LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 90380020401

Issued 05/24/90
Expires 11/24/90

ESTABLISHMENT

JOHN KRAMER 7131 S. 70th.
T9N R7E SEC 21 QTR NE
BLK 16

FEES: Permit 018754 $150.00

Total $150.00

Issued By COUNTY HEALTH

PERMITTEE

JOHN KRAMER
4600 RENTFRO DR
LINCOLN NE 68526

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
5/29/90	PAID

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

9038 00204

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: $_____

FILE NO._____

DATE: 5-22-90

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. 9-N ; Range 7E ; Section 21 NE 1/4
   Block ~~8~~ : Lot 16 I.T. : Addition _____
   Street Address 7191 So 76

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 Kramer Construction Inc
Signature of Applicant (Owner or Lessee)

4600 Rentfro Dr
Address Lincoln 68526

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/23/90. ACTION: Approved ☒ Disapproved ☐
   Date Frwd. 5/25/90. Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 5/29/90 ACTION: Approved ☒ Disapproved ☐
   or Village Clerk Date Frwd. ~~5/29~~ 5/29 Signature: Mel G

3. City or County Engineer: Date Rec'd. 5-29-90. ACTION: Approved ☒ Disapproved ☐
   Date Frwd. 5-29-90. Signature: Dennis Bowles

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7-12-90 by: rm septic tank
Date: 7-13-90 by: rm
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-19-90 By: Ron Mayer

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 471-5001

B

7191 So. 70

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9-N ; Range 7E ; Section & ¼ Section 21 NE/4
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 ☐ ; SHC Clay Loam ☐ .
Dates of Tests: 3-1 to 3-2-88. Weather: Precip. 0 Temp. 30s.

Keith Gilster OWNER: ~~Maurice Costello~~
1821 Rancho Rd 68502 Address: ~~3440 S. 31 68502~~

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	37	3-1	4:30	3-2	10:05	3-2	4:00	20	4:30	20 5/8	30	5/8	
2	↓		PM		AM			17 3/4		18 3/8		5/8	
3								17 5/8		18		3/8	
4								19 3/4		20 5/8		7/8	
5								18 3/4		19 5/8		7/8	
6								18 1/2		19 1/8		5/8	
											6	40	
												.66	

Brad Southwick
Signature of Person Conducting Test

Sum of Percolation Rates: 4
Average of Rates: .66
Mean of Rates: _____

X Address 701 E 4 Hickman Phone 792-2462

46/min/in

(chop wells)

