JUN 2 5 2002

A

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

Repair

Permit Number:

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 210 First Street City Kramer NE, Zip NE 68333
(no rural route) 9

Legal Description ~~Kramer~~ ~~Block~~ ~~lots~~ KRAMER 8 7-18
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Robert F. & Debra L. Hier Signature Robert F. Hier Debra L. Hier

Address 210 First City/State/Zip Kramer, NE 68333

☐ Check if owner designed system Home Phone 402-826-3507 Work Phone 826-8790

C. Contractor

Name _____ Company Name Aqua Plumbing

Address 823 Quince City/State/Zip Crete, NE 68333

☐ Check if contractor designed system Work Phone 826-2101

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub 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. 2832

1. **Health Department** Date rec'd 6/26/02 Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 06/27/02

Amt Paid 200.00

Rec'd By _____ M.O. Cash/Check No. 490969512

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

JUN 2 5 2002 **B**

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Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 210 First St. (no rural route) City Kramer NE, Zip 68333

Owner Robert F. & Debra L. Hier Addresss RR1 Box 77 Kramer NE 68333

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

Date of Tests 4-9-02 to 4-10-02 Weather: Precipitation _____ Temperature _____

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				
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)
1	36"	4-9	2:00	4-9	6:00	4-10	2:05	7 3/4"	4-10	6:05	30	3/4	
2	36"	4-9	2:10	4-9	6:10	4-10	2:08	6 1/2"	4-10	6:08	33	1/2	
3	36"	4-9	2:20	4-9	6:20	4-10	2:11	6 1/2"	4-10	6:11	35	1/4	
4	36"	4-9	2:30	4-9	6:30	4-10	2:14	5"	4-10	6:14	36	3/4	
5	36"	4-9	2:40	4-9	6:40	4-10	2:16	5"	4-10	6:16	38	1/4	
6	36"	4-9	2:50	4-9	6:50	4-10	2:18	4 3/4"	4-10	6:18	40	1/2	

Person Conducting Percolation Tests

Name: Bob & Deb Hier

Phone: 826-3507

Address RR1 Box 77 (210 First)
Kramer NE 68333

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 _____

FORM 23-101 10-96

JUN 2 5 2002

C

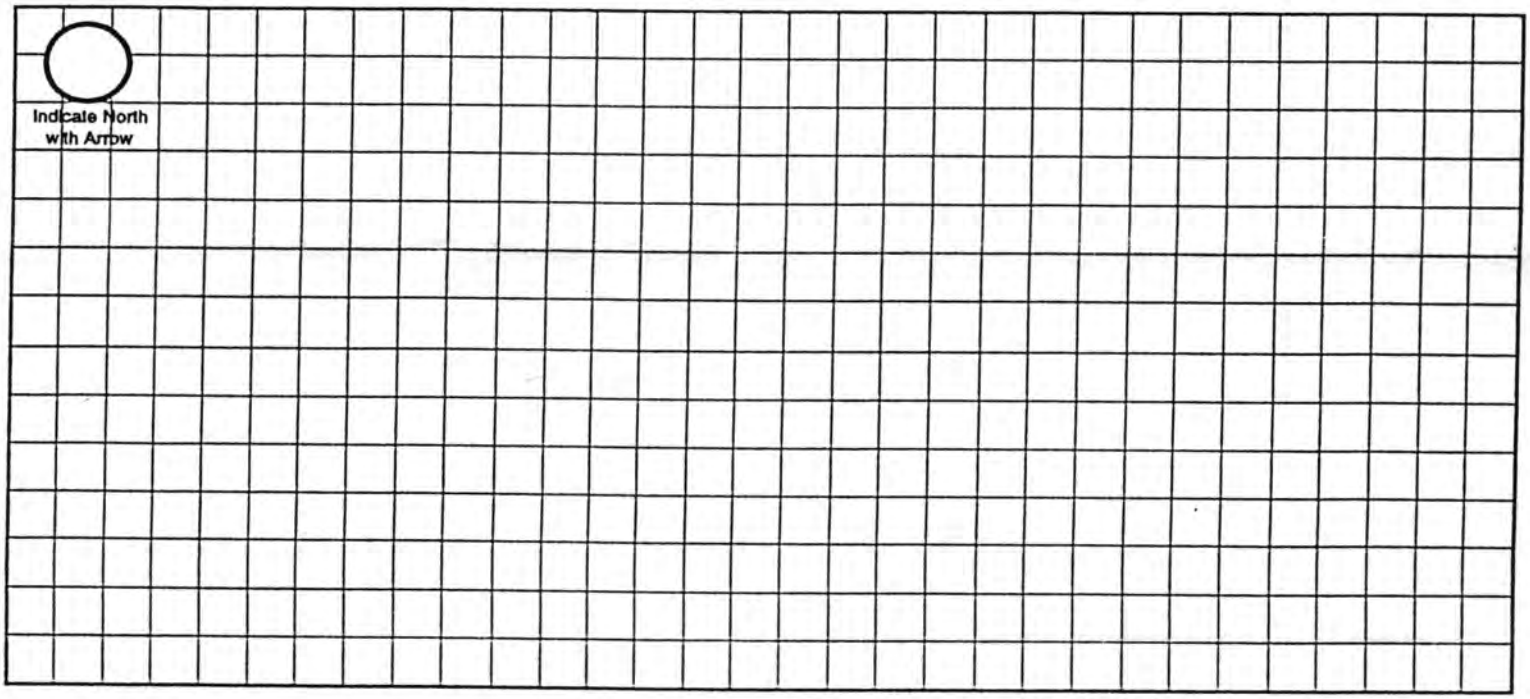
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Preliminary Plan Specifications

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: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 210 First City Kramer NE, Zip 68333

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: 1 to 2 %

Type of Absorption System: ☐ Trench ☒ Bed ☐ Other gravel

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

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: gravel with equalizer chambers

Capacity of Septic Tank 1250 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 _____ Date _____

Installer _____ Date _____