Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
OTHER SEPTIC SYSTEM

Permit # 99380202701

Issued 06/28/99
Expires 12/28/99
Revenue Code 3157

FEES: $150.00

Establishment

DOUGLAS KROEKER
T9N R7E SEC 28 QTR NW
COUNTRYLANE ESTS-1ST BLK 3 LOT 3
6300 COUNTRYVIEW COURT

TOTAL: $150.00

Permitee

DOUGLAS KROEKER
7515 RED OAK RD
LINCOLN NE 68516

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010599

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

A

Permit Number: 993802027

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 6300 Country View Ct. (no rural route) City LINCOLN NE, Zip 68516

Legal Description NW 1/4 SE 1/4 28 Section 9N Township ☒E Range Countrylane Estates Subdivision 3 Addition 3 Block

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Doug Kracker Signature _____

Address 7516 Red Oak Rd. City/State/Zip LINCOLN NE 68510

☐ Check if owner designed system Home Phone 489-4355 Work Phone 730-7741

C. Contractor

Name Same as Owner Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

D. Engineer/Installer ☒ Check and complete if engineer designed system

Designer Name Jeremy Williams Firm Design Associates Work Phone 474-3000

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub (YES) NO

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day 600 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 6/25/99 Date frwd 6/25/99 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6-29-99 Date frwd 6-2999 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 6/29/99 Date frwd 6/29/99 ACTION ☒ Approved ☐ Disapproved Signature _____

need 9/17/99 need DShr 9/28/99 need DShr

Installation Final Written Approval

By _____

Date 1-11-00

Business Office Use Only

Date Rec'd 06/25/99
Amt Paid 150
Rec'd By _____ Cash/Check No. 1451

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: 993802027

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE



System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

Owner Doug Kroeker Addresss 7516 Red Oak Rd. Lincoln 68516

Soil Type (SCS): SIC (with PAC underlying) Percolation Rate: 167 min./inch

Date of Tests 8/6 to 8/7 Weather: Precipitation 0 Temperature 70s

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	8/6	10:30	8/7	10:30	8/7	10:30	10	8/7	11:00	30	1/8	240
2								12 1/2				1/8	240
3								28 1/2				1/4	120
4								9 1/4				1/8	240
5								29				7/8	80
6								28 7/8				3/8	80

Sum of Percolation Rates: 1000
Average of Rates: 167
Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 475-2462 / 430 7606
Address 17201 So 72
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

