CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 1401

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

February 28, 1979 — THIS LICENSE OR PERMIT EXPIRES

Roy E. Kassebaum — LICENSEE OR PERMITTEE

6301 Dudley, Lincoln, NE 68505 — ADDRESS

T10N, R7E, Section 26, Bl. 2, Lot 2, Addition Hillcrest Heights — NAME OF ESTABLISHMENT, IF ANY / ADDRESS

REMARKS: NON-TRANSFERABLE

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

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
110.15	110.16	148.14	6-2

624-1535

SERIAL NO.	DATE	AMOUNT

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION HEALTH

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: 474-1541

A

FILING FEE: $30.00

FILE NO. 1401

DATE: 8-26-78

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 26 ;
   Block 2 : Lot 2 : Addition Hillcrest Heights
   Street Address _____

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.

Roy E. Kassebaum
Signature of Applicant (Owner or Lessee)

6301 Dudley
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/28/78. Date Frwd. 8/28/78. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8-29-78. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Tom Baasch

3. City ~~or County~~ Engineer : Date Rec'd. 8-29-78. Date Frwd. 8-29-78. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10-9-78 by: jw
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-23-78 By: James Weverka

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

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. 1401

PROPERTY WHERE SOIL TESTED: LOT 2 Block 2 Hillcrest Heights

Location: Township_____; Range_____; Section & ¼ Section_____.
Property Dimensions: 230 ft. x 160 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: 8-25-78 to 8-26-78. Weather: Precip. 0 Temp. 85°.

OWNER: Roy E. Kassebaum
Address: 6301 Dudley Lincoln Nebr

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"	8-25	3:00 PM	8-25	7:00 PM	8-26	4:45 PM	26	5:15 PM	28⅝	30	2⅝	
2	36"	"	"	"	"	"	4:50	25½	5:20	27½	30	2	
3	36"	"	"	"	"	"	4:53	26	5:23	28¾	30	2¾"	
4	36"	"	"	"	"	"	4:55	26	5:25	29	30	3"	
5	36"	"	"	"	"	"	4:58	26	5:28	29⅛	30	3⅛"	
6	36"	"	"	"	"	"	5:04	26	5:34	29	30	3"	

Roy E. Kassebaum
Signature of Person Conducting Test

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

Address 6301 Dudley Phone 466-4830

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 13 min./inch
B._____min./inch
C._____min./inch

Remarks:_____
Soil Type (SCS): Sharpsburg Silty Clay Loam & Judson Silt Loam
Date: August 28, 1978

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 ☐

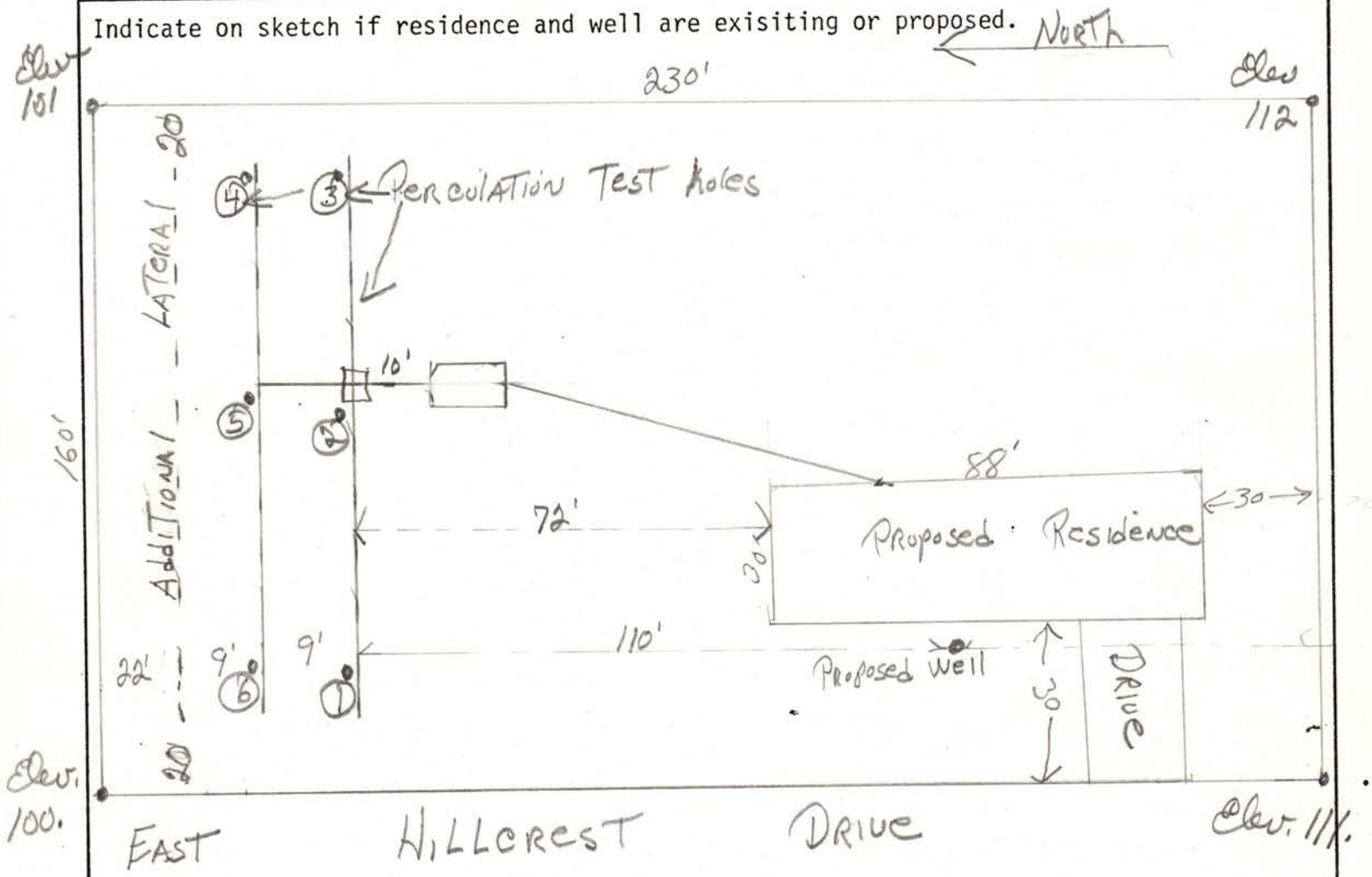
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 1401

