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

APR 10 2000

A

Permit Number: 003802169

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 Rt 1 Box 84 (no rural route) City Kramer NE, Zip 68333

Legal Description ~~NW~~ 9 (1/4) (1/4) Section 7N Township 5E Range KRAMER Subdivision 3 Addition 5 Block 6 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Chuck Skillen Signature _____

Address Rt 1 City/State/Zip Kramer

☒ Check if owner designed system Home Phone 526-5599 Work Phone _____

C. Contractor

Name Mitch Martin Company Name Aqua Plumbing

Address 1025 W 10th City/State/Zip Crete Ne 68333

☒ Check if contractor designed system Work Phone 526-2101

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 3 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 4/10/00 Date frwd 4/10/00 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
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 Jerrold C. Hood

Date JUNE 23, 2000

Business Office Use Only

Date Rec'd 04/10/00

Amt Paid 50.00 VP

Rec'd By _____ Cash/Check No. 5646

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

APR 1 0 2000

B

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

Permit Number: 003802169

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address Kramer Rt 1 (no rural route) City Kramer NE, Zip 68333

Owner Chuck Stillett Addresss Rt 1 Box 54

Soil Type (SCS): ~~Judson Silt Loam~~ JUDSON SILT LOAM 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)
1	36"	3-28	9	3-29	10:00	3-30	10:05	12"	3-30	10:00	60+	6"	10 MIN/IN
2	36"	3-28	9:05	3-29	10:10	3-30	10:10	12"	3-30	10:10	60	5	12 MIN/IN
3	36"	3-28	9:10	3-29	10:15	3-30	10:15	13"	3-30	10:15	60	6	10 MIN/IN
4	36"	3-28	9:20	3-29	10:30	3-30	10:30	11"	3-30	10:30	60	7	9 MIN/IN
5	36"	3-28	9:25	3-29	10:35	3-30	10:45	11"	3-30	10:45	60+	5	12 MIN/IN
6	36"	3-28	9:30	3-29	10:45	3-30	10:45	12"	3-30	10:50	60+	4	15 MIN/IN
		Didn't Hold water 24hr											

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 11

Person Conducting Percolation Tests

Name: Mitch Morton

Phone: 826-2101

Address 1025 west 10th

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hoof R.E.H.S. Date APRIL 10, 2000

