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. 91380074601

Issued 08/22/91
Expires 02/22/92

ESTABLISHMENT

JOHN KRAMER
T9N R7E SEC 33
DEERHAVEN ACRES BLK 2 LOT 4
6001 DOE STREET

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
8/22/91	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: 8-22-91

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:

X 1. Legal description of property: Twp. 9N ; Range 7E ; Section 33 ;
Block 2 : Lot 4 : Addition Deerhaven Acres
Street Address 6001 Doe

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. Krama
Signature of Applicant (Owner or Lessee)

4600 Renfro Dr Lincoln 68516
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/22/91. Date Frwd. 8/22/91. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8/22/91. Date Frwd. 8/22/91. ACTION: Approved ☒ Disapproved ☐ Signature: Gary M. Sherwood *

3. City or County Engineer: Date Rec'd. 8/22/91. Date Frwd. 8/22/91. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL RURAL WATER DISTRICT
* Subject to Williams pipeline easement

Site Visits:
Date: 10/3/91 by: J. C. H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/3/91 By: Jerrold C. Hood

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

FORM 23-43

~~475-2000~~

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:

Location: Township _____; Range _____; Section & ¼ Section _____.
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: 8-14-91 to 8-15-91. Weather: Precip. _____ Temp. _____.
X OWNER: John P Kramer
Address: 14600 Renfro Dr Lincoln 68516

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	30	8-14	4:00 PM	8-15	8:00 AM	8-15	10:30	7½	11:00	7¾	30	¼	
2								17		18		1	
3								15¼		17½		2¼	
4								16½		17¼		1¼	
5								12½		13		½	
6								12½		12¾		¼	

Larry Schwarck trenching
Signature of Person Conducting Test

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

Address 8200 old Cheney Phone 489-7294

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: August 22, 1991

Approved Percolation Rate (a)
A. 32 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
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 22, 1991

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 258 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 774 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. _____

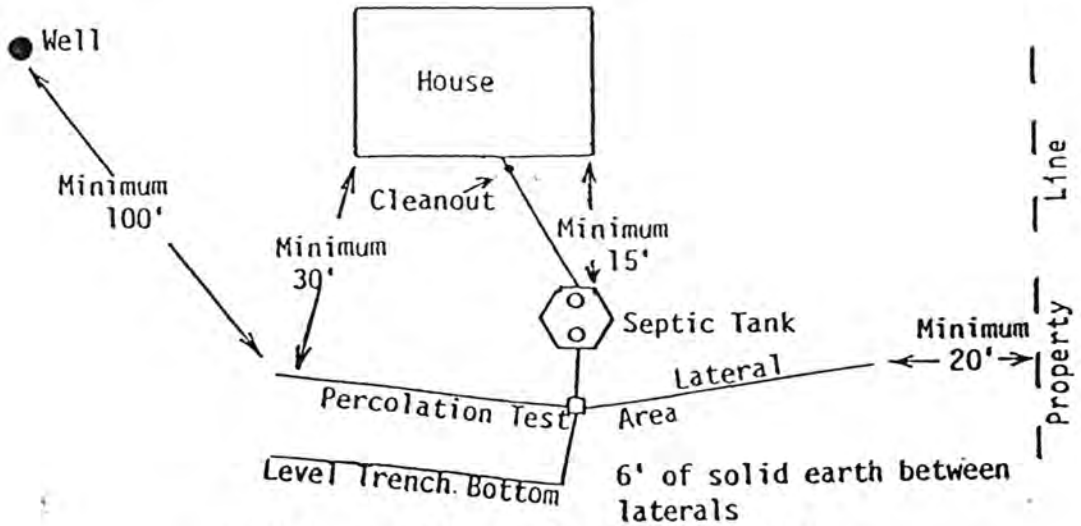
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material 9 8' Class 160; Diameter ____ in.
2. Distance above basement floor 4' in., or below basement floor ____ in.
3. Distance between dwelling and septic tank ____ 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 ____ in.
8. Distances to:
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

