FILE NO. 1512

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

02/24/83
THIS LICENSE OR PERMIT EXPIRES

HILLCREST COUNTRY CLUB 8901 "O" STREET LINCOLN NE
LICENSEE OR PERMITTEE ADDRESS

T10N, R7E, SECTION 26, LOT A, SUB OF E½ OF SECTION 26-10-7
NAME OF ESTABLISHMENT, IF ANY ADDRESS

REMARKS: NONTRANSFERABLE ALTER PERMIT

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
018754	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
62055	2/24	30.00

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

HEALTH
APPLICATION

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

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 [X]
County Resolution No. 2832 [ ]

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 475-6221)

RECEIVED
JUL 27 1982
OLSSON ASSOCIATES

FILE NO. 1912

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: August 23, 1982

The undersigned hereby applies for a permit to ALTER [X], EXTEND [ ], or REPAIR [ ] an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 10N ; Range 7E ; Section 26 ;
Block ; Lot A ; ~~Addition~~ Sub of E½ Sec. 26-10-7
Street Address 8901 "O" Street

2. Property Use: Residential [ ]; Commercial [ ]
No. Bedrooms
Describe
Other Use [X]
Describe Country Club and Golf Course

3. Type of existing Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Description of proposed alteration, extension or repair: Addition of an evapo-transpiration field and septic tank and leachfield.

5. Work to be done by: Owner [ ]; or Contractor [X], Unknown at present
Contractor's Name

6. Estimated cost of project:

a. Materials	$ 30,000
b. Labor	$ 15,000
c. Other	$
TOTAL	$ 45,000

Hillcrest Country Club
8901 "O" Street, Lincoln, Nebraska
Signature of Applicant (owner or lessee)

Hillcrest Country Club
City Jack D. Herbert
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd:
Filing Fee: $ 30.00

2. Site Visits:
Date: by:
Date: by:
Date: by:

3. Date: Approved [X]; Disapproved [ ]
by: Jerrold E. Hood
PROVISIONAL EXPERIMENTAL SYSTEM

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: by:

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: 474-1541

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: 7-29-82 to 7-30-82. Weather: Precip. 0 Temp. 80.

OWNER: Hillcrest Country Club
Address: Lincoln Nebraska

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"	7/29 PM	5 PM	7/30 PM	5:39 PM	7-30	5:39 PM	18"	8:07 PM	3"	30 M	7 1/2	
2	"	"	"	"	"	"	"	"	"	13	"	2 1/2	
3	"	"	"	"	"	"	"	"	"	14	"	2	
4	"	"	"	"	"	"	"	"	"	1/4	"	8 3/4	
5	"	"	"	"	"	"	"	"	"	1	"	8 1/2	
6	"	"	"	"	"	"	"	"	"	8	"	5	
7	"	"	"	"	"	"	"	"	"	15 1/2	"	1 1/4	
8	"	"	"	"	"	"	"	"	"	15 1/2	"	1 1/4	
9	"	"	"	"	"	"	"	"	"	15 1/4	"	1 1/4	
10	"	"	"	"	"	"	"	"	"	15	"	1 1/2	

Refilled-1-4-5-At 6:30 PM And all holes At 7:00 PM

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

William M. Haaland
Signature of Person Conducting Test

Address 2701 N 27 Lot 22 Phone 474-0207

(Do not write below this line)

REVIEWING ACTION

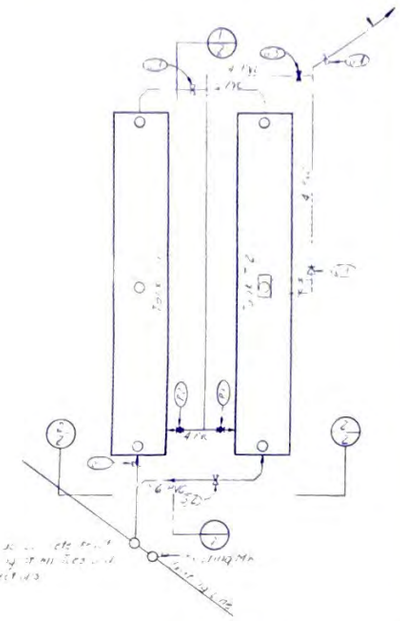
Remarks: _____
Soil Type (SCS): _____
Date: _____