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

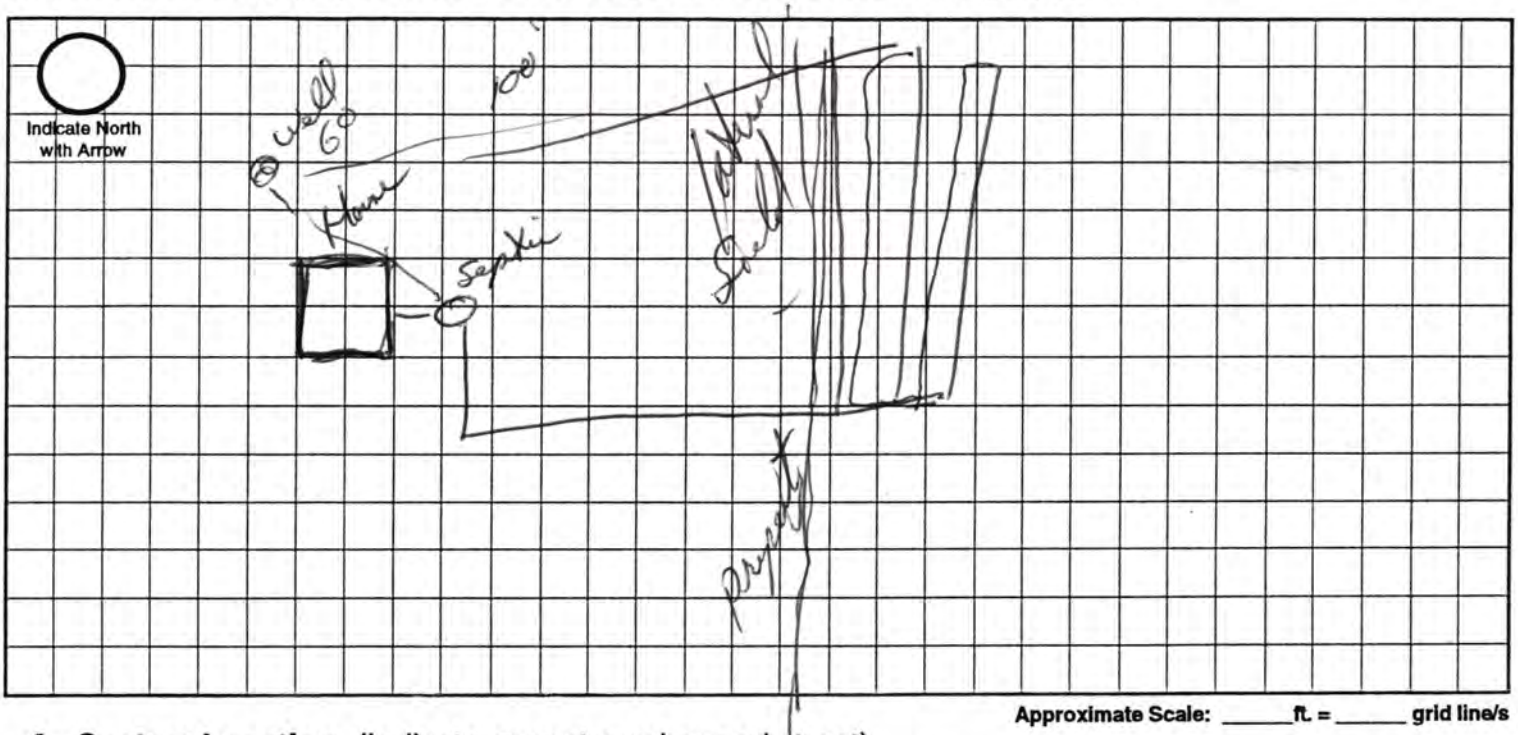
APR 1 0 2000

C

Permit Number: 00380216 9

Sewage Disposal System
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) Rt 1 / Box 84 City Kramer NE, Zip 68333

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☒ Other Just / Overall Field

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

Percolation Rate 13 (min. per inch) Soil Type: JUDSON SILT LOAM Land Slope: 0-3 %

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

Total Square Feet of Field Required: 630 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Equalizers / Gravel / Clay

Capacity of Septic Tank 1250 gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed 2

Total Length of Laterals 158 ft. Number of Trenches 2 Trench Width 4'-6" I-I

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 Existing Date _____

Installer _____ Date 3-31-00

FORM 23-102 10-96

R JUN 1 2000

D

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 2/27/00

System Location (Indicate correct number and street)

Address Rt 1 Bx 83 (no rural route) City Cheke NE, Zip 68333

A. Building Sewer

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

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

C. Distribution Box

1. Material: Plastic
   Number available outlets: 2
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 12' ft.

D. Absorption Field

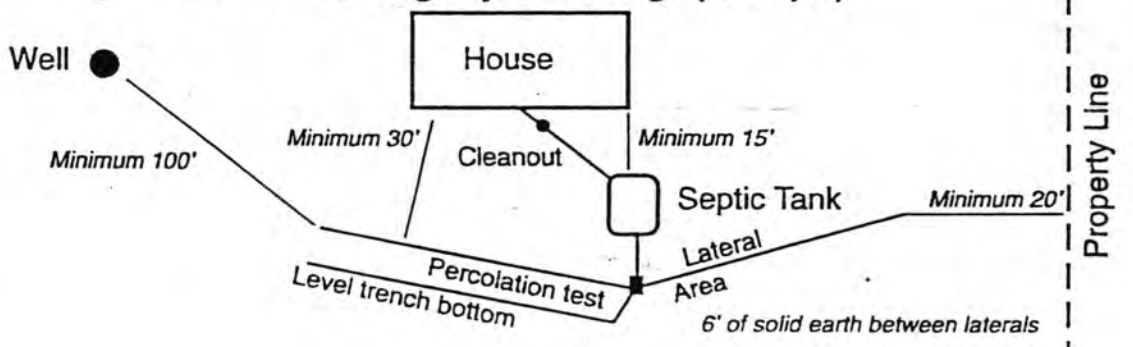
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☒ concrete
   ☐ other Equalizer Crawless Chambers
2. Lateral lines: Equalizer Number 2 / Trench
   Length of each line: 50' ft. — ft.
   50 ft. — ft., — ft.
3. Trench dimensions: Width 36" / 3' ft.
   Slope 1-2 in/100 ft.
   Average depth 26" 26"-32" in
4. Filter material: Equalizer
   Depth of material 8" in.
5. Distances to: Well or suction line 100 ft.
   Stream 50 ft.
   Pressure line 50 ft.
   Property line 50 ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



