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. 91380076401

Issued 10/18/91
Expires 04/18/92

ESTABLISHMENT

MARY ANN ECKERY
T10N R7E SEC 26
HILLCREST HEIGHTS BLK 3 LOT 7

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

MARY ANN ECKERY
931 COTTONWOOD DR
LINCOLN NE 68510

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
10/18/91	PAID

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

RECEIVED OCT 15 1991

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: 10-11-91

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 7 : 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.

Mary Ann Eckery
Signature of Applicant (Owner or Lessee)

931 Cottonwood Dr 488-2745
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/16/91 . Date Frwd. 10/16/91 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10/16/91 . Date Frwd. 10/16/91 . ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer : Date Rec'd. 10-16-91 . Date Frwd. 10-16-91 . ACTION: Approved ☒ Disapproved ☐ Signature: K D Mytham

REMARKS OR REASONS FOR DISAPPROVAL HAS WELL PERMIT

Site Visits:
Date: 12/3/91 by: J.C. Hood
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/9/91 By: Jerrold C. Hood

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

FORM 23-43

RECEIVED OCT 1 5 1991

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
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: Lot 7 Block 3 Hillcrest Hts.

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: 7-26-91 to 7-27-91. Weather: Precip. 0 Temp. 85.

OWNER: Tom + maryann Eckery
Address: 931 Cottonwood 488-3745

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	29	7/26	8:30	7/27	7:30	7/27	11:00	19 3/8	11:30	19 7/8	30	1/2	
2	29	7/26	8:30	7/27	7:30	7/27	11:00	19	11:30	19 3/4	30	3/4	
3	29	7/26	8:30	7/27	7:30	7/27	11:00	19 1/8	11:30	19 7/8	30	3/4	
4	29	7/26	8:30	7/27	7:30	7/27	11:00	20	11:30	20 1/2	30	1/2	
5	29	7/26	8:30	7/27	7:30	7/27	11:00	21	11:30	21 5/8	30	5/8	
6	29	7/26	8:30	7/27	7:30	7/27	11:00	21 1/8	11:30	22 1/8	30	1	

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

Rosemary Overman
Signature of Person Conducting Test

Address 4337 Madison Phone 464-1745

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty clay loam
Date: October 16, 1991

Approved Percolation Rate (a)
A. 44 min./inch
B. _____ min./inch
C. _____ min./inch

Gerald C. Wood
Signature of Reviewing Official

RECEIVED OCT 16 1991

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

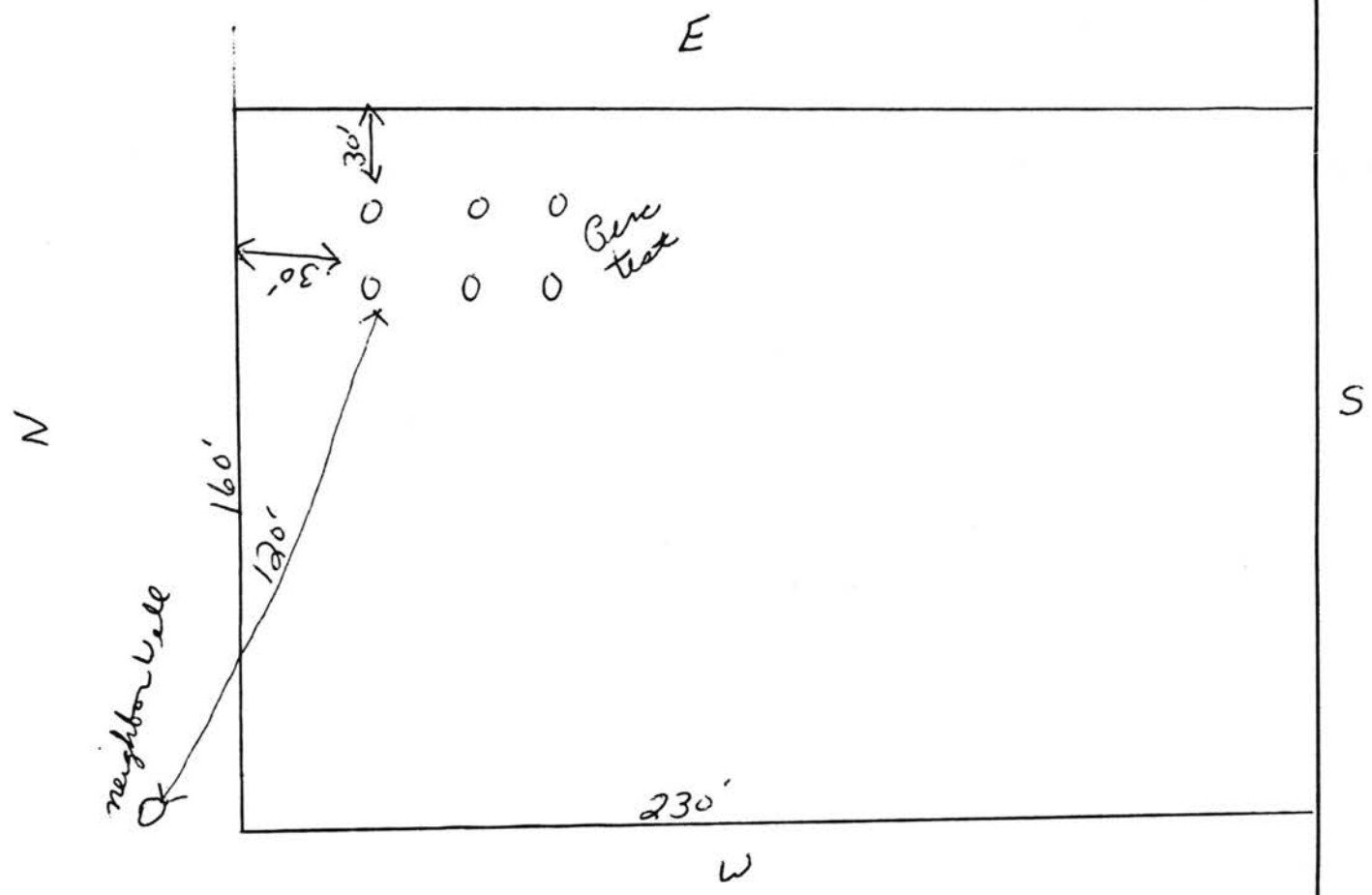
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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: October 16, 1991

