FILE NO. 1862

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

OCTOBER 12, 1982 — THIS LICENSE OR PERMIT EXPIRES

Adam Charley Eliker 4300 Sumeer Street — LICENSEE OR PERMITTEE / ADDRESS

T10N, R7E, Section 26, Block 3, Lot 3, Addition Hillcrest Heights — 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		
00297 MAY 28		60.00 -		

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

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FILING FEE: $ 60.00

FILE NO. 1862

DATE: _____

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 3 : 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: UNKNOWN ft.

Adam Charley Elliker
Signature of Applicant (Owner or Lessee)

4300 Sumner St. Lincoln, Ne
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/12/82. Date Frwd. 4/12/82. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4-12-82. Date Frwd. 4-12-82. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bouma

3. City or County Engineer: Date Rec'd. 4/12/82. Date Frwd. 4/12/82. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6/23/82 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/23/82 By: Jerrold C. Hood

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

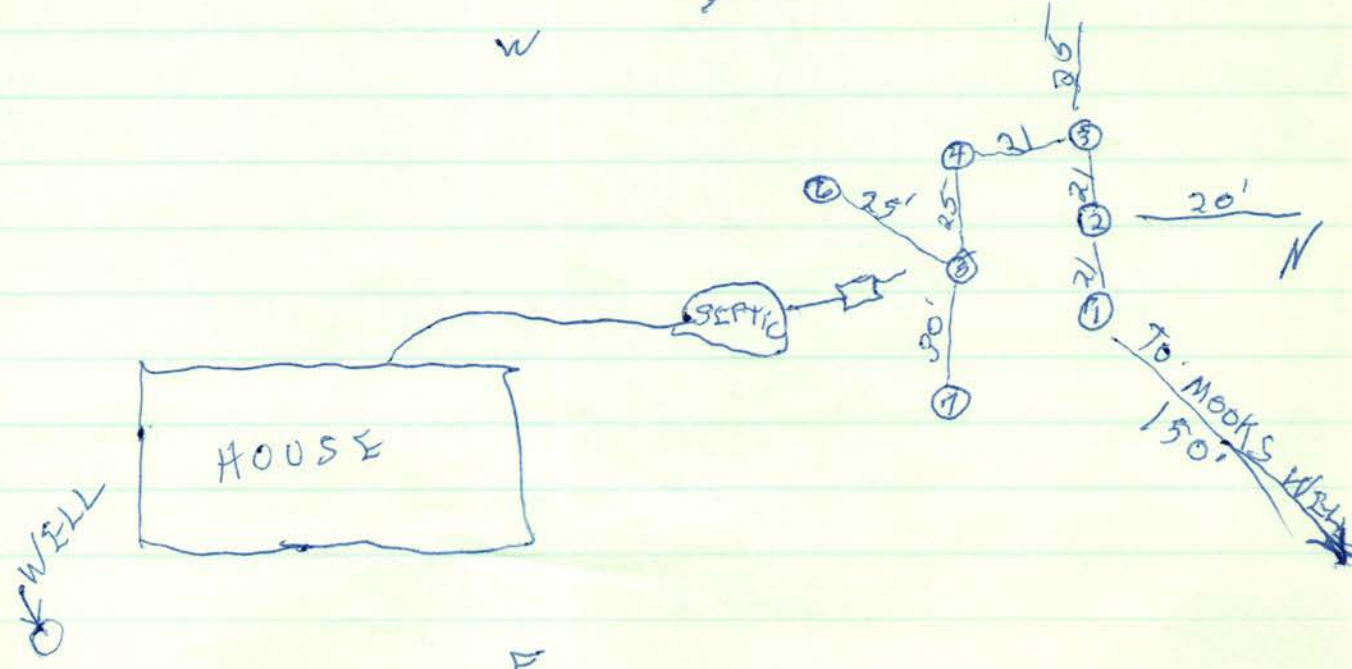
Filled 4" Holes 2" Gravel 12" Water at 1:20 PM 3-29-82

Hole	PM 2:20	PM 4:00	PM 5:20	3-30-82 P.M. 1230	PM 1:00	PM 1:30	PM 2:00
1	4½	6¼	3½	Dry	1	½	½
2	5¾	7¼	3½	Dry	1½	½	½
3	7	DRY	4½	Dry	1	1	1
4	6½	DRY	4	Dry	¾	1	¾
5	5	4¾	3½	Dry	1	½	½
6	4½	4¾	3	Dry	¾	¾	½
7	3½	6	3¼	Dry	½	½	½