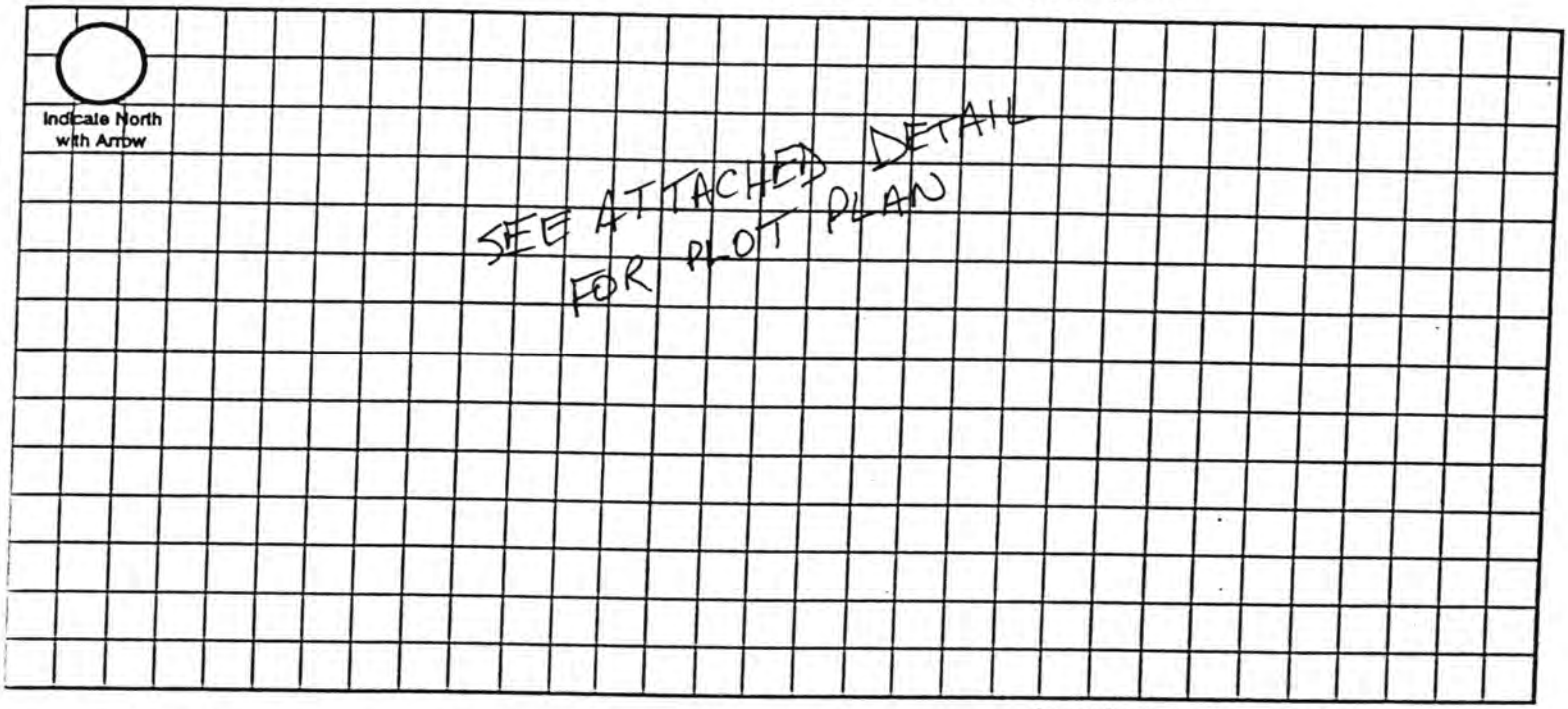
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 6300 Country View Ct. 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 240 (min. per inch) Soil Type: clay Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☒ Other EQ-24

Total Square Feet of Field Required: 447 sq. ft.

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

Capacity of Septic Tank 1750 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 400 ft. Number of Trenches 4 Trench Width 5'

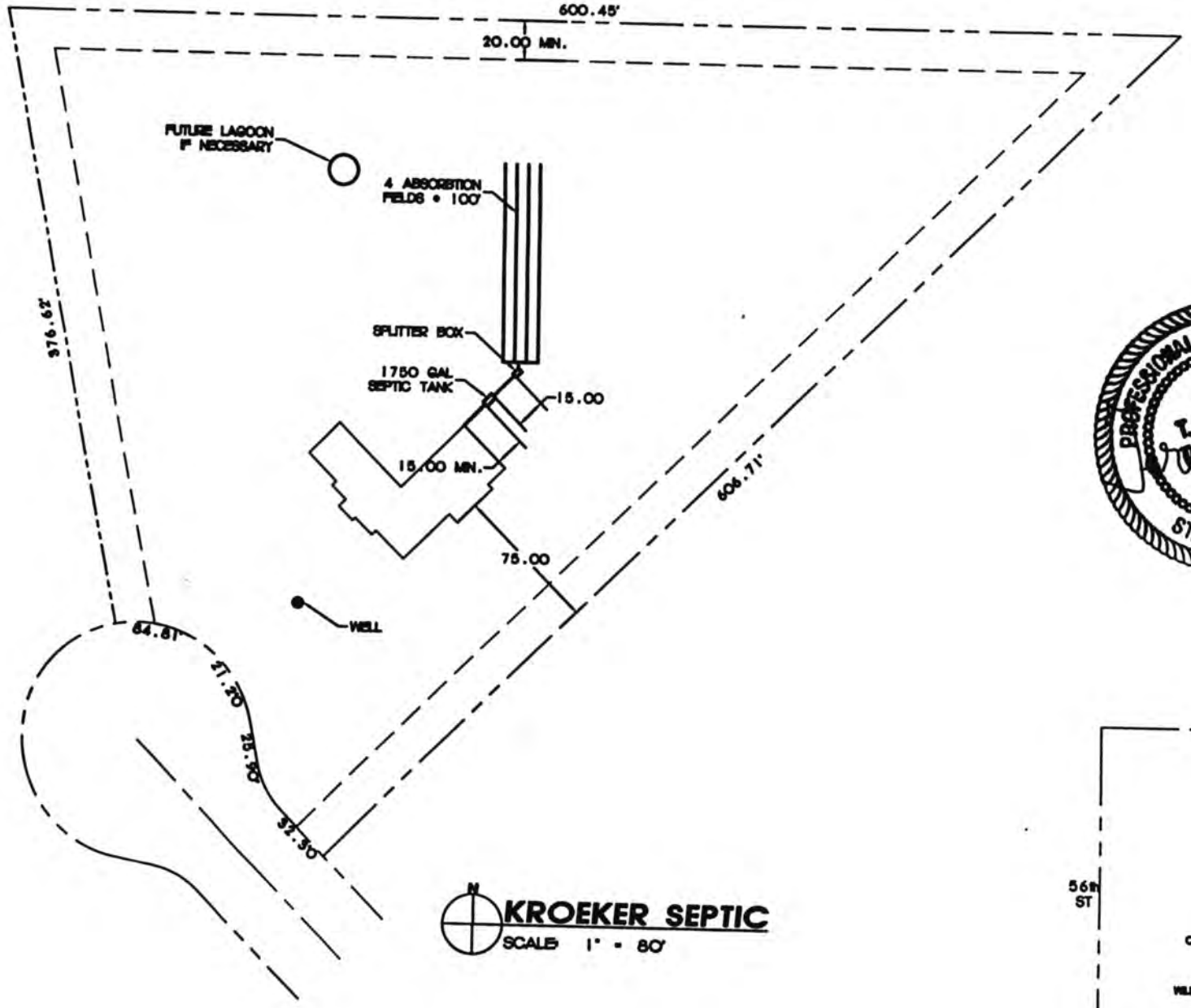
D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 ☑	☑

