LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2449-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

AUGUST 6, 1987 — THIS PERMIT EXPIRES

WAYNE KRAMER — ISSUED TO

P.O. BOX 94815 LINCOLN, NE 68509 — ADDRESS

T9N; R5E; Sec 23 NW¼; 7807 W. Denton Road — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
MH	2-6-87	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

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
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2449-C

DATE: _____

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. 9 North ; Range 5 East ; Section 23 NW¼
   Block _____ : Lot _____ : Addition 33.33 ACRES
   Street Address 7807 W. Denton Road

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

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

4. Distance to public sewer: _____ ft.

Wayne Kramer
Signature of Applicant (Owner or Lessee)

PO Box 94815
Lincoln, NE 68509
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 2/6/87. Date Frwd. 2/6/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk ✓ Date Rec'd. _____. Date Frwd. 2-2-87. ACTION: Approved ☒ Disapproved ☐ Signature: Isabel C. Lange Village of Denton - Clerk

3. City or County Engineer: Date Rec'd. 2-6-87. Date Frwd. 2-6-87. ACTION: Approved ☐ Disapproved ☐ Signature: Harold E. Sothan

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 2-18-87 by: MM (need drawing)
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 2-23-87 By: Ron Maynard

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

FORM 23-43

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. 2449-C

PROPERTY WHERE SOIL TESTED:

Location: Township 9 North; Range 5 East; Section & ¼ Section 23 - NW¼
Property Dimensions: 550 ft. x 2640 ft. Area: 33.33 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐; Silty Clay Loam ☑; Sandy Loam ☐; Silt Loam ☐; Clay Loam ☐.
Dates of Tests: 1/9/87 to 1/10/87. Weather: Precip. 0 Temp. 30°-40°F.

OWNER: Wayne Kramer

Address: PO Box 94815
Lincoln, NE 68509

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				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	30	1-9	4:00 pm	1-9	6 pm	1/10	12 noon	7½"	4 pm	11¼"	30	⅜"	
2	30	"	"	"	"	1/10	12:05	5"	4:05	8"	30	½"	
3	30	"	"	"	"	1/10	12:08	5½"	4:08	9¼"	30	⅞"	
4	30	"	"	"	"	1/10	12:10	5⅜"	4:10	11"	30	1"	
5	30	"	"	"	"	1/10	12:12	8¼"	4:12	17¼"	30	1¾"	
6	30	"	"	"	"	1/10	12:15	5⅛"	4:15	11½"	30	1½"	
7	30	"	"	"	"	1/10	12:18	6"	4:18	14½"	30	1¼"	
8	30	"	"	"	"	1/10	12:20	5½"	4:20	10½"	30	1¼"	

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

Wayne Kramer
Signature of Person Conducting Test

Address PO Box 94815
Lincoln, NE 68509
Phone 673-3385

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Shelby Clay Loam
Date: JANUARY 23, 1987

Approved Percolation Rate (a)
A. 28 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

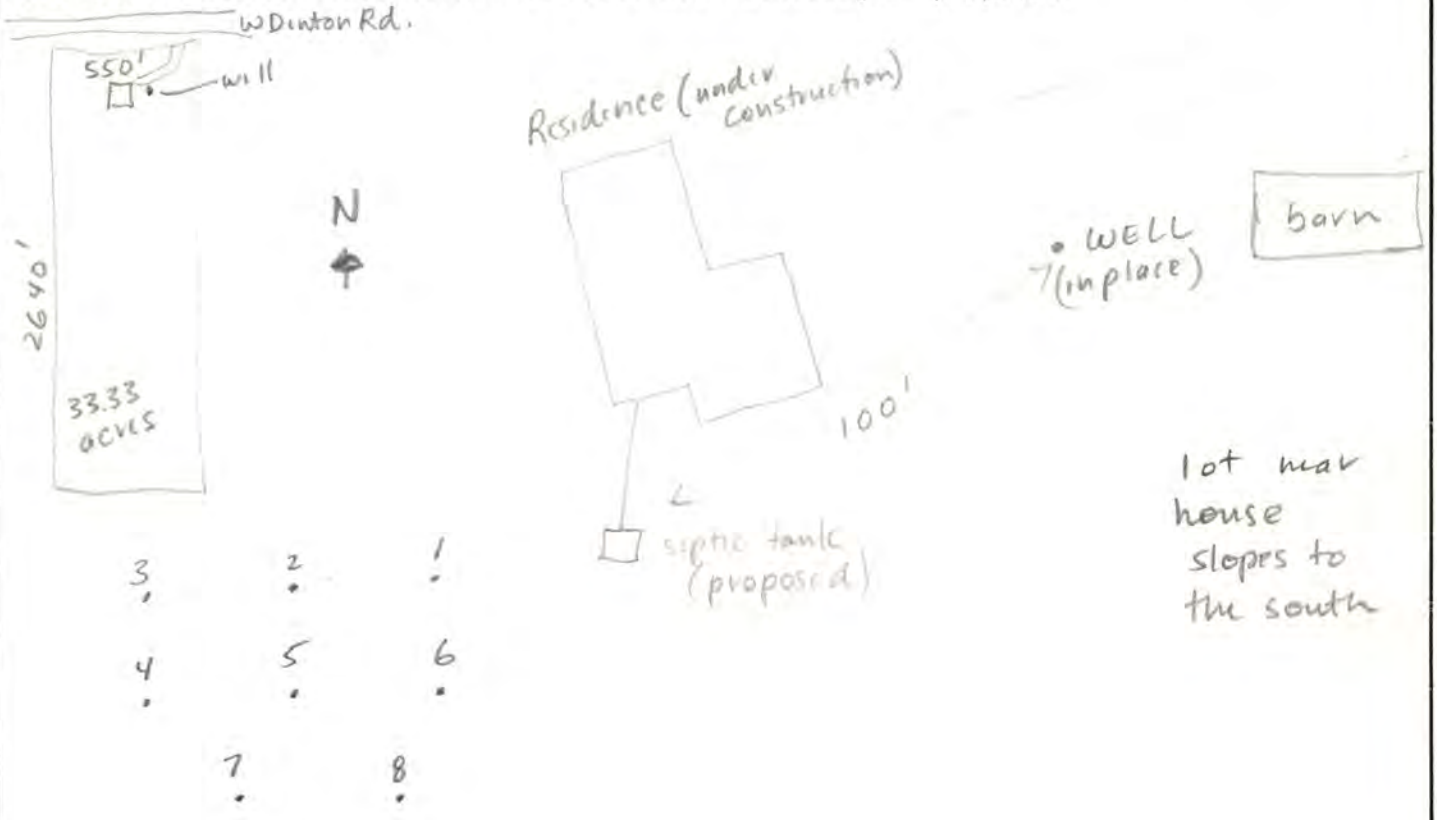
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

