Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR-EXTEND DRAINAGE FIELDS
SEPTIC TANK

Establishment

DAVE HURST
T10N R7E SEC 26
HILLCREST HGTS BLK 5 LOT 4
702 ANTHONY LN

Permittee

DAVE HURST
1635 WAVERLY RD
GARLAND NE 68360

Permit # 01390070901

Issued 11/28/01
Expires 05/28/02
Revenue Code 3157

FEES: $100.00

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000279

Application to Alter, Extend or Repair an Individual Sewage Disposal System

☐ Municipal Code 24.38 ☐ County Resolution Number 2832

The undersigned hereby applies for a permit to: ☐ **ALTER** ☒ **EXTEND** ☐ **REPAIR** an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. **Legal description of property:**
   Township 10 N Range 7-E Section 26 1/4 Section _____
   Block 5 Lot 4 Addition Hillcrest Heights
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 702 Anthony Lane

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe _____

3. **Type of Present Individual Disposal System** ☒ septic tank ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** Add 4, 50ft Drainage Fields

5. **Work to be done by:** ☐ owner ☒ contractor's name Daves plumbing inc.

6. **Estimated project:**
   a. Repair, replace or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A "construction permit" is required if the use, operation, location, or type of the system is being change.

Print Name Dave Hurst Address 1635 Waverly Rd Phone 432-2865
Applicant Signature (owner or lessee) _____ Garland Nr. 68360

Please include the permit fee ($100) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

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HEALTH DEPARTMENT USE ONLY

Date received 11/28/01 REVIEW: ☒ Approved ☐ Disapproved By: _____

Site visits
Date 11/28/01 By _____
Date 11/29/01 By _____
Date ____/____/____ By _____

Installation final written approval
Date 12/14/01 By _____

Return application to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Business Office Use Only
Received: Date: 11/28/01 Amount 100.00 Check No. 5485 Initials _____

White - Division Copy Pink - Business Office Revised 9/00

Kirk Gowell 702 Anthony Lane

As Built Drawing

Official Survey Record

LANCASTER County, Nebraska

ALLIED SURVEYING AND MAPPING
LAND SURVEYORS
4830 South 44th Street - Lincoln, Nebraska 68516 Telephone 481-5008

Sheet 1 of 1

Survey of Lot 4, Block 5 Hillcrest Heights

Section 26 T 10 N, R 7 E of the 6th P.M.

Job No. 5472 F. B. No. N.A. Date April, 1985

Indicate North with Arrow

Found Iron Pipe

1520' Plat
1527.23' Meas.

Found Iron Pipe, Set 1/2" Rebar over Pipe

Septic Tank Depth 24" To Top

Field Depth 24" To Top

Field Width 36"

4 50 Ft lines extend system

Distribution Boxes

BLOCK (5)

Distribution Box

Lot 4

ANTHONY LANE

25'

10'

15'

65'

100'

Found Iron Pipe

Found Iron Pipe

Pipe 100' ?

2650' Plat
2650.88' Meas.

Scale: 1" = 50'

Approximate Scale: _____ ft. = _____ grid line/s

FILE #2250

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

MARCH 5, 1986 — THIS LICENSE OR PERMIT EXPIRES

WILLIAM B. CARROLL 2701 NO. 27 STREET P.O. BOX 30575 LINCOLN, NE 68503 — LICENSEE OR PERMITTEE / ADDRESS

TWN: R7E: Sec 26: Bk 5: Lot 4: Hillcrest Heights; 702 Anthony Lane — 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. 2250

DATE: 9-3-85

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 4 : Addition Hill Crest Heights
   Street Address 702 Anthony Lane

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

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

4. Distance to public sewer: ——— ft.

William B Carroll
Signature of Applicant (Owner or Lessee)

P.O. Box 30575 Lincoln NE 68503
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/4/85. Date Frwd. 9/6/85. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9/6/85. Date Frwd. 9/6/85. ACTION: Approved ☒ Disapproved ☐ Signature: Gary M. Hanwood

3. City or County Engineer : Date Rec'd. 9-6-85. Date Frwd. 9-6-85. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL ~~WELL PERMIT NOT RECIEVED YET~~

Site Visits:
Date: ——— by: ———
Date: ——— by: ———
Date: ——— by: ———

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: ——— By: ———

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:

Location: Township ~~26~~ 10N; Range ~~6~~ 7E; Section & ¼ Section ~~4~~ 36.
Property Dimensions: 219 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: Oct 24 to Oct 25. Weather: Precip. _____ Temp. 60°.

