LE #2515

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

DECEMBER 24, 1987 — THIS LICENSE OR PERMIT EXPIRES

JOHN P. KRAMER — LICENSEE OR PERMITTEE

4600 RENTERO DR. LINCOLN, NE 68526 — ADDRESS

T9N; R7E; Sec 16; Lot 1; Country Place; 6600 Pine Lake 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. 2515

DATE: 6-23-87

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 7E ; Section 16 ;
   Block ____ : Lot 1 : Addition Country PLACE
   Street Address 6600 Pine LAKE 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. Kramer
Signature of Applicant (Owner or Lessee)

4600 Kentfro Dr. Lincoln 68526
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/23/87. Date Frwd. 6/23/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6/25/87. Date Frwd. 6/25/87. ACTION: Approved ☑ Disapproved ☐ Signature: Deb Stutz
3. City or County Engineer: Date Rec'd. 6/25/87. Date Frwd. 6/25/87. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL ~~NO WELL PERMIT RECIEVED~~

Site Visits:
Date: 9/23/87 by: J. C. N.
Date: ____ by: ____
Date: ____ by: ____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/23/87 By: J. C. Nood

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. 2515

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: 5-2-87 to 5-3-87. Weather: Precip. .02 Temp. 62°.

Test Taking At 6600 Pine Lake Rd. No. Side

OWNER: Kunle Ojikutu

Address: 4300 Holdrege #201 466-6179

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"	5-2	9:00 Am	5-3	6:00 Am	5-3	6:00 Am	6"	10:00 Am	5"	30m	1"	
2	36"	5-2	9:00 Am	5-3	6:00 Am	5-3	6:00 Am	6"	10:00 Am	4¾"	30m	1¼"	
3	36"	5-2	9:00 Am	5-3	6:00 Am	5-3	6:00 Am	6"	10:00 Am	5½"	30m	½"	
4	36"	5-2	9:00 Am	5-3	6:00 Am	5-3	6:00 Am	6"	10:00 Am	5¼"	30m	¾"	
5	36"	5-2	9:00 Am	5-3	6:00 Am	5-3	6:00 Am	6"	10:00 Am	5¼"	30m	¾"	
6	36"	5-2	9:00 Am	5-3	6:00 Am	5-3	6:00 Am	6"	10:00 Am	5"	30m	1	

