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. 91380071701

Issued 06/17/91
Expires 12/17/91

ESTABLISHMENT

MARK KRAMER
T10N R7E SEC 23
SUNRISE ESTATES BLK 2 LOT 1

FEES: Permit 018754 $150.00

Total $150.00

Issued By COUNTY HEALTH

PERMITTEE

MARK KRAMER
4921 BELLHAVEN DR
LINCOLN NE 68516

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
6/19/91	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: $ 150.00

FILE NO. _____

DATE: 6-5-91

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. 10N ; Range 7E ; Section 23 ;
   Block 2 : Lot 1 : Addition SUNRISE ESTATES
   Street Address 1000 N. 88

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: 1,500 ft.

Mark K Kramer
Signature of Applicant (Owner or Lessee)

4921 Bellhaven Dr.
Address

(Do not write below this double line)

1. Health Department:	Date Rec'd. 6/14/91 . Date Frwd. 6/14/91 .	ACTION: Approved ☒ Disapproved ☐ Signature:	Gerald E. Hood
2. Supt. Bldg. Insp.: or Village Clerk	Date Rec'd. 6/14/91 . Date Frwd. 6/14/91 .	ACTION: Approved ☒ Disapproved ☐ Signature:	Mel Hoddard
3. City or County Engineer :	Date Rec'd. 6/14/91 . Date Frwd. 6/14/91 .	ACTION: Approved ☒ Disapproved ☐ Signature:	Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-21-91 by: rm
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-21-91 By: Ron Mayer

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 _____.
Property Dimensions: 300 ft. x 180 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: 6-8-91 to 6-9-91. Weather: Precip. _____ Temp. 78°

OWNER: MARK K + SUE G KRAMER

Address: 1000 North 88th st.

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	36"	6-8	2pm	6-9	2pm	6-9	2pm	6"	6pm	4 1/2	30	1 1/2	30/1 1/2
2	36"	6-8	2pm	6-9	2pm	6-9	2pm	6"	6pm	4 5/8	30	1 3/8	30/1 3/8
3	36"	6-8	2pm	6-9	2pm	6-9	2pm	6"	6pm	5	30	1	30/1
4	36"	6-8	2pm	6-9	2pm	6-9	2pm	6"	6pm	4 3/4	30	1 1/4	30/1 1/4
5	36"	6-8	2pm	6-9	2pm	6-9	2pm	6"	6pm	4 3/4	30	1 1/4	30/1 1/4
6	36"	6-8	2pm	6-9	2pm	6-9	2pm	6"	6pm	4 1/2	30	1 1/2	30/1 1/2
7	36"	6-8	2pm	6-9	2pm	6-9	2pm	6"	6pm	4 3/4	30	1 1/4	30/1 1/4
8	36"	6-8	2pm	6-9	2pm	6-9	2pm	6"	6pm	4 1/2	30	1 1/2	30/1 1/2
9	36"	6-8	2pm	6-9	2pm	6-9	2pm	6"	6pm	4 3/4	30	1 1/4	30/1 1/4

