JUN 19 2015

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number
HS001085

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 9733 ~~East~~ NW 27TH ST. City LINCOLN, NE Zip 68524
(no rural route)

Legal Description XNE SE 20 11 6E of the 6th PM Lots 25, 26 & 31
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 12-20-200-003-000? SB

B. Owner

Name CHANDLER KRAMER Signature X Chandler Kramer
Address 9000 NW 40TH City/State/Zip LINCOLN, NE 68524
Home Phone 402-416-1713 Work Phone

C. Certified Installer

Name: GARY L. HOLLY Signature Gary L Holly
Address 71860-567 AVE City/State/Zip FAIRBURY, NE 68352
Work Phone 402-537-0120

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number:
Designer Name Firm Work Phone

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms Whirlpool Bathtub? ☐ Yes ☐ No ☒ Total Acres 20.62
Garbage Grinder? ☐ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits Date rec'd **ACTION** ☐ Approved ☐ Disapproved
Date frwd Signature
Comments

2. Supt. Bldg. Insp. or Village Clerk
Comments Date rec'd **ACTION** ☐ Approved ☐ Disapproved
Date frwd Signature

3. City or County Engineer
Comments Date rec'd **ACTION** ☐ Approved ☐ Disapproved
Date frwd Signature

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 6-19-15 Amount Paid $375.00
Received By SB Cash/Check No. 1448

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 1/13

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

B

Permit Number: HS001085

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

LAGOON

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 9733 NW 27TH ST. (no rural route) City LINCOLN NE, Zip 68524

Owner CHANDLER KRAMER Addresss 9000 NW 40TH ST. LINCOLN, NE 68524

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

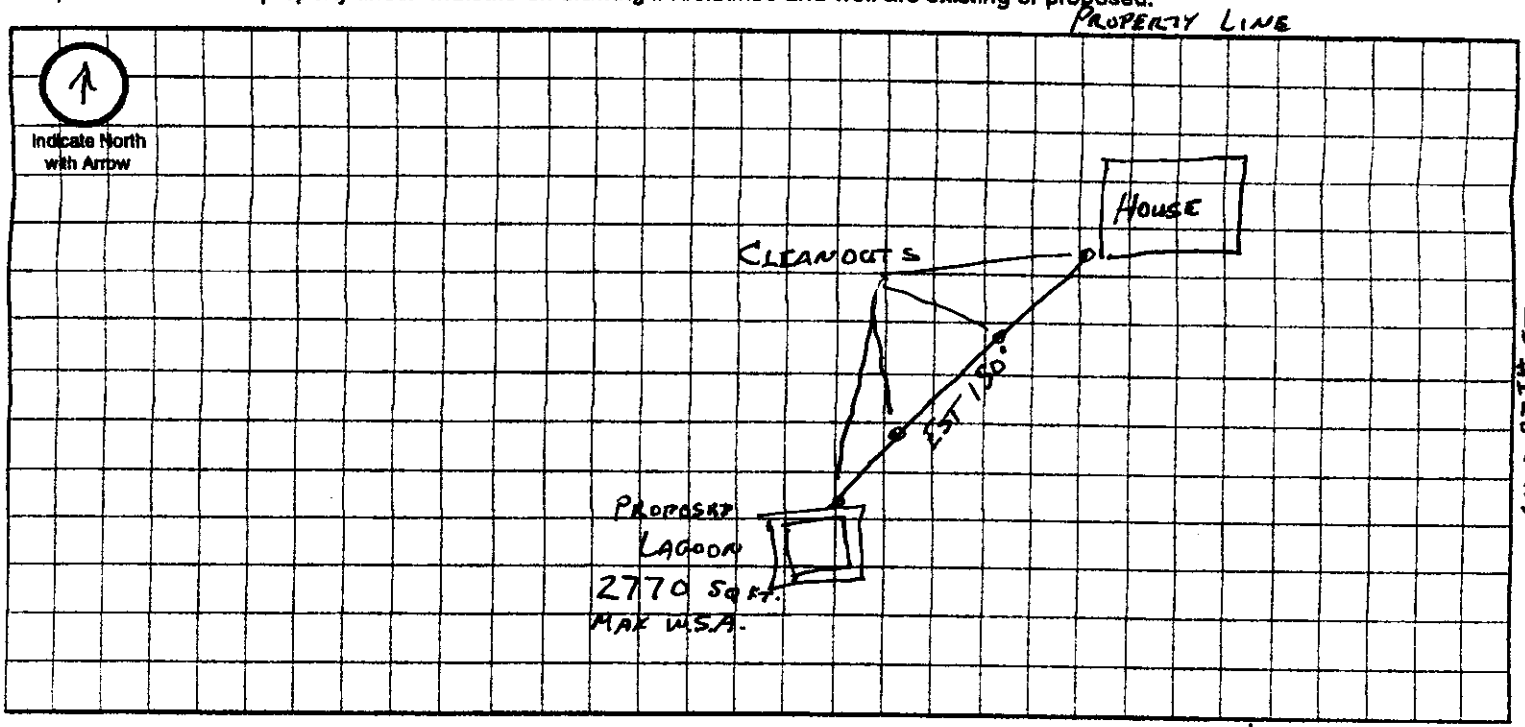
Permit Number: HS001085

LAGOON

Sewage Disposal System
Preliminary Plan Specifications

CHANDLER KRAMER

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 9733 NW 27TH ST. City LINCOLN NE, Zip 68524

