FILE #2182

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

OCTOBER 2, 1985 — THIS LICENSE OR PERMIT EXPIRES

JOHN P. KRAMER — LICENSEE OR PERMITTEE

4600 RENTERO DRIVE — ADDRESS

LINCOLN, NE 68526

TION: PZF: Sec 26: Bk 5: Lot 1: Hillcrest Heights: 601 East Hillcrest — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 60.00	018754	$ 60.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. — Date and Amount

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

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: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2182

DATE: 4-1-85

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 5 : Lot 1 : Addition Hillcrest Heights
   Street Address 601 East Hillcrest

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe

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

4. Distance to public sewer: _____ ft.

John R Kramer Kramer Construction Co.
Signature of Applicant (Owner or Lessee)

4600 Pentagon
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/1/85. Date Frwd. 4/2/85. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 4/2/85. Date Frwd. 4/2/85. ACTION: Approved ☒ Disapproved ☐ Signature: Gary W Lewis

3. City or County Engineer: Date Rec'd. 4-2-85. Date Frwd. 4-2-85. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4-15-85 by: rmm
Date: 4-16-85 by: rmm
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: April 23-85 By: Ron Maynard

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. 2182

PROPERTY WHERE SOIL TESTED: Lot 1 Blks 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: 3-28-85 to 3-29-85. Weather: Precip. 0 Temp. 35°.

OWNER: _____

Address: 601 East Hill Crest

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"	3-28	3:00 pm	3-29	3:00 pm	3-29	3:00 pm	6"	4:00 pm	5 3/4"	30m	1/4"	
2	36"	3-28	3:00 pm	3-29	3:00 pm	3-29	3:00 pm	6"	4:00 pm	5 3/4"	30m	1/4"	
3	36"	3-28	3:00 pm	3-29	3:00 pm	3-29	3:00 pm	6"	4:00 pm	6"	30m	0"	
4	36"	3-28	3:00 pm	3-29	3:00 pm	3-29	3:00 pm	6"	4:00 pm	5 7/8"	30m	1/8"	
5	36"	3-28	3:00 pm	3-29	3:00 pm	3-29	3:00 pm	6"	4:00 pm	5 3/4"	30m	1/4"	
6	36"	3-28	3:00 pm	3-29	3:00 pm	3-29	3:00 pm	6"	4:00 pm	5 7/8"	30m	1/8"	

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

William Haaland
Signature of Person Conducting Test

Address 2701 N 27th Lot 22 Phone _____

(Do not write below this line)

REVIEWING ACTION

Remarks: TOO SLOW FOR CONVENTIONAL SYSTEM
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: APRIL 2, 1985

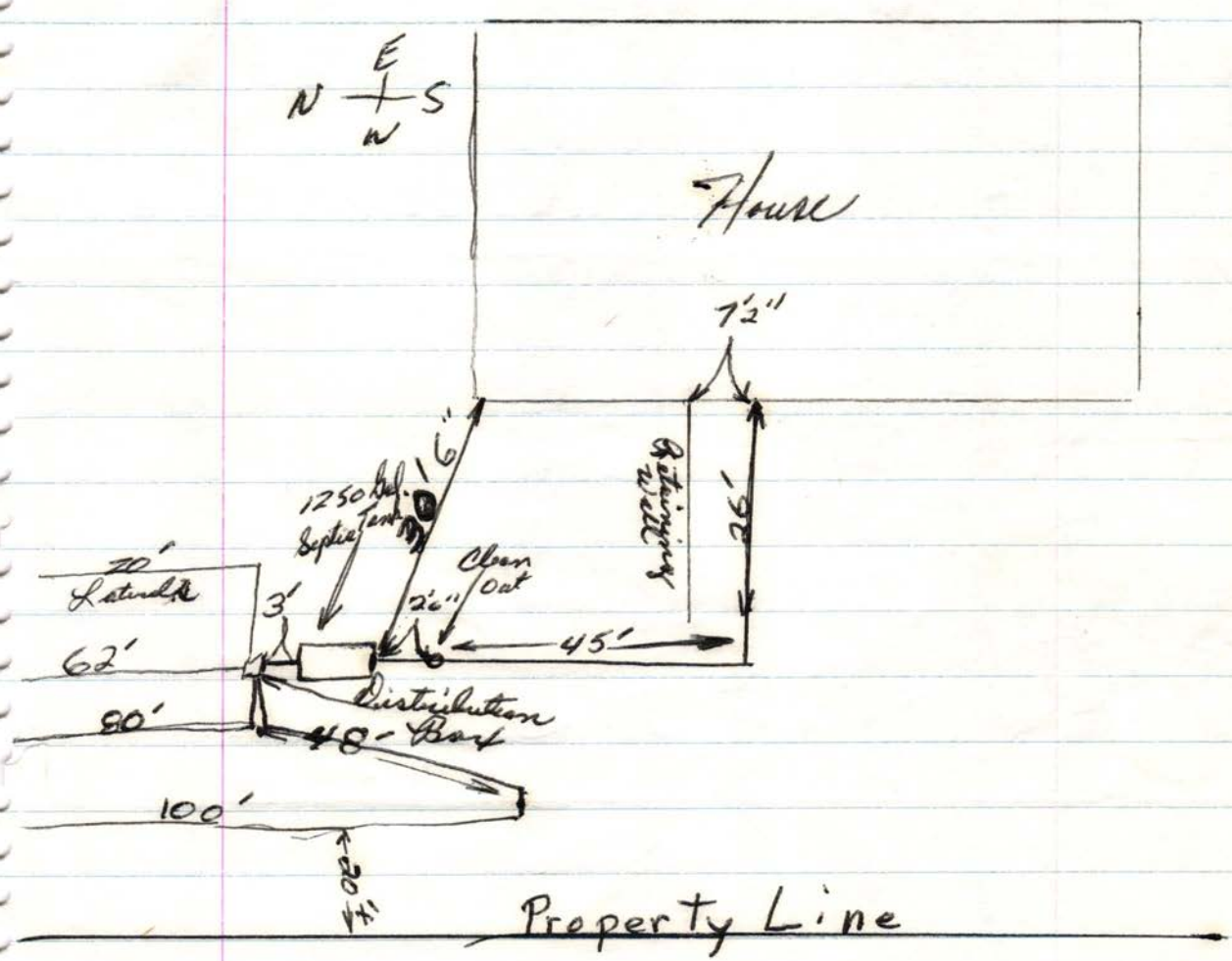
Approved Percolation Rate (a)
A. 160 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