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Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

Date: FEBRUARY 6, 1987

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 242 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 725 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

FEB 23 1987

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

D

DATE: _____

FILE NO. _____

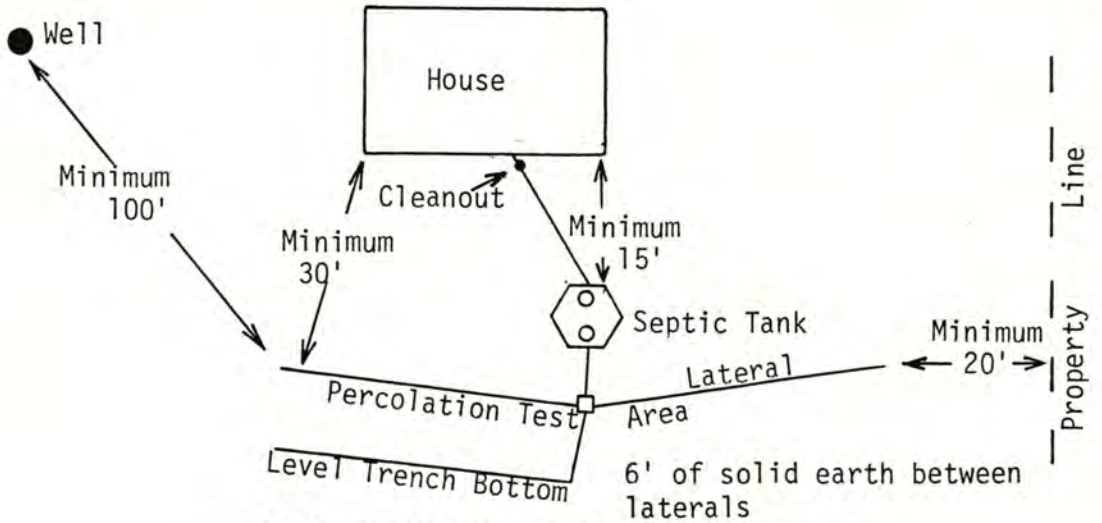
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material #40 PVC; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 16 in.
3. Distance between dwelling and septic tank 64 ft.
4. Number of clean-outs —.
5. Distances to:
Well or Suction Line ~~40'~~ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Pre Cast; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade 10" in.
8. Distances to:
Well or Suction Line 110' ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Pre Cast; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 8' 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 4" .
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 3 ; Length of each line 100, 100, 100, _____, _____ ft.;
Total length of laterals 300 ft.;
Distance between lateral lines 7' ft.
3. Trench dimensions: Width 3' ft.;
Slope 4" in/100 ft.; Average Depth 32" in.
4. Filter Material: Road Gravel
Depth of Material 18" in.
5. Distances to:
Well or Suction Line 100'+ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

014

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

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

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☑ Evaluation of the Individual Water System Date: 9/20/92

☑ Evaluation of the Sewage Disposal System ☑ Enclosed is $150.00

Legal Description of Property: TWP. 9N ; RANGE 5E ; SECTION 23 NW 1/4 ; BLOCK ____

LOT ____; ADDITION _____; Street Address 7807 W. Denton Rd.

