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. 91380074201

Issued 08/15/91
Expires 02/15/92

ESTABLISHMENT

JOHN KRAMER
T9N R7E SEC 22
AMBER HILL ESTATES BLK 3 LOT 5

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

JOHN KRAMER
4600 RENTFRO DR
LINCOLN NE 68526

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
8/21/91	PAID

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: $ 150

FILE NO. _____

DATE: 8-14-91

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 22 ; Block 3 : Lot 5 : Addition Amber Hill Estates
   Street Address Amber Hills

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms (3) . Describe _____

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

4. Distance to public sewer: _____ ft.

X John P. Krane
Signature of Applicant (Owner or Lessee)

4600 Rentfro Dr
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/14/91. Date Frwd. 8/15/91. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nool
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8/15/91. Date Frwd. 8/15/91 ACTION: Approved ☒ Disapproved ☐ Signature: Mel Lovelady
3. City or County Engineer : Date Rec'd. 8/14/91. Date Frwd. 8/14/91. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9-6-91 by: PAUL DROTZMANN
Date: 9-9-91 by: PAUL DROTZMANN
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-9-91 By: Paul Drotzmann

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. _____

PROPERTY WHERE SOIL TESTED: Lot 5 Blk 3 Amber Hill Estates

Location: Township 9N; Range 7E 6PM; Section & ¼ Section 33.
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: _____ to _____. Weather: Precip. _____ Temp. _____

OWNER: Russell Kramberg

Address: 8201 Amber Hill Rd

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	32	8-8	3:30	8-9	8:00	8-9	11:00	18	11:30	18 1/2	30	1/2	
2	1							18 1/2		18 3/4		1/2	
3	1							16 1/2		17 1/2		1/2	
4	1							18 1/4		19 1/4		1	
5	1							20 1/2		20 3/4		1/4	
6	1							15 1/4		16		3/4	

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

_____
Signature of Person Conducting Test

Address _____ Phone _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: August 14, 1991

Approved Percolation Rate (a)
A. 60 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hoop
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. _____

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



REVIEWING ACTION

Remarks: _____

Date: August 14, 1991

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 330 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 990 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

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. _____

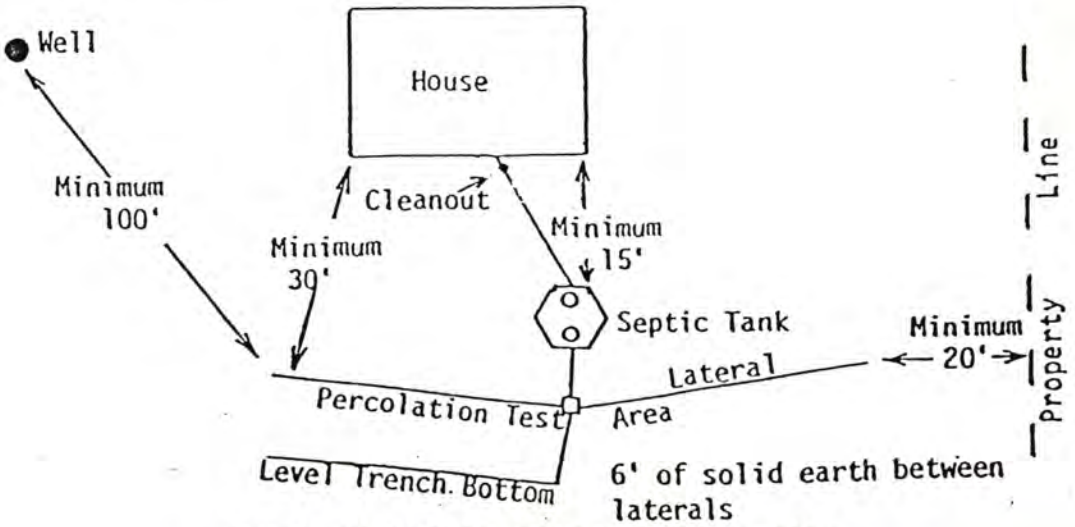
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC 160; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 74 ft.
4. Number of clean-outs —.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Precast; No. of compartments _____.
2. Capacity 1000 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.

