LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT
SEWAGE INSTALLATION

No. 90380011201

Issued 05/02/90
Expires 11/02/90

ESTABLISHMENT
GLENN STEVENS
T10N R7E SEC 26
BLK 3 LOT 6
HILLCREST HEIGHTS

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE GLENN STEVENS
235 S 4 ST
EAGLE NE 68347

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE AMOUNT

PAID

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

9038001D2

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: 471-7800

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: 5-2-90

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 6 : Addition Hillcrest Heights
   Street Address 420 Anthoney Lane

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 5 . Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☑ ; Other ☐

4. Distance to public sewer: — ft.

Helen M Stevens
Signature of Applicant (Owner or Lessee)

235 54th Box 225 Eagle Ne 68347
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/2/90. Date Frwd. 5/4/90. ACTION: Approved ☑ Disapproved ☐ Signature: Jerrold C. Nood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 5/4/90. Date Frwd. 5/4/90. ACTION: Approved ☐ Disapproved ☐ Signature: _____
3. City or County Engineer: Date Rec'd. 5-4-90. Date Frwd. 5-4-90. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL HAS WELL PERMIT

Site Visits:
Date: 8-22-90 by: SP+RM need final drawing
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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

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
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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: 12-18 to 12-19-88 Weather: Precip. — Temp. 50°-30°

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	32	12-18	1:00 PM	12-19	7:30 AM	12-19	10:00	8	10:30	8 3/8	30	3/8	
2	1							8 1/2		9		1/2	
3								13 1/2		14 1/8		5/8	
4	1							9 1/4		9 3/4		1/2	
5	1							10 1/2		10 3/4		5/8	
6	1							19 1/2		20 1/4		3/4	

Larry Schwarck
Signature of Person Conducting Test

Address 8200 old Cheney Phone 489-7294

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

Approved Percolation Rate (a)
A. 53 min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official

Glenn Stevens
781:2393
420 Anthoney Lane

Hole No.	Hole Depth	Pre saturation Period	Refill	Percolation readings								
					P.m.		P.m.					
1.	36"	4-28 3:45 p.m	4-28 7:30 p.m	4-29	2:15	21"	3:15	21 1/2"	60 min		1/2"	
				-	3:15	21 1/2"	3:45	21 5/8		30 min		1/8"
2.	36"	"	"	4-29	2:15	20 7/8	3:15	21 3/8	60 min		3/4"	
					3:15	21 3/8	3:45	21 3/4		30 min		3/8"
3.	36"			4-29	2:15	22"	3:15	22 5/8	60 min		5/8"	
					3:15	18 3/4	3:45	19 5/8		30 min		7/8"
4.	36"			4-29	2:15	22 3/4	3:15	23 7/8	60 min		1 1/8"	
					3:15	21 1/4	3:45	21 7/8"		30 min		5/8"
5.	36"			4-29	2:15	20 3/4	3:15	~~22 7/8~~ 22 3/4"	60 min		2"	
					3:15	19 3/8	3:45	20 3/4		30 min		1 3/8"
6.	36"			4-29	2:15	22"	3:15	23 3/4	60 min		1 3/4"	
					3:15	20 1/8	3:45	21 3/8		30 min		1 1/4"

~~Average~~ average 1 1/8" per hr 40 min/in

average 1 1/2 per hr.

