Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 00380222101

Issued 07/28/00
Expires 01/28/01
Revenue Code 3157

Establishment

JERRY KRUMVIEDA
T9N R7E SEC 22
CLARENDON HILLS 1ST BLK 4 LOT 6&7
7111 TRAVIS DR

FEES: $150.00

Permitee

JERRY KRUMVIEDA
6501 CROOKED CREEK DR
LINCOLN NE 68516

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013566

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

A

Permit Number: 10380221

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 7111 Travis Dr. (no rural route) City Lincoln NE, Zip 68516

Legal Description 22 9 North 7 East of the 6TH PM Clarendon Hills 1ST 4 607
(1/4 1/4 Section Township Range Subdivision Addition Block Lot)

Geographical Location (if known): Longitude _____ Latitude _____ (Stauffer Add. Lot 1)

☒ Check if system mail address is not the same as the owner's address

B. Owner

Name Jerry Krumviedа Signature Jerry Krumviedа

Address 6501 Crooked Creek Dr. City/State/Zip Lincoln Ne 68516

☒ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Randy Doremus Company Name RJ Doremus Const.

Address #29 Fairview Dr. City/State/Zip & York Ne.

☐ Check if contractor designed system Work Phone 402 362-3059

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 7/24/00 Date frwd 7/25/00 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7/25/00 Date frwd 7/25/00 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 7-25-00 Date frwd 7-25-00 ACTION ☒ Approved ☐ Disapproved Signature Dennis Bartels

~~10/24/00 Need Drawing J.C.H.~~

Installation Final Written Approval

By Jerrold C. Hood

Date FEBRUARY 12, 2001

Business Office Use Only
Date Rec'd 07/25/00
Amt Paid 150.00
Rec'd By lo ~~Cash~~/Check No. 9373

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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

B

Permit Number: 00380221

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 7111 Travis Dr. (no rural route) City Lincoln NE, Zip 68516

Owner Jerry Krumvieda Addresss 6501 Crooked Creek Dr

Soil Type (SCS): Judson Percolation Rate: _____ min./inch

Date of Tests 7-15-00 to 7-16-00 Weather: Precipitation None Temperature 85-90

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)
1	36	7/15	1:30	7/15	5:30	7/16	1:30	6	7/16	5:30	30	1/2	30/ 1/2" 60
2	36	7/15	1:30	7/15	5:30	7/16	1:30	6	7/16	5:30	30	5/8	30/ 5/8 48
3	36	7/15	1:30	7/15	5:30	7/16	1:30	6	7/16	5:30	30	7/8	30/ 7/8 34.3
4	36	7/15	1:30	7/15	5:30	7/16	1:30	6	7/16	5:30	30	1 1/4	30/ 1 1/4 24
5	36	7/15	1:30	7/15	5:30	7/16	1:30	6	7/16	5:30	30	1/2	30/ 1/2 60
6	36	7/15	1:30	7/15	5:30	7/16	1:30	6	7/16	5:30	30	1/2	30/ 1/2 60
7	36	7/15	1:30	7/15	5:30	7/16	1:30	6	7/16	5:30	30	1 1/4	30/ 1 1/4 24
8	36	7/15	1:30	7/15	5:30	7/16	1:30	6	7/16	5:30	30	1 1/8	30/ 1 1/8 26.7
9	36	7/15	1:30	7/15	5:30	7/16	1:30	6	7/16	5:30	30	1/2	30/ 1/2 60