FORM 23-103 10-96

Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 00380216901

Issued 04/12/00
Expires 10/12/00
Revenue Code 3157

Establishment

CHUCK SKILLETT
T7N R5E SEC 9
KRAMER BLK 3 LOT 5&6
BOX 84-KRAMER

FEES: $150.00

TOTAL: $150.00

Permitee

CHUCK SKILLETT
BOX0000084
BOX 0000084
KRAMER NE 68333

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

012943

EASEMENT

THIS EASEMENT made and entered into this 7th day of March, 2000 by and between CHARLES SKILLET, JR. AND JENIE LYN SKILLET, husband and wife, hereafter referred to as "First Parties" and ROGER C. JOHNSON, a single person, hereafter referred to as "Second Party"

WITNESSETH:

WHEREAS, CHARLES SKILLET, JR. is the owner in fee simple of :

Lots 5 & 6, Block 3, Kramer, Lancaster County, Nebraska;

And,

WHEREAS, Second Party is the owner in fee simple of:

Lots 1, 2, 3 AND 4, Block 3, Kramer, Lancaster County, Nebraska.

WHEREAS, the need has arisen for relocation of the septic laterals which are part of the septic system serving the property of First Parties; AND WHEREAS said laterals have been required by health officials to constructed, in part, upon the property of Second Party

NOW THEREFORE, in consideration of the premises herein, it is mutually agreed and understood that Second Party grants to First Parties, an easement for the encroachment of said sewer laterals as they shall be constructed.

IT IS FURTHER MUTUALLY AGREED AND UNDERSTOOD between the parties that this easements all at all times be construed as a covenant running with the land and shall extend to and be binding upon the heirs, executors, administrators, assigns and grantees of both of the parties hereto.

Charles Skillet Jr.
CHARLES SKILLET, JR.

Jenie Lyn Skillett
JENIE LYN SKILLET

Roger C Johnson
ROGER C. JOHNSON

State of Nebraska
County of Lancaster

Subscribed and sworn to before me a Notary Public this 7th day of March, 2000 by CHARLES SKILLET, JR. AND JENIE LYN SKILLET, husband and wife.

Dawn E Mundt
Notary Public

GENERAL NOTARY-State of Nebraska
DAWN E. MUNDT
My Comm. Exp. April 21, 2003

State of Nebraska
County of Lancaster

Subscribed and sworn to before me a Notary Public this 7th day of March, 2000 by ROGER C. JOHNSON, a single person.

Dawn E Mundt
NotaryPublic

GENERAL NOTARY-State of Nebraska
DAWN E. MUNDT
My Comm. Exp. April 21, 2003

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☐ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 11300 N 3rd Street Kramer Block 3 LOTS 5 & 6

Parcel ID 01-09-103-001-000 (i.e. 99-99-999-999-999)

Twp 7 Range 5 Section 8 1/4 1/4 Block Lot Addition

Directions to Property take 77 South to Hwy 33. Go 8 miles West on Hwy 33 to Kramer Corner go south 5 miles to Kramer, take first (L), 2nd house on (L)

Location of Well West side of house Tap Location: Inside ☒ Outside ☐

Location of Sewage System East side of house Year Installed 2000

Site Hazards (dogs, etc.) None

	NAME	ADDRESS	PHONE
Present Owner:	Benj Haecker	RR1 Box 84 Crete, Ne 68333	402-826-5985
Tenant/Buyer:	Andy Haecker	RR1 Box 84 Crete, Ne 68333	402-826-5985
Return to:			(Fax)

Signature of Applicant Andy Haecker Address RR1 Box 84 Crete, Ne 68333 Date 10/04/02

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 10/07/02 Amount 200.00 Check No. 3779 Initials ls

DATA ENTRY Date ____/____/____ Case No. ____ Initials ____

PRELIMINARY STATUS--By Doug Arnold **DATE:** 10/7/02

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 3.7 ppm	☐ ____ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ____/____/____ by ____