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

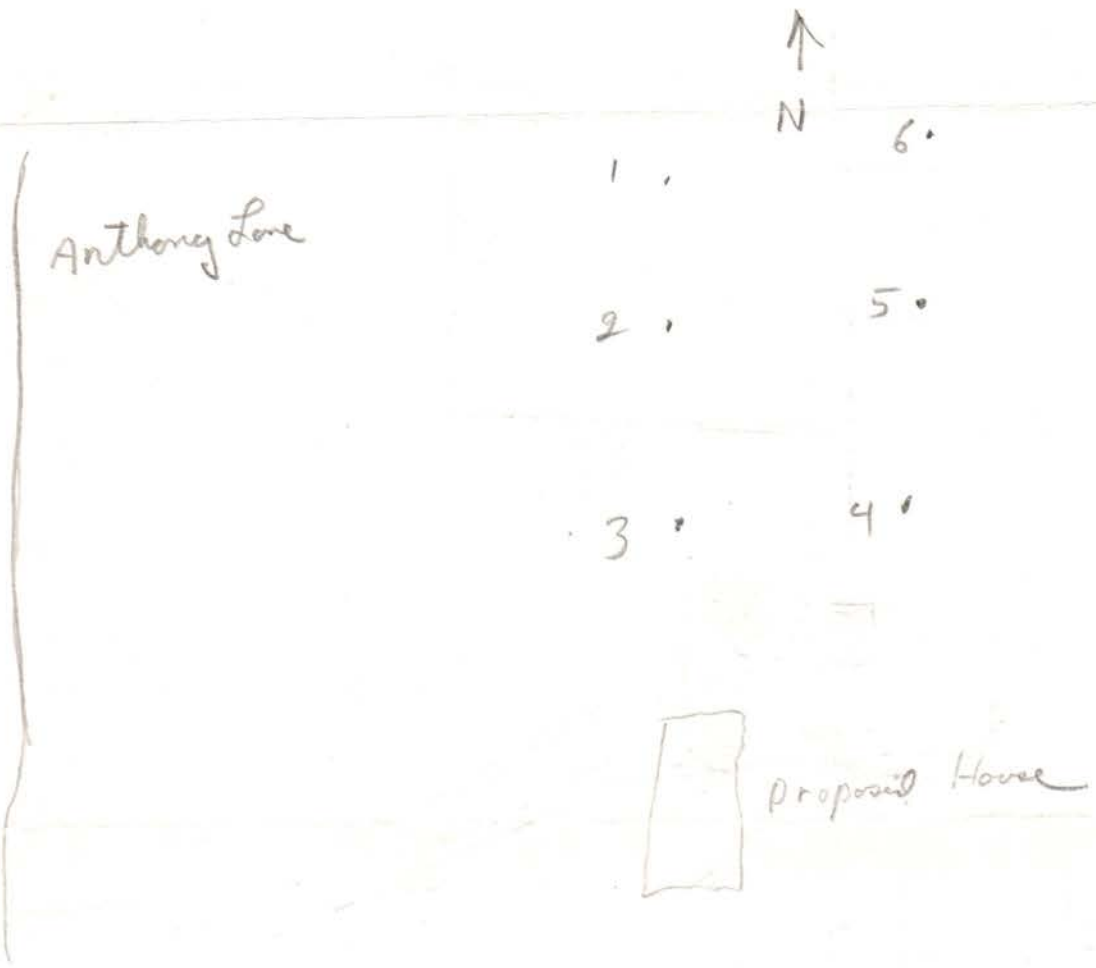
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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.