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

Date: August 28, 1978

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 136 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 543 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: 474-1541

D

DATE: 10-9-78

FILE NO. _____

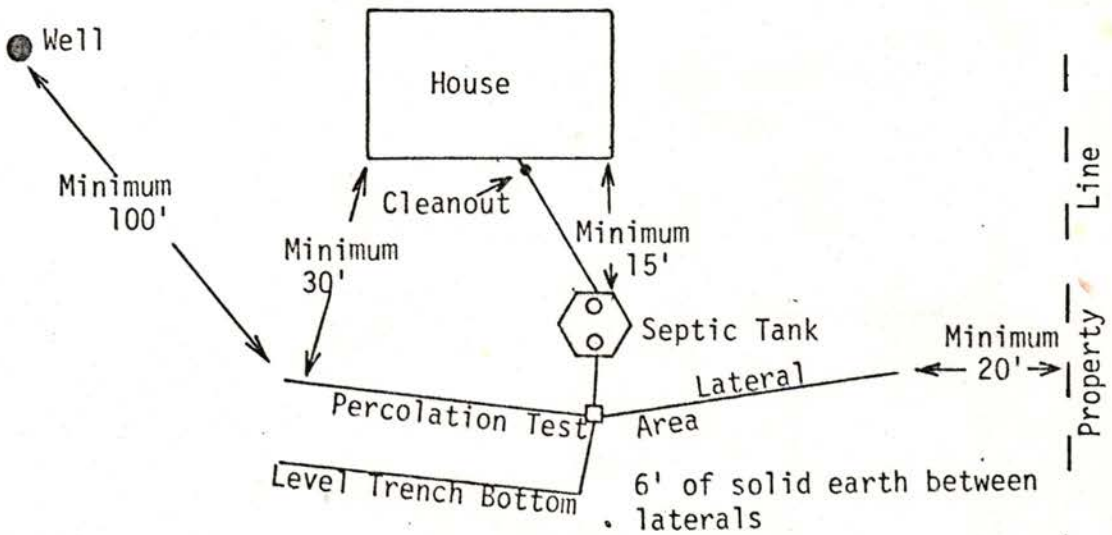
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor 18" in.
3. Distance between dwelling and septic tank 50 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line 107 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 45 ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre-Cast Step Co)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ 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 107 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 70 ft.

C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets 5.
2. Factory Built: Yes ☒ No ☐
(Company Pre-Cast Step Co)
3. Distance from Septic Tank 14 ft.

