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

A

Permit Number: 013802290

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 21801 KAAR Rd (no rural route) City Hickman NE, Zip

Legal Description SW 1/4 2 1/4 Section 7N Township 7E Range Holland Acres Subdivision Addition 3 Block 3 Lot

Geographical Location (if known): Longitude Latitude

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

B. Owner

Name Kramer Enterprises LLC Signature John P. Kramer

Address 4600 Renfro Dr City/State/Zip Lincoln Ne 68526

☐ Check if owner designed system Home Phone Work Phone 489 7209

C. Contractor

Name Kramer Enterprises LLC John P. Kramer Company Name Kramer Enterprises LLC

Address 4600 Renfro Dr City/State/Zip Lincoln Ne 68526

☐ Check if contractor designed system Work Phone 489-9209

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 3/13/01 Date frwd 3/14/01 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/14/01 Date frwd ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 3/14/01 Date frwd 3/14/01 ACTION ☒ Approved ☐ Disapproved Signature

7/23/01 J. C.H. 1+½ laterals
7-27-01 tank + sewer line only
7/24/01 Need drawing J. C.H.

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date JULY 26, 2001

Business Office Use Only

Date Rec'd 03/13/01
Amt Paid 200.00
Rec'd By Cash/Check No. 2071

FORM 23-100 9-00 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 29801 Kaar Rd. (no rural route) City Hickman (Holland) NE, Zip 68372

Owner John Kramer Addresss

Soil Type (SCS): WTC2 Percolation Rate: min./inch

Date of Tests 4-12 to 4-13-01 Weather: Precipitation 0 Temperature 50

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	4/12	6:00	4/13	8:00	4/13	9:00	6 3/8	9:30	4/13	30	3/8	80 X
2			P		A		A	7 1/8	A			1/2	60
3								7 1/4				7/8	35
4								8 3/4				1 1/8	20
5								7 7/8				1/2	60
6								8				3/8	80 X
7		6/13	7:00	6/14	5:00	4/13	8:15	10 1/8	4/13	8:45		3/4	40
8		6/13	PM	6/14	PM		8:15	5 3/4		8:45		7/8	35

Sum of Percolation Rates: ~~335~~ 250

Average of Rates: ~~56 min/in~~ 42

Rate Used for Calculation: 50 MIN

Person Conducting Percolation Tests

Name: Brad Southwick

Phone: 475-2402/430-7606

Address 17201 So 72nd
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

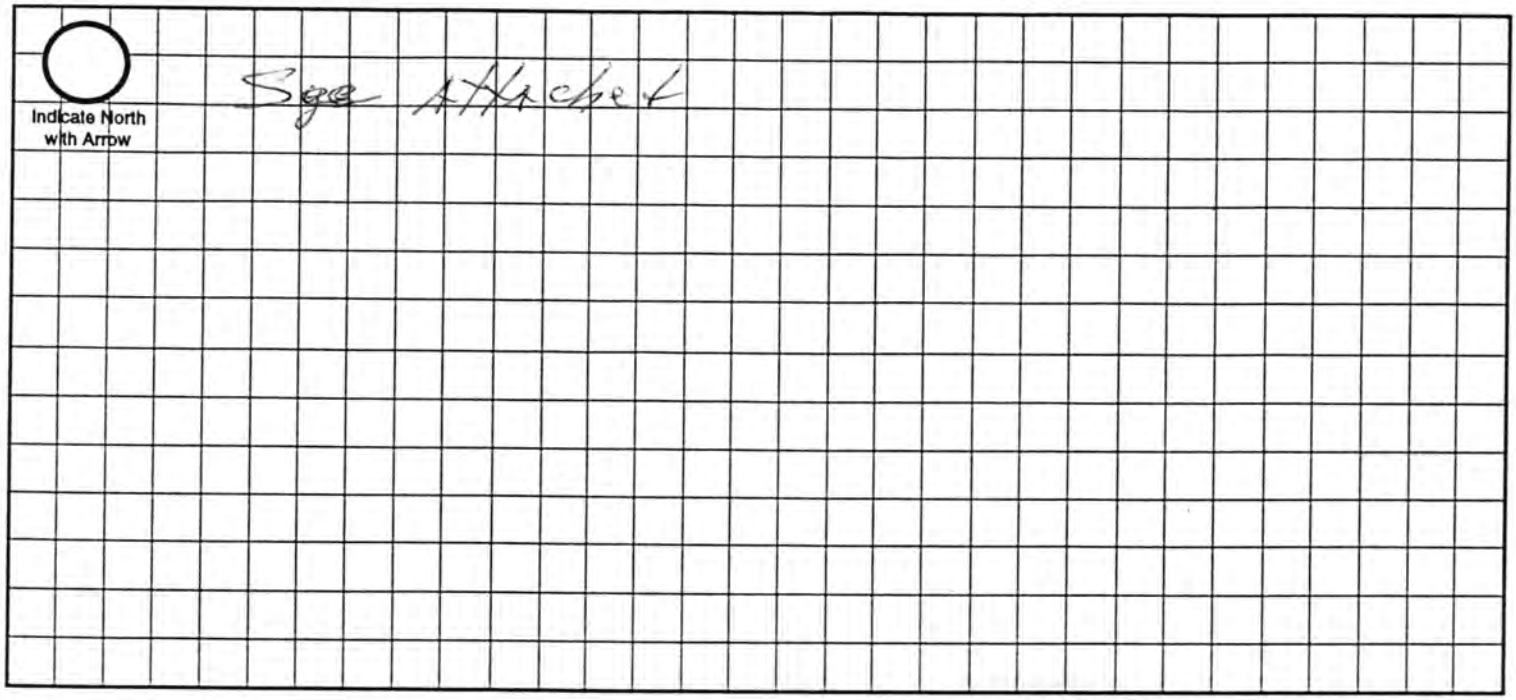
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 0138022290

