FILE # 2726

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

6 MONTHS — THIS LICENSE OR PERMIT EXPIRES

KRAMER CONSTRUCTION, INC. — LICENSEE OR PERMITTEE

822 So. 48TH ST. — ADDRESS

LINCOLN, NE 68510

T9N R7E S 21 Bk 5; Lot 2; Ridgewood; 1901 West Pioneers Rd. — NAME OF ESTABLISHMENT, IF ANY / ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 60.00	018754	$ 60.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. — Date and Amount

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

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. 2726

DATE: 8-31-88

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. 9N ; Range 6E ; Section 21 ;
   Block 5 : Lot 2 : Addition Ridgewood
   Street Address 1901 West Foothills Rd

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe

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

4. Distance to public sewer: _____ ft.

John P. Crane
Signature of Applicant (Owner or Lessee)

822 So 48 68510
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/6/88 . Date Frwd. 9/6/88 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9/6/88 . Date Frwd. 9/6/88 . ACTION: Approved ☐ Disapproved ☐ Signature:

3. City or County Engineer: Date Rec'd. 9-6-88 . Date Frwd. 9-6-88 . ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Carlson

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9/26/88 by: L.C.H
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/26/88 By: L. C. Wood

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

Test taken SW 27th + Denton Rd. ½ mi. So. Ridgewood

FILE NO. _____

PROPERTY WHERE SOIL TESTED: 1901 West Foothills Rd

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: 8-29-88 to 8-30-88. Weather: Precip. 0 Temp. 70°.

OWNER: John Kramer

Address: 4600 Rentfro Dr.
489-9209 437-6338 489-3364 –

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	36"	8-29	4:00 pm	8-30	4:00 pm	8-30	4:00 pm	6"	8:00 pm	5 5/8"	30m	3/8"	
2	36"	8-29	4:00 pm	8-30	4:00 pm	8-30	4:00 pm	6"	8:00 pm	4 5/8"	"	1 3/8"	
3	36"	8-29	4:00 pm	8-30	4:00 pm	8-30	4:00 pm	6"	8:00 pm	4 5/8"	"	1 3/8"	
4	36"	8-29	4:00 pm	8-30	4:00 pm	8-30	4:00 pm	6"	8:00 pm	5"	"	1"	
5	36"	8-29	4:00 pm	8-30	4:00 pm	8-30	4:00 pm	6"	8:00 pm	5 3/4"	"	1/4"	
6	36"	8-29	4:00 pm	8-30	4:00 pm	8-30	4:00 pm	6"	8:00 pm	5"	"	1"	

Mike Hoagland
Signature of Person Conducting Test

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

Address 2700 DAN Ave Phone 464-0638

(Do not write below this line) Pre-Cast Step Co.

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): ~~SHARPSBURG~~ ~~WYMORE~~ SILTY CLAY LOAM

Date: SEPTEMBER 6, 1988

Approved Percolation Rate (a)
A. 34 min./inch
B. _____ min./inch
C. _____ min./inch