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

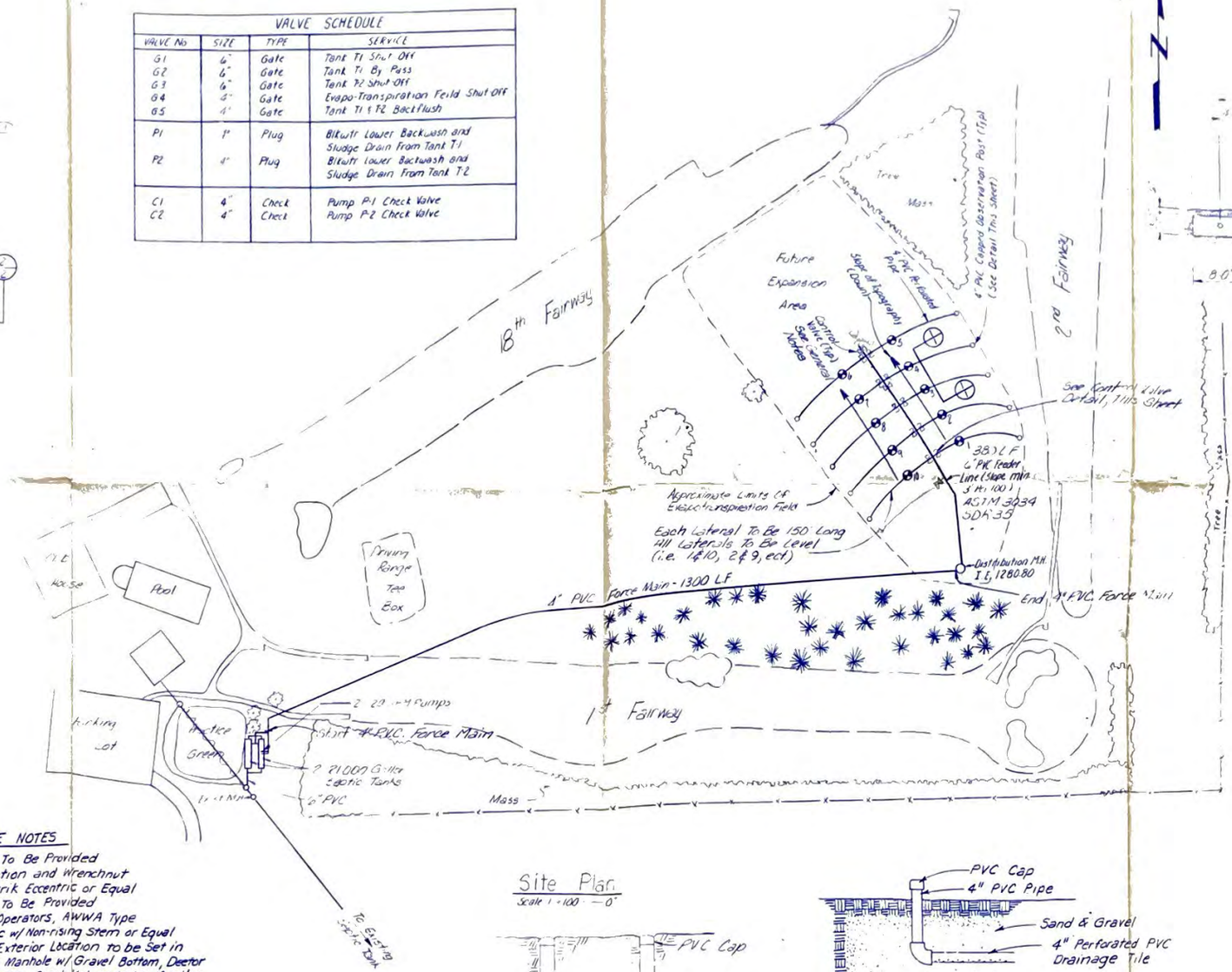
_____
Signature of Reviewing Official

LIFT STATION - SEPTIC SYSTEM		
TANK	DESCRIPTION	@ FULL CAPACITY
T1	Septic Tank Compartment No 1	21,000 Gal
T2	Surge Tank and Pump Station	21,000 Gal

