LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 95380134201

Issued 09/05/95
Expires 03/05/96
Revenue Code 18754

Establishment
MANN CUSTOMS
T10N R7E SEC 26
HILLCREST HEIGHTS BLK 3 LOT 4
515 E HILLCREST DRIVE

FEES: $150.00

TOTAL $150.00

Permittee
MANN CUSTOMS
6101 S 25 ST
LINCOLN NE 68512

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

156

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

A

FILING FEE: $_____

FILE NO._____

DATE: 8/24/95

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 4 : Addition Hillcrest Heights.
Street Address 515 East Hillcrest.

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. ~~If Perc. Test Not Exceptable~~ Will Do Experimental System

Mann Customs Inc.
Signature of Applicant (Owner or Lessee)

6101 So 25th, Lincoln Ne 68512
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/1/95. Date Frwd. 9/1/95. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9.1.95. Date Frwd. 9.1.95. ACTION: Approved ☒ Disapproved ☐ Signature: TK

3. City or County Engineer: Date Rec'd. 9-1-95. Date Frwd. 9-1-95. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits
Date: 2/21/96 by: Jer C. Wood Need risers, tell Vogt
Date: 10/1/96 by: J. C. W.
Date:_____ by:_____

INSTALLATION FINAL WRITTEN APPROVAL *
Date: 10/1/96 By: Jerrold C. Wood

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

* EXPERIMENTAL TYPE HENCE PROVISIONAL APPROVAL

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

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: 8-31 to 9-1. Weather: Precip. 0 Temp. _____.

New Soil perc.

OWNER: Mann Customs Inc.
Address: 515 East Hillcrest.

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"										~~30~~ 60	1 3/4"	
2	36"										~~30~~ 60	1 5/8"	
3	36"										~~30~~ 60	1 3/4"	
4	36"										~~30~~ 60	1 7/8"	
5	36"										~~30~~ 60	1 5/8"	
6	36"										~~30~~ 60	1 7/8"	

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

_____
Signature of Person Conducting Test

Address _____ Phone _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: September 1, 1995

Approved Percolation Rate (a)
A. 17 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

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 DEPARTMEI
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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: 8-21-95 to 8-22-95. Weather: Precip. 0.0 Temp. 90

OWNER: _____

Address: 515 East Hillcrest

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"	8-21	3:30 PM	8-22	7:30 PM	8-22	7:30 P.M	6"	11:30 P.M	0	4 hR	0	
2	36"	8-21	7:30 PM	8-22	7:30 P.M	8-22	7:30 P.M	6"	11:30 P.M	0	4 hR	0	
3	36"	8-21	7:30 PM	8-22	7:30 P.M	8-22	7:30 P.M	6"	11:30 P.M	0	4 hR	0	
4	36"	8-21	7:30 PM	8-22	7:30 P.M	8-22	7:30 P.M	6"	11:30 P.M	1/4"	4 hr	1/4"	
5	36"	8-21	7:30 PM	8-22	7:30 P.M	8-22	7:30 P.M	6"	11:30 P.M	0	4 hr	0	
6	36"	8-21	7:30 PM	8-22	7:30 P.M	8-22	7:30 P.M	6"	11:30 P.M	1/4"	4 hr	1/4"	

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

Signature of Person Conducting Test

Address 2700 Dan Ave. Phone 464-8638

(Do not write below this line)