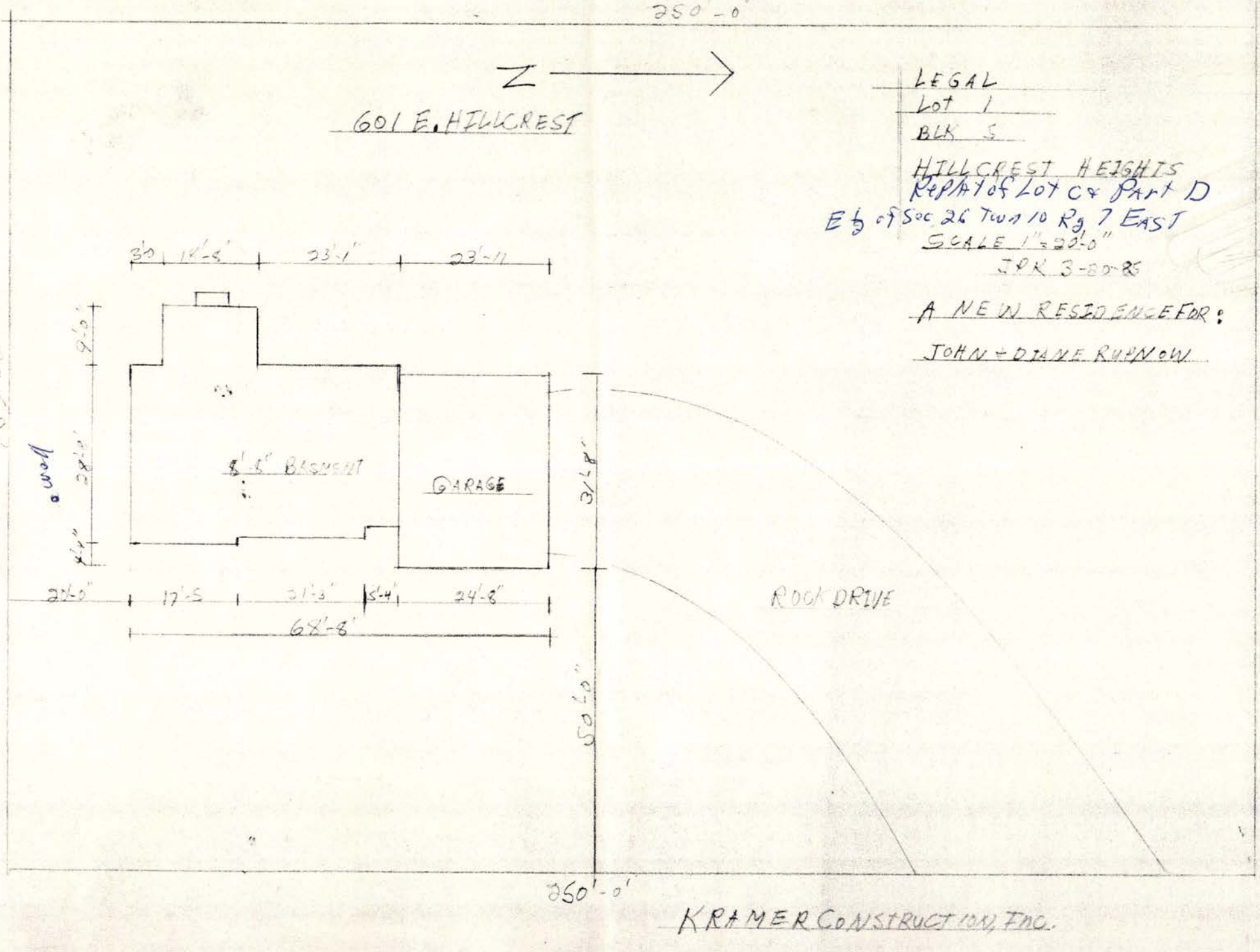
REC'D APR 22 1985

T10N, R7E, 26

4-16-85 601 E. Hillcrest



Installer Paulsen Gillum
18100 N 1st
Davey, Ne
68336
785-7755


250'-0"
N
601 E. HILLCREST
LEGAL
Lot 1
BLK 5
HILLCREST HEIGHTS
Replat of Lot C & Part D
E½ of Sec 26 Twn 10 Rg 7 EAST
SCALE 1"=20'-0"
JPK 3-20-85
A NEW RESIDENCE FOR:
JOHN + DIANE RUHNOW
3'0
14'-5"
23'-1"
23'-11
9'-0"
28'-0"
4'-4"
8'-5" BASEMENT
GARAGE
31'-8"
2'-0"
17'-5
21'-3"
5'-4"
24'-8"
68'-8"
ROCK DRIVE
50'-0"
250'-0"
KRAMER CONSTRUCTION, INC.

Lincoln-Lancaster County Health Department

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

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

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

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

☒ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 601 E Hillcrest Drive

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 10N Range 7E Section 26 1/4 ___ 1/4 ___ Block 5 Lot 1 Addition Hillcrest Heights 3rd

Directions to Property 1/2 East of 84th to ANTHONY LANE, TURN South

Location of Well By bushes - SW corner of lot Tap Location: Inside ☐ Outside ☒

Location of Sewage System NW corner of lot Year Installed 1985

Site Hazards (dogs, etc.) ____

	NAME	ADDRESS	PHONE
Present Owner:	Chris Hagg	601 E. Hillcrest Lincoln	483-7302 202-8787
Tenant/Buyer:	Ted Butler	2804 Sheridan	
Return to:	Linda Wibbels	Woods Bros Realty 3237 S 37 68502	730-0203 434-3516 (Fax)

Signature of Applicant Linda Wibbels Address 3237 S 37 Lincoln 68502 Date 3/3/06

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 3/8/06 Amount $200.00 Check No. 3503 Initials ____

DATA ENTRY Date ____/____/____ Case No. ____ Initials ____

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 3/9/06

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 0.0 ppm	☐ ____ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits

Date ____/____/____ by ____

Date ____/____/____ by ____

Date ____/____/____ by ____

