LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

Permit

SEWAGE INSTALLATION
LAGOON

No. 97380157601

Issued 04/29/97
Expires 10/29/97
Revenue Code 18754

Establishment

JEFF KRAMER
T9N R3E SEC 26
BLK 7 LOT 1
8301 W MOUNTAIN ASH ROAD

FEES: $150.00

Permittee

JEFF KRAMER
5211 NW 7 ST
LINCOLN NE 68521

TOTAL $150.00

Issued By M. Jane Ford
Health Director

4467

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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

A

Permit Number:

Sewage Disposal System

Request for Site Clearance and Permit

7-23-97

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

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

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 8201 W. MOUNTAIN ASH RD (no rural route) City DENTON NE, Zip NE 68339

Legal Description 26 (1/4) 9N (1/4) 5E (Section, Township, Range) WINSOR RIDGE WEST (Subdivision) 7 (Addition) 1 (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 ~~BRADLY KRAMER~~ JESS KRAMER CONSTRUCTION INC. Signature _____

Address 524 NW 7TH ST. City/State/Zip LINCOLN, NE 68521

☐ Check if owner designed system Home Phone 476-7908 Work Phone 432-5917

C. Contractor

Name KRAMER CONSTRUCTION INC. Company Name _____

Address 524 NW 7TH ST City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name SCHWARK 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 4/10/97 Date frwd 4/11/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4/11/97 Date frwd 4/11/97 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 4/11/97 Date frwd 4/11/97 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date 7-23-97

Business Office Use Only 3219

Date Rec'd 4/10/97

Amt Paid 150 CK

Rec'd By _____ ~~Cash~~/Check No. 1492

FORM 23-100 10-96 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

Kramer Const.

System Location (Indicate correct number and street)

Address 8301 West Mountain Ash Dr (no rural route) City Denton NE, Zip 68339

Owner Kramer Construction Co Address 4600 Rentfro Dr Lincoln NE 68526 ~~West Mountain Ash~~

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

Date of Tests 4-7-97 to 4-8-97 Weather: Precipitation 0 Temperature 30

Percolation Test Data Table

Holes 6 & 8 had water from Pre-Sat period

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	4-7	615P	4-8	500P	4-8	500P	6"	4-8	530P	30min	1/4	
2	36	4-7	615	4-8	500P	4-8	500P	6"	4-8	530P	30	0	
3	36	4-7	615	4-8	500P	4-8	500P	6"	4-8	530P	30	1/4	
4	36	4-7	615	4-8	500P	4-8	500P	6"	4-8	530P	30	1/4	
5	36	4-7	615	4-8	500P	4-8	500P	6"	4-8	530P	30	1/4	
6	36	4-7	615	4-8	500P	4-8	500P	6"	4-8	530P	30	0	
7	36	4-7	615	4-8	500P	4-8	500P	6"	4-8	530P	30	1/8	
8	36	4-7	615	4-8	500P	4-8	500P	6"	4-8	530P	30	0	

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 0

Person Conducting Percolation Tests

Name: BRIAN R. SHAFER

Phone: 464-0638

Address 2700 DAN AVENUE
LINCOLN, NE 68504

DO NOT WRITE BELOW THIS LINE

Reviewing Action

7-22-97

Remarks SEE ATTACHED

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

4 bed.

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 8301 West Mountain Ash Dr (no rural route) City Denton NE, Zip 68339

Owner Kramer-Const Eq Addresss 4600 Renfro Dr Lincoln Ne 68

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

Date of Tests 7-17 to 7-17-97 Weather: Precipitation 0 Temperature 90

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	50"	7-18	9:30	7.19	10:03	7-19	1:03	9 1/2"	7-19	1:33	30	1 1/2	20
2	48"						1:05	8 1/8"		1:35	30	1/2	60
3	48"						1:09	8"		1:39	30	1/2	60
4	48"						1:14	8 3/8"		1:44	30	7/8	27
5.													
6.													
7.	52"						1:27	8 1/4"		1:57	30	1	30
8.	52"						1:31	10 1/2"		2:01	30	1	30