Sum of Percolation Rates: 7 1/8" 397

Average of Rates: .794 44

Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Jerry Krumvieda

Phone: 402 423 9086

Address 6501 Crooked Creek Lincoln Ne 68516

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

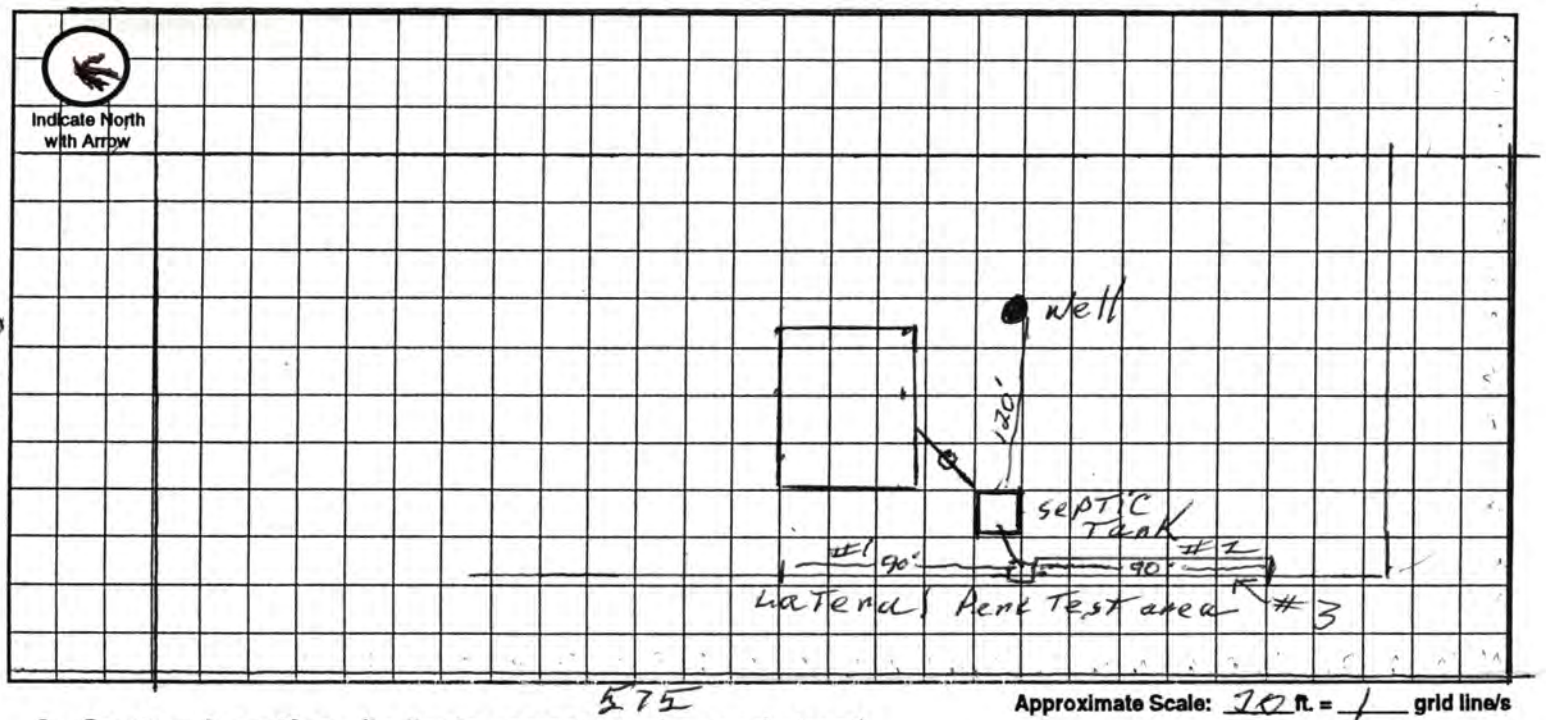
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 00380221

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: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 7111 Travis Dr. City Lincoln NE, Zip 68516

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 60 (min. per inch) Soil Type: Blank to clay Judson Land Slope: Moderate %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: ~~1500~~ 1050 sq. ft

Type of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 263 ft. Number of Trenches 3 or 4 Trench Width 4'

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 X Donald J Jahn Date 07-24-00

Installer Randy J Hamm for RJ Hamm Const Inc Date 7-17-00

FORM 23-102 10-96

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

D

Permit Number: 00380 2221

Sewage Disposal System

As Built Plans & Specifications

Date 7-20-00

System Location (Indicate correct number and street)

Address 7111 Travis Dr. (no rural route) City Lincoln NE, Zip 68516

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 20 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 170 ft.
   stream NA ft.
   pressure line NA ft.
   property line ~~80~~ 100 ft.

