CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 1284

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — October 3, 1978

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

Steven Petersen — 1927 South Street, Lincoln, NE

LICENSEE OR PERMITTEE — ADDRESS

T10N, R7E, Section 26, Bl 5, Lot 2, Addition Hillcrest Heights

NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
621-1995 110.15	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION
HEALTH

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

ORM 20103-0477
EQUEST 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: $ 30.00

FILE NO. 1384

DATE: 4/3/78

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 2 : Addition HILLCREST HEIGHTS
   Street Address 649 HILLCREST DRIVE

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.

Steven Peterson
Signature of Applicant (Owner or Lessee)

1921 SOUTH ST LINCOLN NB.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/3/78. Date Frwd. 4/4/78. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Head

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 4/4/78. Date Frwd. 4/4/78. ACTION: Approved ☒ Disapproved ☐ Signature: Guy A. Sherwood

3. City ~~or County~~ Engineer: Date Rec'd. 4-4-78. Date Frwd. 4-4-78. ACTION: Approved ☒ Disapproved ☐ Signature: M Emig

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5-17-78 by: jw
Date: 5-18-78 by: jw
Date: 5-19-78 by: jw

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-25-78 By: James Wevelka

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
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B

649 Hillcrest

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PROPERTY WHERE SOIL TESTED:

Location: Township 10N ; Range 7E ; Section & ¼ Section 26.
Property Dimensions: 245 ft. x 157 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: 1 APRIL 78 to 2 APRIL 78. Weather: Precip. _____ Temp. 60°.

OWNER: STEVEN J. PETERSEN

Address: 1927 SOUTH ST.

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"	4/1/78	1:15	4/1/78	7:35	4/2/78	1:24	27¼	1:54	27¾	30	½"	60/IN
2	36						1:28	28½	2:58	29⅛	30	5/8	48/IN
3	36						1:30	27	2:02	28⅛	32	1⅛	28/IN
4	36						1:31	26¾	2:03	28	31	1¼	24/IN
5	36						1:41	27⅜	2:57	28⅛	30	3/4"	40/IN
6	36	↓	↓	↓	↓	↓	1:56	27¼	2:27	28¼	31	1"	30/IN

Steven J. Petersen
Signature of Person Conducting Test

Address 1927 SOUTH ST. Phone 435-8128

Sum of Percolation Rates: 230
Average of Rates: 38.3
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): Pharpsburg Silty Clay Loam

Date: April 3, 1978

Approved Percolation Rate (a)
A. 34 min./inch
B. _____ min./inch
C. _____ min./inch

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 ☐

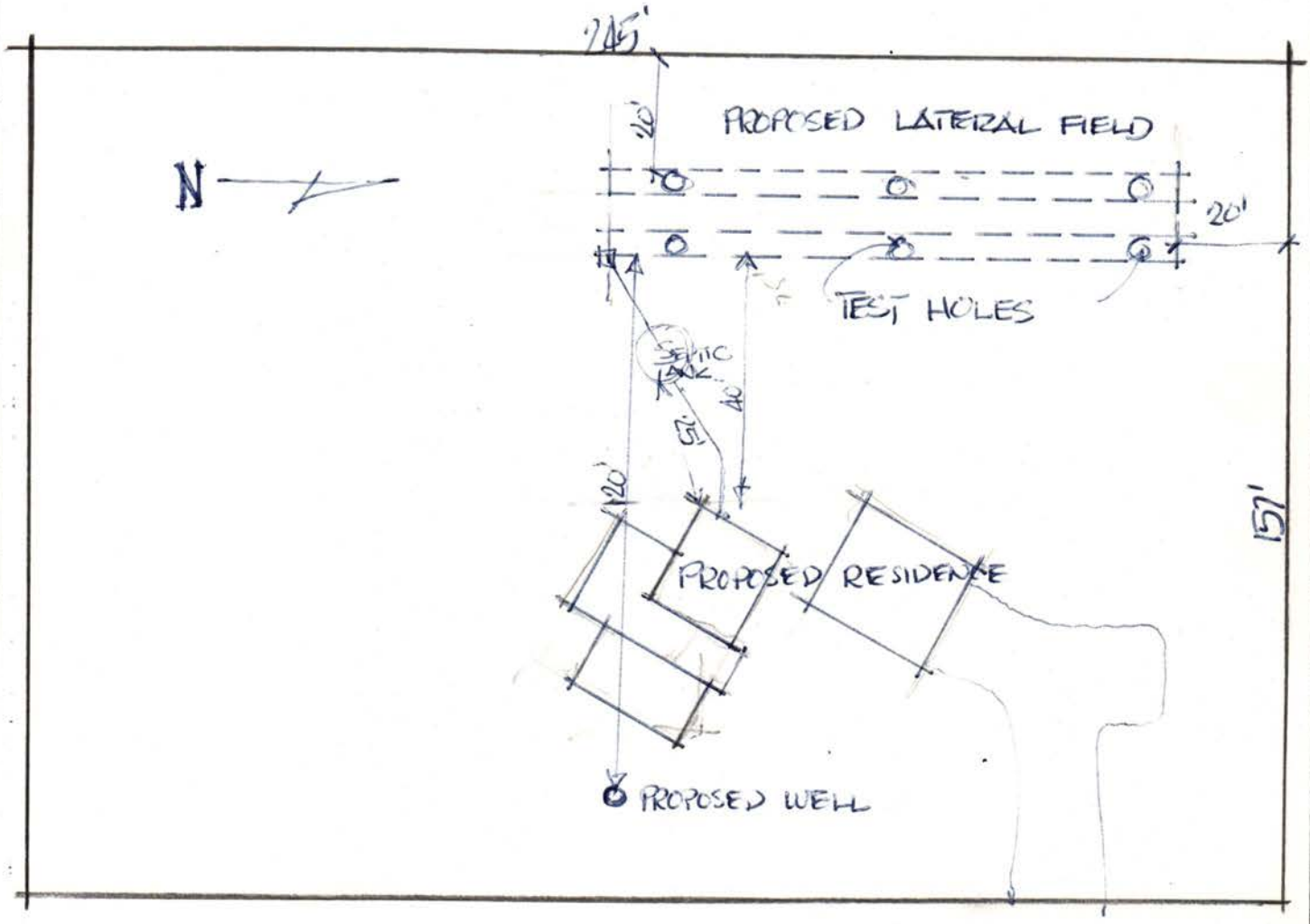
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