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. _____

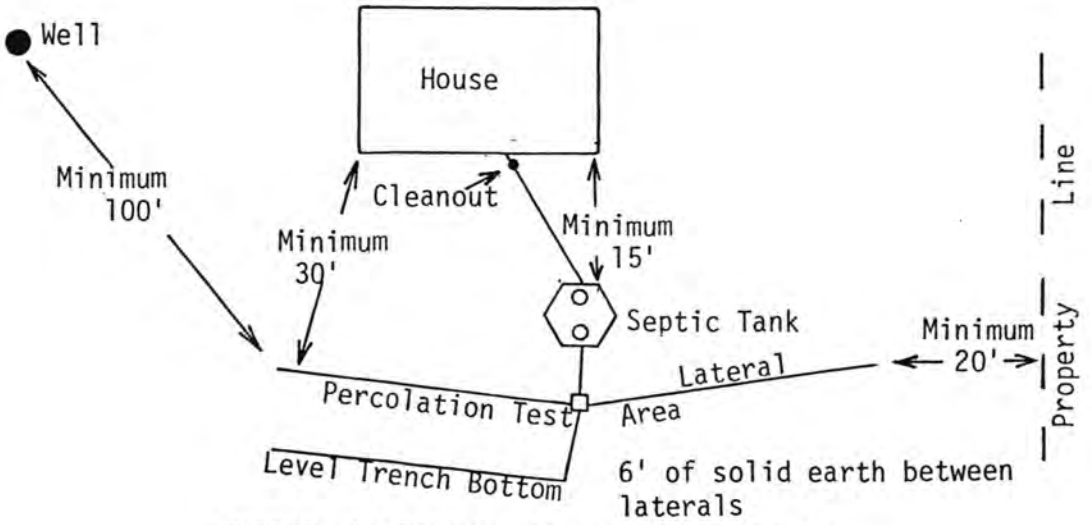
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Class 160; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 42' ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Pre Cast; No. of compartments _____.
2. Capacity 1500 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 12 in.
8. Distances to:
Well or Suction Line _____ 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 10 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.;
Total length of laterals 266 ft.;
Distance between lateral lines ___ ft.
3. Trench dimensions: Width _____ ft.;
Slope 6 in/100 ft.; Average Depth 36 in.
4. Filter Material: Road Gravel
Depth of Material 20 in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

10

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 Sept 1992

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

Legal Description of Property: TWP. 9N; RANGE 6E; SECTION 21; BLOCK 5

LOT 2; ADDITION Ridgewood; Street Address 1901 W Foothills Rd

Directions to Property SW 27th & West Denton Rd – 3/4 South 6 Blocks East in Ridgewood Subdivision

Location of Well N. west of house Tap Location: Inside ☐ Outside ☐

Location of Sewage System North east of house Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Keith Haffer	1901 W Foothills	423-6003
~~Tenant~~/Buyer:	M+Mrs T Thomas Z insurance	6991 Sand Ridge Road Eden Prairie, MN 55346	
Return to:	ATI Title Co	3883 Normal Boulevard Lincoln, Ne 68506	434-3860

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

Signature of Applicant X T Thomas Address 3910 South Street Lincoln, Ne. 68506

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HEALTH DEPARTMENT USE ONLY

Date Received 9-16-92 Received $150.00 Check ☑ ~~Cash~~ ☐

PRELIMINARY STATUS--DATE 9-22-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date JC 9-22-92 by
Bacteria	☒	☐	Provisional:	☐	Date ____ by ____
Nitrate	☒ (2.1)	☐	Disapproved:	☐	Date ____ by ____

Comments: If the tank has not been pumped in the last several years, it should be checked to see if it is needed.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY John Chiog. DATE 9/25/92

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

014

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned 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.

☒ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 1901 W. FOOTHILLS RD

Twp 9N Range 6E Section 21 1/4 ___ 1/4 ___ Block 5 Lot 2 Addition RIDGEWOOD

Directions to Property SW 12TH TO W. DENTON RD. WEST 1 MILE ON W. DENTON RD TO SW 27TH. SOUTH ON SW 27TH TO RIDGEWOOD BLVD. EAST ON RIDGEWOOD TO FOOTHILLS RD. RT. ON FOOTHILLS TO 1901.

Location of Well FRONT YARD Tap Location: Inside ☒ Outside ☐

Location of Sewage System BACK YARD - NEAR MOUND OF LANDSCAPING DIRT. Year Installed 1989

	NAME	ADDRESS	PHONE
Present Owner:	Tom Zimmerman	ABOVE	423-7861
Tenant/Buyer:	~~[illegible]~~		
Return to:	Tom Zimmerman		

Signature of Applicant Tom Zimmerman Address 1901 W. FOOTHILLS RD LINCOLN, NE. 68523 Date 9/15/93

HEALTH DEPARTMENT USE ONLY

Date Received 9/17/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Nood **DATE:** 9/20/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 2.0 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED.

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Nood R.E.H.S. Date 9/23/93

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.

086

Check well water for coliforms, nitrates and chloride/sodium (salts)

Lincoln-Lancaster County Health Department

017

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned 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.