REVIEWING ACTION

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

Remarks: _____

Soil Type (SCS): _____

Date: _____

Signature of Reviewing Offici

ATEMENT

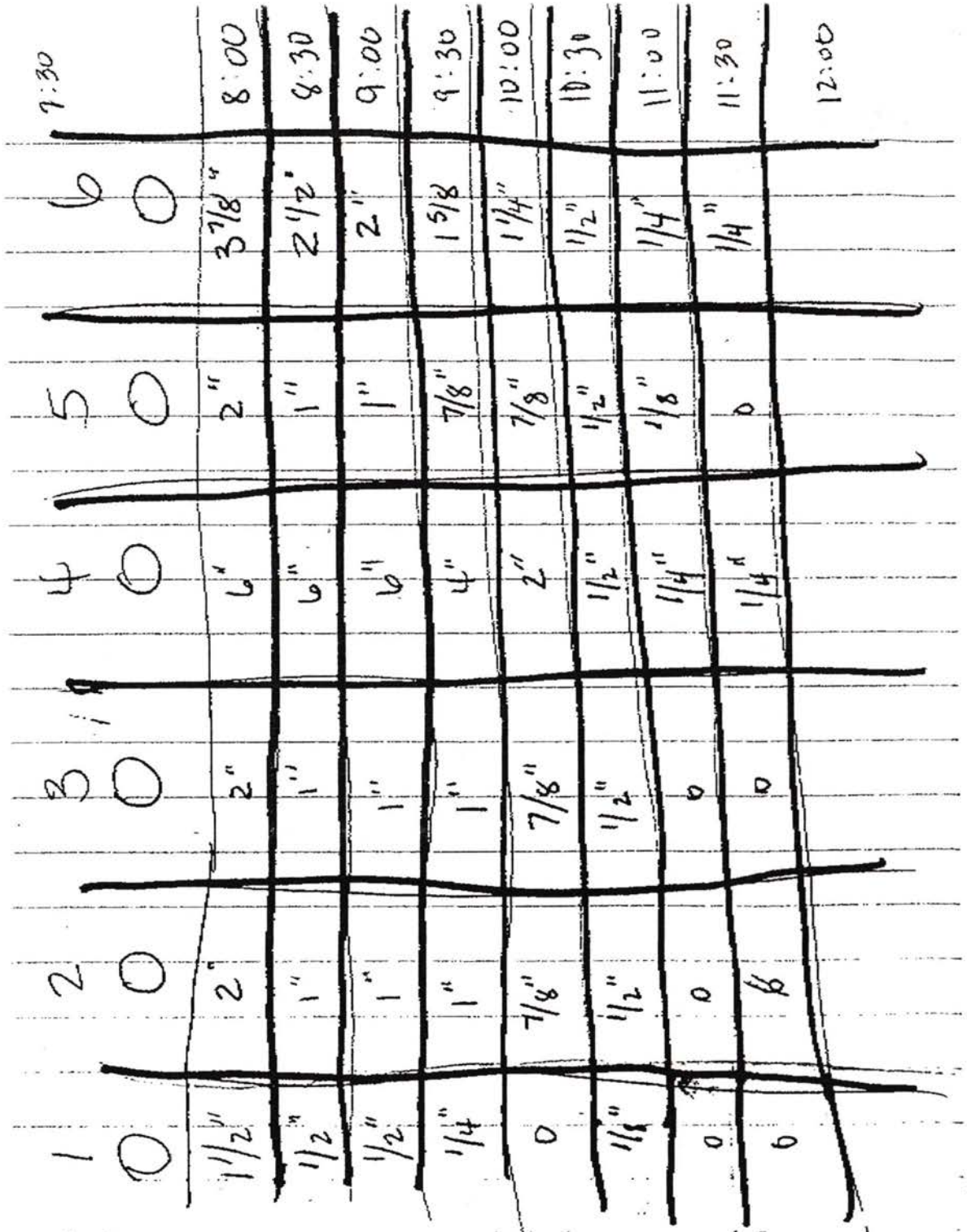
Brian Shafer

8-23 1985

Dann Custom Homes

ss

	Perc Test			125	00



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

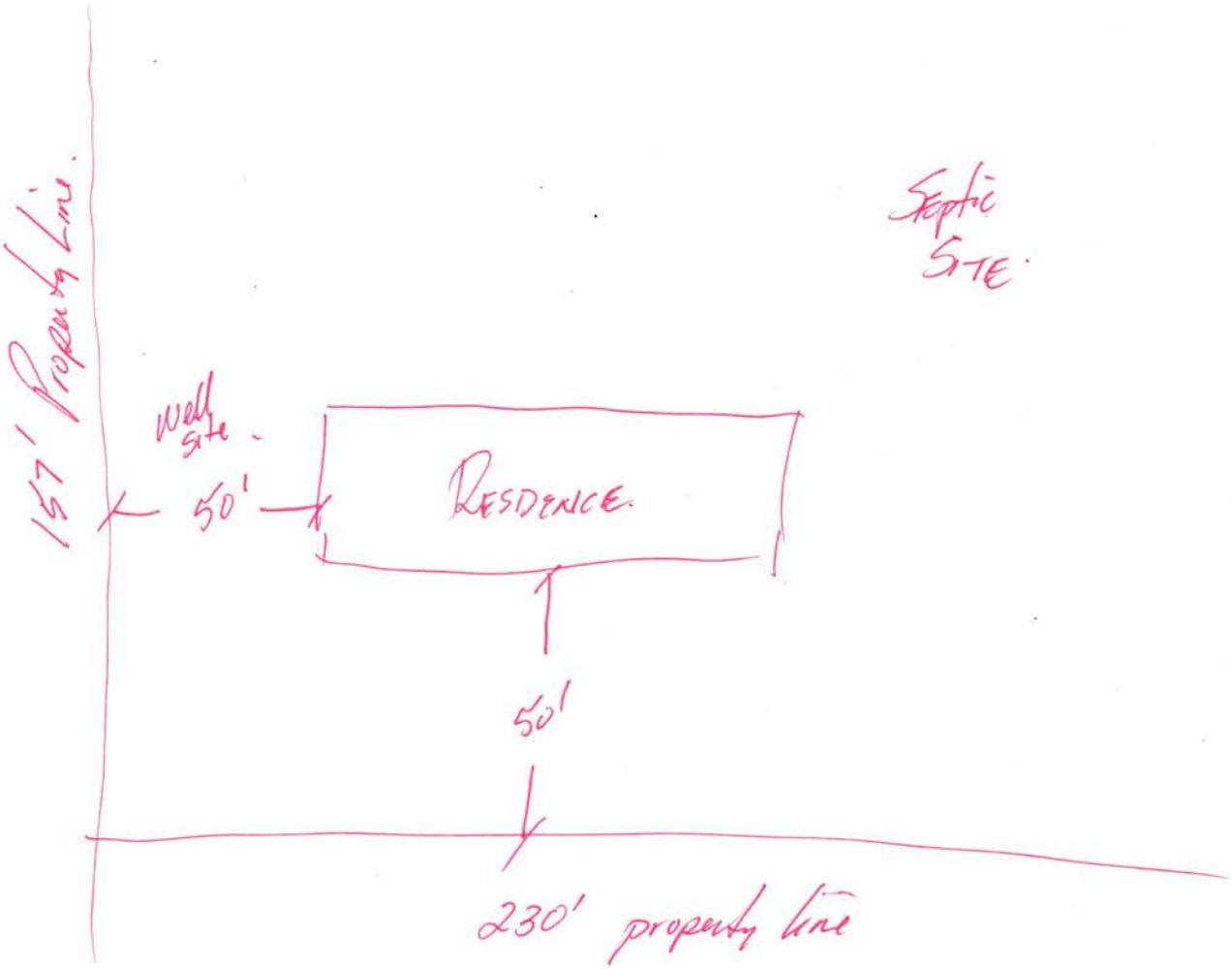
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