B. Septic Tank

1. Material: ~~Fiberglass~~ Concrete
   Number of compartments: 3
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 4 in.
   Over outlet, diameter 4 in.
   Riser: ☒ above ☐ below grade 12 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line 100 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line 60 ft.

C. Distribution Box

1. Material: _____
   Number available outlets: 2
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 20 ft.

D. Absorption Field

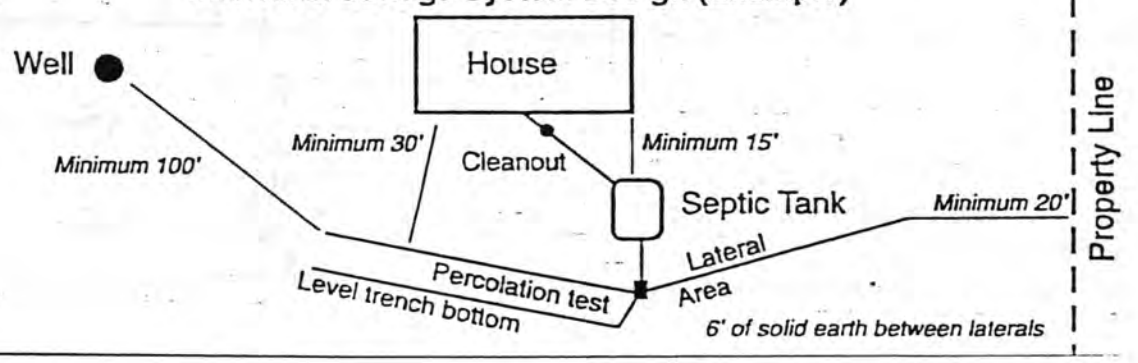
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☒ Perforated pipe
   Diameter of half round: 12"
   or perforated pipe: ~~4"~~
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 90 ft. 90 ft.
   90 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope Level to 6" in/100 ft.
   Average depth 36 in
4. Filter material: Washed gravel
   Depth of material 6 in.
5. Distances to: Well or suction line 120 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line 40 ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

Indicate North with Arrow

223'

175'

House

35'

120'

well

septic tank

Lateral

Perc/Vatiation Test area

#1 Lateral 90'

#2 Lateral 90'

#3 Lateral 90'

When House built Dug out will Make sure its at least 100' From septic

Approximate Scale: 20 ft. = 1 grid line

Lincoln-Lancaster County Health Department

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

Permit

WATER WELL
NEW WATER WELL CONSTRUCTION

Permit # 00400092801

Issued 08/10/00
Expires 02/10/01
Revenue Code 3162

Establishment

JERRY KRUMVIEDA
T9N R7E SEC 22
STAUFFER ADDITION LOT 1
7111 TRAVIS DR

FEES: $75.00

Permitee

JERRY KRUMVIEDA
6501 CROOKED CREEK DR
LINCOLN NE 68516

TOTAL: $75.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013632

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

Permit No. 0040000928

PID # 16-22-303-001-000

Request for Site Clearance and Permit for Individual Water Well

The undersigned hereby requests:

- ☒ Site Clearance and Permit to construct a new individual water well - $75.00
- ☐ Annual Permit for an existing well - $50.00
- ☐ Permit to repair or alter existing well involving opening of well - $25.00

1. Well Site Address 7111 Travis Dr. City Lincoln, NE Zip 68516
(No Rural Route Please)
Legal description of property:
Twp 9 North; Range 7E; Section 22; Block ____; Lot 1; Addition Clarendon Hills First Addition STAUFFER ADDITION