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: MAY 25, 1990

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

Jerrold C. Hood
Signature of Reviewing Official

COMMERCIAL & RESIDENTIAL PUMPING
DRAIN CLEANING
SOIL PERCOLATION TESTS

SEPTIC SYSTEMS-LAGOONS
INSTALLATION & REPAIR

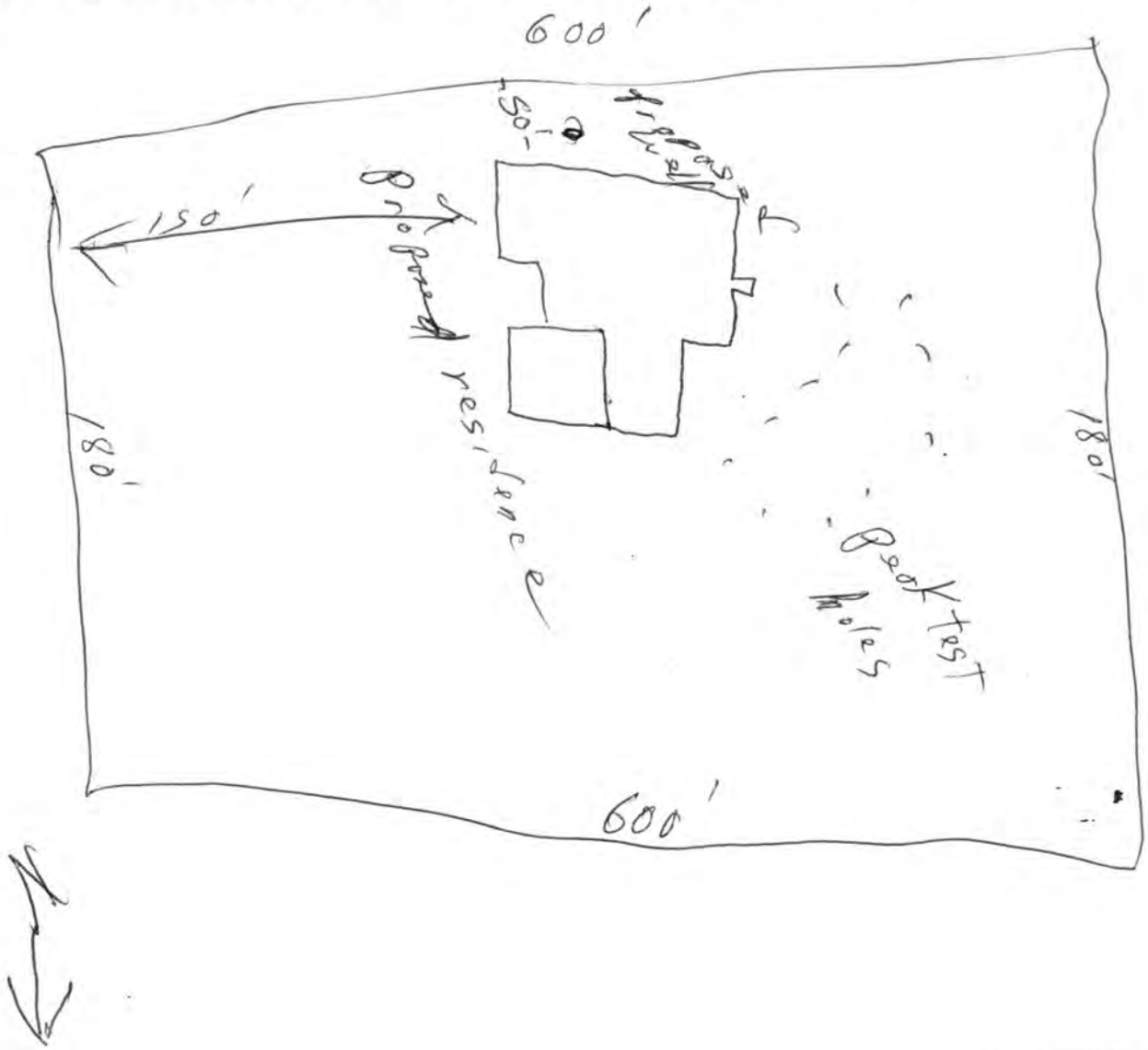
SOUTHWICK SEWER & DRAIN

BRAD SOUTHWICK

701 E 4TH STREET

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. _____

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



S 40th

REVIEWING ACTION

Remarks: _____

_____

Date: _____

3 | 1191 (397)

Minimum Design Requirement

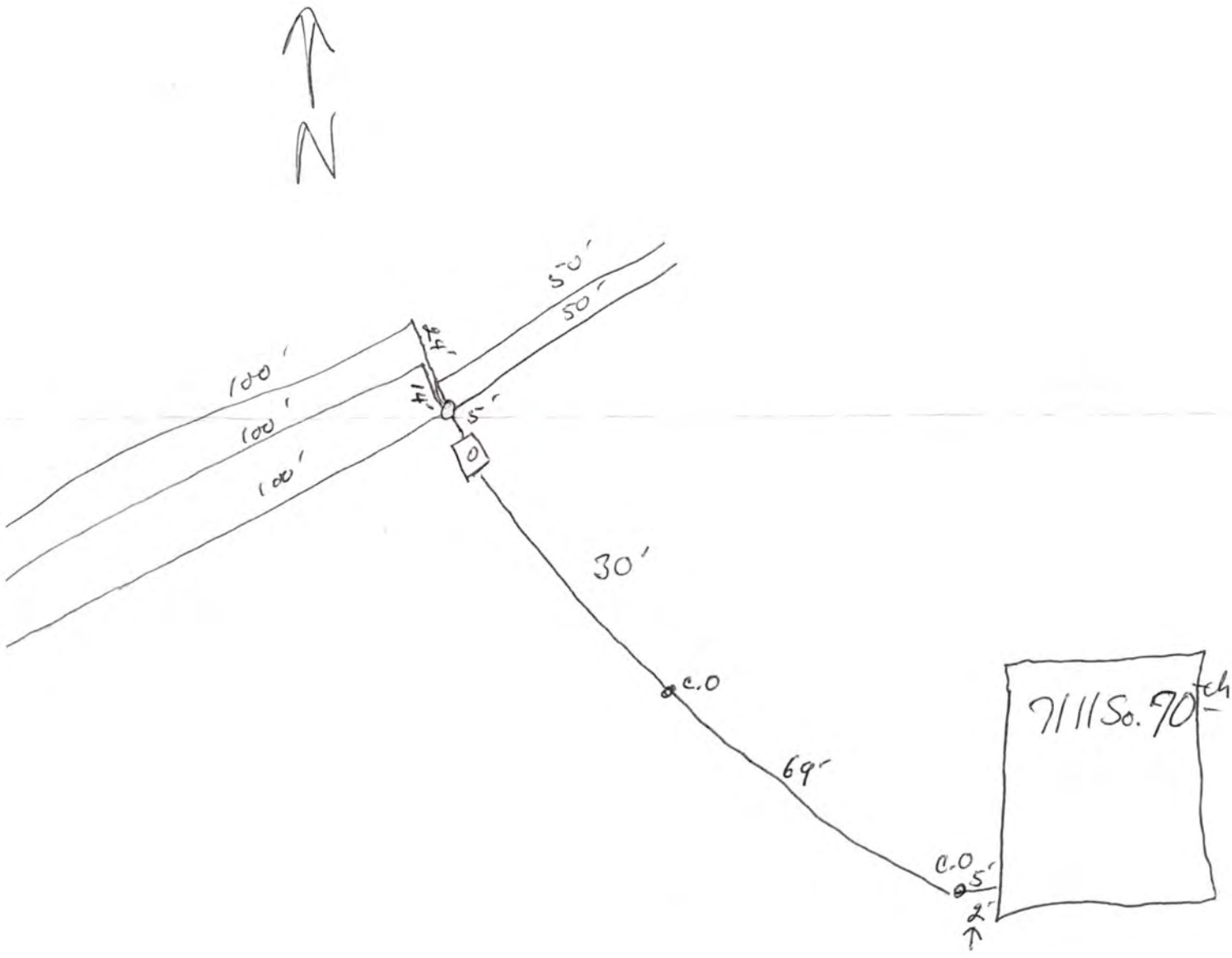
1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 1191 sq.ft.