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☒	500 ☒	50 ☒	N/A ☐	30 ☒	50 ☒	100 ☒	200 ☒	☒

E. Required Signatures

Home Building Contractor X Chandler Kramer Date 6-16-15

Installer Gary T. Holly Date 06/12/15

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001085

System Type: Lagoon

Situs: 9733 NW 27th

Issued: 7/15/2015

Expires: 7/15/2016

Description: S20, T11, R6, 6th Principal Meridian, LOT 37

Owner: BOOL, EARL
ATTN: BOOL, GEORGE 9905 NW 27 ST
LINCOLN, NE 68524

Judith A Halstead
Judith A. Halstead, MS, Health Director

Dear Applicant:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

Judith A Halstead
Judith A. Halstead, MS
Health Director

CHANDLER KRAMER
9000 NW 40TH
LINCOLN, NE 68424

SCANNED

JUN 19 2015

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

6/1/15 gr

A

Permit Number HS001085

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 9733 ~~Van~~ NW 27TH ST. City LINCOLN, NE Zip 68524
(no rural route)

Legal Description XNE SE 20 11 6E of the 6th PM ~~Lot~~ ~~33, Orchard Hts~~ 37
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 12-20-200-003-000? SB
12-20-400-010-000

B. Owner

Name CHANDLER KRAMER Signature X
Address 9000 NW 40TH City/State/Zip LINCOLN, NE 68524
Home Phone 402-416-1713 Work Phone

C. Certified Installer

Name: GARY L. HOLLY Signature
Address 71860-567 AVE City/State/Zip FAIRBURY, NE 68352
Work Phone 402-587-0120

D. Engineer

☐ Check and complete if engineer designed system P.E. License Number:
Designer Name Firm Work Phone

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 3 Whirlpool Bathtub? ☐ Yes ☒ No ☒ Total Acres 20.07
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day
Type of Wastewater ☒ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits X Floodplain issues
Comments
Date rec'd 7/15/15
Date frwd 7/15/15
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd
Date frwd
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments must comply with Floodplain requirements
Date rec'd 7-7-2015
Date frwd 7-7-2015
ACTION ☒ Approved ☐ Disapproved
Signature Kenneth D. Schroeder

Installation Final Written Approval
By Gary Holly
Date 5/18/17 — covered prior to inspection has been noticed several times regarding floodplain issues
7/10/15 - DA
Contractor

Business Office Use Only
Date Received 6-19-15 Amount Paid $375.00
Received By SB Cash/Check No. 1448

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 1/13

OCT 30 2015

D

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number:

CHANDLER KRAMER

CHANDLER KRAMER
9000 NW 40TH STREET
LINCOLN, NE 68524

Sewage Disposal System
As Built Plans & Specifications

Date OCT 15, 2015

System Location (Indicate correct number and street)

Address 9733 NW 27TH STREET (no rural route) City LINCOLN NE, Zip 68524

A. Building Sewer

1. Material: 4" SCH 40 PVC
   Diameter: 4" in.
2. Distance above basement floor: 32 in.
   or distance below basement floor: ____ in.
3. Distance between dwelling and septic tank: 43 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 60 ft.
   stream N/A ft.
   pressure line 50 ft.
   property line 85 ft.

B. Septic Tank

1. Material: PLASTIC
   Number of compartments: 1
2. Capacity: 1250 GAL 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 2 in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 24 in.
8. Distances to: Well or suction line 111 ft.
   Stream N/A ft.
   Pressure line 102 ft.
   Property line 116 ft.