☐ Evaluation of the Individual Water System ☑ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 1901 W. Foothills Road, Ridgewood addition Lot 2, Blk 5, LLCH

Twp 9N Range 6E Section 21 1/4 ___ 1/4 ___ Block 5 Lot 2 Addition ___

Directions to Property W. on Denton Rd to S.W. 27th, 3/4 mile on gravel to Ridgewood addition

Location of Well N.W. corner of house Tap Location: Inside ☐ Outside ☑

Location of Sewage System E. of house Year Installed 1989

	NAME	ADDRESS	PHONE
Present Owner:	Thomas + Barb Zimmerman	1901 W. Foothills Rd Lincoln, NE 68523	206/574-3823 Portland, OR
Tenant/Buyer:	Robert Frey + Cindy Sorensen	5510 Brian Dr Lincoln, NE 68516	402/420-1180
Return to:	Robert Frey + Cindy Sorensen	5510 Brian Dr Lincoln, NE 68516	402/420-1180

Signature of Applicant Robert Frey Sorensen Address 5510 Brian Dr Lincoln, NE 68516 Date 7/8/94

HEALTH DEPARTMENT USE ONLY

Date Received 07/14/94 Received $150.00 Check ☑ #1203 Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 7/18/94

CHLORIDE 22 P.P.M.

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☑	☐	Approved ☑	Date ___/___/___ by ___
Bacteria	☑ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☑ <0.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: Chloride test water ok, nitrates and chloride/sodium (salts) SHOULD FILL IN EARTH OVER LATERAL SO SURFACE WATER DOES NOT STAND ON THEM. IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY, IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. See Attached Letter ☐

FINAL STATUS

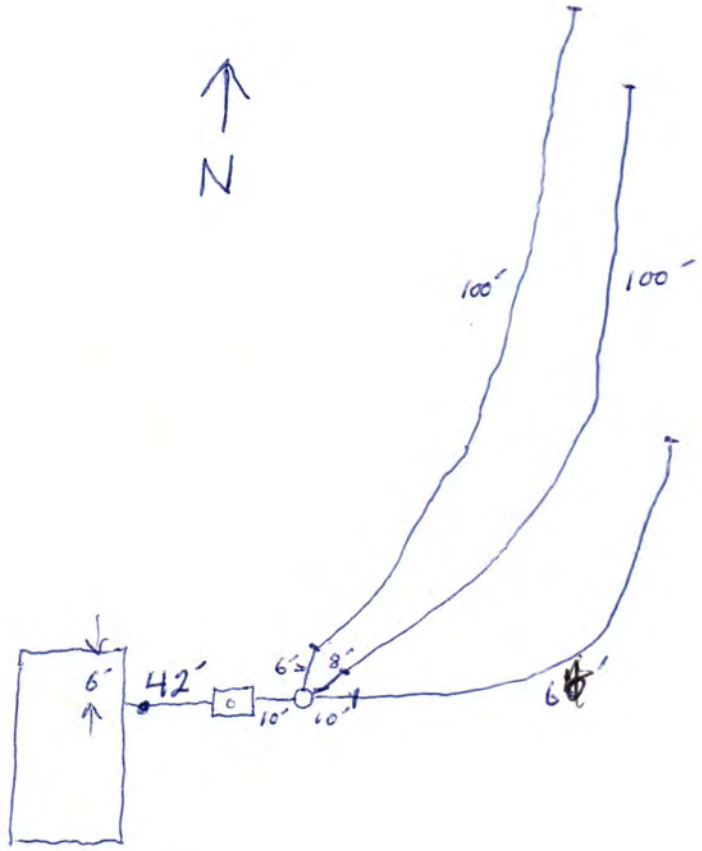
WATER SYSTEM: Approved: ☑ **SEWAGE DISPOSAL SYSTEM** Approved: ☑ Provisional Approval: ☐

Approved by Jerrold C. Hood R.E.H.S. Date 7/22/94

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.

9-26-88

Larry Schwarck



1901 Foothills