RE FILLED — RAINING — FILLED — CLEAR DAY AFTER RAIN — adjusted to = 6 TO FILLED

2 hrs after test

	PM 2:30	PM 3:00	3:30	4:00	6:00
1	½	½	½	½	1½
2	¾	¾	1	1⅛	Dry
3	1¼	1¼	1¼	1¼	Dry
4	⅜	½	¾	⅞	2
5	½	1	¾	¾	3
6	⅝	⅞	1	1	3
7	½	⅜	⅝	¾	2⅛



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

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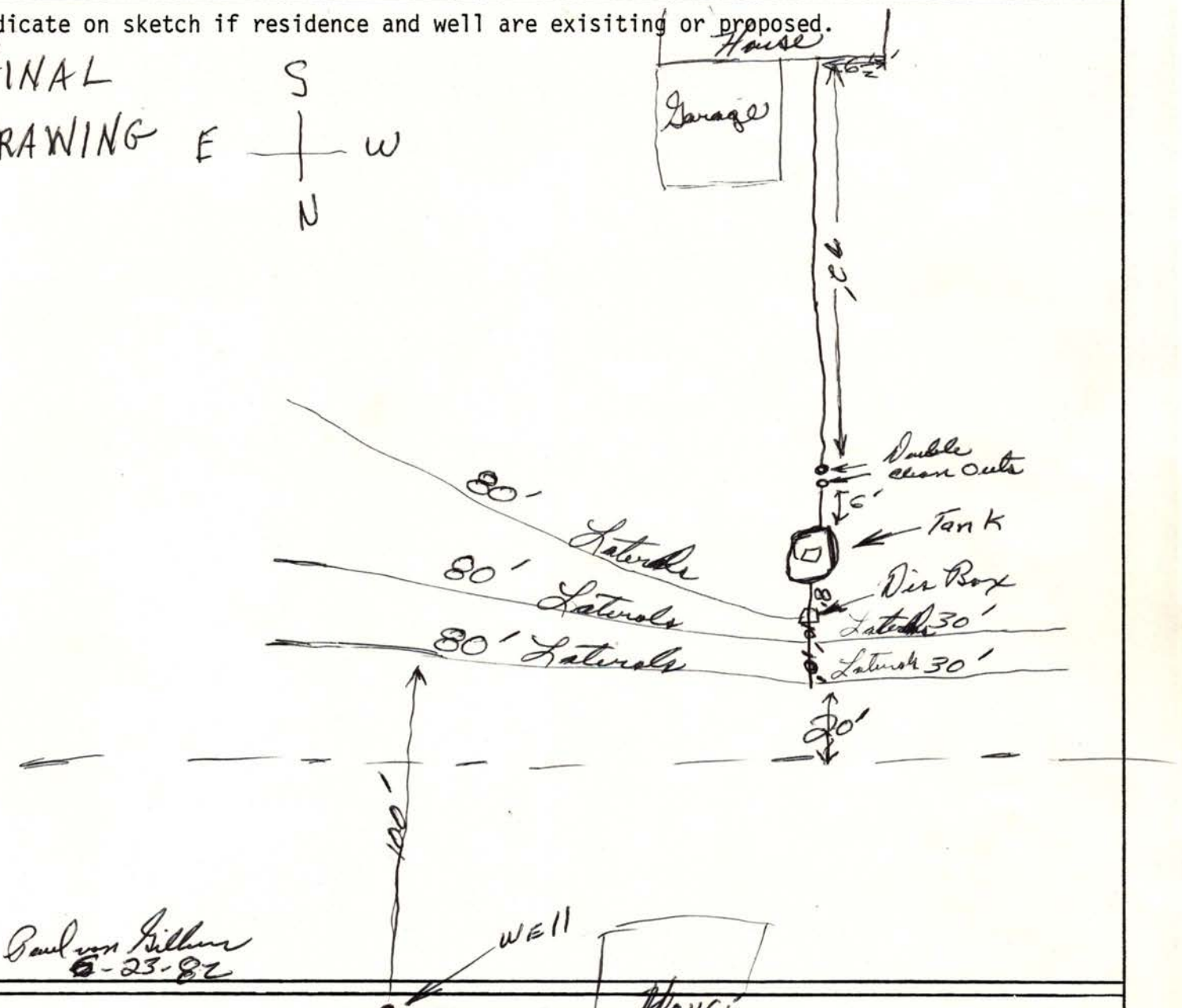
Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

Well

FILE NO. _____

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

FINAL DRAWING



REVIEWING ACTION

Remarks: _____

Date: April 12, 1982

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 287 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 862 sq.ft.

_____
Signature of Reviewing Official