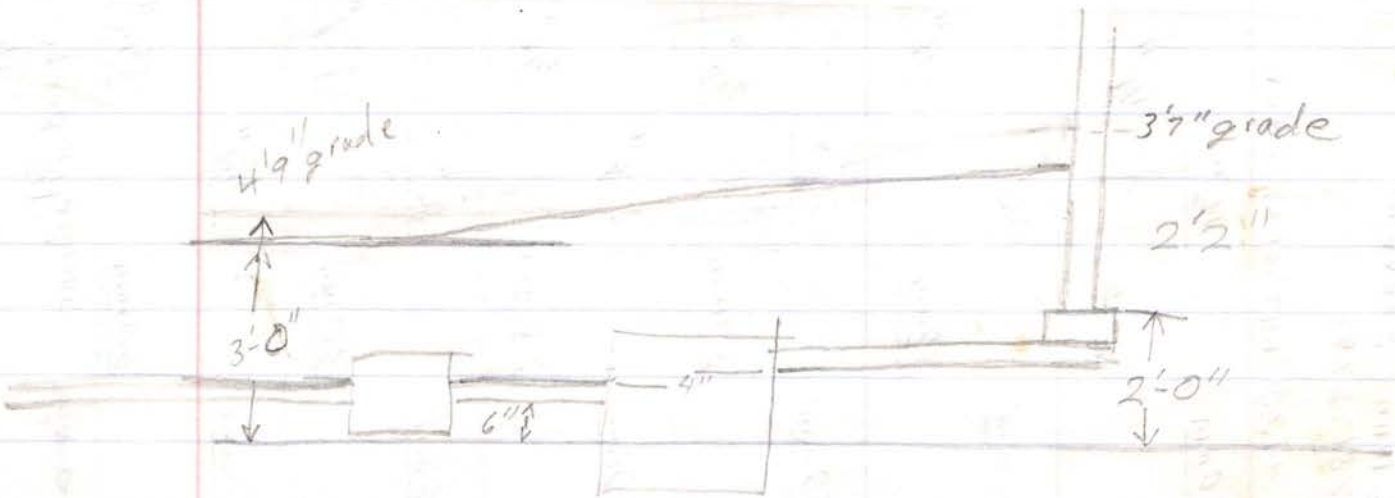
REVIEWING ACTION

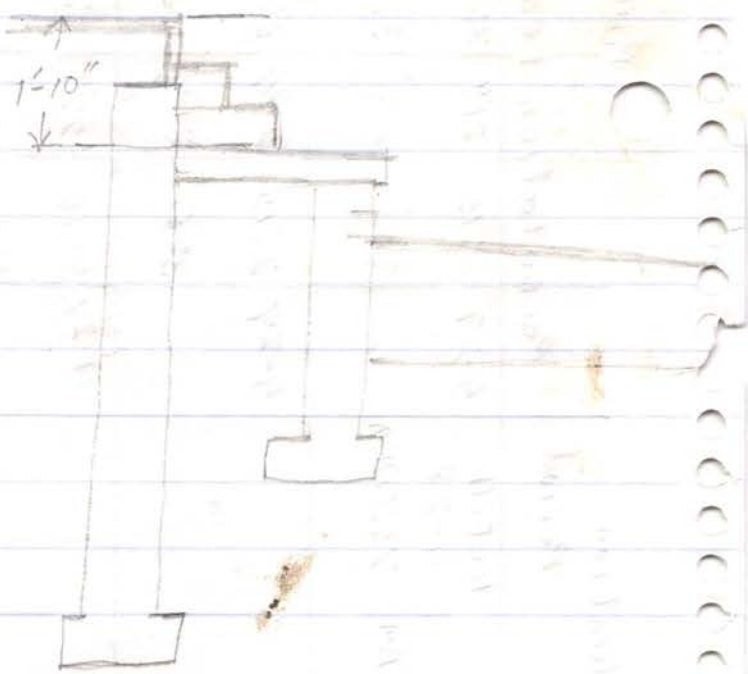
Remarks: _____

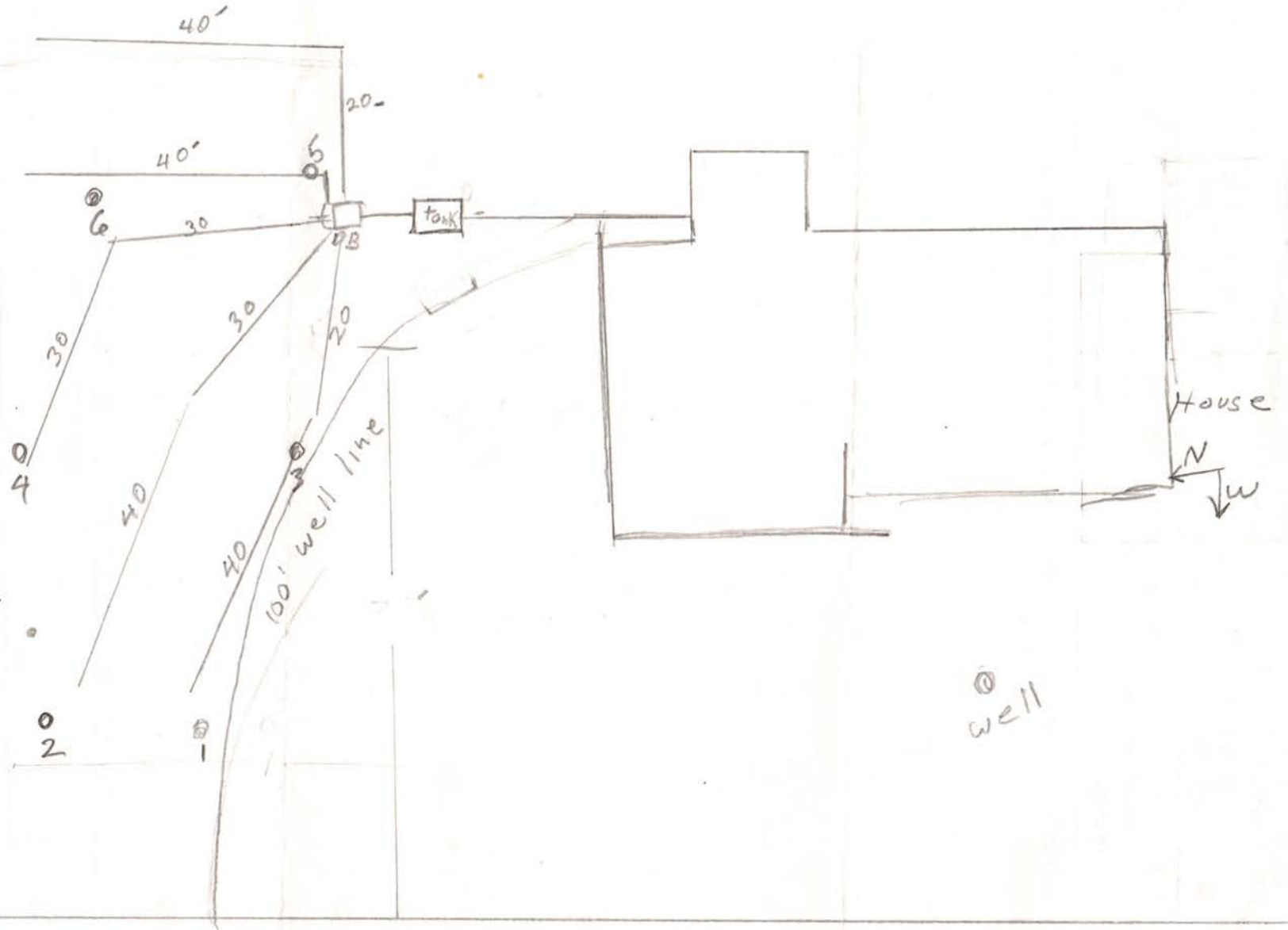
Date: May 29, 1990

Minimum Design Requirement
1. Capacity of Septic Tank 1500 gals.
2. Total Length of Laterals 359 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 1436 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official


4'9" grade
3'7" grade
2'2"
3'-0"
6"
4"
2'-0"


1'-10"


40'
20'
40'
5
6
30
B
tank
30
30
20
House
N
W
4
3
40
40
100' well line
well
2
1