Sum of Percolation Rates: 227

Average of Rates: 37.8

Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Brad Quesm

Phone: 488-1264

Address 2130 So 51st.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks THERE WAS A PROBLEM LOCATING A LAGOON ON THIS PROPERTY, DUE TO TREES AND A POND. PERC TEST WAS RELOCATED IN A DIFFERENT AREA. 60 M/IN USED DUE TO VARIABLE SOILS

Signature of Reviewing Official John S Robinson Date 7-22-97

FORM 23-101 10-96

FROM : Panasonic FAX SYSTEM PHONE NO. : Jul. 22 1997 09:17AM P2

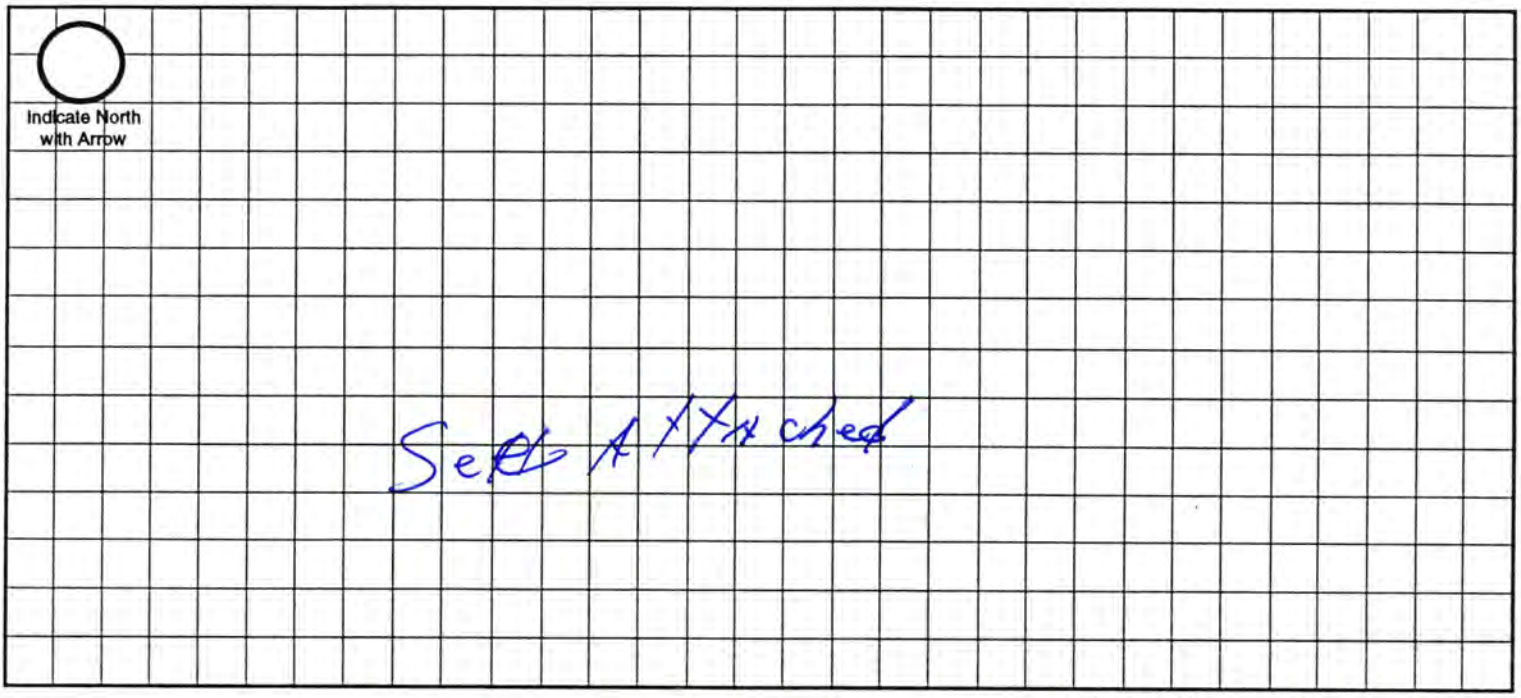
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 8301 West Mountain Ash Dr City Denton NE, Zip 68339