Mike Hoagland
Signature of Person Conducting Test

Address 2525 Cleveland Lot 22 Phone 464-0638

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

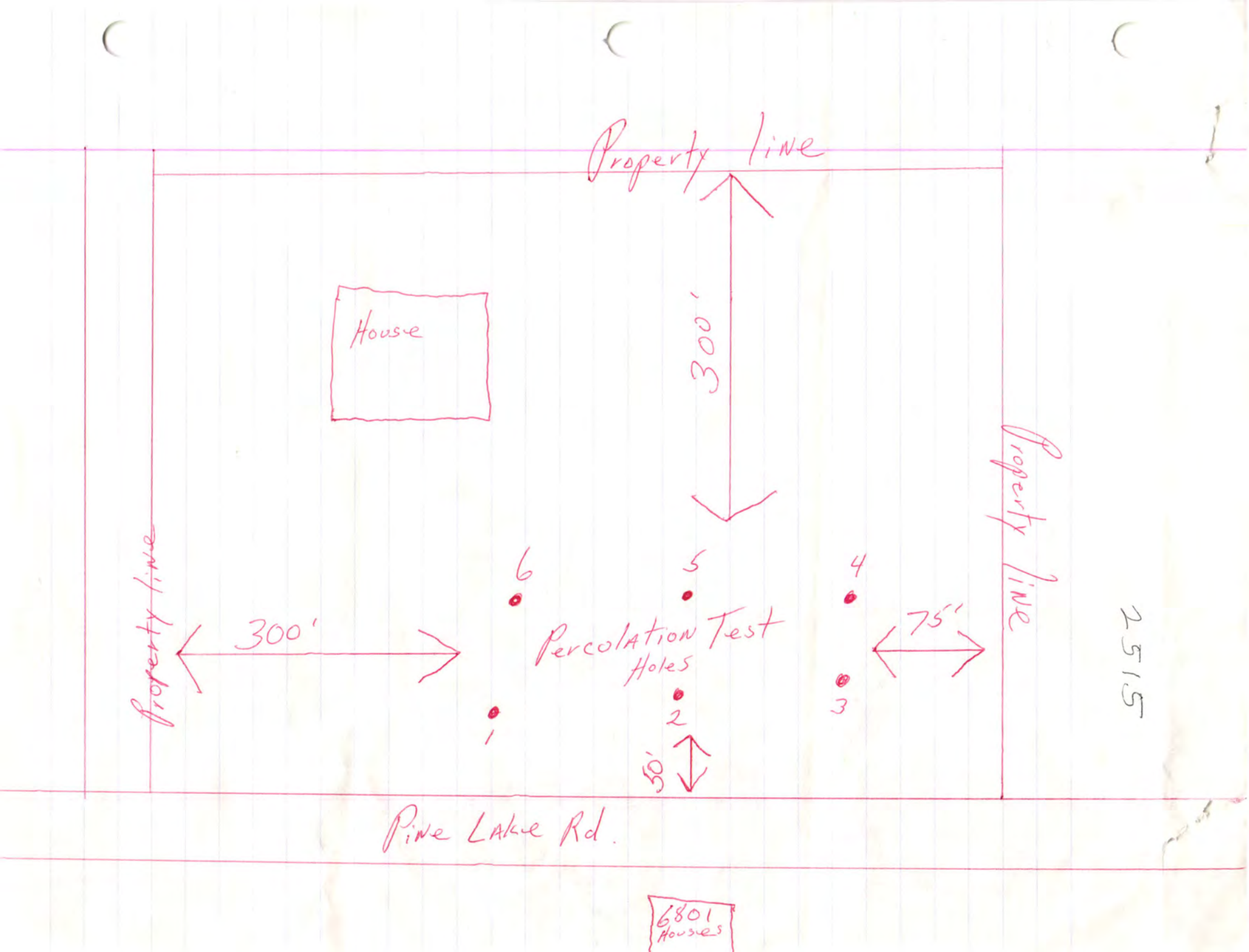
(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Ludson Silt Loam, Sharpsburg Silty Clay and Colo Silt Loam close
Date: JUNE 24, 1987

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

Jerrold C. Hood
Signature of Reviewing Official


Property line
House
300'
Property line
Property line
6
5
4
300'
Percolation Test Holes
75'
1
2
3
50'
Pine Lake Rd.
6801 Houses

2515

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. _____

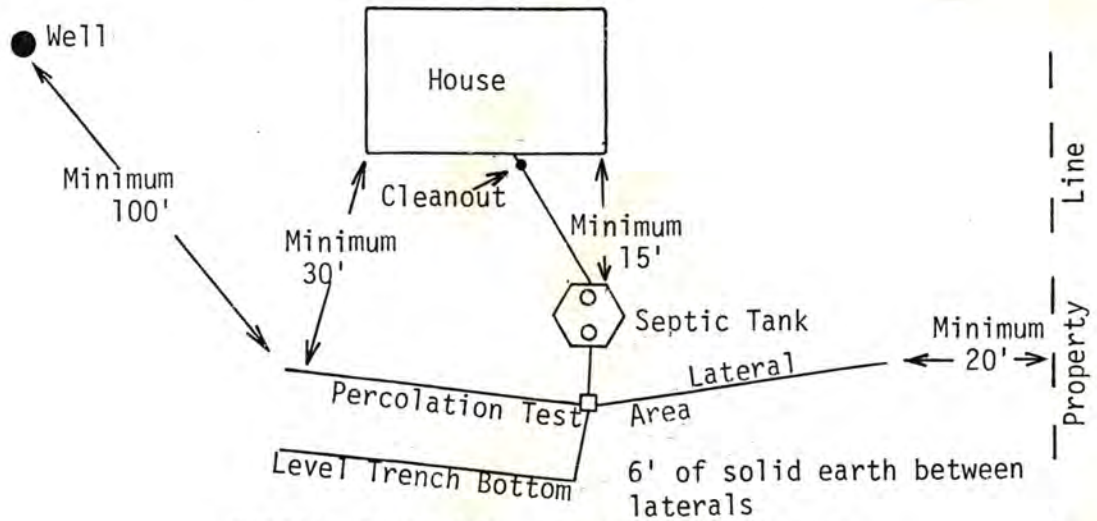
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material D2241; Diameter _____ in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 65' 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 Plc Conc; 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 16" in.
8. Distances to:
Well or Suction Line 100'+ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Plc Conc; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company _____)
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 3 ; Length of each line 100, 100, 66, _____, _____ ft.;
Total length of laterals 266 ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 4 ft.; Slope 3" in/100 ft.; Average Depth 20 in.
4. Filter Material: Road Gravel
Depth of Material _____ in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