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) 2/801 Karr Rd City Hickman NE, Zip _____

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 _____ Date 3-13-01

Installer _____ Date _____

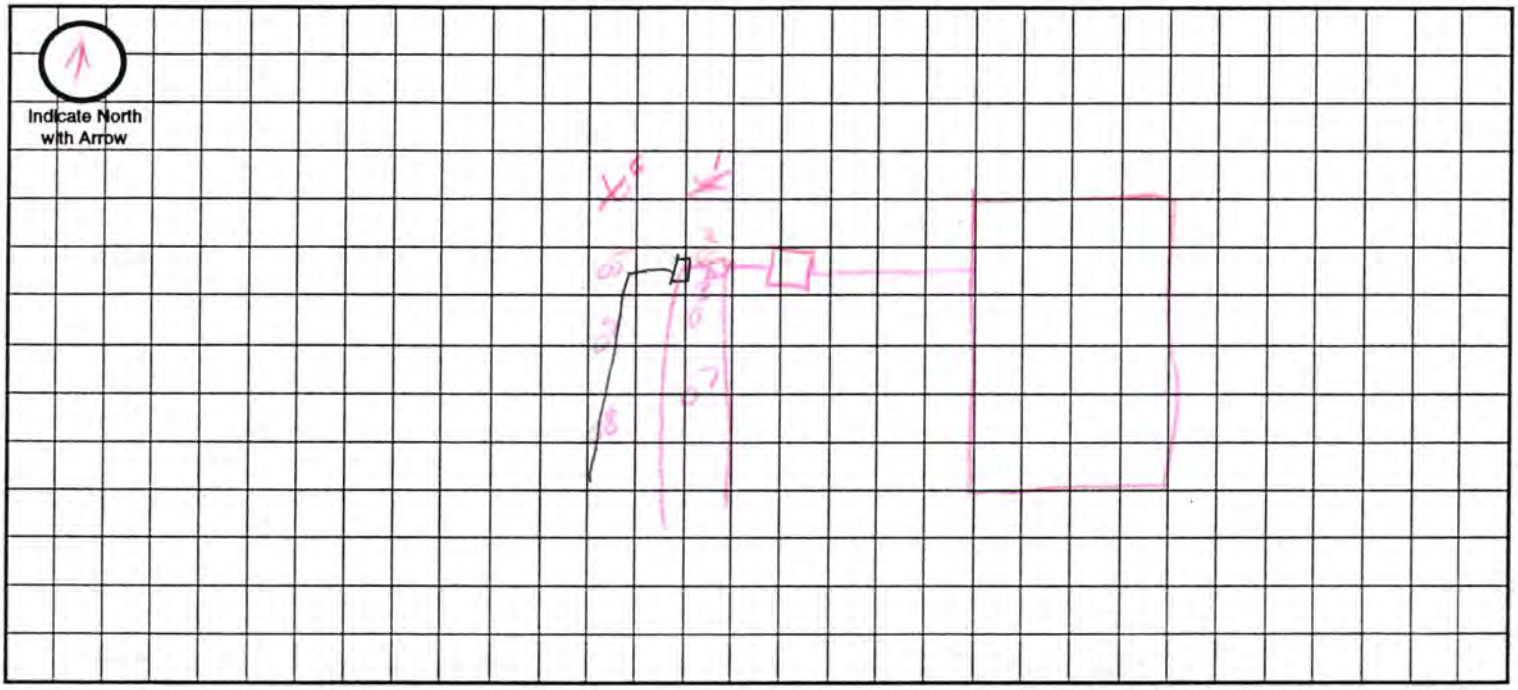
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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) 29801 Kaar Rd. City Hickman, NE, Zip 68372