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

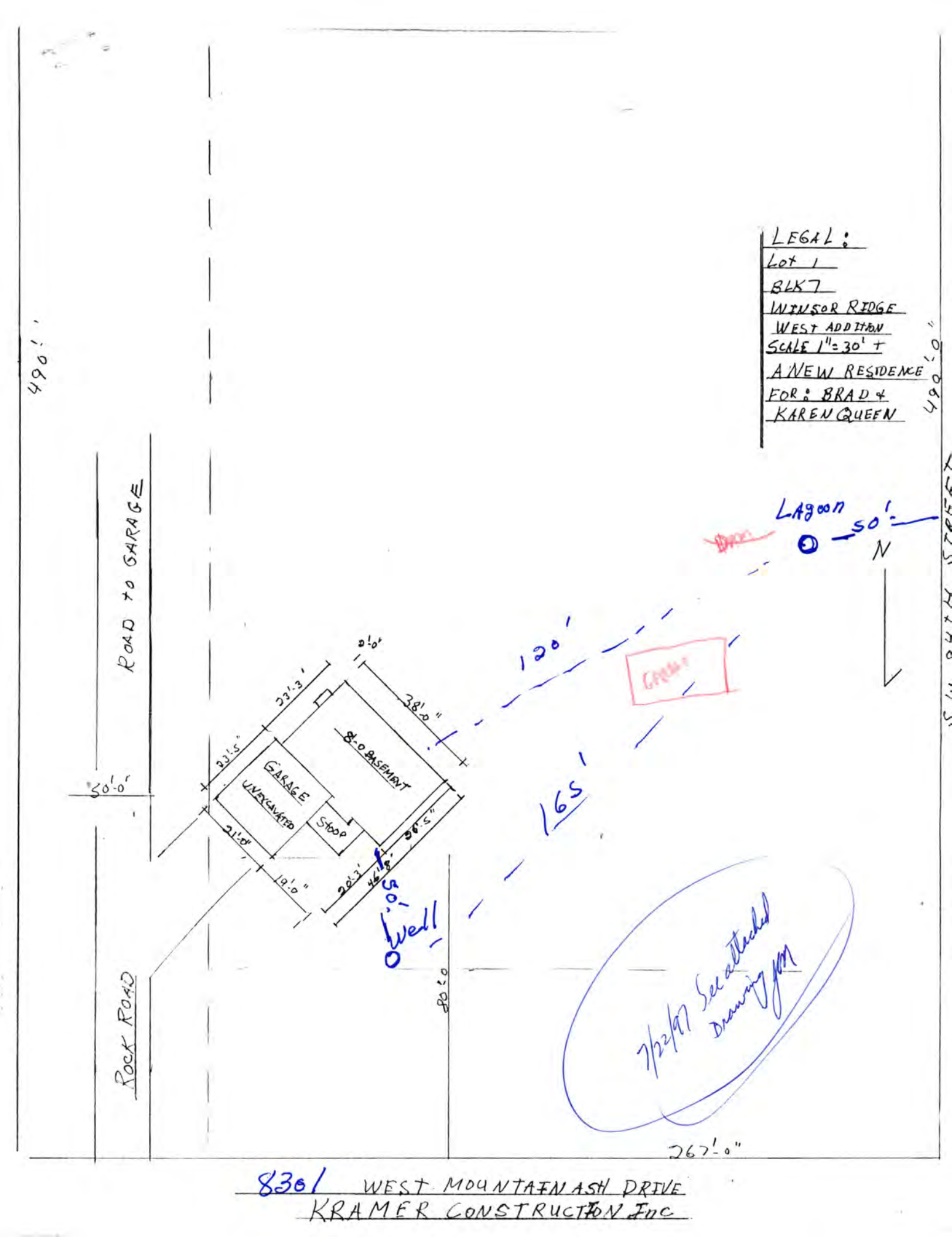
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☑	500 ☑	50 ☑	N/A ☑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