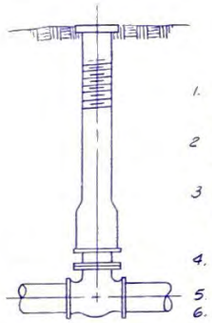
VALVE SCHEDULE			
VALVE No	SIZE	TYPE	SERVICE
G1	6"	Gate	Tank T1 Shut Off
G2	6"	Gate	Tank T1 By Pass
G3	6"	Gate	Tank T2 Shut Off
G4	4"	Gate	Evapo-Transpiration Feild Shut Off
G5	4"	Gate	Tank T1 & T2 Backflush
P1	1"	Plug	Blkwtr Lower Backwash and Sludge Drain From Tank T-1
P2	1"	Plug	Blkwtr Lower Backwash and Sludge Drain From Tank T-2
C1	4"	Check	Pump P-1 Check Valve
C2	4"	Check	Pump P-2 Check Valve



SEPTIC TANK PLAN



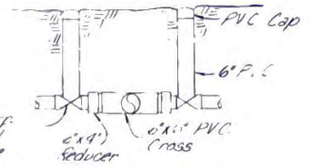
Site Plan
Scale 1" = 100' — 0"



TYPICAL BURIED VALVE DETAIL
Scale ——— None

VALVE NOTES

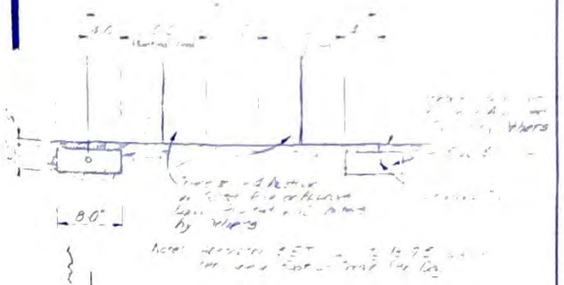
1. All Plug Valves To Be Provided With Gear Reduction and Wrenchnut Operators, Dezurik Eccentric or Equal
2. All Gate Valves To Be Provided With Wrenchnut Operators, AWWA Type C-500 Double Disc w/ Non-rising Stem or Equal
3. Check Valves in Exterior Location to be Set in a Standard 4'ø Manhole w/ Gravel Bottom, Deetor #2000 Ring & Cover. Check Valves to be Mueller A 2600-6-02 or Equal
4. All Valves Buried Below 8' Shall Have an Extended Operator to 6" from Surface
5. All Exterior Valves to Have MJ type Fittings
6. All Interior Valves to be Flanged



Watford Corp. Model 08671 Control Valve

CONTROL VALVE DETAIL
Scale ——— None

OBSERVATION PIPE DETAIL
Scale ——— None



SECTION 1/1

GENERAL NOTES

1. 4" PVC Force Main — To Be Laid 3' Deep
2. 6" PVC gravity sewer line 4' Minimum Depth
3. Control Valve — To be installed per City Detail 17
4. Control Valve — To be painted with (1) coat of primer and (1) coat of finish paint
5. To be installed per City of Ann Arbor, Mich.

LEGEND

- Gate Valve Normally Open
- Gate Valve Normally Closed
- Plug Valve Normally Open
- Plug Valve Normally Closed
- Check Valve
- Direction of Flow
- Manhole
- Property Line
- Location of Percolation Test Holes

JAMES L. CONDON E-4508 REGISTERED PROFESSIONAL ENGINEER STATE OF NEBRASKA

NO	REVISIONS	BY	APP	DATE
1				
2				

WASTEWATER TREATMENT SYSTEM
HILLCREST COUNTRY CLUB
LINCOLN, NEBRASKA

OLSSON ASSOCIATES
CONSULTING ENGINEERS ARCHITECTS
SUITE 611 NBC CENTER LINCOLN, NEBRASKA 68508

DRAWN BY JLC	CHECKED BY JLC	SHEET	1
APPROVED BY CLB	DATE 1-4-1982	OF	2
DRAWING NO 1042-1	SCALE As Noted		