LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 471-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 92380088501

Issued 07/21/92
Expires 01/21/93
Revenue Code 18754

Establishment
DENNIS KRIS
T9N R7E SEC 33
DEERHAVEN ACRES BLK 1 LOT 1
6100 DEERHAVEN ROAD

FEES: $150.00

TOTAL $150.00

Permittee
DENNIS KRIS
2801 S 53 ST
LINCOLN NE 68506

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

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: $ 150.00

FILE NO. _____

DATE: 7-21-92

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 33 ;
   Block 1 : Lot 1 : Addition Deer haven ~~Road~~ Acres
   Street Address 6100 Deer haven Road

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.

Dennis R Kier
Signature of Applicant (Owner or Lessee)

2801 S. 53rd 68506
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/21/92. Date Frwd. 7/21/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 7/21/92. Date Frwd. 7/21/92. ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 7-21-92. Date Frwd. 7-21-92. ACTION: Approved ☒ Disapproved ☐ Signature: RD Mahan

REMARKS OR REASONS FOR DISAPPROVAL NO WELL RURAL WATER

Site Visits:
Date: 9-4-92 by: P.D
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-20-92 By: Paul D

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
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section 33.
Property Dimensions: 560 ft. x 323 ft. Area: 3 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 7-4-92 to 7-5-92. Weather: Precip. _____ Temp. _____.

OWNER: Glenn R Hess

Address: 2801 S. 53rd 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	34-36	7/4	5:00	7/4	5:00	7/5	9:10	35	9:40	33 1/8	1/2 hr	1 1/8	
2	34-36	7/4	5:00	7/4	5:00	7/5	9:10	35	9:40	34 1/2	1/2 hr.	1/2	
3	34-36	7/4	5:00	7/4	5:00	7/5	9:10	35	9:40	33 3/4	30	1 1/4	
4	34-36	7/4	5:00	7/4	5:00	7/5	9:10	35	9:40	33 3/4	30	1 1/4	
5	34-36	7/4	5:00	7/4	5:00	7/5	9:10	35	9:40	33 1/4	30	1 3/4	
6	34-36	7/4	5:00	7/4	5:00	7/5	9:10	35	9:40	33 1/8	30	1 7/8	

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

Glenn R Hess
Signature of Person Conducting Test

Address 2801 S. 53rd. Phone 432-0451

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 23 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: JULY 21, 1991

Gerrold C. Hook
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 ☐

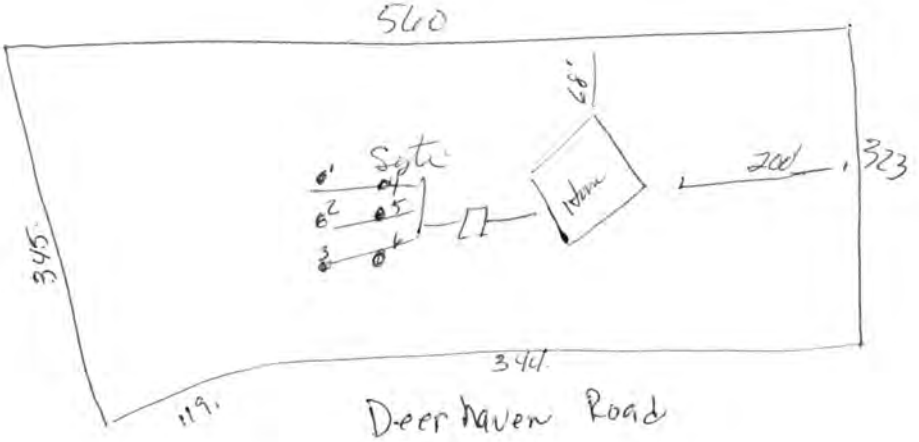
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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: July 21, 1992

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 886 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

RECEIVED OCT 19 1992

Dennis Kriz 6100 Deerhaven Rd Lincoln Ne 68512

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: 10-1-92

FILE NO. _____

Permit # 9238008850 1

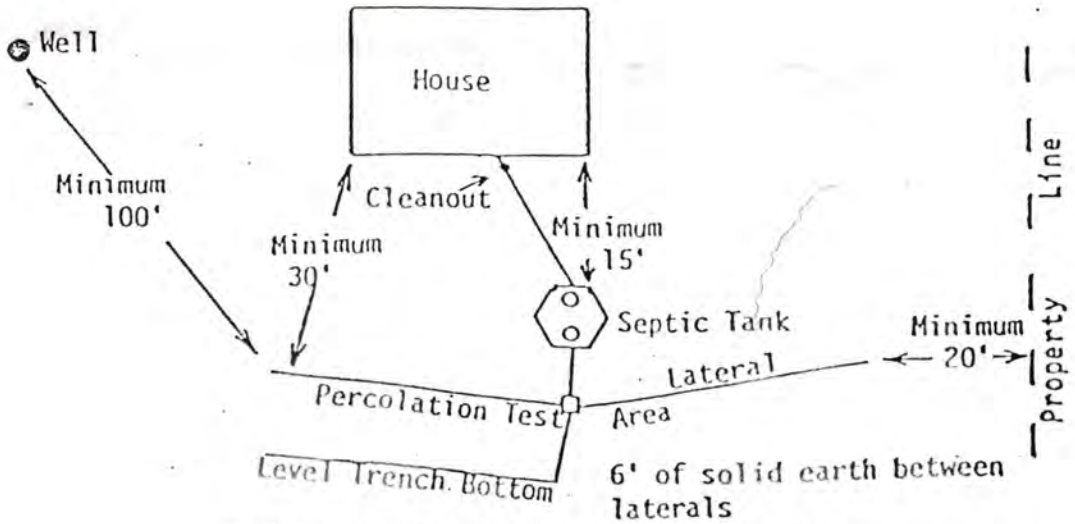
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 65 ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line Rural Water ft.; Stream _____ ft.; Pressure Line 80 ft.; Property Line 90' ft.