C. Distribution Box / DROP BOX

1. Material: PLASTIC
   Number available outlets: 2
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 11 ft.

D. Absorption Field

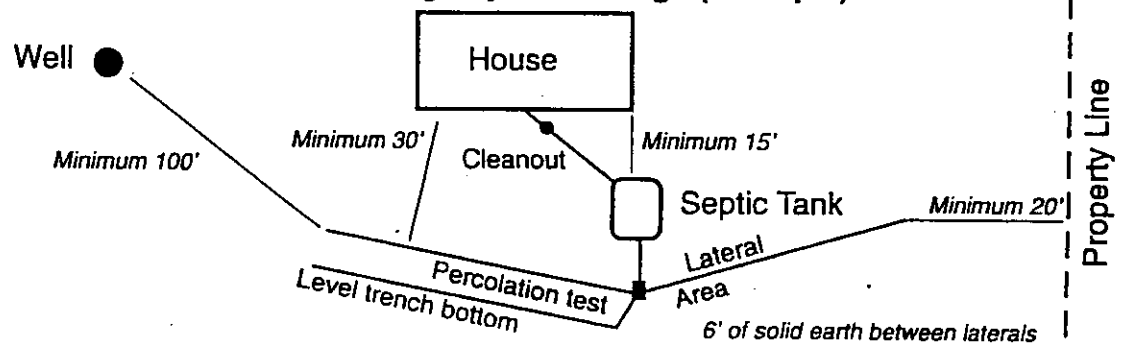
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe ☒ GRAVELESS CHAMBERS
   Diameter of half round: ____
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other 34X12 INFILTRATOR Q4 PLUS
2. Lateral lines: Number 2
   Length of each line: 92 ft. 88 ft.
   ____ ft. ____ ft., ____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 24 in/100 ft.
   Average depth 36 in
4. Filter material: MAT. SOIL
   Depth of material 36 in.
5. Distances to: Well or suction line 132 ft.
   Stream NA ft.
   Pressure line 123 ft.
   Property line 62 ft.

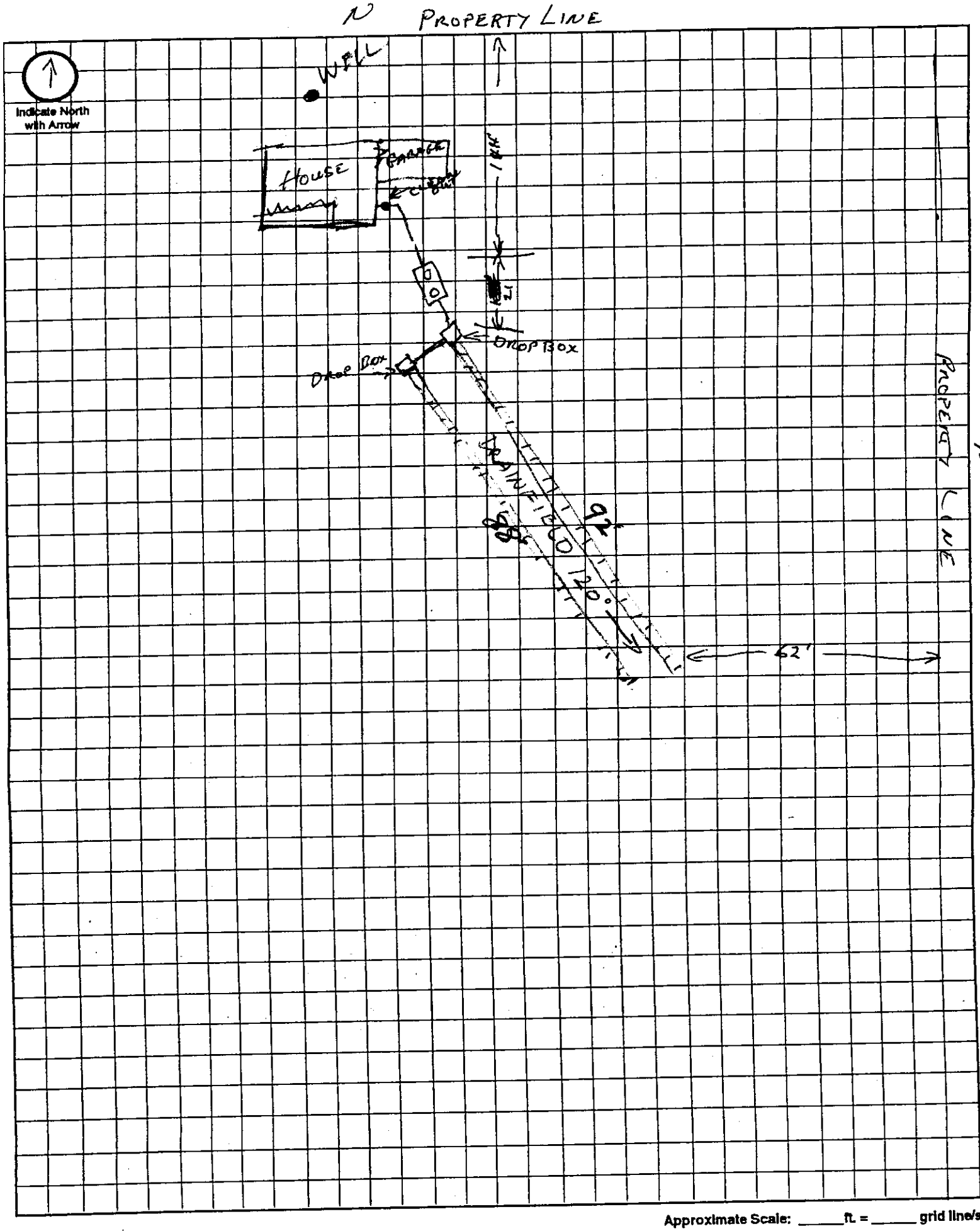
Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s