2. Well use: ☒ Residential; ☐ Commercial; ☐ Other; Describe: ____

3. Distance to Public Water Supply 2000 feet.

Signature of Owner Jerry Krumvieda

Print Name Jerry Krumvieda
Current Address 6501 Crooked Creek Dr, Lincoln Ne. 68516
Current Home Phone 402-423-9086
Work Phone 402-466-3842

Signature of Contractor Joe Holly

Print Name HOLLY DRILLING
Address 634 S. HIGHWAY 15 DORCHESTER, NE 68343
Home Phone ____
Work Phone (402) 946-3871
Cellular Phone (402) 430-8914

Sewage Permit Applied for: ☒ Yes ☐ No ☐ Not applicable

Please Submit Permit Fee with This Request
Please Do Not Write Below This Line

Approval Process: Lincoln Municipal Code 8.44

1. Health Department	Date received 8/1/00 Date forwarded 8/1/00	ACTION ☒ Approved ☐ Disapproved Signature: Jerrold C. Hood		
2. Building & Safety	Date received 8/1/00 Date forwarded 8/1/00	ACTION ☒ Approved ☐ Disapproved Signature:		
3. City Engineer	Date received 8/1/00 Date forwarded ___/___/___	ACTION ☒ Approved ☐ Disapproved Signature: Ben Hutton		

REMARKS OR REASONS FOR DISAPPROVAL: ____

Site Visits:
Date: 2/13/01 By Jerrold C. Hood conduit broken
Date: 7/6/01 By Jerrold C. Hood 2nd well.
Date: ___/___/___ By ____

Installation Final Written Approval
By: Jerrold C. Hood R.E.H.S.
Date: 8/2/01

Nitrate Level 1.4 mg/L 2ND WELL 0.0 p.p.m.
Chloride Level ____ mg/L
Bacteriological Analysis Satisfactory
Yes X No ____
Other ____

Business Office Use Only
Date Rec'd: 8/1/00
Amt Paid: $ 75.00
Rec'd By TH Cash/Check No. 9387

Distribution:
White - Health Dept. Lt. Green - Engineer Lt. Blue - Bldg Inspector

G-108268

FEB 1 7 2001

PID # 16-22-303-001-000
Entered 8/06/01

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13553
FILE NO. 0040000928

Lincoln-Lancaster County
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 22 T. 9N R. 7E Block ___ Lot 1 Addition CLARENDON HILLS 1ST ADD.
Owner JERRY KRUMREDA Address 7111 TRAVIS DR.

LOG OF WELL	
	Description
Depth Ft.	—
0 - 1	TOPSOIL
1 - 48	CLAY, YELLOW BROWN & TAN
48 - 61	CLAY, BLUE
61 - 115	SHALE, RED, GRAY, & YELLOW
115 - 194	SANDSTONE, LT. BROWN, W/ SHALE LAYERS
194 - 215	SANDSTONE, LT. BROWN, MEDIUM
215 - 220	SHALE, RED

WELL COMPLETION RECORD

Drilling Method: ROTARY
Depth (from ground level), Ft. 206
Date Completed 9 21 00
Casing: Length, Ft. 197 Dia. In. 5
Wall Thickness, Inc. .265 type PVC
Screen: Length, Ft. 10 Dia. In. 5
Type PVC, slot Size .016
Drop Pipe: Length, Ft. 180 Dia. In. 1 1/4
Water Level, Surface to top of water, Ft.:
Static 135, Pumping 150
Yield: 20 ggm, Measured ☐ , Est. ☒
Chlorination Completed Yes ☒ No ☐

