Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 99380200701

Issued 06/10/99
Expires 12/10/99
Revenue Code 3157

Establishment

JOHN P KRAMER
T9N R6E SEC 15
LARSEN 2ND ADDN BLK 1 LOT 3
1100 GAILYN CIRCLE

FEES: $150.00

Permitee

JOHN P KRAMER
4600 RENTFRO DR
LINCOLN NE 68526

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010551

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

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 1100 Gailyn Circle (no rural route) City Lincoln NE, Zip

Legal Description 15 (1/4) 9N (1/4) 6E (Section, Township, Range) Lasens 2nd Add'n (Subdivision) (Addition) 1 (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 John Kramer Signature John R. Kramer

Address 4600 Redfield City/State/Zip Lincoln Ne 68526

☐ Check if owner designed system Home Phone Work Phone 489-9209

C. Contractor

Name John Kramer Company Name Kramer Construction Inc

Address 4600 Redfield 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 6-9-99 Date frwd 6/11/99	**ACTION** ☒ Approved ☐ Disapproved Signature	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 6-11-99 Date frwd 6-11-99	**ACTION** ☒ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 6-11-99 Date frwd 6-11-99	**ACTION** ☐ Approved ☐ Disapproved Signature B E Michael	

Installation Final Written Approval

By Harold C. Wood R.E.H.S.

Date July 11, 2000

Business Office Use Only

Date Rec'd 06/10/99

Amt Paid 150.00

Rec'd By Cash/Check No. 2124

FORM 23-100 10-96

White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Also well

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 1100 GAILYN CIRCLE (no rural route) City LINCOLN NE, Zip 68

Owner _____ Addresss _____

Soil Type (SCS): _____ Percolation Rate: NO PERC 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)
					Does not perk								
					Will build a Lagoon								

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: N/A

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks SEALED LAGOON TO BE BUILT.

Signature of Reviewing Official _____ Date 6-9-99

FORM 23-101 10-96

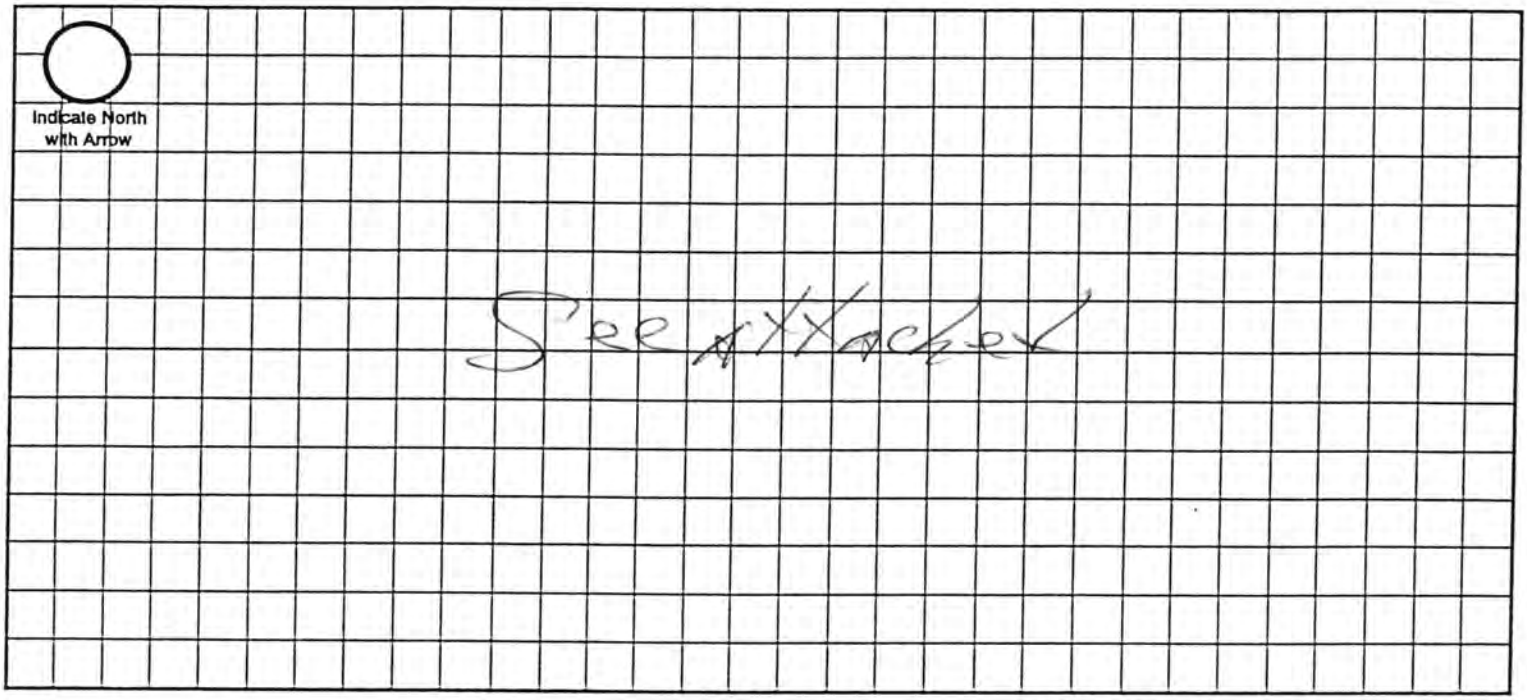
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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) 1100 Galyn Circle City Lincoln 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 Kramer Const John P. Kramer Date 6-9-99