Comments: IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. NO EVIDENCE OF FAILURE. THE SEPTIC SYSTEM IS OF A TYPE THAT IS CONSIDERED EXPERIMENTAL HENCE APPROVAL IS PROVISIONAL. See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 3/13/06

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.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 9-00

Lincoln-Lancaster County Health Department

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

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

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

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

☑ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 601 East Hillcrest Drive

Parcel ID 17-26-205-0085-000 (i.e. 99-99-999-999-999)

Twp 10N Range 7E Section 26 1/4 ___ 1/4 ___ Block 5 Lot 1 Addition Hillcrest Heights

Directions to Property Take Hwy 34 (O Street) East of 84th St to Anthony Lane (approx 90th + O) Take Anthony Lane South to Hillcrest Drive, Fifth house on right

Location of Well 25ft from the SE corner of house Tap Location: Inside ☒ Outside ☐

Location of Sewage System 20ft FT from NW corner of house Year Installed 1985

Site Hazards (dogs, etc.) NONE

	NAME	ADDRESS	PHONE
Present Owner:	Chris + Claire Haag	601 East Hillcrest Dr Lincoln, NE 68520	402-202-8757
Tenant/Buyer:	Mohamed + Deb Dahab		
Return to:	CAPITOL TITLE	3901 SOUTH ST Lincoln, NE	434-2727 Fax 434-3736

Signature of Applicant [signature] Address 3211 Weaver Ln Lincoln 68506 Date 8/24/05

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 8/26/05 Amount $200.00 Check No. 8302 Initials TW

DATA ENTRY Date ___/___/___ Case No. ___ Initials ___

PRELIMINARY STATUS--By JERROLD HOOD **DATE:** 8/29/05

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.1 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IS NEEDED. SEWAGE IS OF AN EXPERIMENTAL VARIETY HENCE APPROVAL IS PROVISIONAL. THERE WAS NO EVIDENCE OF FAILURE. See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 8/30/05

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.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 9-00