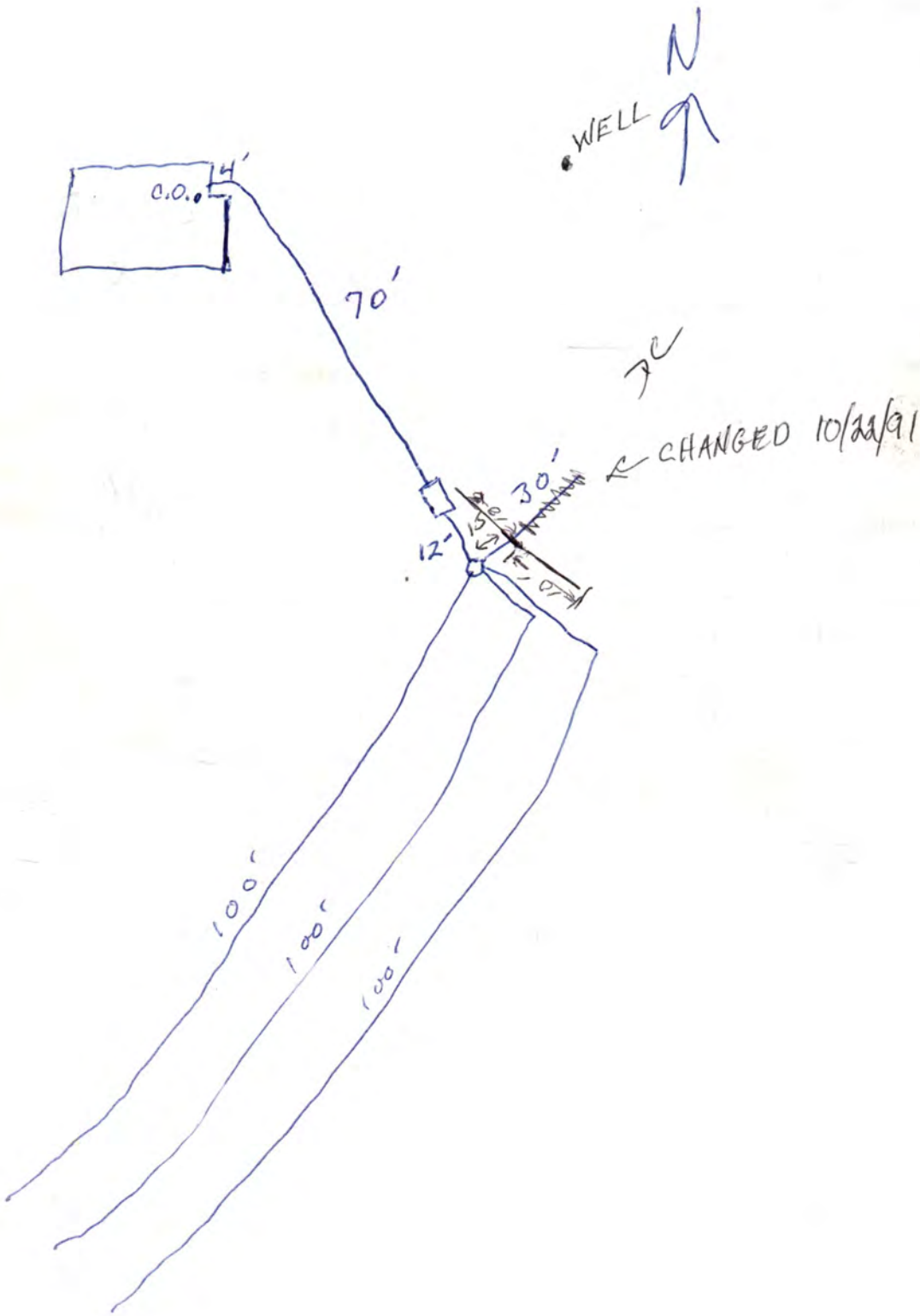
C. DISTRIBUTION BOX:
1. Material Pre Cast; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 12' ft.