Installer _____ Date _____

322.53

NORTH →

50'

50'

Lagoon

Legal
Lot 3
BLK 1
LARSENS 2nd Addn
Scale 1" = 50'0"
JPK 6-8.99

464.64

409.30

5'0"

32'4"

65'-0"

HOUSE

SLAB

32'-8"

32'4"

32'6"

11,001

ROCK WALL

11000 GAL/YN CIRCLE

Kramer Construction Inc

264.70

AUG 1 2 1999

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 8-4-99

System Location (Indicate correct number and street)

Address 1100 Carolyn Rd (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: Lagoon in.
3. Distance between dwelling and ~~septic tank~~ Lagoon 246 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line 50 ft.

B. ~~Septic Tank~~ Lagoon

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: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

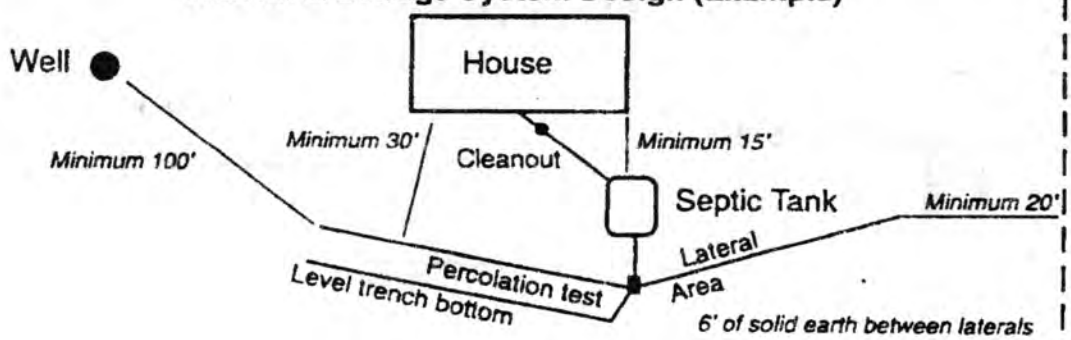
(Provide as-built drawings on back of this form)

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

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

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

9-6-15

Lincoln-Lancaster County Health Department

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

RECEIVED MAR 26 2004

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 1100 Gailyn Circle

Parcel ID 09 - 15 - 305 - 003 - 000 (i.e. 99-99-999-999-999)

Twp____ Range____ Section____ 1/4____ 1/4____ Block____ Lot 3 Addition Larsen 2nd Addition

Directions to Property S. 14th to Denton Rd., Denton Rd to SW 9th., Go N on SW 9th to Gailyn Circle

Location of Well N of House

Location of Sewage System N of House - Lagoon

Site Hazards (dogs, etc.) dogs - friendly

Tap Location: Inside ☐ Outside ☐ not sure

Year Installed 1999

	NAME	ADDRESS	PHONE
Present Owner:	Daniel C. & Krista A Bergstrom	1100 Gailyn Circle Lincoln, NE 68523	430-9002 (Listing Agent)
Tenant/Buyer:	Craig & Amy Allerheiligen	1715 SW 24th Lincoln, NE 68522	423-3218
Return to:	TAMI LAMBIE	3258 S. 13th Lincoln, NE 68502	[redacted]323-8042 323-8028 (Fax)

Signature of Applicant Craig D. Allerheiligen Address 1715 SW 24th Lincoln NE 68522 Date 3/26/04

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 03/29/04 Amount 200.00 Check No. 5111 Initials ms