OWNER: Bill Carroll
Address: 702 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	36"	10-24	9: AM	10-25	1: pm	10-25	1: pm	6"	1:30	~~2~~ 3 1/4	30m	3 1/4	
2	36"	10-24	"	"	"	"	"	6"	"	5 1/8	"	7/8	
3	36"	10-24	"	"	"	"	"	6"	"	5 3/4	"	1/4	
4	36"	10-24	"	"	"	"	"	6"	"	5 3/4	"	1/4	
5	36"	10-24	"	"	"	"	"	6"	"	5 3/4	"	1/4	
6	36"	10-24	"	"	"	"	"	6"	"	4 1/4	"	1 3/4	

Eugene W Carroll
Signature of Person Conducting Test
Address P.O. Box 30575 Lincoln Phone 483-5411

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Reworked soil
Date: November 7, 1985

Approved Percolation Rate (a)
A. 27 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

Gene Carroll 435-3291

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:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: 1½ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐; Silt Loam ☐; Clay Loam ☒.
Dates of Tests: 6-19-85 to 6-20-85. Weather: Precip. 0 Temp. 85°.

OWNER: Bill Carroll

Address: 2701 N 27

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"	6-19	7:30 pm	6-20	5:20 pm	6-20	5:20 pm	6"	6:50 pm	5 7/8"	30m	1/8"	
2	36"	6-19	7:30 pm	6-20	5:20 pm	6-20	5:20 pm	6"	6:50 pm	5 7/8"	30m	1/8"	
3	36"	6-19	7:30 pm	6-20	5:20 pm	6-20	5:20 pm	6"	6:50 pm	5 7/8"	30m	1/8"	
4	36"	6-19	7:30 pm	6-20	5:20 pm	6-20	5:20 pm	6"	6:50 pm	5 3/8"	30m	5/8"	
5	36"	6-19	7:30 pm	6-20	5:20 pm	6-20	5:20 pm	6"	6:50 pm	5 3/8"	30m	5/8"	
6	36"	6-19	7:30 pm	6-20	5:20 pm	6-20	5:20 pm	6"	6:50 pm	5 3/4"	30m	1/4"	

William M. Hoogland
Signature of Person Conducting Test

Address 2701 N 27th Lot 22 Phone 464-0638

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

(Do not write below this line)

REVIEWING ACTION

Remarks: Too slow for conventional septic
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. 96 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 ☐