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 4; Length of each line 100, 100, 100, 30, _____ ft.;
Total length of laterals 330 ft.;
Distance between lateral lines 6' ft.
3. Trench dimensions: Width 36" ft.;
Slope 6" in/100 ft.; Average Depth 26-30 in.
4. Filter Material: Road Gravel
Depth of Material 18" in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Larry Schwarck 9-6-91



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. 91400026301

Issued 08/15/91
Expires 02/15/92

ESTABLISHMENT

JOHN KRAMER
T9N R7E SEC 22
AMBER HILL ESTATES BLK 3 LOT 5

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
8/21/91	PAID

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

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. 9140000263

DATE: 8-14-91

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. 9N : Range 7E : Section 22
   Block 3 : Lot 5 : Addition AMBER HILLS ESTATES
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: ____ Ft.
4. Intended use of well Residence

84th & Yankee Hill Rd.

Signature of Applicant (owner or lessee)

4600 Kent Pass
Address

City Water Yes ☐ No ☒

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 8/14/91. Date Frwd. 8/15/91. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 8/15/91. Date Frwd. 8/15/91. Action: Approved ☒ Disapproved ☐ Signature: Mel Goddard
3. City or County Engineers: Date Rec'd 8/15/91. Date Frwd. 8/15/91. Action: Approved ☒ Disapproved ☐ Signature: John D. Burns

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11/25/91 by J.C. Hood Depression around well
Date: 11/26/91 by J.C. Hood Depression filled.
Date: _____ by _____

Nitrate Level <0.1 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/27/91 By: J.C. Hood

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

RECEIVED DEC 10 1991

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13553
FILE NO. 91400263

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN NE 68502
Phone: 471-7300

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 22 T. 9N R. 7E Block 3 Lot 5 Addition Amber Hills estates

Owner Russell Cromberg Address

John Kramer Const. 4600 Renfro Dr Lincoln 68526

LOG OF WELL	
Depth Ft.	Description
0 to 1	top Soil
1 - 80	yellow & gray Clay
80 - 150	gray clay
150 - 155	Sandstone
155 - 170	gray clay SS layers
170 - 177	Green Sand & Gravel
177 - 191	gray clay SS layers
191 - 214	red, yellow, gray Dakota
214 - 235	red Clay
235 - 248	gray clay
248 - 278	gray clay SS 50%
278 - 288	Sand & Gravel

WELL COMPLETION RECORD

Drilling Method: Rotary

Depth (from ground level) Ft. 285

Date Completed 10-21-91

Casing: Length, Ft. 280 ; Dia. In. 4

Wall Thickness, Inc. 160 ; type PVC

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

Type PVC Johnson , slot Size .025

Drop Pipe: Length, Ft. 240 Dia. In. 1 1/4

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

Static 214 , Pumping 225

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 Keith Musgrave
(Signed)

Address 7331 Vine St

Date 11-9-91

REMARKS NITRATE NITROGEN < 0.1 p.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 22-5

John Kramer Const
Amber Hills
Russell ~~Cromwell~~ Cromberg
Lot 5 Block 3 Amber Hill estates