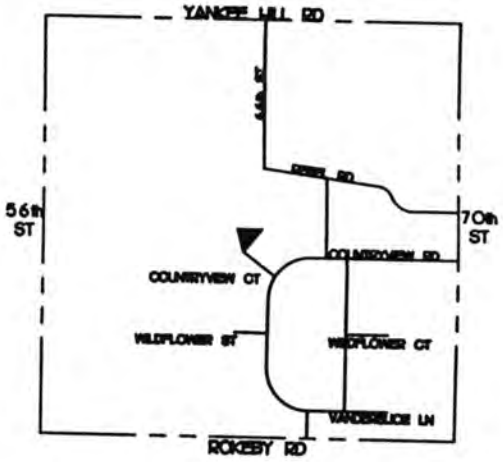
E. Required Signatures

Home Building Contractor SELF Date _____

Installer Scott Mueller Mueller Trenching Date 6-25-99


600.45'
20.00 MIN.
FUTURE LAGOON IF NECESSARY
4 ABSORBTION FIELDS • 100'
SPLITTER BOX
1750 GAL SEPTIC TANK
15.00
15.00 MIN.
376.62'
606.71'
75.00
WELL
64.81'
215.90'
92.30'
N
KROEKER SEPTIC
SCALE: 1" = 80'


PROFESSIONAL CIVIL ENGINEER
T. MUSLEH
E-8351
STATE OF NEBRASKA


YANKEE HILL RD
56th ST
70th ST
COUNTRYVIEW CT
WILDFLOWER ST
WILDFLOWER CT
ROKEBY RD

NOT TO SCALE

EVAPOTRANSPIRATION/ABSORPTION SYSTEM DESIGN

Owner:	Doug Kroeker
Legal:	
Designer:	TMT

Step #	Function	Description	Value
1	*Enter Value*	Number of Bedrooms	4
		Design Flow (gpd)	600
2	*Enter Value*	Percolation Rate (min/inch)	240
		Evaporation Loss (gal/ft^2/day) constant = 0.0135	0.0135
		Allowable Absorption (gal/ft^2/day)	0.3227
		Total Losses (gal/ft^2/day)	0.3362
		Required Area (ft^2)	1784.39
		Infiltrator Base Area (ft^2)	446.10
		Required # of Chambers	42.81
3	*Enter Value*	Number of Trenches	4
		Number of Chambers per Trench	10.70
		Length of Trenches (ft)	90.33
		Total Storage Volume (gal)	6965.74