Sum of Percolation Rates: 11 7/8
Average of Rates: 1 1/4"
Mean of Rates: _____

Mark K Kramer
Signature of Person Conducting Test

Address 4921 Bellhaven Dr Phone 488-4736

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: June 14, 1991

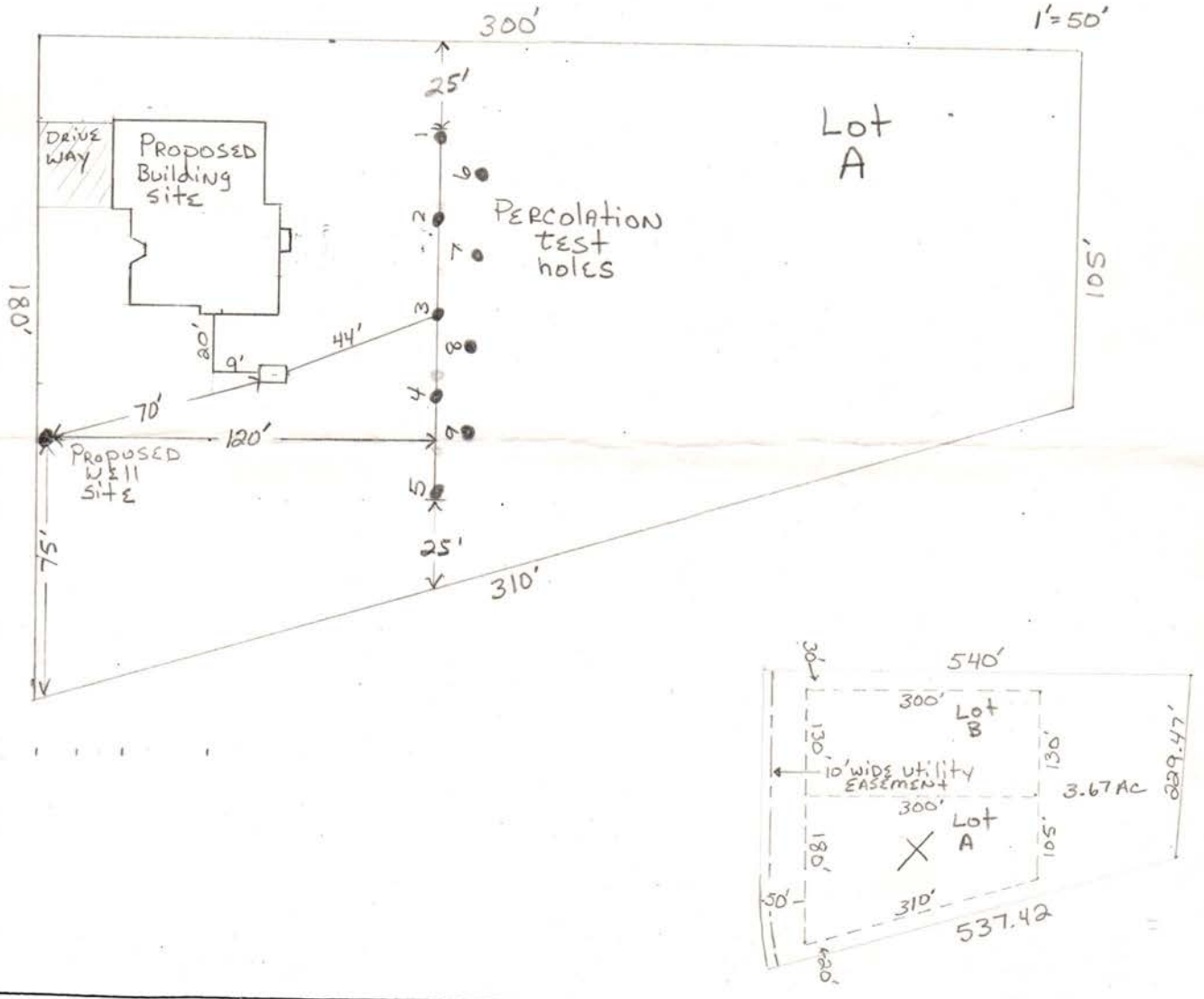
Approved Percolation Rate (a)
A. 27 min./inch
B. _____ min./inch
C. _____ min./inch

Gerald C. Wood
Signature of Reviewing Official

Test Holes	2:30	3:00	3:30	4:00	430	5:00	5:30	6:00
1	1 1/2	1 3/8	1 1/2	1 3/8	1 3/8	1 1/2	1 1/2	1 1/2
2	1 1/2	1 1/2	1 3/8	1 1/2	1 3/8	1 3/8	1 3/8	1 3/8
3	1 1/8	1	1	7/8	1	1	1	1
4	1 3/8	1 3/8	1 3/8	1 1/2	1 1/4	1 1/4	1 1/4	1 1/4
5	1 1/2	1 1/2	1 3/8	1 1/2	1 3/8	1 3/8	1 1/2	1 1/4
6	1 5/8	1 1/2	1 5/8	1 3/8	1 1/2	1 3/8	1 1/2	1 1/2
7	1 1/2	1 3/8	1 3/8	1 1/4	1 1/8	1 1/4	1 1/4	1 1/4
8	1 1/2	1 1/2	1 3/8	1 1/2	1 3/8	1 3/8	1 1/2	1 1/2
9	1 3/8	1 1/4	1 1/8	1 1/8	1 1/4	1 1/4	1 1/4	1 1/4

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: _____

Minimum Design Requirement

1. Capacity of Septic Tank _____ gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed _____ sq.ft.

_____ _____

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: 8-21-91

FILE NO. _____

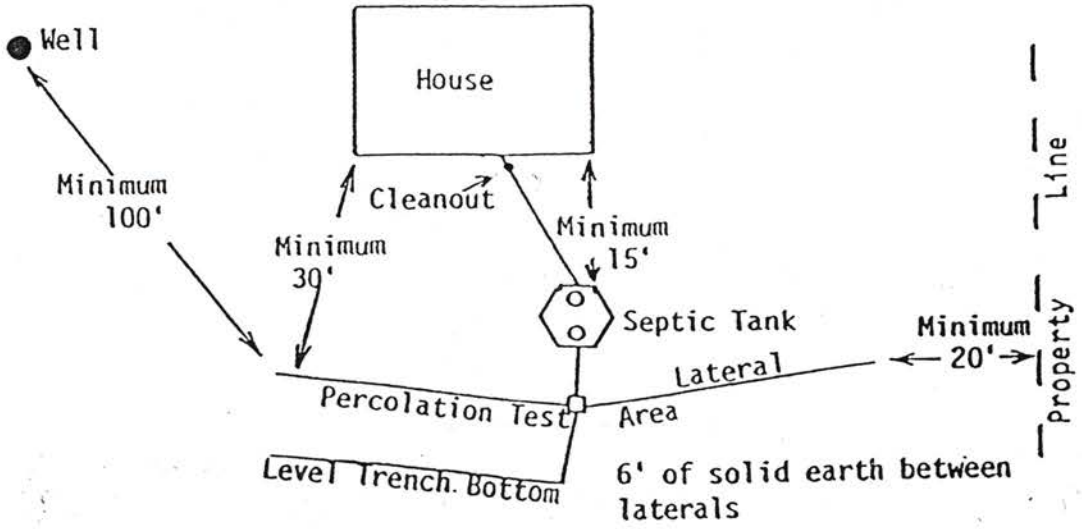
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material 2241; Diameter _____ in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 60 ft.
4. Number of clean-outs none.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