Directions to Property 1M East of Denton on W. Denton Rd. South Side of road

Location of Well East of house Tap Location: Inside ☐ Outside ☒

Location of Sewage System SW of house, Septic S. of house Year Installed 1987

	NAME	ADDRESS	PHONE
Present Owner:	Wayne Kramer	Rt. 1 ~~Box~~ 70-A2	797-5865
Tenant/Buyer:	"	Denton, NE 68339	
Return to:	"		

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Wayne Kramer Address Rt. 1, Box 70-A2 Denton, NE 68339

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HEALTH DEPARTMENT USE ONLY

Date Received SEPTEMBER 21, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 9/23/92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☑	☐	Approved:	☑	Date 9/23/92 by JR
Bacteria	☑	☐	Provisional:	☐	Date _____ by ____
Nitrate	☑ <.01	☐	Disapproved:	☐	Date _____ by ____

Comments: IF the tank has not been pumped in the recent past, it should be checked to see if it is necessary

See Attached Letter ☐

FINAL STATUS

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

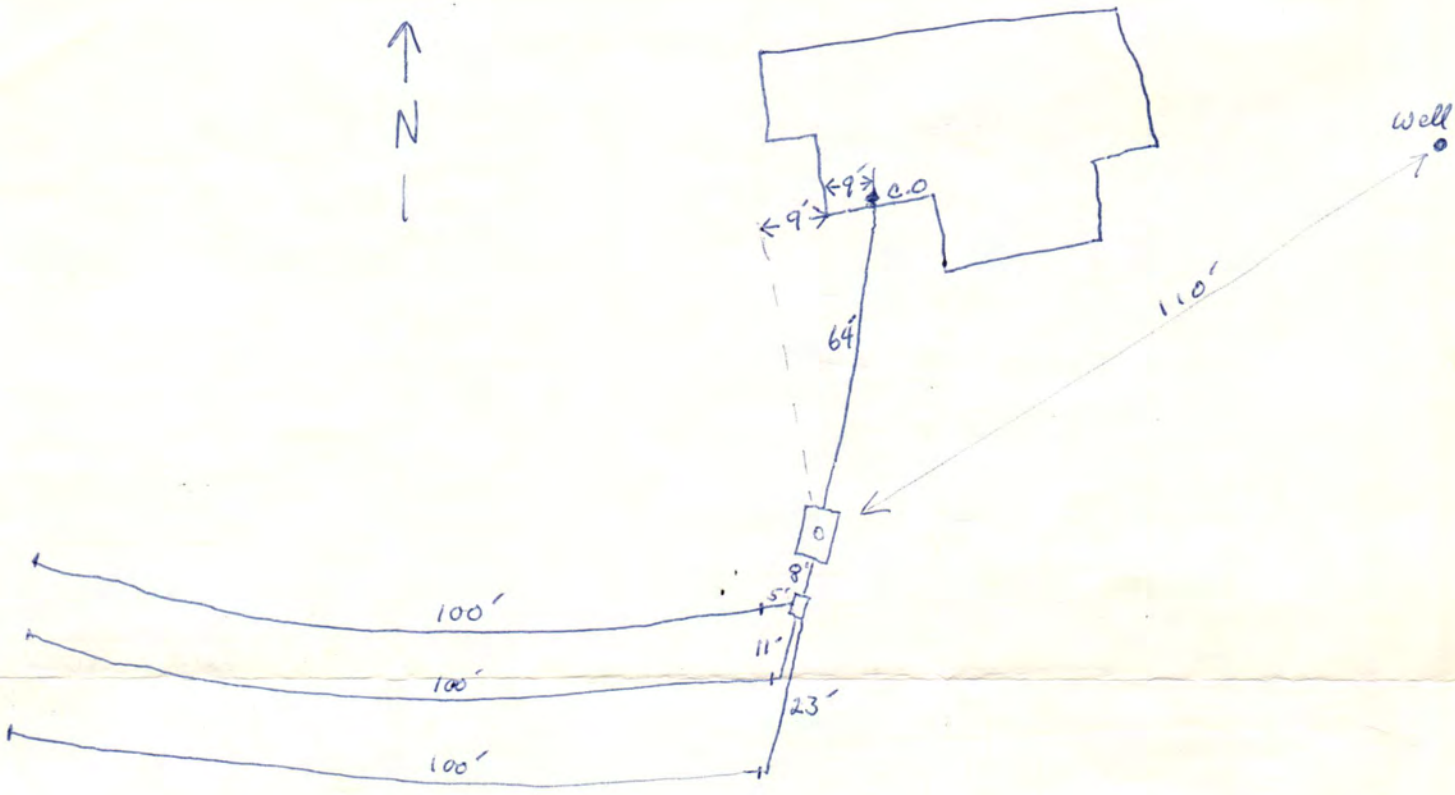
APPROVED BY John Johnson DATE 9/28/92

Approval or disapproval is based on written 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 operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

AS BUILT DRAWING OF SYSTEM

DATE Feb 19 - 87 INSTALLER Larry Schwarck



1mi East of Denton on Denton Rd