_____

Signature of Reviewing Official

Larry Schwarck

7-13-90



RECEIVED JUL 18 1990

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. _____

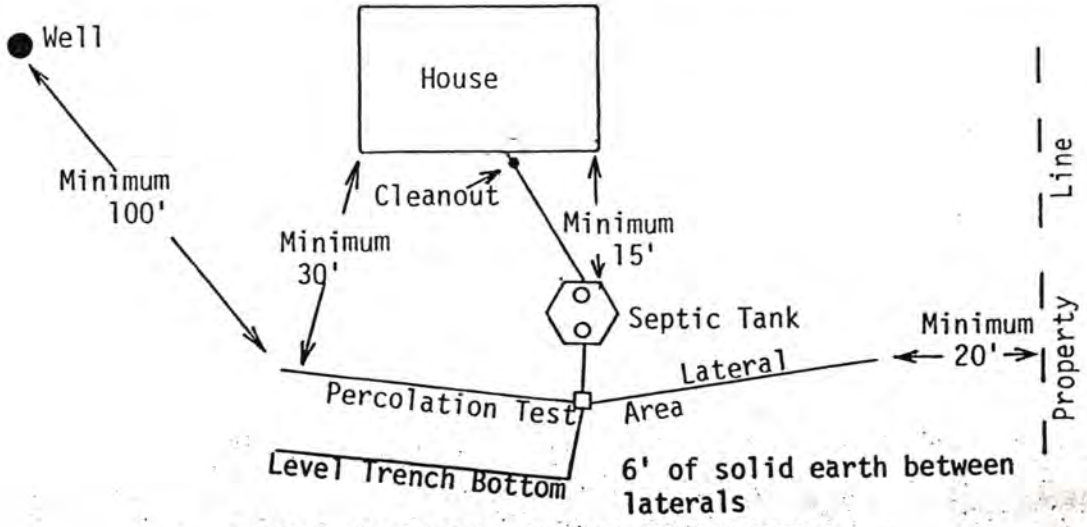
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material 160 ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 105 ft.
4. Number of clean-outs 2 .
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 1250 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 10"-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 6' 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 4 .
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 5 ; Length of each line 100 , 100 , 100 , 50 , 50 ft.;
Total length of laterals 400 ft.;
Distance between lateral lines 8' ft.
3. Trench dimensions: Width _____ ft.;
Slope 6 in/100 ft.; Average Depth 34"-24" 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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