Date ____/____/____ by ____

Date ____/____/____ by ____

Comments: New septic system installed in June of 2000 Recommend that septic tank be checked every 2-3 years to determine if pumping is needed. See Attached Letter ☐

FINAL STATUS

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

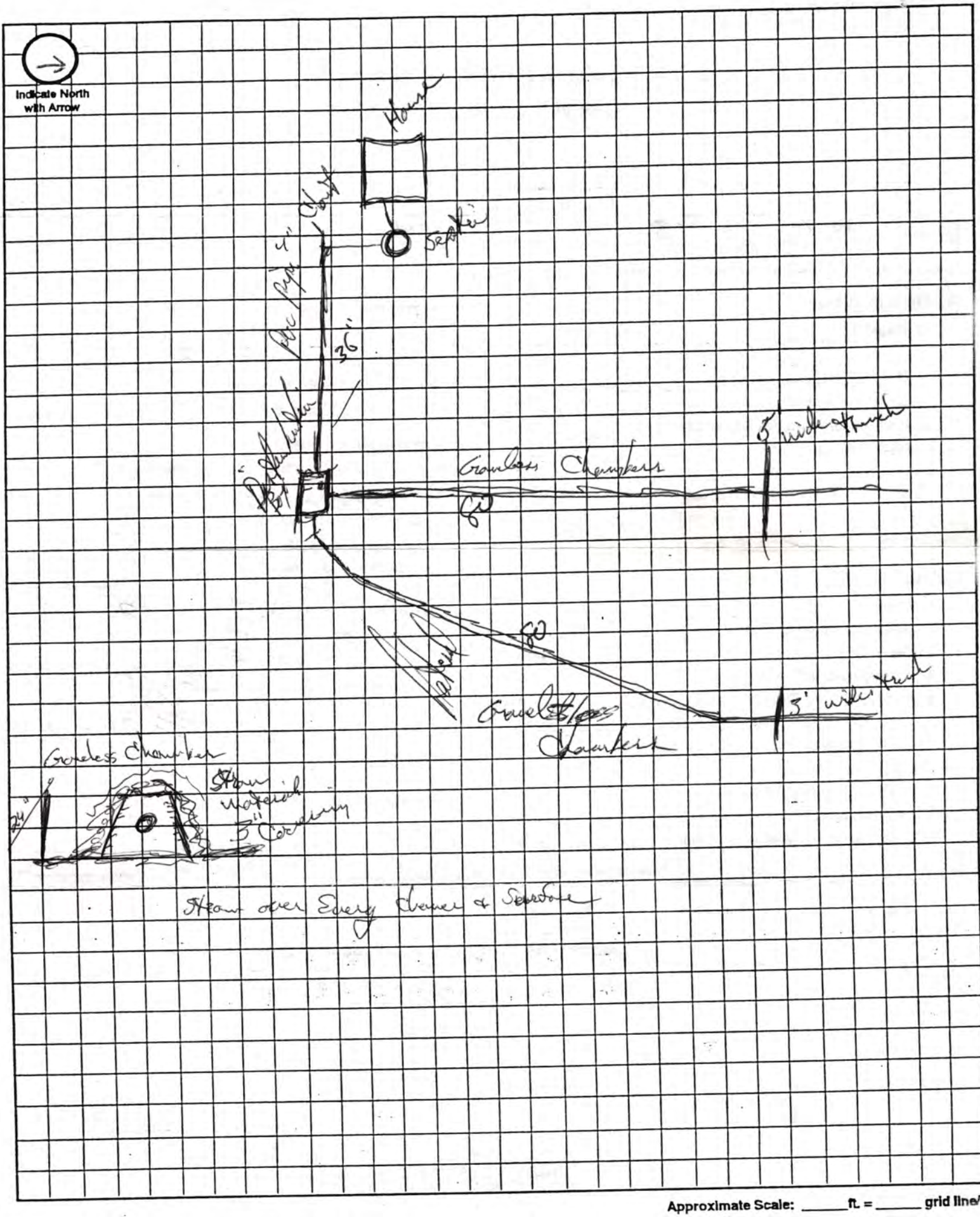
Approved by Doug Arnold Date 10/10/02 DS

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.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 9-00

As Built Drawing



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