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 (min. per inch) Soil Type: WTC Land Slope: 4 %

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

Total Square Feet of Field Required: 1050 sq. ft.

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

Capacity of Septic Tank 1,000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 270 ft. Number of Trenches 3 Trench Width 4'

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 Brad Smith Date 7-20-01

FORM 23-102 10-96

240'-0

10'-0 Easement

LEGAL:
LOT 3
BLK 1
HOLLAND ACRES
SCALE 1" = 30'-0"
JPK 2-3-01
A NEW Residence
FOR: Ron + Laura
EPPERSON

60'-0"

20'-0"

WATER MAIN EASEMENT

445'-0"

LIGHTNER LANE



240'-0"

10'-0 EASEMENT

21801 KAAR ROAD
KRAMER ENTERPRISES LLC

60'-0"

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 7-24-01

System Location (Indicate correct number and street)

Address 29801 Kaar Rd. (no rural route) City Hickman Holland NE, Zip 68372

A. Building Sewer

1. Material: PVC Sch 40
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 14 in.
3. Distance between dwelling and septic tank: 35 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line NA ft.
   stream NA ft.
   pressure line > 5' ft.
   property line > 20' ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 6x9 in.
   Over outlet, diameter 6x9 in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 6 in.
8. Distances to: Well or suction line NA ft.
   Stream NA ft.
   Pressure line > 50 ft.
   Property line > 20 ft.

C. Distribution Box — Drop Boxes

1. Material: PVC (2)
   Number available outlets: _____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 50'+64' ft.

D. Absorption Field

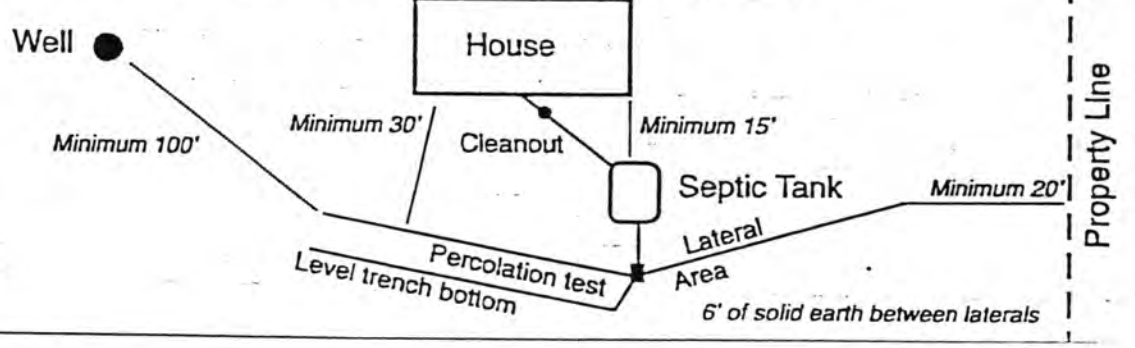
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltrator 16"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 90 ft. 90 ft.
   90 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 5 in/100 ft.
   Average depth 40 in
4. Filter material: Road Gravel
   Depth of material 18 in.
5. Distances to: Well or suction line NA ft.
   Stream > 50 ft.
   Pressure line > 50 ft.
   Property line > 15 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
LAGOON

Establishment

KRAMER ENTERPRISES LLC
T7N R7E SEC 2 QTR SE
HOLLAND ACRES BLK 1 LOT 3
21901 KAAR RD-HICKMAN

Permittee

KRAMER ENTERPRISES LLC
4600 RENTFRO DR
LINCOLN NE 68526

Permit # 01380229001

Issued 03/13/01
Expires 09/13/01
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

014553

As Built Drawing