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



REVIEWING ACTION

Remarks: _____

Date: April 3, 1978

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 798 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

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: 474-1541

D

DATE: 5/18/78

FILE NO. _____

Steve Peterson
649 Hickory Rd
Lincoln Ne.

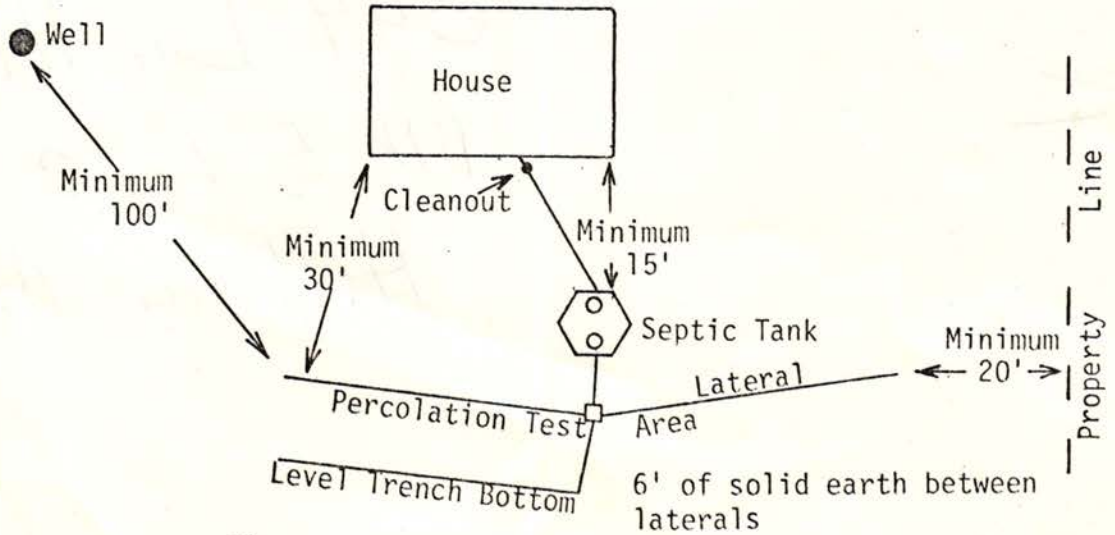
SPECIFICATIONS AS BUILT

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

B. SEPTIC TANK:
1. Material _____; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Core a Glas)
4. Manholes: Over Inlet; diam. 12 in.
Over Outlet; diam. 8 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 32 in.
8. Distances to:
Well or Suction Line 100 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 50 ft.