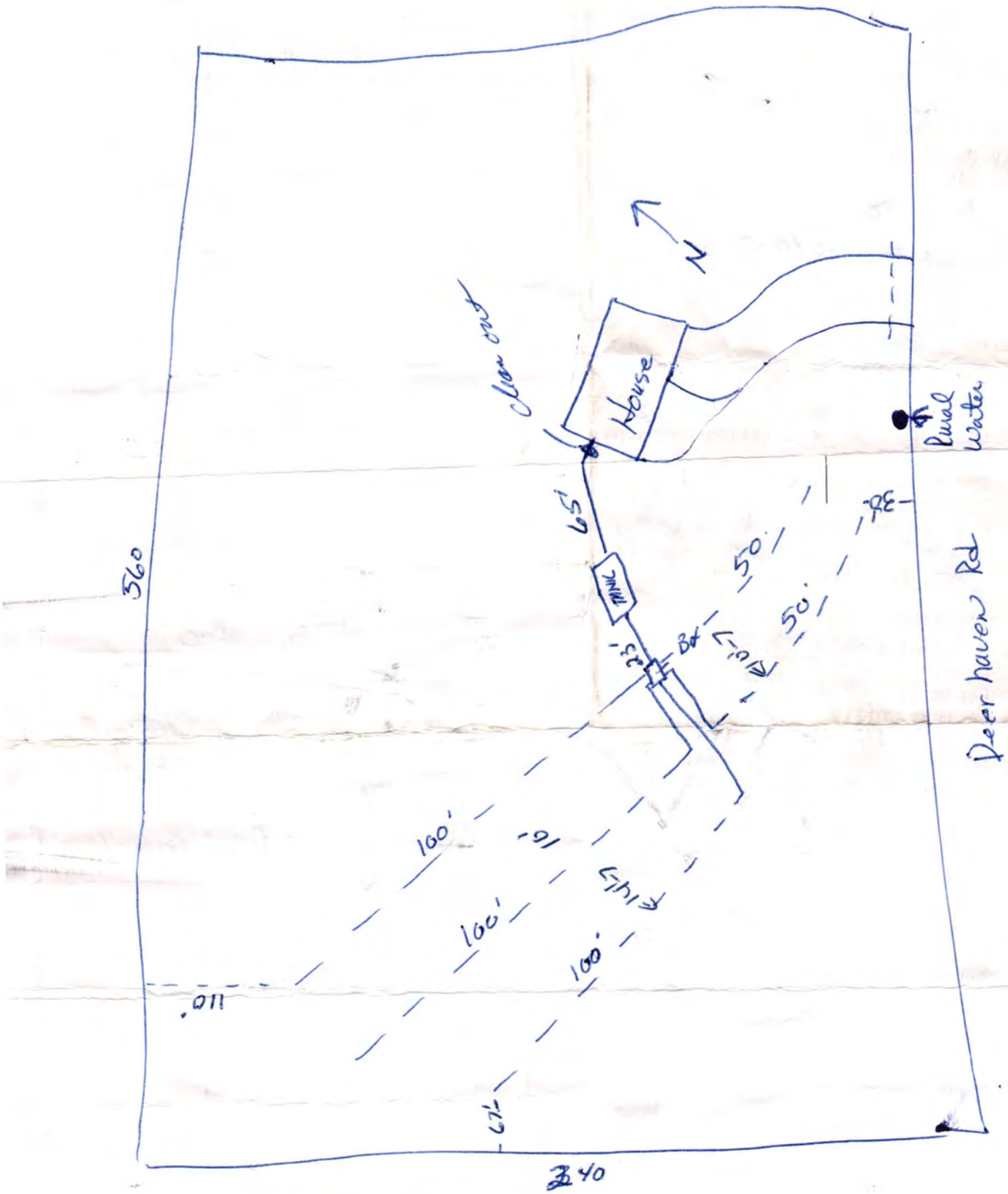
B. SEPTIC TANK:
1. Material concrete; No. of compartments 1 .
2. Capacity 1500 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Precast Step Co.)
4. Manholes: Over Inlet; diam. 8 in.
Over Outlet; diam. 8 in.
Riser Above ☐ Below ☒ Grade 12 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 12" in.
8. Distances to:
Well or Suction Line Rural Water ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 90 ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets 5 .
2. Factory Built: Yes ☑ No ☐
(Company Precast Step Co.)
3. Distance from Septic Tank 23 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 PVC .
2. Lateral Lines:
Number 5 ; Length of each line 100 , 50 , 50 , 100 , 100 ft.; Total length of laterals 400' ft.; Distance between lateral lines 10' ft.
3. Trench dimensions: Width 36" ft.; Slope 1" in/100 ft.; Average Depth 30" in.
4. Filter Material: Road Gravel ,
Depth of Material 10 to 12" in.
5. Distances to:
Well or Suction Line Rural Water ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.
on Back.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N
Clean out
House
Rural water
65'
Tank
50'
50'
50'
100'
100'
100'
360
340
Deer haven Rd