E. Required Signatures

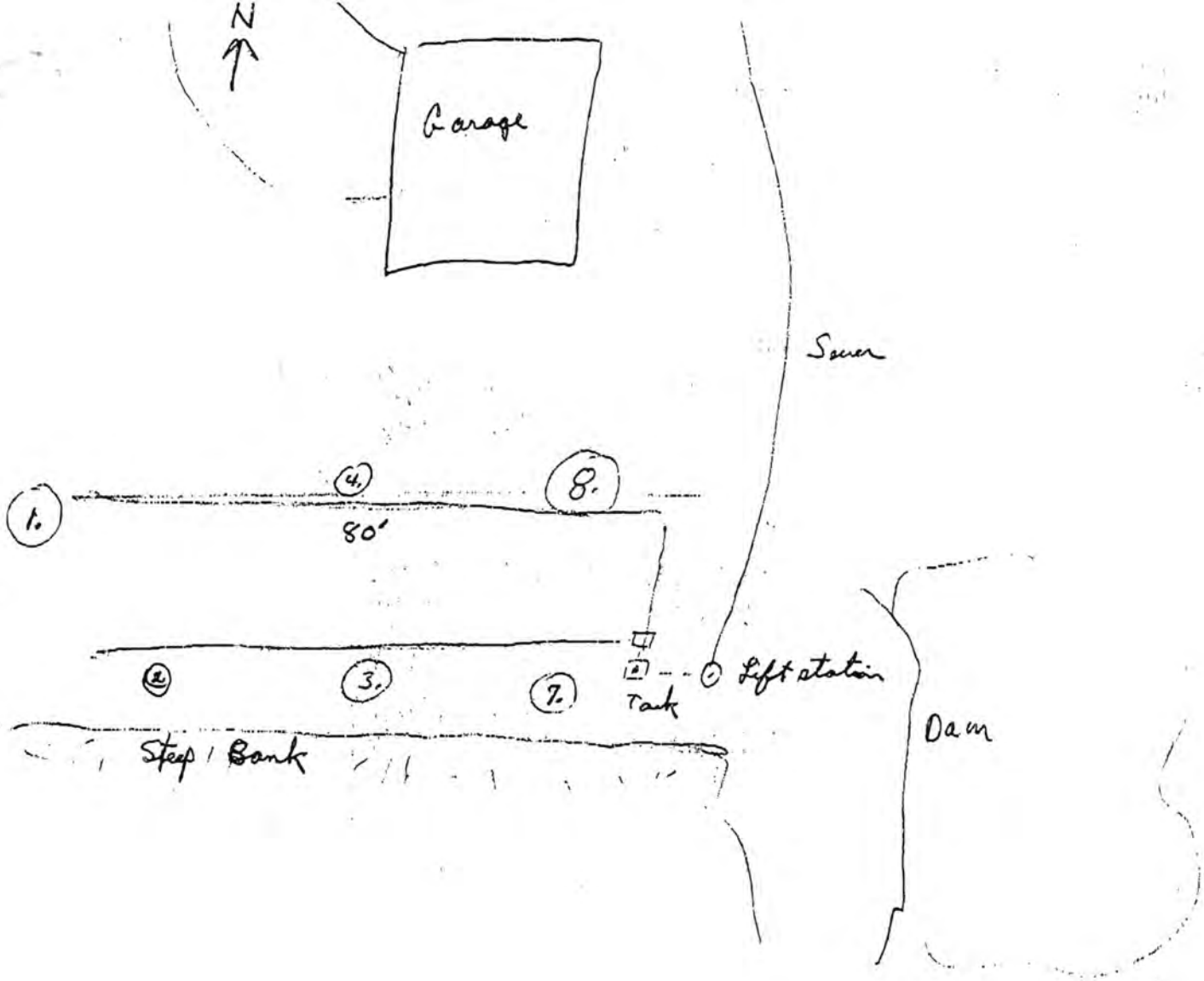
Home Building Contractor P. James Date 4-10-97

Installer _____ Plumbing Plbg. Date 4-10-97

FORM 23-102 10-96



8301 WEST MOUNTAIN ASH DRIVE
KRAMER CONSTRUCTION INC



Revised "C" Sheet

7-22-97

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

D

Permit Number: 9738015760 1

Sewage Disposal System
As Built Plans & Specifications

Date 4-10-97

System Location (Indicate correct number and street)
Address 8301 West Mockingbird Ash Dr (no rural route) City Denton NE, Zip 68339

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 8" in.
3. Distance between dwelling and septic tank: 150 ft.
4. Number of clean-outs: 1 (3)
5. Distances to: well or suction line 50' ft.
   stream 50' ft.
   pressure line NA ft.
   property line 50' ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1200 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 16 in.
   Over outlet, diameter 10 in.
   ~~Riser:~~ ☐ above ☐ below grade _____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 8" in.
8. Distances to: Well or suction line 200+ ft.
   Stream ~~DED~~ 50' ft.
   Pressure line NA ft.
   Property line 50+ ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 4
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 8 ft cap to center ft.