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

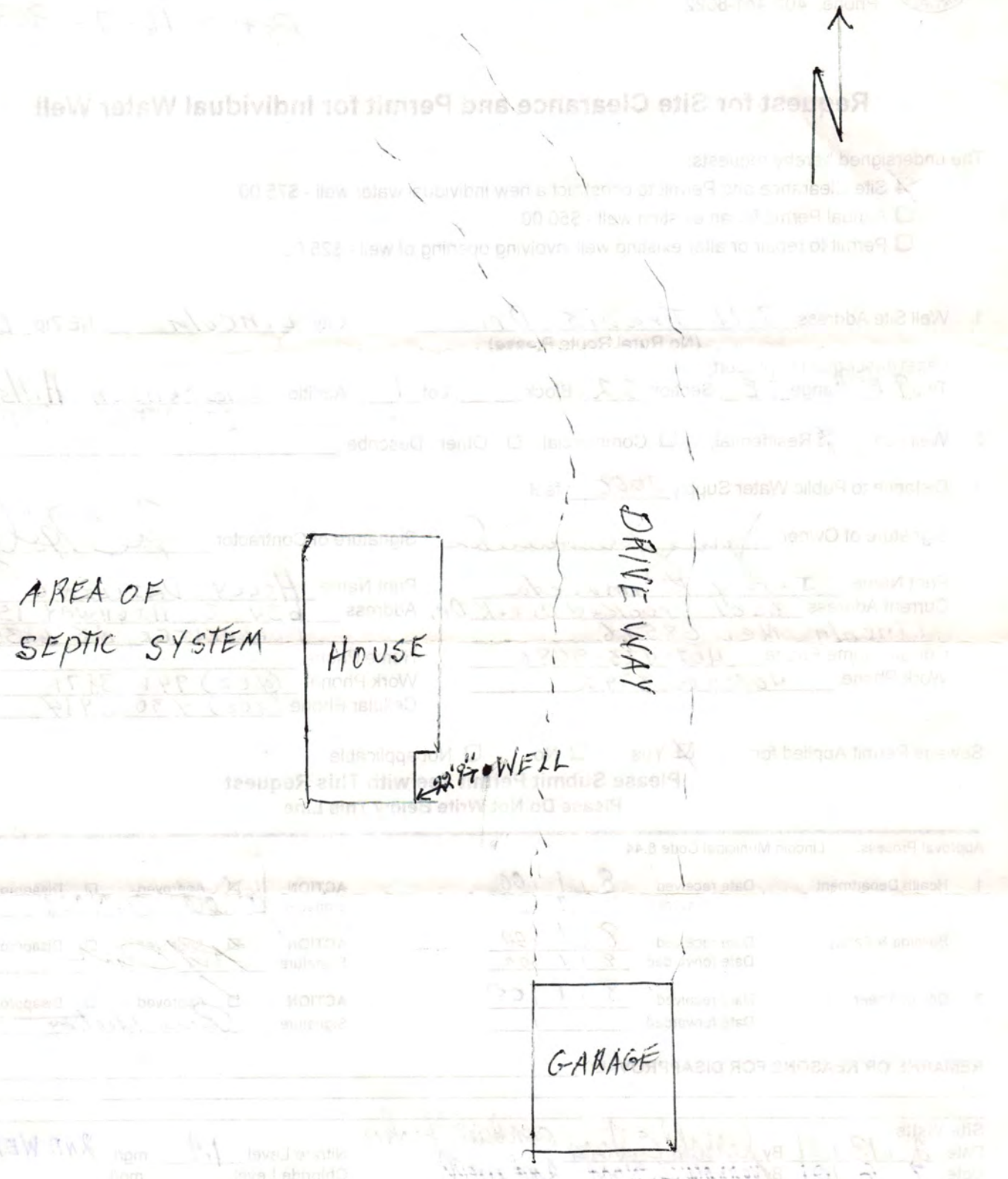
Driller Joe Kelly (Signed)
Address 634 S. HWY 15 DORCHESTER, NE 6834
Date 12 20 00

REMARKS NITRITE NITROGEN 1.4 P.P.M.
BACTERIOLOGICAL O.K.
2ND WELL 0.0 P.P.M.
NITRATE NITROGEN

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


AREA OF
SEPTIC SYSTEM
HOUSE
WELL
DRIVE WAY
GARAGE