051 STARR ST
LINCOLN NE 68504

Issued By M. Jane Ford
Health Director

2524

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

FORM: 20222-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502
PHONE: 471-7800

FILING FEE $ _____

FILE NO. 9640055?
PID# 16-22-404-004-000

DATE: Aug 26, 1996

The undersigned hereby requests: Site Clearance and Permit to construct a new individual water well ☐ ; Permit existing well ☒ ; well repair or alteration involving opening of well ☐ ; in conformance with appropriate ordinance, as described herein: Well was Installed 4 months AGO.

1. Legal description of property: Twp. 9N : Range 7E : Section 22
   Block 1 : Lot 4 : Addition Amber Hill Estates 1st Addition
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☒
   Describe open Loop Heating & cooling
3. Distance to Public Water Supply: ? Ft.
4. Intended use of well open Loop Heating & cooling system / Residential use

Mike H McCown
Signature of Applicant (owner or lessee)

5051 STARR City 68504
Address 432-7346 467-1687

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 8/28/96. Action: Approved ☒ Disapproved ☐
   Date Frwd. 8/28/96. Signature: Gerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 8/28/96. Action: Approved ☒ Disapproved ☐
   Date Frwd. 8/28/96. Signature: [illegible]
3. City or County Engineers: Date Rec'd 8/28/96. Action: Approved ☒ Disapproved ☐
   Date Frwd. 8/28/96. Signature: M McEl[illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6/22/00 by Gerald Hood ~~Current Letter~~ Inspective.
Date: 7/24/00 by Gerrold Hood
Date: 8/3/00 by Gerrold Hood
8/8/00 by Gerrold Hood
8/9/00 by Gerrold Hood

Nitrate Level 0.0 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/11/00 By: J.C. Hood

Health Department copy: White
Engineers Copy: Light Green
Building Inspectors Copy: Light Blue

FORM 23-13

Entered ✓

JUN 26 2000

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13553
FILE NO. 9540005 77

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN NE 68502
Phone: 471-7300

PID #16-22-404 004-000

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 22 T. 9N R. 7E Block 1 Lot 4 Addition AMBER HILL ESTATES 1ST ADD.
Owner Michael G. McCown Address 7901 Amberhill Rd

LOG OF WELL	
	Description
Depth Ft. to	
0 - 1	Top Soil
1 - 4	Dark Brown Clay
4 - 65	Brown Clay
65 - 75	Gray Clay
75 - 124	Blue Clay
124 - 139	Sandstone (Gray, Course)
139 - 160	White + Brown, Red Clay
160 - 194	Red + Brown Clay
194 - 237	Sandstone Brown - course
237 - 239	Brown Clay
239 - 242	Sandstone (Med - Brown)
242 - 246	Light Gray Clay
246 - 266	Sandstone (Med - Brown)

WELL COMPLETION RECORD

Drilling Method:
Depth (from ground level), Ft. 266
Date Completed 5/3/96

Casing: Length, Ft. 246 ; Dia. In. 4"
Wall Thickness, Inc. .214 ; type PVC

Screen: Length, Ft. 20 Dia. In. 4"
Type Monoflex , slot Size .018

Drop Pipe: Length, Ft. 240 Dia. In. 1¼"

Water Level, Surface to top of water, Ft.:
Static 188 , Pumping 198

Yield: 20 ggm, Measured ☒ , Est. ☐
Chlorination Completed Yes ☒ No ☐

The above information including "Log of Well" is a true record of the job performed by me.

Driller _____
(Signed)

REMARKS NITRATE NITROGEN 0.0 P.P.M.
BACTERIOLOGICAL O.K.

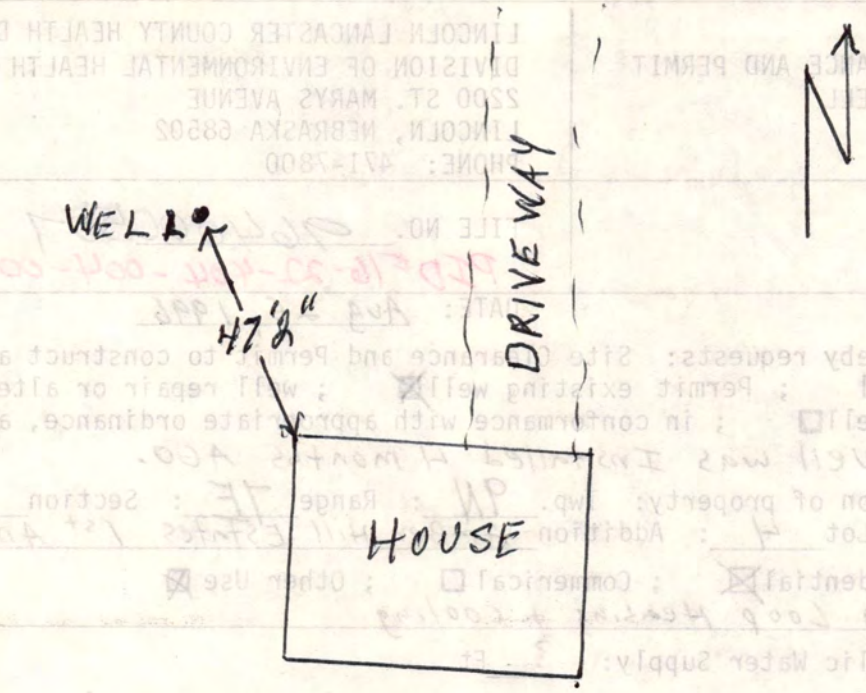
Address _____

Date _____

DO NOT WRITE BELOW THIS DOUBLE LINE

Health Department forwarded copy of record to Nebraska Conservation and Survey Department for Scientific Record ☒

FORM 23-4



AREA OF
SEWAGE SYSTEM
(LAGOON)