D. Absorption Field

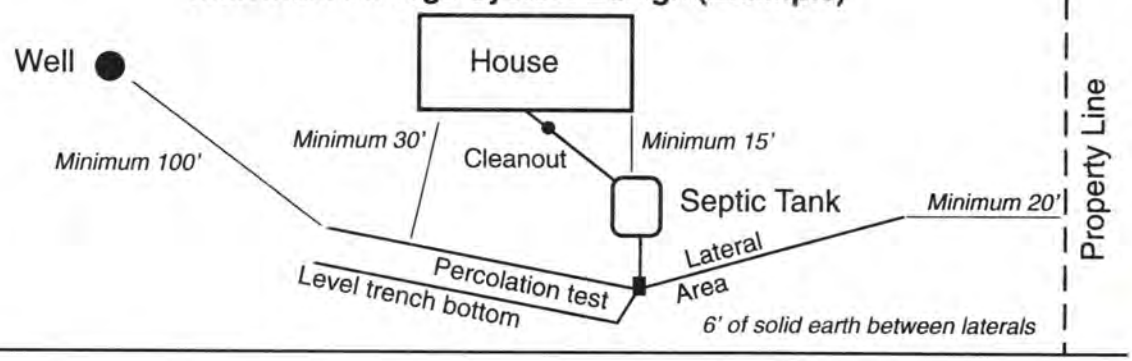
(Provide as-built drawings on back of this form)

1. Type: ☒ ~~Half rounds~~ ☐ Perforated pipe 16" Infiltrator
   Diameter of half round: 16"
   ~~or perforated pipe:~~
   Material: ☐ fiberglass ☒ ~~plastic~~ ☐ concrete
   ☐ other _____
2. Lateral lines: As shown Number 4
   Length of each line: 62 ft. 100 ft.
   87 ft. 87 ft., Total 337 ft.
3. Trench dimensions: Width 4 ft ft.
   Slope 6 in/100 ft.
   Average depth 30-50 in
4. Filter material: Road Gravel
   Depth of material 16 in.
5. Distances to: Well or suction line 200+ ft.
   Stream 50 ft.
   Pressure line N/A 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

000 526001

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 $150.00. Allow two weeks for processing. Incomplete information will delay processing.

LCR 3300

Legal Description of Property: Street Address 8301 W. Mountain ASH DR Denton 68339

Twp 9 Range 5 Section 26 1/4 ___ 1/4 ___ Block 7 Lot 1 Addition Wilson Ridge West

Directions to Property West Denton Rd turn left on NW 70th St turn RIGHT on W. Yankee Hill Rd.

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

797-2231 Steve Wylie - Realtor

	NAME	ADDRESS	PHONE
NCR 40398 Present Owner:	Brad & Karen Queen	8301 W. Mountain Ash Drive Denton NE	434-3885 or 432-0765
ACR 78972 Tenant/Buyer:	Ron & Martha Hall	6040 S. 41st St Lincoln 68516	328-0526
Return to:	Chuck Larson Home Real Estate	7211 S. 27th Lincoln 68512	436-3232 or 430-9272

Signature of Applicant Martha J Hall Address 6040 S. 41st Date 5/19/00

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 5/19/00

Initials ___

Amount #150.00

Check No. 1215

DATA ENTRY

Date ___/___/___

Case No. ___

Initials ___

PRELIMINARY STATUS--By _____ **DATE:** ___/___/___

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☐ ___/ml	☐ ___/ml
Nitrate	☒ 1.1 ppm	☐ ___ppm

SEWAGE SYSTEM

Approved ☒

Provisional ☐

Disapproved ☐

Additional Site Visits

Date 5/24/00 by DC

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: No visible malfunction noted