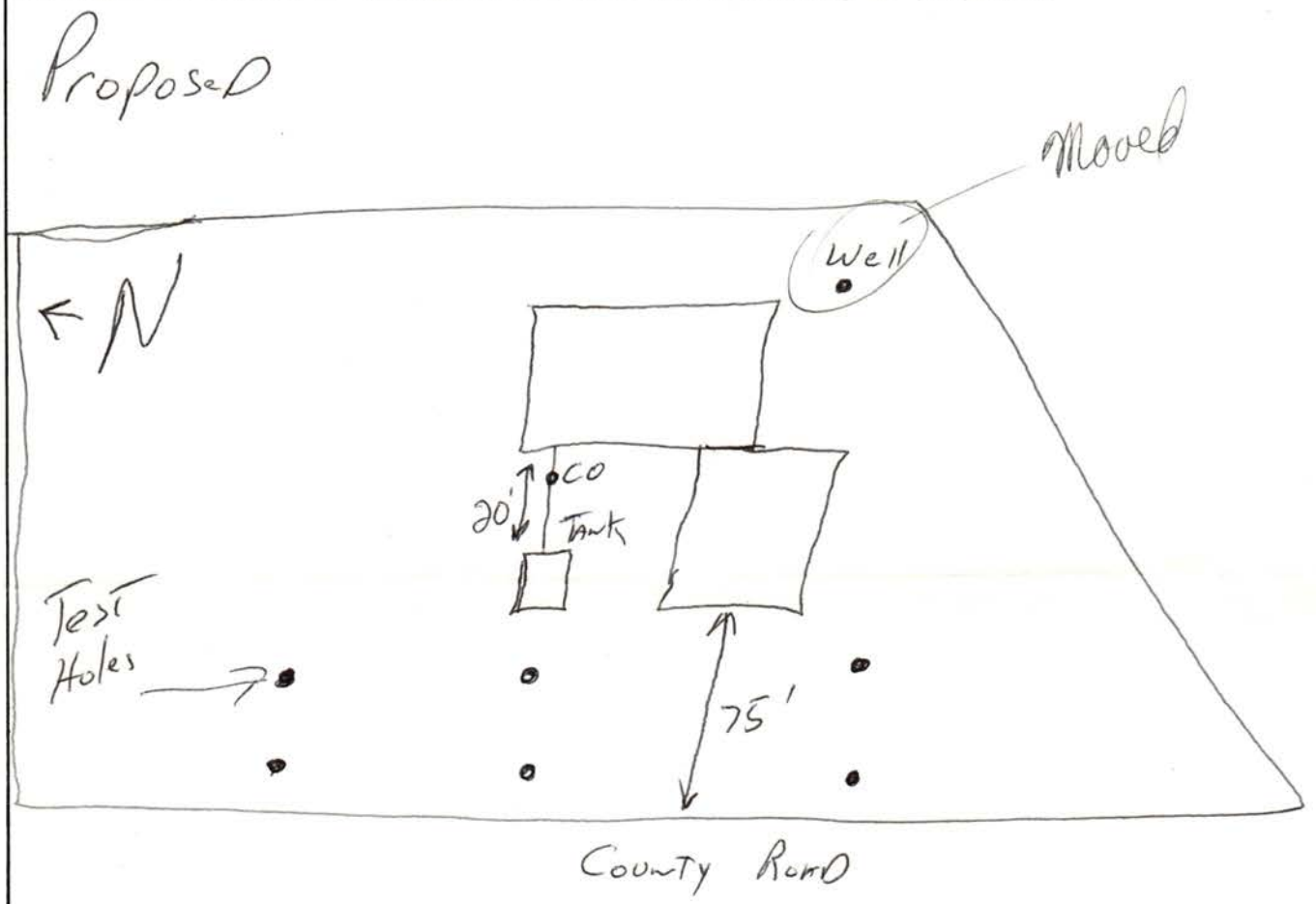
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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: November 7, 1985

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 238 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

Bill Carroll 702 Anthony Lane

Official Survey Record

RECD JAN 10 1986

LANCASTER County, Nebraska

ALLIED SURVEYING AND MAPPING
LAND SURVEYORS
4830 South 44th Street - Lincoln, Nebraska 68516
Telephone 483-5008