Call & Sheri will pick up when done.

005

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned 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.

☐ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 6100 Deerhaven DR L.L.C.N.

Twp 9 N Range 7E Section 33 1/4 ___ 1/4 ___ Block 1 Lot 1 Addition Deerhaven Acres

Directions to Property S on 56 to Deerhaven E on Deerhaven to 6100

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System SW of Hse Year Installed 1992

	NAME	ADDRESS	PHONE
Present Owner:	Ken Wente	6100 Deerhaven Lincoln, Ne.	421-1614
Tenant/Buyer:	David & Susan Nelson	Lakeville, Minn	612-461-6161
Return to:	Sheri Heusman	3201 Pioneer Blvd. Lincoln, Ne. 68502	434-3600

Signature of Applicant David & Susan Nelson By Sheri Heusman

To Be: Address 6100 Deerhaven Lincoln, Ne. 68516 Date 8/9/96

HEALTH DEPARTMENT USE ONLY 1699

Date Received 8/9/96 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 8/9/96

RURAL WATER DISTRICT

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☐
Bacteria	☐ ____/ml	☐ ____/ml
Nitrate	☐ ____ppm	☐ ____ppm

SEWAGE SYSTEM

Approved ☒

Provisional ☐

Disapproved ☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: SOMETIME SHOULD PROBABLY CHECK ON LEVELNESS OF DISTRIBUTION BOX TWO LATERALS SEEM TO BE GETTING MORE WATER THAN THE OTHER THREE. See Attached Letter ☐

FINAL STATUS RURAL WATER DISTRICT

WATER SYSTEM: Approved: ☐ **SEWAGE DISPOSAL SYSTEM** Approved: ☒ Provisional Approval: ☐

Approved by Jerrold C. Hood R.E.H.S. Date 8/9/96

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.

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Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned 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.

☐ Evaluation of the Individual Water System ☐ Evaluation of the Sewage Disposal System

1780

Legal Description of Property: Street Address 6100 Deerhaven Dr Lincoln, NE 68516

Twp 9N Range 7E Section 33 1/4 ___ 1/4 ___ Block 1 Lot 1 Addition Deerhaven Acres

Directions to Property So. 56th to Deerhaven Dr

Between 56th & Pine Lake Road

Location of Well RURAL WATER DISTRICT Tap Location: Inside ☐ Outside ☐

Location of Sewage System SOUTHWEST OF HOUSE Year Installed ~~1993~~ 1992

	NAME	ADDRESS	PHONE
Present Owner:	Dennis & Paula Kriz	6100 Deerhaven Dr Lincoln NE	423-1704
Tenant/Buyer:	Kathryn/Norma Wente Kenneth C Wente	4343 "D" Street Lincoln NE 68510	475-4567
Return to:	Kathryn N. Wente	4343 "D" Street Lincoln NE 68510	489-6565

Signature of Applicant Kathryn N Wente Address ~~[illegible]~~ 4343 "D" Street Lincoln, Ne 68510 Date 4 / 14 / 95

NJ

HEALTH DEPARTMENT USE ONLY

Date Received 04 / 17 / 95 Received $150.00 Check ☑ #547 Cash ☐

PRELIMINARY STATUS--By Gerald C. Hood DATE: 4 / 19 / 95

RURAL WATER DISTRICT

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM		Additional Site Visits
Construction	☐	☐	Approved	☑	Date ___/___/___ by ___
Bacteria	☐ _____/ml	☐ _____/ml	Provisional	☐	Date ___/___/___ by ___
Nitrate	☐ _____ppm	☐ _____ppm	Disapproved	☐	Date ___/___/___ by ___

Comments: _____

_____ See Attached Letter ☐

FINAL STATUS

RURAL WATER DISTRICT

WATER SYSTEM: Approved: ☐ **SEWAGE DISPOSAL SYSTEM** Approved: ☑ Provisional Approval: ☐

Approved by Gerald C. Hood R.E.H.S. Date 4 / 19 / 95

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