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 893 sq.ft.

Jerrold C. Hook
Signature of Reviewing Official

RECEIVED DEC 0 9 1991

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: 471-7800

D

DATE: _____

FILE NO. _____

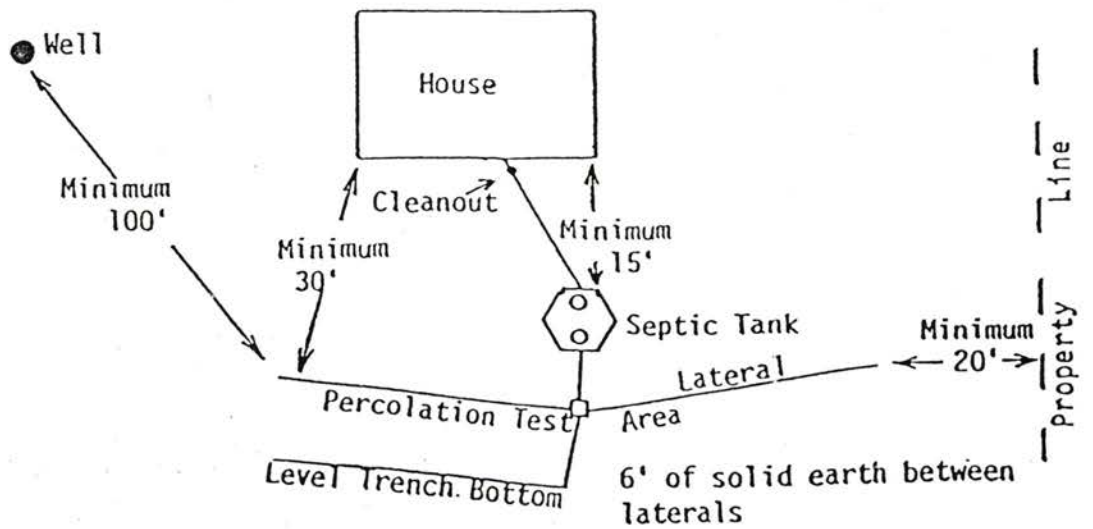
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material #160; Diameter 4 in.
2. Distance above basement floor 6 in., or below basement floor ____ in.
3. Distance between dwelling and septic tank 25 ft.
4. Number of clean-outs —.
5. Distances to:
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line 20 ft.

B. SEPTIC TANK:
1. Material Precast; No. of compartments ____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company ____)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade 4 in.
8. Distances to:
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

C. DISTRIBUTION BOX:
1. Material Precast; Number - available outlets ____.
2. Factory Built: Yes ☒ No ☐
(Company ____)
3. Distance from Septic Tank 8 ft.