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: September 1, 1995

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 149 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 595 sq.ft.

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 ☐

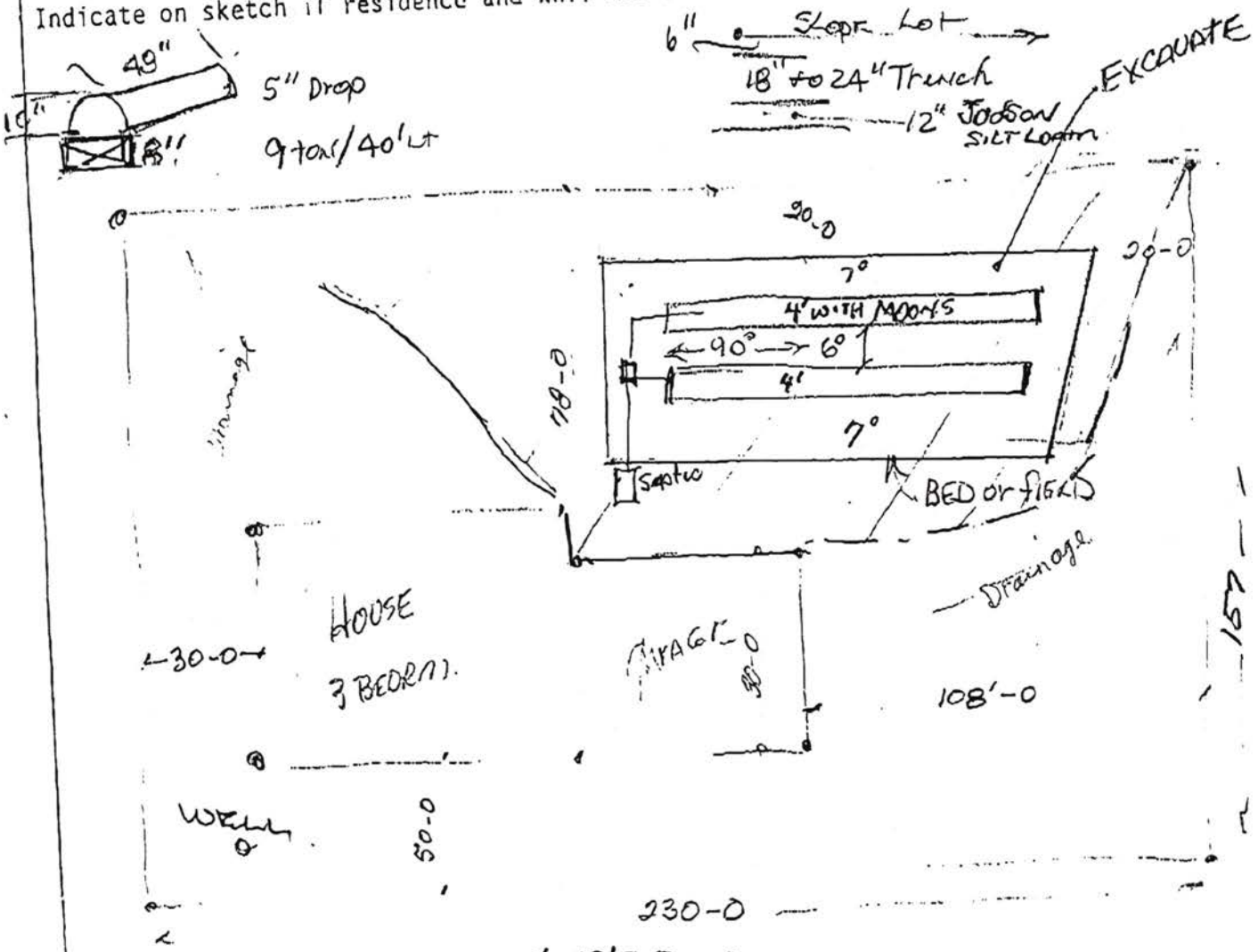
LINCOLN-LANCASTER COUNTY HEALTH DEPT.
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800 441-8323

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