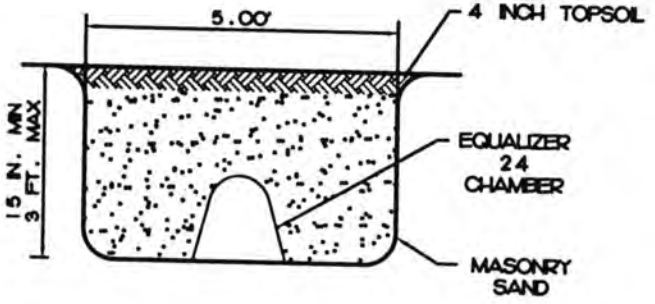
NOTES:

1. The Contractor shall excavate an inspection pit to confirm that a 4 feet separation can be maintained from any seasonal water table or impermeable clay or rock layer.

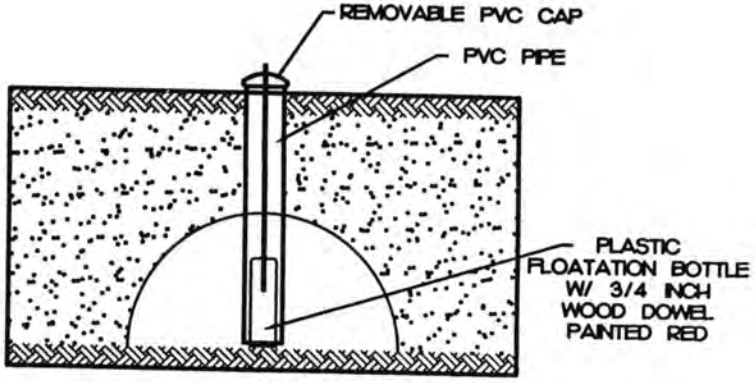
2. It is recommended that a water meter be installed on the water supply so that the owner can monitor their water use and ensure that no more than 600 gallons per day are being used.

3. It may be necessary to adjust the orientation of the trenches so that the minimum (1.5 foot) and maximum (3 feet) depths are not exceeded.

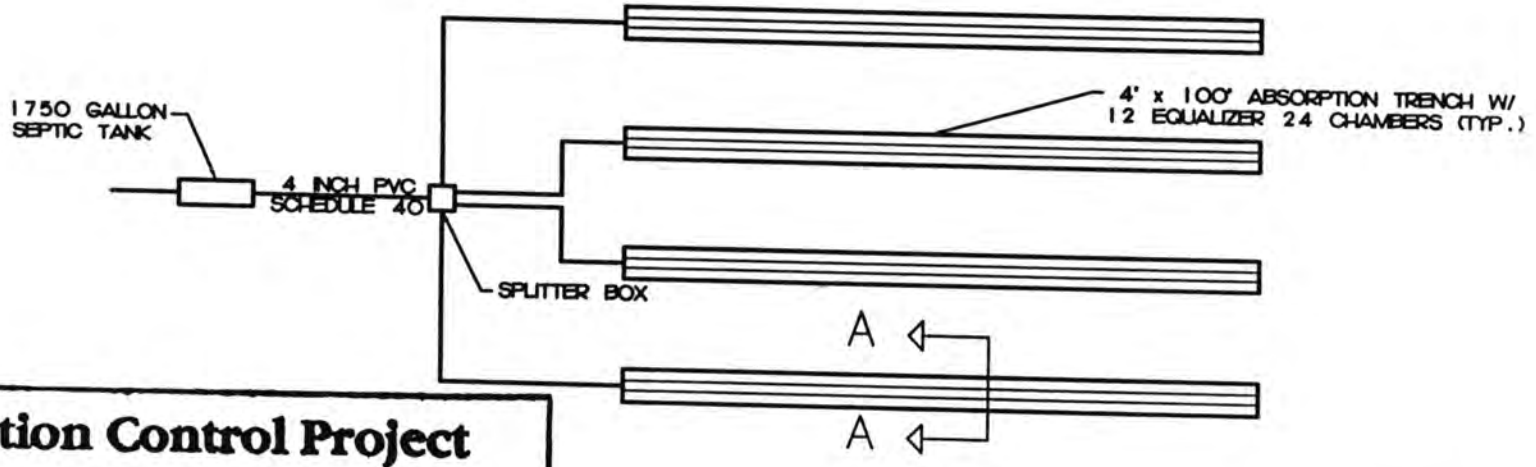




SECTION A - A
NTS



HIGH WATER INDICATOR
NTS (REQ.)



