CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 1694

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

March 9, 1981
THIS LICENSE OR PERMIT EXPIRES

Craig Chestnut by D. R. Pentico
LICENSEE OR PERMITTEE

4820 Rent Worth Drive, Lincoln, NE
ADDRESS

T10N; R7E; Section 26; Block 3; Lot 4, 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

APPLICATION
HEALTH

60.00 -

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

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. 1694

DATE: 9-9-80

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 4 : Lot 3 : Addition Hillcrest Heights
Street Address 517 Anthony Lane

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: N/A ft.

Craig Contracting by [illegible]
Signature of Applicant (Owner or Lessee)

4820 Fort Worth Drive
Address
Lincoln, Ne

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/9/80. Date Frwd. 9/10/80. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9/11/80. Date Frwd. 9/9/80. ACTION: Approved ☐ Disapproved ☐ Signature:

3. City ~~or County~~ Engineer: Date Rec'd. 9-10-80. Date Frwd. 9-10-80. ACTION: Approved ☒ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL

Site Visits:
Date: 4-24-81 by: jrm, partial (tank + 70' 3 ft wide lateral)
Date: 9/10/80 by: L.G.H.
Date: 4-28-81 by: mm partial

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/10/80 By: Jerrold Hood
6-5-81 By Ron Maguire

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: 474-1541

B

FILE NO. 1694

PROPERTY WHERE SOIL TESTED: LOT 3 BLOCK 4 Hillcrest Heights

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: 9-8 to 9-9. Weather: Precip. .20 Temp. 70°.

OWNER: CRAIG CHESTNUT
Address: 517 Anthony Lane

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	30	9-8	7:30 PM	9-9	8:00	9-9	11:30	9	12:00	7 3/8	30	1 1/8"	
2	30	"	"	"	"		11:30	7 1/2	12:00	6 5/8	30	7/8"	
3	32	"	"	"	"		11:35	4 3/4	12:05	4	30	3/4"	
4	31	"	"	"	"		11:35	6	12:05	5	30	1"	
5	31	"	"	"	"		11:40	5 1/2	12:10	4 3/4	30	3/4"	
6	30	"	"	"	"	"	11:40	7 1/4	12:10	6 1/8	30	1 1/8"	

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

Signature of Person Conducting Test

Address 4820 Fort Worth Dr. Lincoln Phone 423-0121

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: September 9, 1980

Approved Percolation Rate (a)
A. 32 min./inch
B. _____ min./inch
C. _____ min./inch

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 ☐

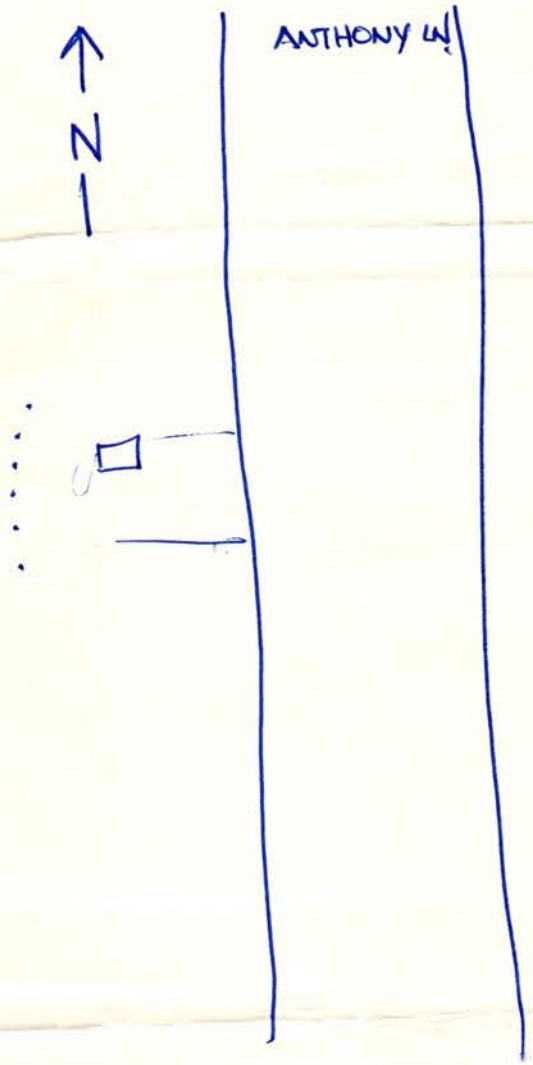
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO. 1694

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



REVIEWING ACTION

Remarks: _____

Date: September 9, 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 774 sq.ft.

Gerrold C. Hood
Signature of Reviewing Official

194
4 | 774
4
37
36
1
16

258 3 ft wd
3 | 774
6
17
15
24
24

258
30
186

70
3
210

144

774
3
564

564 sq ft

144 feet left if go 4 foot wide
4 | 564
4
16

1000 Gallon Corr. a- Glas Tank

Plastic Pipe House To Tank 4"

4" Perforated Line Laterells

Plastic Distribution Box

Installed 4/27/81

By Paul von Gillern

Telephone 467-4792