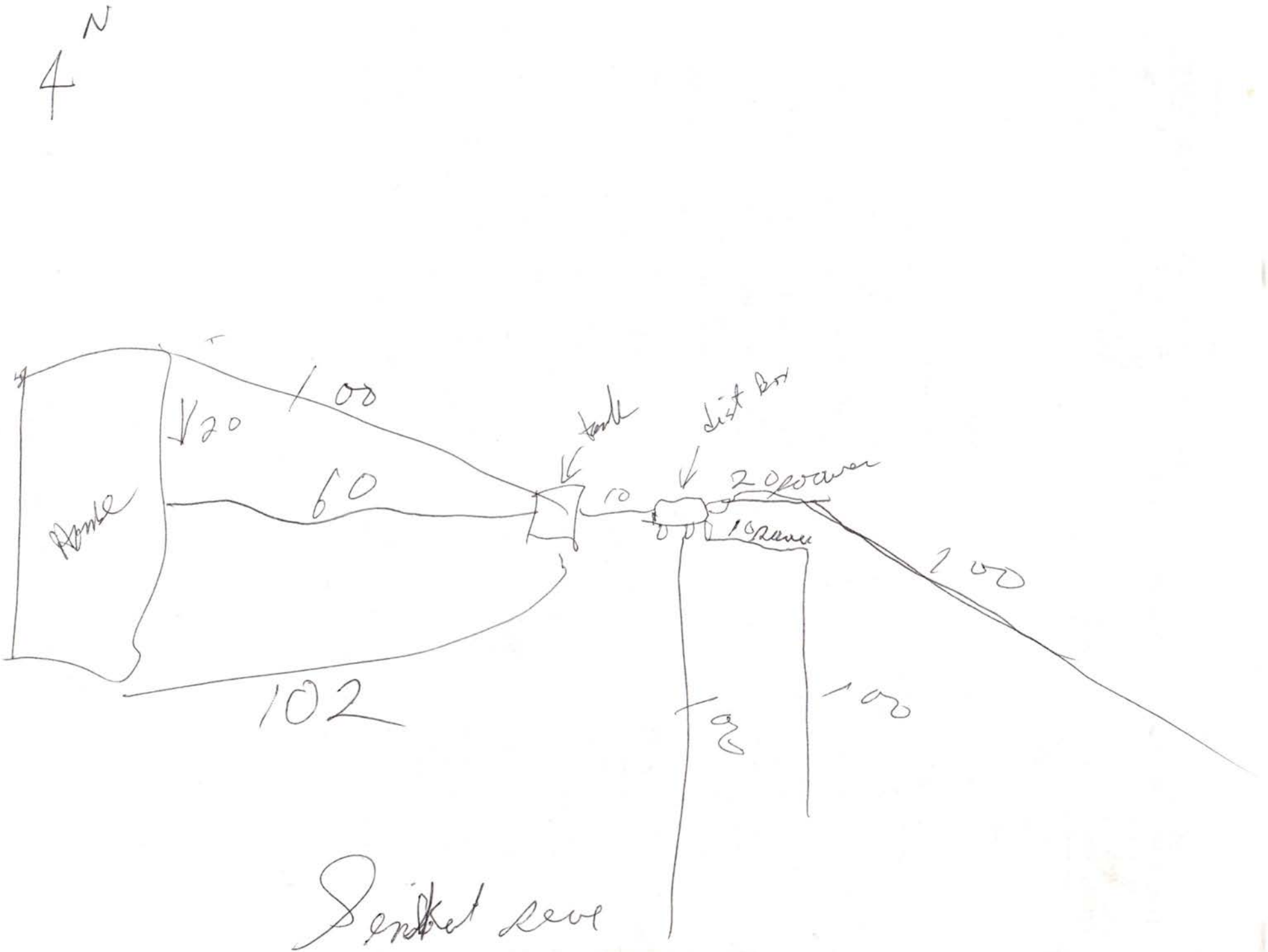
B. SEPTIC TANK:
1. Material concrete; No. of compartments _____.
2. Capacity 100 gals.;
3. Factory Built: Yes ☒ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☒ Grade _____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade 24 in.
8. Distances to: NA
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material ~~concrete~~ plastic; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 10 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 X.
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 7 ft.
3. Trench dimensions: Width 3 ft.; Slope 6 in/100 ft.; Average Depth _____ in.
4. Filter Material: Pea Gravel
Depth of Material _____ in.
5. Distances to: NA
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N
house
120
100
60
tank
dist Bx
10
20 square
10 square
100
102
100
Septic area