ABSORBTION TRENCH PLAN

Pollution Control Project

DEPARTMENT OF ENVIRONMENTAL QUALITY
STATE OF NEBRASKA

APPROVED

6/24/1999

PROFESSIONAL CIVIL ENGINEER
J. MUSLEH
E-8351
STATE OF NEBRASKA

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 # 99400084101

Issued 07/15/99
Expires 01/15/00
Revenue Code 3162

Establishment

DOUGLAS KROEKER
T9N R7E SEC 28 QTR NW
COUNTRYLANE ESTS-1ST BLK 3 LOT 3
6300 COUNTRYVIEW COURT

FEES: $75.00

Permitee

DOUGLAS KROEKER
7515 RED OAK RD
LINCOLN NE 68516

TOTAL: $75.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010769

6/13/00

OCT 26 1999

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PREMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. _____

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

DATA SHEET FOR WATER WELL

Legal Description: Sec. 28 T. 9N R. 7E Block _____ Lot _____ Addition 6300 COUNTRY LANE COURT COUNTRY LANE ESTATES

Owner DOUG KROKER Address 7516 RED OAK ROAD, LINCOLN, NE 68516

LOG OF WELL	
Depth Ft to:	Description
0- 65	YEL & BRN CLAY
65- 80	BLUE CLAY
80- 90	REWORKED RED SHALE
90-110	YEL & BRN SHALE
110-125	LIGHT GRAY SHALE
125-140	SHALE, LITTLE SS & IRONS
140-155	YEL SHALE
155-170	MED FINE YEL SS
170-200	YEL , LIGHT GRAY & RED SHALE
200-215	MED TAN SS
215-226	MED CRS TAN SS
226-231	YEL SHALE
231-239	VERY CRS SS & GRAVEL
239-240	YEL SHALE
240-250	RED & BLUE SHALE

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level). Ft. 239'

Date Completed 10/8/99

Casing: Length, Ft. 204' :Dia. In. 4"

Wall Thickness, Inc. .214" :Type PVC

Screen: Length, Ft. 25' Dia. In. 4"

Type PVC SLOTTED & WOP, Slot Size .025 & .030

Drop Pipe: Length, Ft. 200' Dia. In. 1 1/4"

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

Static 159' M, Pumping 170' EST

Yield: 20 gpm, Measured XX. Est. _____

Chlorination Completed Yes XX No ___

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

Driller _____ (Signed)

Address: P. O. BOX 308 HICKMAN, NE 69372

Date: 25 OCTOBER 1999

Remarks NITRATE NITROGEN 4.8ppm BACTERIOLOGICAL O.K.

DO NOT WRITE BELOW THIS DOUBLE LIN

Health Department forwarded copy of record to Nebraska Conservatioin and Survey Department for Scientific Record _____

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

Permit No. 9940008 41

Approved well

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 6300 Countryview Ct. City LINCOLN, NE Zip 68516
(No Rural Route Please)
Legal description of property:
Twp 9N; Range 7E; Section 28; Block 3; Lot 3; Addition Country Lane Estates

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

3. Distance to Public Water Supply _____ feet.

Signature of Owner _____
Print Name DOUGLAS G. KROEKER
Current Address 7516 RED OAK ROAD
Current Home Phone 407-489-4355
Work Phone 730-7741

Signature of Contractor _____
Print Name _____
Address _____
Home Phone _____
Work Phone _____
Cellular Phone _____

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 7/6/99; Date forwarded 7/7/99 — ACTION ☒ Approved ☐ Disapproved Signature: Jerrold C. Wood
2. Building & Safety — Date received 7/7/99; Date forwarded 7/7/99 — ACTION ☐ Approved ☐ Disapproved Signature: Mel Holland
3. City Engineer — Date received 7/7/99; Date forwarded 7/7/99 — ACTION ☒ Approved ☐ Disapproved Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL: _____

