FILE NO. 1670

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

January 3, 1981 — THIS LICENSE OR PERMIT EXPIRES

Frank Mook — LICENSEE OR PERMITTEE

610 North 30th, Lincoln, NE — ADDRESS

T10N; R7E; Section 26; B3; Lot 2; Hillcrest Heights Addition — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NONTRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 60.00	$	$	$	$ 60.00

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

SERIAL NO.	DATE	AMOUNT
55524 JA 3		60.00

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 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: $ 60.00

FILE NO. 1670

DATE: 7/2/80

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 3 : Lot 2 : Addition Hillcrest Heights
   Street Address 415 East Hillcrest Dr.

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.

Gerald M. Mook
Signature of Applicant (Owner or Lessee)

610 North 30th.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/2/80. Date Frwd. 7/2/80. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7/3/80. Date Frwd. ____. ACTION: Approved ☒ Disapproved ☐ Signature: Gary N. Shemeck

3. City ~~or County~~ Engineer : Date Rec'd. 7-3-80. Date Frwd. 7-3-80. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10/15/80 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL *
Date: _____ By: _____

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

* Covered without inspection

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
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B

FILE NO. 1670

PROPERTY WHERE SOIL TESTED: Lot 2 Block 3 Hillcrest Heights

Location: Township ____; Range ____; Section & ¼ Section ____.
Property Dimensions: 230 ft. x 157 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: 6-29-80 to 6-30-80. Weather: Precip. 0 Temp. 90°.

OWNER: ____

Address: ____

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"	6-29	4PM	6-30	4PM	6-30	8PM		8:30PM		30	3	
2	"	"				"					"	3 3/8	
3	"	"				"					"	2 1/4	
4	"	"				"					"	2 1/2	
5	"	"				"					"	1 3/4	
6	"	"				"					"	2 1/8	

Sum of Percolation Rates: ____
Average of Rates: ____
Mean of Rates: ____

Signature of Person Conducting Test: Grant M Mook

Address 610 North 30th Phone 435-5218

(Do not write below this line)

REVIEWING ACTION

Remarks: ____

Soil Type (SCS): Sharpsburg Silty Clay Loam

Date: July 2, 1980

Approved Percolation Rate (a)
A. 12 min./inch
B. ____ min./inch
C. ____ min./inch

Signature of Reviewing Official: Jerrold C. Hood

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

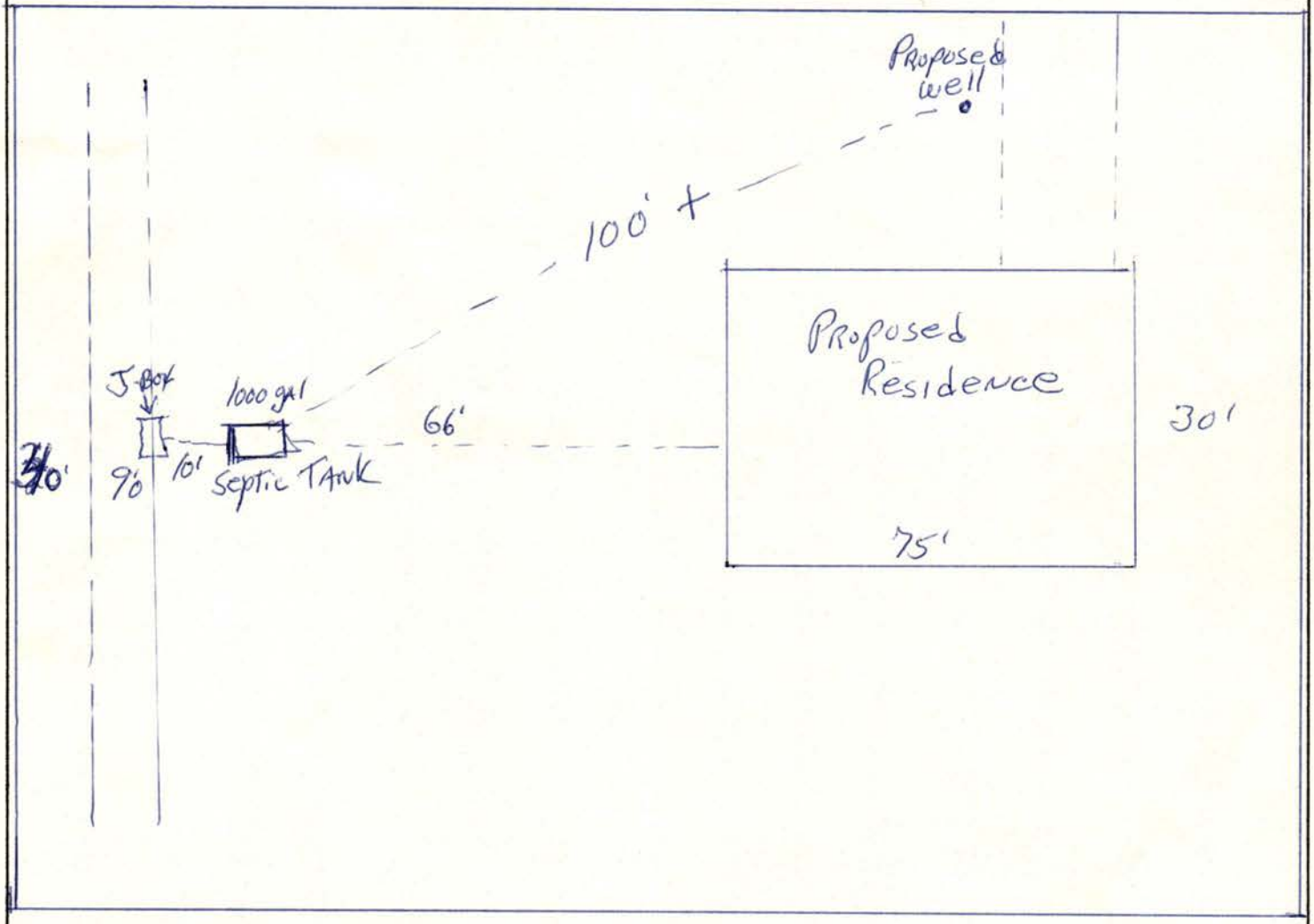
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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C

