FILE #2029

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

FEBRUARY 16, 1984 — THIS LICENSE OR PERMIT EXPIRES

KRAMER CONSTRUCTION, INC. — LICENSEE OR PERMITTEE

4600 RENTFRO DRIVE LINCOLN, NE 68526 — ADDRESS

T9N; R7E; Sec. 11; Lot P 36 IT; 4505 SO. 98 — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NONTRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 60.00	$	$	$	$ 60.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
019815	XXXXXX	XXXXXX	6X2

SERIAL NO.	DATE	AMOUNT
65350	1/10/84	60.00

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION HEALTH

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. C 2029

DATE: 8-12-83

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: ~~Part of Lot 36 Irregular tract in the NE Qtr of the NE¼ East of the 6th PM~~

1. Legal description of property: Twp. 9N ; Range 7E ; Section 11 ; Block ____ : Lot P36I.T. : Addition LOT H2 I.T.
   Street Address 4505 So 98
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: greater than ft. ½ mile

Kraman Construction Inc. by John P. Kraman
Signature of Applicant (Owner or Lessee)

4600 Rent Sro Dr.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/15/83. Date Frwd. 8/15/83. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Head
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. ____. Date Frwd. 8/23/83. ACTION: Approved ☐ Disapproved ☐ Signature: Gary M. Hannerd Decd. Apr. 10, 1979
3. City ~~or County~~ Engineer: Date Rec'd 8-16-83 Date Frwd. 8-16-83. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL ~~NEED WELL PERMIT~~
EXISTING WELL 8-23-83 - 10± Acre tract Subject to building & Mechanical permits & Inspections

Site Visits:
Date: 9-8-83 by: sm
Date: ____ by: ____
Date: ____ by: ____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-8-83 By: Ka Magaard

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

8-12-83 #1 4098

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. 2929

PROPERTY WHERE SOIL TESTED:

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: 8-10-83 to 8-11-83. Weather: Precip. 0 Temp. 85°.

OWNER: John Kramer

Address: 98 + Pioneer 1/4 mi. So. West side

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"	8-10	6:00 pm	8-11	4:00 pm	8-11	4:00 pm	6"	8:00 pm	5 1/4"	30m	3/4"	
2	"	"	"	"	"	"	"	"	"	5 1/4"	"	3/4"	
3	"	"	"	"	"	"	"	"	"	5"	"	1"	
4	"	"	"	"	"	"	"	"	"	5 3/4"	"	1/4"	
5	"	"	"	"	"	"	"	"	"	5 1/2"	"	1/2"	
6	"	"	"	"	"	"	"	"	"	5 1/4"	"	3/4"	

William Hoagland
Signature of Person Conducting Test

Address 2701 W 27th Lot 22 Phone_____

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

(Do not write below this line)

REVIEWING ACTION

Remarks: Not sure of location
Soil Type (SCS): Marsherry Clay Loam
Date: August 15, 1983

Approved Percolation Rate (a)
A. 44 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Wood
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.	FILE NO. 2929

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

REVIEWING ACTION

Remarks: _____

_____

Date: _____

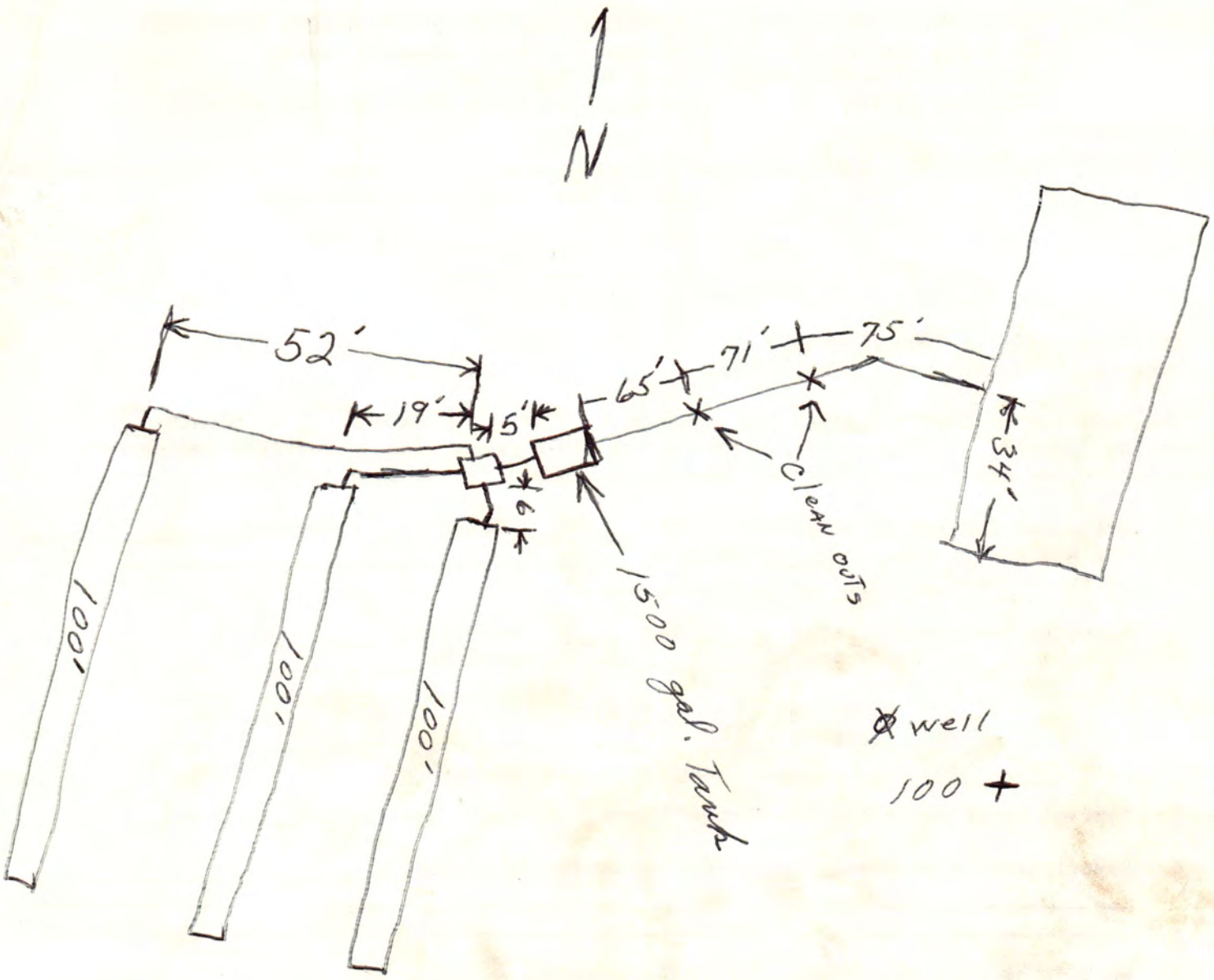
Minimum Design Requirement

1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 1191 sq.ft.

$4 \overline{)1191}^{273}$

_____

Signature of Reviewing Official



Capital City Trenching

9-8-83