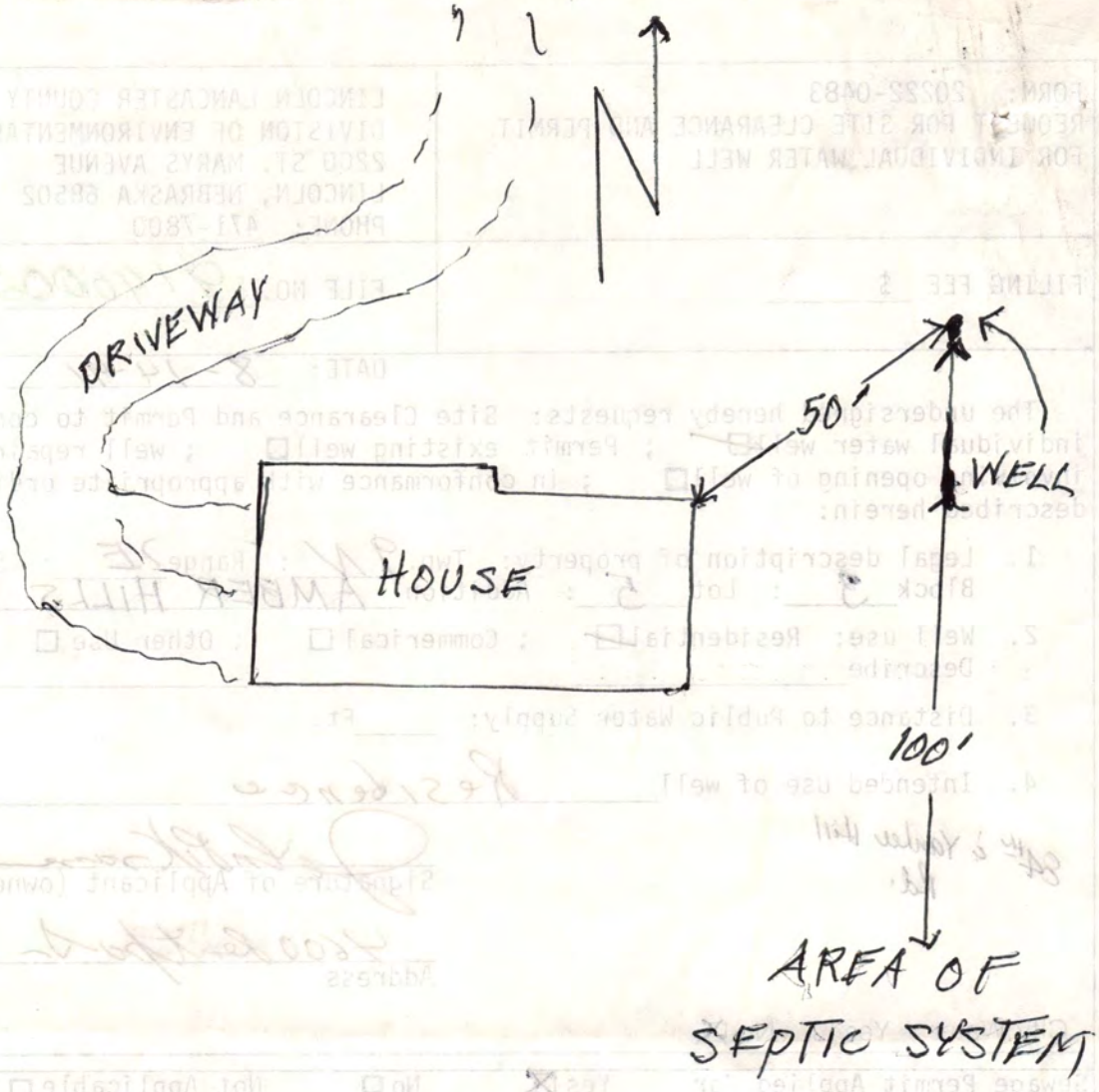
0-1 top soil
1-80 yellow & gray clay layers
80-150 gray clay
150-155 Sandstone
155-170 gray clay & sandstone layers
170-177 Green Sand & Gravel
177-191 gray clay & sandstone layers
191-214 red show, yellow, lite gray clay (Dakota)
214-235 red clay
235-248 gray clay
248-278 gray clay with Sandstone layers 30%
278-288 Sand & Gravel 90%

Water table 214'

Lincoln Drilling

NITRATE NITROGEN <0.1 P.P.M.
BACTERIOLOGICAL O.K.

RECEIVED NOV 25 1991


N
DRIVEWAY
50'
WELL
HOUSE
100'
AREA OF
SEPTIC SYSTEM