RECEIVED DEC 30 1991

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: 12-27-91 #150.00

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $~~75.00~~

Legal Description of Property: TWP. 9N; RANGE 7E; SECTION 16; BLOCK 1

LOT 1; ADDITION Country Place 7th; Street Address 6600 Pine Lake Rd., Lincoln

Directions to Property _____

Location of Well _____ Tap Location: Inside ☐ Outside ☒

Location of Sewage System _____ Year Installed 1987

	NAME	ADDRESS	PHONE
Present Owner:	OJIKUTU, Olakunle	6600 Pine Lake Rd.	home: 423-5783 work: 472-7400
Tenant/Buyer:			
Return to:	Security Federal Savings	P.O. Box 80609	68501-0609 474-4444

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

Signature of Applicant (attached) Address 6600 Pine Lake Rd. 68516

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HEALTH DEPARTMENT USE ONLY #150.00

Date Received DECEMBER 30, 1991 Received $~~75.00~~ Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 12/31/91

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒	☐
Nitrate	<0.1 ☒	☐

SEWAGE SYSTEM:

Approved: ☒

Provisional: ☐

Disapproved: ☐

SITE VISIT:

Date 12/31/91 by J.C.H.

Date _____ by ____

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 E. Hood R.E.H.S. DATE JANUARY 8, 1991

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

P23653-5

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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 6900 S 66th Lincoln NE

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 9N Range 7E Section 16 1/4 ___ 1/4 ___ Block 1 Lot 1 Addition COUNTRY PLACE 7TH ADD.

Directions to Property At 66th & Pine Lake Rd go N, to 1st ~~Right~~ drive on Right

Location of Well E of House Deck.

Tap Location: Inside ☐ Outside ☑ ?

Location of Sewage System South Side of House

Year Installed 1987 ? 1988

Site Hazards (dogs, etc.) None

	NAME	ADDRESS	PHONE
Present Owner:	Vic Hannon	~~P.O.~~ P.O. 40 Haviland, KS. 67059	ph. 430-3237 Contact Realtor John Davis
Tenant/Buyer:	Dale & Betty Birdback	1136 Claremont St Lincoln NE 68508	432-3151
Return to:	1136 Claremont Lincoln. NE 68508		(Fax)

Signature of Applicant Betty Birdback Address 1136 Claremont Lincoln NE 68508 Date 8/7/03

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 8/8/03 Amount $200.00 Check No. 8508 Initials LS

DATA ENTRY Date ___/___/___ Case No. ____ Initials ____

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 8/11/03

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 0.7 ppm	☐ ____ ppm

SEWAGE SYSTEM

Approved ☒

Provisional ☐

Disapproved ☐

Additional Site Visits

Date 8/26/03 by J.C.H.

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: ELECTRICAL CONDUIT IS SEPARATED FROM WELL HEAD. SLIGHT DEPRESSION AROUND WELL HEAD. IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS See Attached Letter ☐

NEED. DIRT SHOULD BE PUT IN LOW PLACES IN LATERAL TO KEEP SURFACE WATER FROM STANDING ON THEM. HOUSE WAS VACANT AT TIME OF INSPECTION

FINAL STATUS

WATER SYSTEM: Approved ☒ WELL CORRECTED 8/26/03

SEWAGE DISPOSAL SYSTEM: Approved ☒ Provisional Approval ☐

Approved by Jerrold C. Hood R.E.H.S. Date 8/28/03

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

Larry Schabarck 9-23-87