C. DISTRIBUTION BOX:
1. Material plastic; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 5 ft.

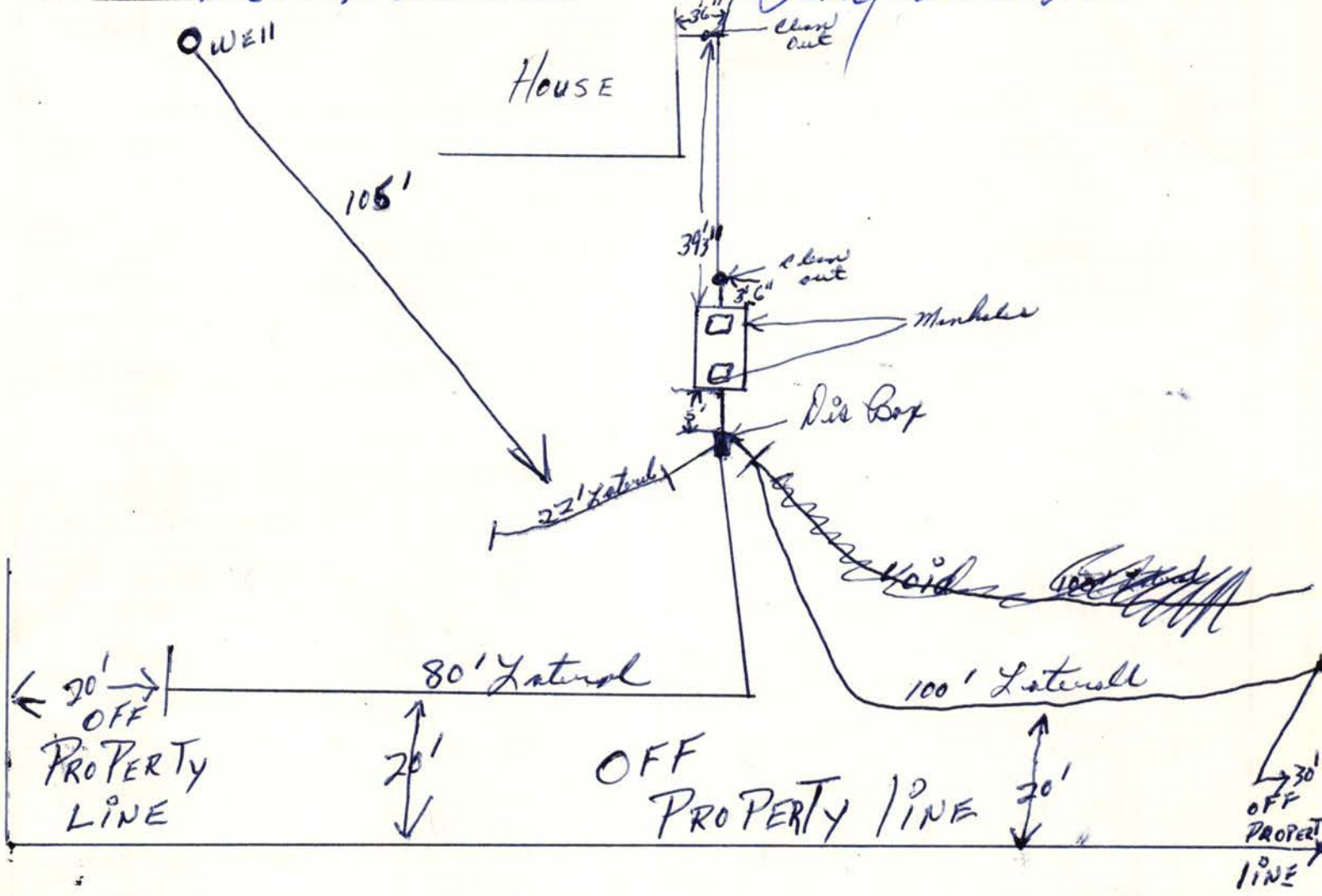
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☐
Diameter of Half Round 12" or Perforated Pipe _____.
Material: fiberglass ☒ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 3 ; Length of each line 100, 80, 22, _____, _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines 30 ft.
3. Trench dimensions: Width 4 ft.;
Slope 4 in/100 ft.; Average Depth 42 in.
4. Filter Material: read gravel
Depth of Material 16 in.
5. Distances to:
Well or Suction Line 105 ft.; Stream _____ ft.; Pressure Line _____ ft.: Property Line 20 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 5-28-78 INSTALLER Ramon Gillen



649 East Hillcrest

Blk 5 Lot 2

Hillcrest Heights