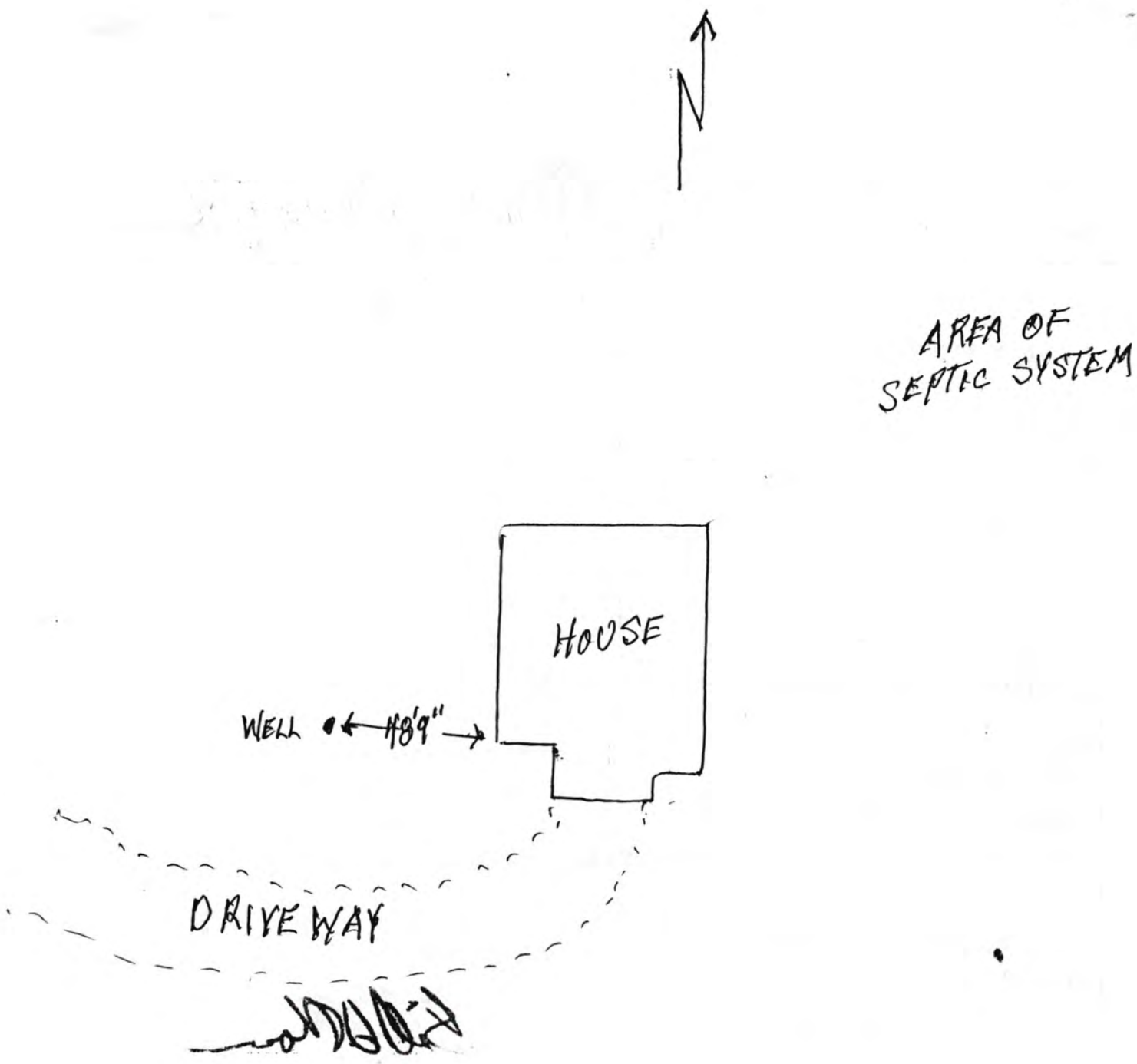
Site Visits:
Date: 5/23/00 By Jerrold Wood Depression by well.
Date: 6/5/00 By Jerrold Wood
Date: ___/___/___ By _____

Installation Final Written Approval
By: Jerrold C. Wood R.E.H.S.
Date: 6/7/00

Nitrate Level 4.8 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory
Yes X No ____
Other _____

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

Business Office Use Only
Date Rec'd: 7/6/99
Amt Paid: $ 75.00
Rec'd By _____ Cash/Check No. 1458


N
AREA OF
SEPTIC SYSTEM
HOUSE
WELL
48'9"
DRIVEWAY