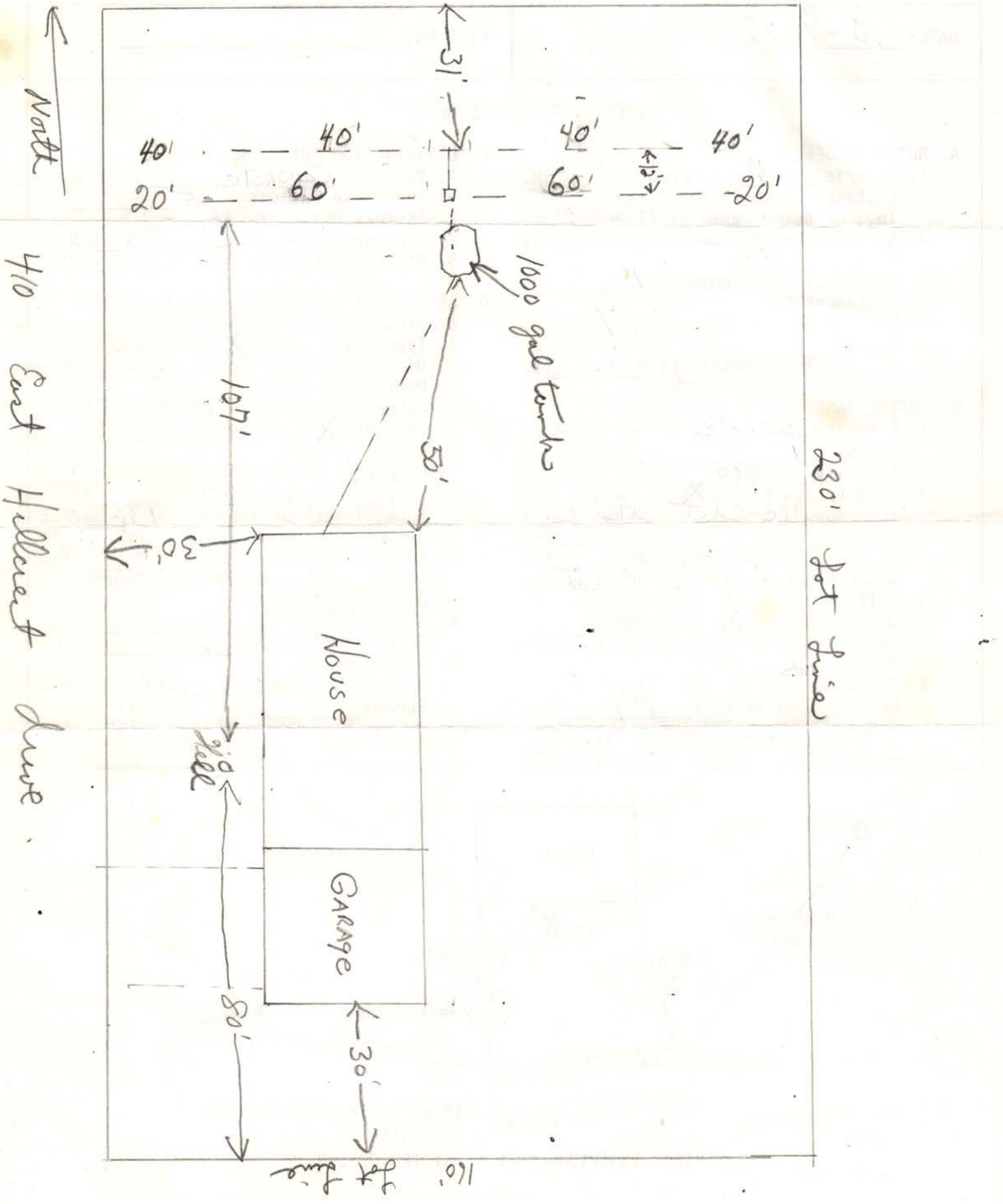
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 36" or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines:
Number 4 ; Length of each line 60, 60, 40, 40, _____ ft.;
Total length of laterals ~~136~~ 200 ft.;
Distance between lateral lines 8 ft.
3. Trench dimensions: Width 1 ft.;
Slope 3" in/100 ft.; Average Depth 33" in.
4. Filter Material: Gravel.
Depth of Material 24" in.
5. Distances to:
Well or Suction Line 108 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 22 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 10-9-78 INSTALLER Roy E. KASSEBAUM



007

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System Date: 3-18-92

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 10N; RANGE 7E; SECTION 26; BLOCK 2

LOT 2; ADDITION Hillcrest Heights; Street Address 410 E. Hillcrest

Directions to Property O St to 93rd and South on E Hillcrest DR.

Location of Well FRONT OF House Tap Location: Inside ☐ Outside ☒

Location of Sewage System NORTH OF House Year Installed 1978

	NAME	ADDRESS	PHONE
Present Owner:	Roy E Kassebaum	410 E Hillcrest RR.	H.- 489-2937
Tenant/Buyer:	"	"	"
Return to:	Roy E. Kassebaum	410 E. Hillcrest DR	W- 476-0315

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Roy E. Kassebaum Address 410 E. Hillcrest DR Lincoln Ne. 68520

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HEALTH DEPARTMENT USE ONLY

Date Received MARCH 18, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 3/20/92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☐	☒	Approved:	☒	Date 3/20/92	by J.C.H.
Bacteria	☒	☐	Provisional:	☐	Date 3/24/92	by J.C.H.
Nitrate	0.5ppm ☒	☐	Disapproved:	☐	Date	by

Comments: TOP OF WELL CAP IS FLUSH WITH GROUND LEVEL. Corrected 3/24/92 J.C.H. IF SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold C. Hood R.E.H.S. DATE MARCH 27, 1992

Approval or disapproval is based on written 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 operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832