DATA ENTRY Date____/____/____ Case No.____ Initials____

PRELIMINARY STATUS--By Doug Svehla **DATE:** 3/29/04

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria	☐ ____/ml	☐ ____/ml
Nitrate	☒ 1.3 ppm	☐ ____ppm

SEWAGE SYSTEM	
Approved	☑
Provisional	☐
Disapproved	☐

Additional Site Visits

Date____/____/____by____

Date____/____/____by____

Date____/____/____by____

Comments:

See Attached Letter ☐

FINAL STATUS

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

Approved by____ Date____/____/____

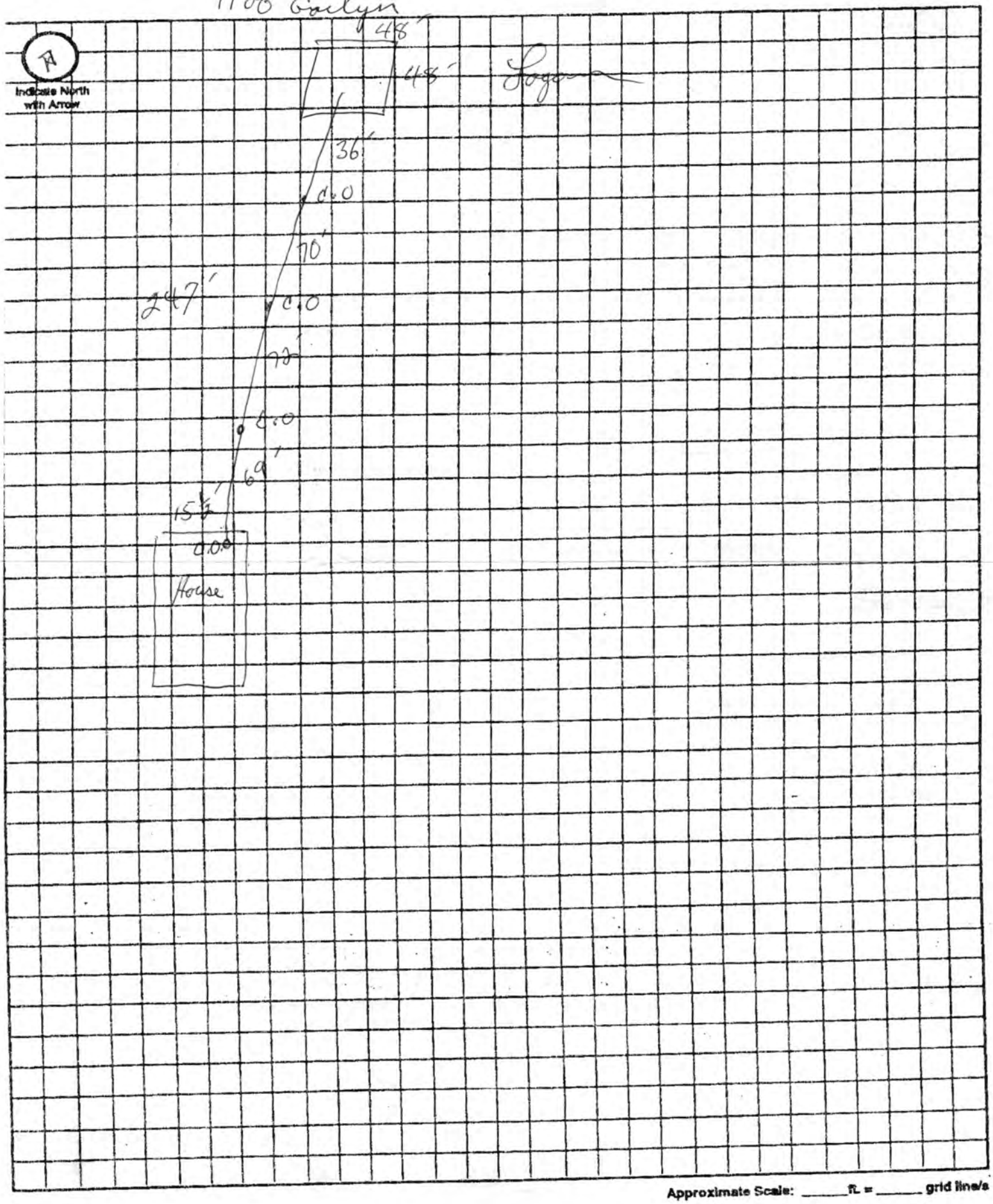
Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

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

Revised/Reprint: 9-00

As Built Drawing by Larry Schevarck 8-4-99

1100 Gailyn



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