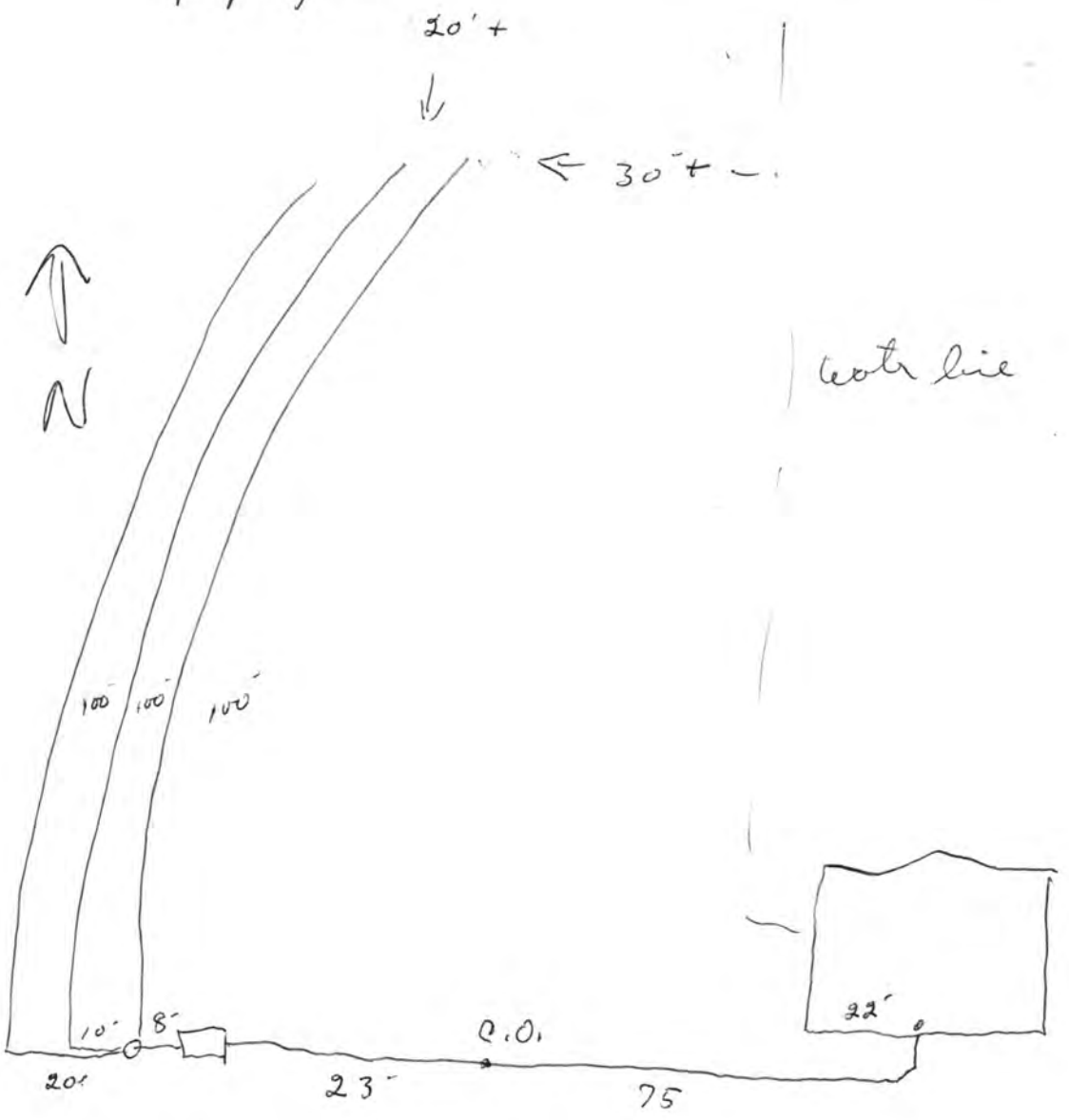
C. DISTRIBUTION BOX:
1. Material precast; Number - available outlets ____.
2. Factory Built: Yes ☐ No ☐
(Company ____)
3. Distance from Septic Tank ____ ft.

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 ____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other ____.
2. Lateral Lines:
Number 3; Length of each line 100, 100, 100, ____, ____ ft.;
Total length of laterals 300 ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width ____ ft.;
Slope 6" in/100 ft.; Average Depth 30" 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

Larry Schnack 10-3-91



0008310021 MF

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.

LCR 4429

Legal Description of Property: Street Address 6001 Doe - Drive L.L.C.N.

Twp T9 Range 7E Section 33 1/4 ___ 1/4 ___ Block 2 Lot 4 Addition Deerhaven Acres

Directions to Property South on 56th, To Deerhaven Road, East to 60th Street, South 1-Block To Intersection of Doe Drive, Property is the Southeast Corner.

Location of Well None - Rural Water Tap Location: Inside ☐ Outside ☐

Location of Sewage System West of house Year Installed 1991

	NAME	ADDRESS	PHONE
Present Owner:	Dennis Tyser Jimmie F Graham	6001 Doe Drive 68516-9206 7006 Phoenix Drive,	
~~Tenant~~/Buyer:	Ami E Graham	Lincoln, Nebr	421-3981
Return to:	Buyer		

Signature of Applicant Ami E. Graham Address 7006 Phoenix Drive Date 8/29/00
Lincoln, Nebraska 68516

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 08/29/00
Initials ss
Amount 150.00
Check No. 6121

DATA ENTRY
Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 8/30/00
RURAL WATER

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: IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IS IN NEED OF PUMPING. FROM THE VEGETATIVE GROWTH OVER IT, IT DOES NOT APPEAR TO HAVE BEEN PUMPED RECENTLY. See Attached Letter ☐

FINAL STATUS RURAL WATER

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

Approved by Jerrold C. Hood R.E.H.S. Date 8/30/00

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