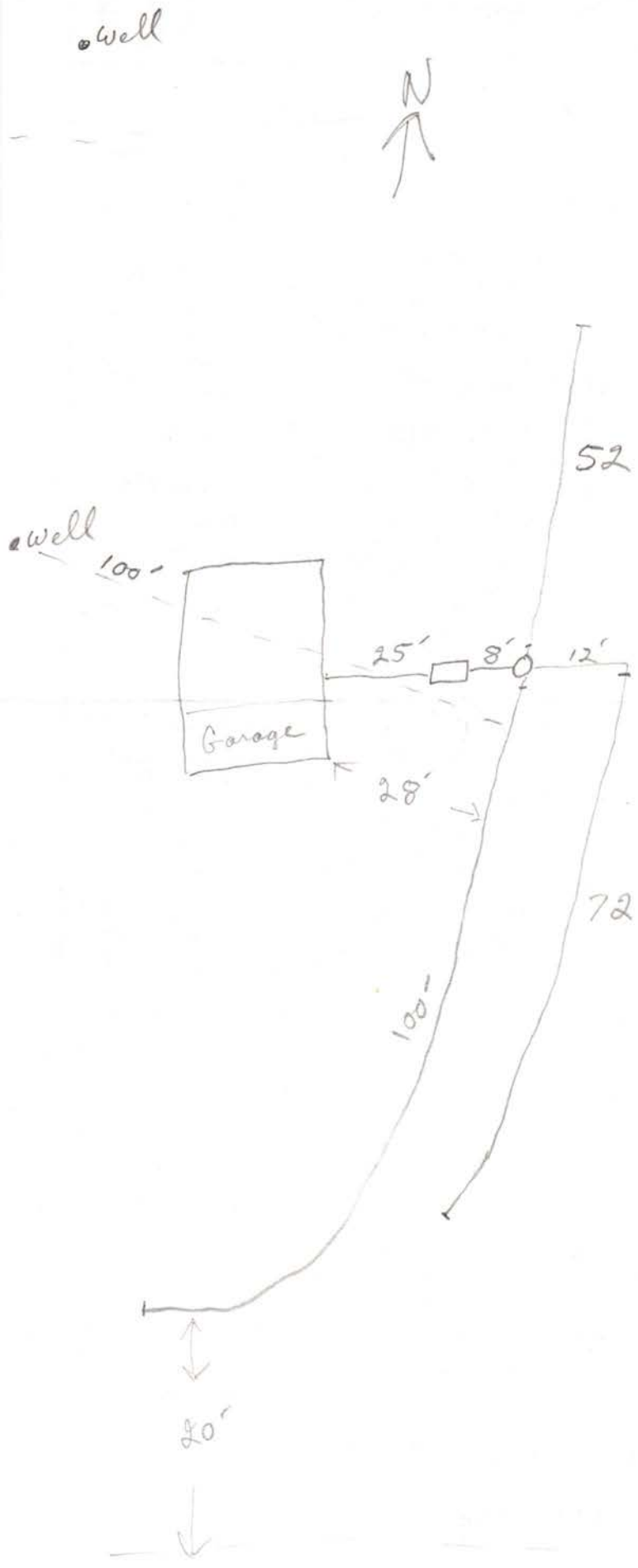
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 20 or Perforated Pipe ____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other ____.
2. Lateral Lines:
Number 3 ; Length of each line 100, 72, 52, ____, ____ ft.;
Total length of laterals 224 ft.;
Distance between lateral lines 6 ft.
3. Trench dimensions: Width 4 ft.;
Slope 2" in/100 ft.; Average Depth 38-26 in.
4. Filter Material: Road Gravel
Depth of Material 18-20 in.
5. Distances to:
Well or Suction Line 100' ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line 20' ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Larry Schwarck