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

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



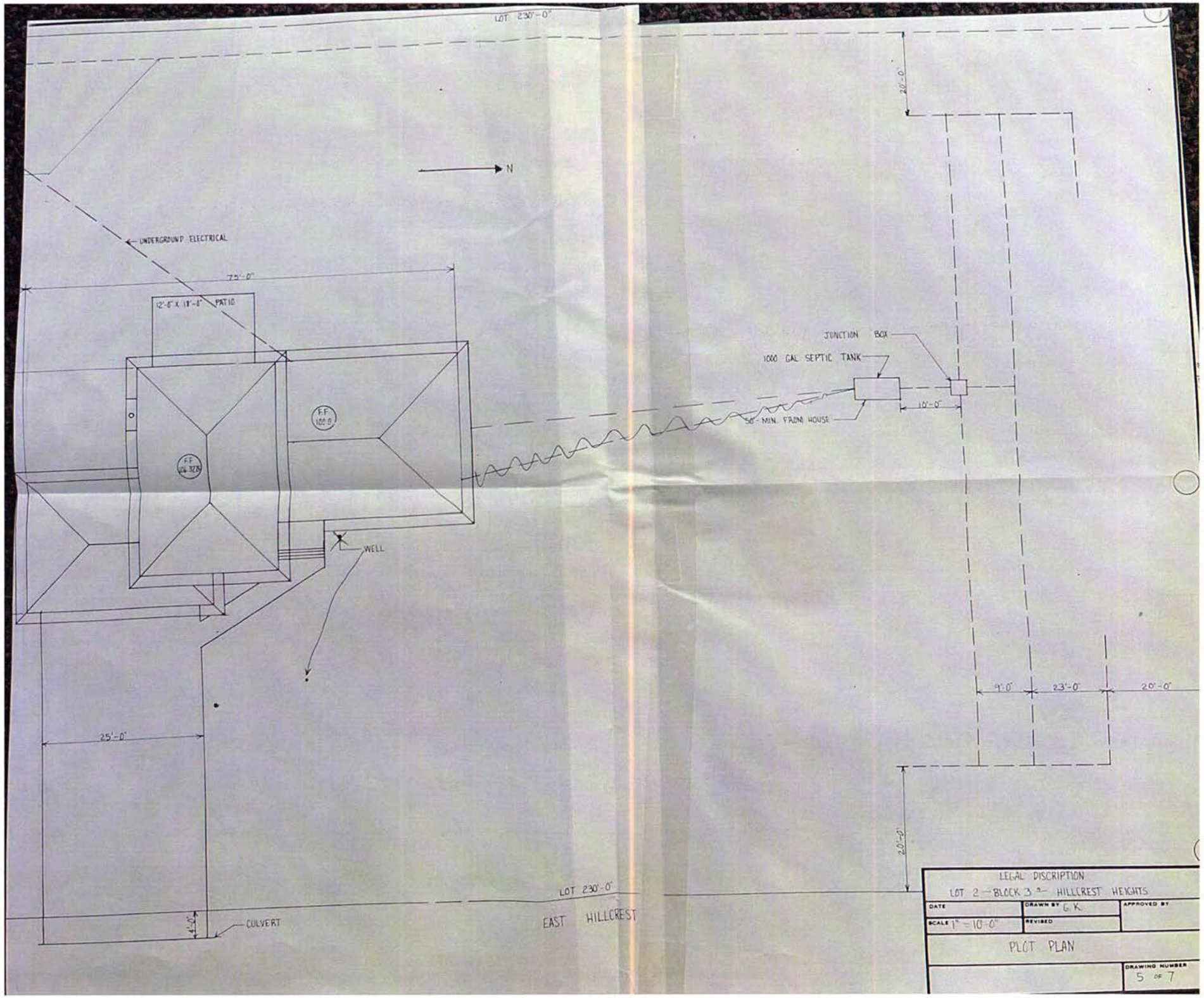
REVIEWING ACTION

Remarks: _____

Date: July 2, 1980

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 528 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official


LOT 230'-0"
20'-0"
N
UNDERGROUND ELECTRICAL
75'-0"
12'-0" X 18'-0" PATIO
F.F. 100.0
F.F. 104.32.8
JUNCTION BOX
1000 GAL SEPTIC TANK
10'-0"
50' MIN. FROM HOUSE
WELL
9'-0"
23'-0"
20'-0"
25'-0"
20'-0"
LOT 230'-0"
CULVERT
EAST HILLCREST
LEGAL DISCRIPTION
LOT 2 - BLOCK 3 - HILLCREST HEIGHTS
DATE
DRAWN BY G.K.
APPROVED BY
SCALE 1" = 10'-0"
REVISED
PLOT PLAN
DRAWING NUMBER
5 OF 7