5/24/00 Coliform present – E. Coli absent – re-sampled

5/25/00 Absent Coliform – Absent E. Coli

See Attached Letter ☐

FINAL STATUS

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

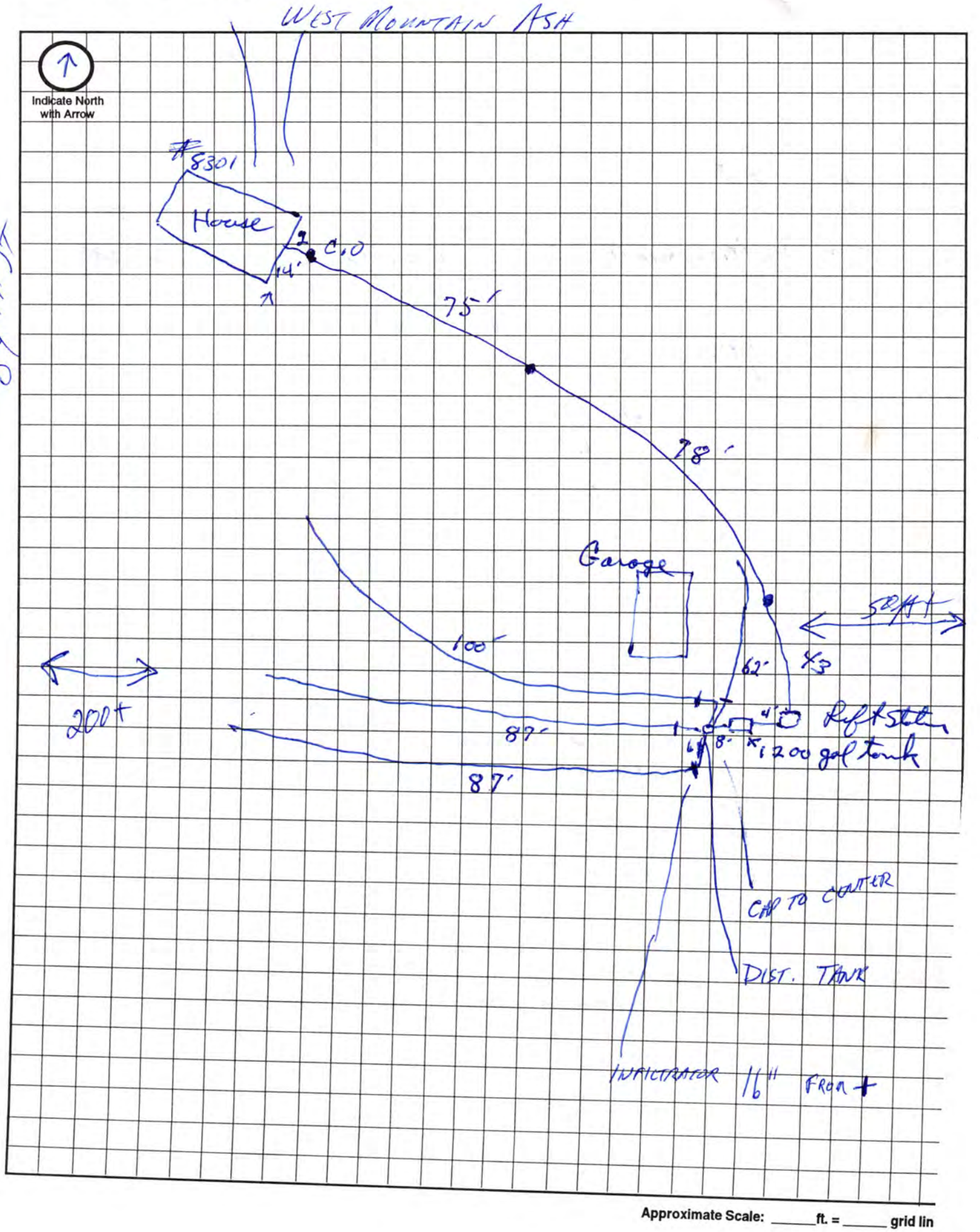
Approved by Doug Arnold Date 05/25/00

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: 10-95

As Built Drawing



Approximate Scale: _____ ft. = _____ grid lin