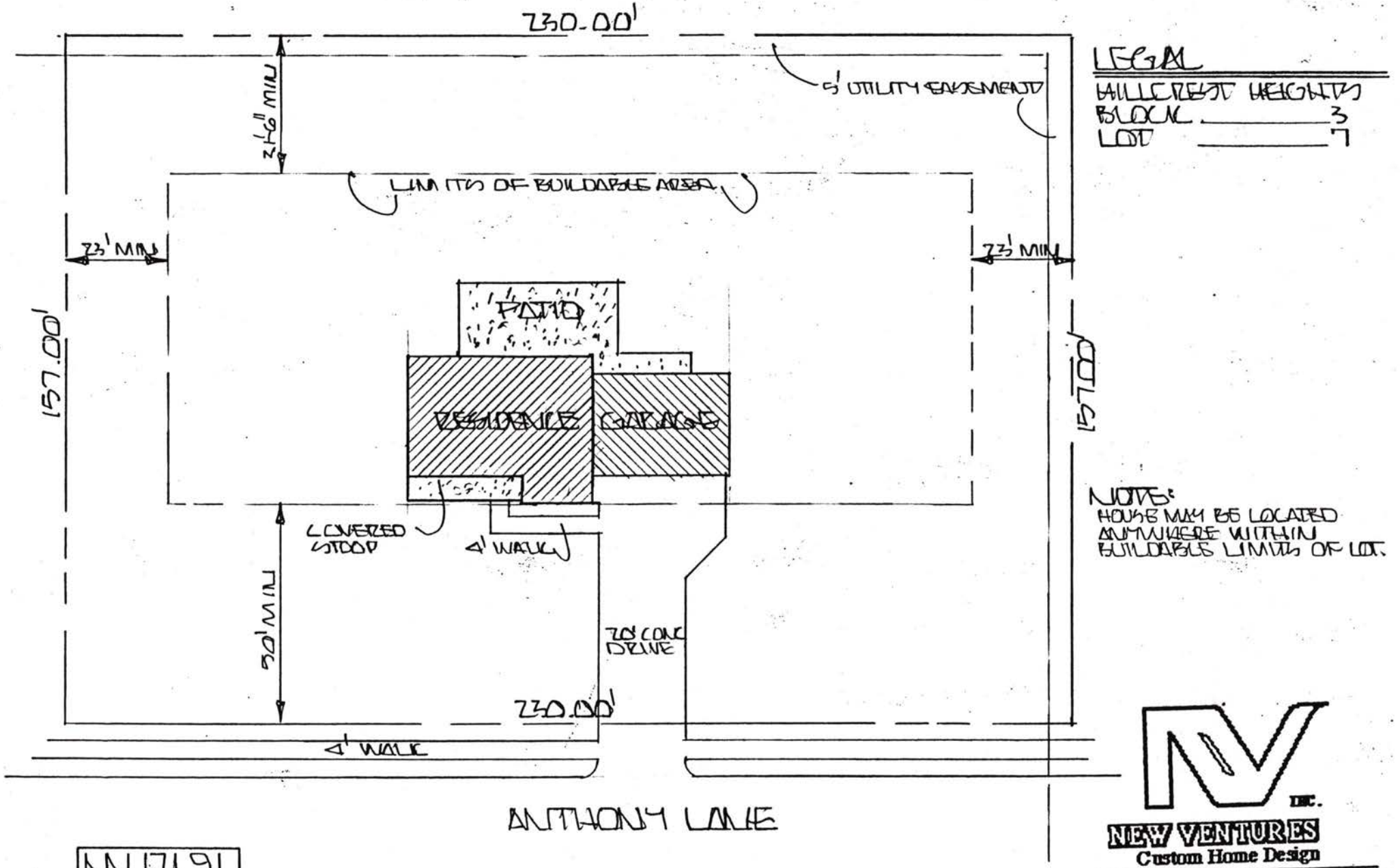
12-5-91



441 Anthony

PLOT PLAN

SCALE: 1" = 30' _____ 0' J.D.G. 10-2-91



LEGAL

HILLCREST HEIGHTS
BLOCK 3
LOT 7

NOTE:
HOUSE MAY BE LOCATED ANYWHERE WITHIN BUILDABLE LIMITS OF LOT.

NEW VENTURES INC.
Custom Home Design

The Trade Center
5901 South 58th, Suite B3
Lincoln, NE 68516
421-1186

NV 1791
K6077

KINNING / SYDOW - EIGHT PER.

002

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

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

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☒ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☐ Evaluation of the Individual Water System ☐ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 414 ANTHONY LANE, LINCOLN, NEBRASKA 68520

Twp 10N Range 7E Section 26 1/4 ___ 1/4 ___ Block 3 Lot 7 Addition HILLCREST HEIGHTS

Directions to Property EAST OF 84TH STREET ON "O" STREET, FIRST CORNER WEST OF HILLCREST COUNTRY CLUB, SOUTH SIDE OF "O".

Location of Well _____ Tap Location: Inside ☐ Outside ☒

Location of Sewage System _____ Year Installed 1993

	NAME	ADDRESS	PHONE
Present Owner:	THOMAS L. ECKERY	414 ANTHONY LN, LINCOLN NE	402/488-2745
Tenant/Buyer:	DONALD C. UZDILL CATHY UZDILL	1720 N. 63RD STREET, LINCOLN	402/464-2409
Return to:	~~CATHY UZDILL~~	~~NEBRASKA TITLE COMPANY~~ 5635 "O" ST. #101, LINCOLN, NE 68510	~~402/486-4900~~

Signature of Applicant _____ Address 1720 N. 63RD ST. LINCOLN, NE 68505 Date 4 / 4 / 97

HEALTH DEPARTMENT USE ONLY

Date Received 4/22/97 ls Received $150.00 Check ☒ #6358 Cash ☐

PRELIMINARY STATUS--By Paul Dratzmann **DATE:** 4/23/97

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 1.6 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: If septic tank has not been pumped in past 2 years, it should be checked by a licensed liquid waste hauler to see if pumping is necessary. Subsurface yard irrigation system may cause premature failure of septic system by watering the lateral distribution field. See Attached Letter ☐

FINAL STATUS

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

Approved by Paul Dratzmann Date 5 / 1 / 97

Approval or disapproval is based on State and local 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 operations.