WATER WELL

No. 90400016801

Issued 05/24/90
Expires 11/24/90

ESTABLISHMENT

JOHN KRAMER
T9N R7E SEC 21 QTR NE
BLK 15

FEES: Permit 019851 $75.00

Total $75.00

PERMITTEE

JOHN KRAMER
4600 RENTFRO DR
LINCOLN NE 68526

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
5/29/90	PAID

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

9040000168

FORM: 20222-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502
PHONE: 471-7800

FILING FEE $_____

FILE NO._____

DATE: 5-22-90

The undersigned hereby requests: Site Clearance and Permit to construct a new individual water well ☒ ; Permit existing well ☐ ; well repair or alteration involving opening of well ☐ ; in conformance with appropriate ordinance, as described herein:

1. Legal description of property: Twp. 9-N: Range 7E: Section 21 NE¼
   Block ~~[illegible]~~: Lot 15 II: Addition _____
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: ____Ft.
4. Intended use of well _____

John P. Krane Krane Contracting Inc
Signature of Applicant (owner or lessee)

4600 Renfro Dr
Address 68526

City Water Yes ☐ No ☒

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 5/23/90. Action: Approved ☒ Disapproved ☐
   Date Frwd. 5/24/90. Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 5/24/90 Action: Approved ☒ Disapproved ☐
   Date Frwd. 5/29/90 Signature: _____
3. City or County Engineers: Date Rec'd 5/25/90. Action: Approved ☒ Disapproved ☐
   Date Frwd. 5/25/90. Signature: John H. Hunzeker

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 3/11/91 by L. C. Hood
Date: _____ by _____
Date: _____ by _____

Nitrate Level 0.1 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 3/15/91 By: L. C. Hood

Health Department copy: White
Engineers Copy: Light Green
Building Inspectors Copy: Light Blue

FORM 23-13

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13553
FILE NO. _____

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN NE 68502
Phone: 471-7890

9040060168

Permit 019851

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 21 T. 9N R. 7E Block ___ Lot 21 Addition _____

Owner Keith Gilkeson Address 7111 Sc: 70 th St

Kramer Const. 68516

LOG OF WELL	
Depth From To	Description
0-60	yellow clay
60-88	gray clay
88-117	Sd White, Gray
117-118	white clay
118-160	Sandstone very fine
160-226	fine to medium Sandstone 80% 20% clay gray to white, Sd

WELL COMPLETION RECORD

Drilling Method: Rotary

Depth (from ground level), Ft. 226

Date Completed 8-7-90

Casing: Length, Ft 221 ; Dia. In. 4

Wall Thickness, Inc 160 ; type PVC

Screen: Length, Ft. 20 Dia. In. 4

Type PVC , slot Size .016

Drop Pipe: Length, Ft 180 Dia. In. 1¼

Water Level, Surface to top of water, Ft.:

Static 145 , Pumping 160

Yield: 22 ggm, Measured ☒ , Est. ☐

Chlorination Completed Yes ☒ No ☐

The above information including "Log of Well" is a true record of the job performed by me.

Driller Keith Meenahan
(Signed)

7331 Olive

Address Lincoln, Ne 68505

Date 8-16-90

REMARKS NITRATE NITROGEN O.K. P.M. BACTERIOLOGICAL O.K.

DO NOT WRITE BELOW THIS DOUBLE LINE

Health Department forwarded copy of record to Nebraska Conservation and Survey Department for Scientific Record ☒

FORM 23-4

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.

Legal Description of Property: Street Address 7111 South 70th Lincoln NE

Twp 9N Range 7E Section 26 1/4 ___ 1/4 ___ Block ___ Lot 51 Addition ___

Directions to Property ___

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Jay M Gorton (Derry)	7111 So 70th	423-1953
Tenant/Buyer:			
Return to:	Mortgage Inc	4750 Normal Blvd St 5 Lincoln NE 68506	489-3333

Signature of Applicant Donna Eicher Acct Exec Address 4750 Normal Blvd St 5 Lincoln NE 68506 Date 12/10/97

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 12/10/97

Initials ___

Amount $150.00

Check No. 1089

DATA ENTRY

Date ___/___/___

Case No. ___

Initials ___

PRELIMINARY STATUS--By John Chess **DATE:** 12/15/97

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

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits

Date 12/22/97 by PD

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: Sewage System predates regulations, hence a provisional Approval. Wet evidence of surface discharge seen. Tank has been pumped within the last year. (Brad S. confirmed)

12-22-97 Well head cracked. Nitrate sample collected

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved ☐ **SEWAGE DISPOSAL SYSTEM:** Approved ☐ Provisional Approval ☒ JC 12-15-97

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: 10-95

12-15-97 - Left message -
12-16-97 - Sent letter