Sheet 1 of 1

rvey of Lot 4, Block 5 Hillcrest Heights

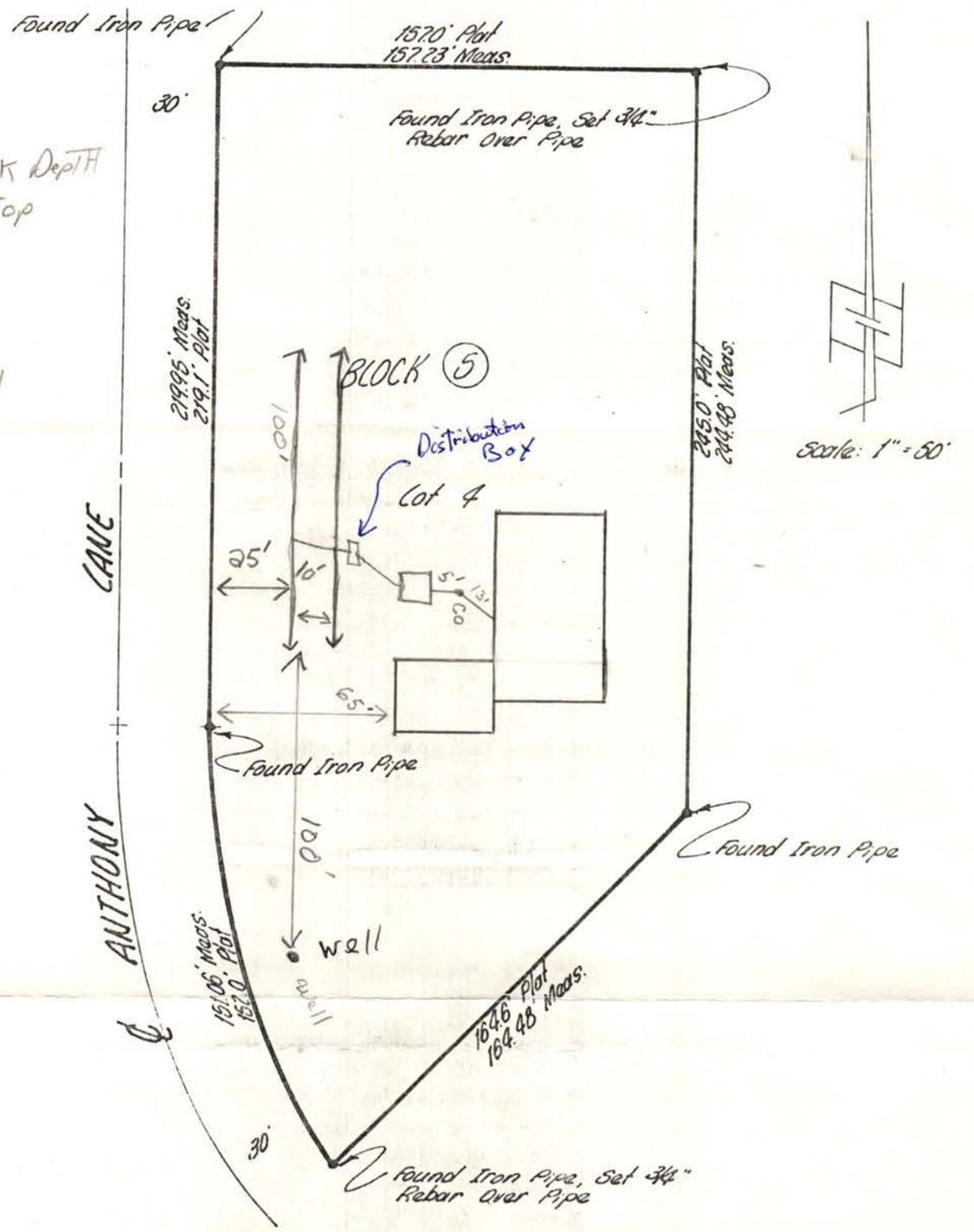
Section 26 T 10 N, R 7 E of the 6th P.M.

ob No. 5472 F. B. No. N.A. Date April, 1985

Septic Tank Depth
24" To Top

Field Depth
24" To Top

Field Width
36"



Scale: 1" = 50'

Set 3/4" X 22" Rebar as shown

● = Monuments Found As shown

SURVEYORS CERTIFICATE

ereby certify that I have accurately veyed the property in the above plat. Rebar were set at points marked O. dimensions are in feet and decimals foot.

Signed this 29th day of April, 1985

NAME Kerry W. Simonds

Surveyor's License Nebraska L.S. 333

NEBRASKA REGISTERED KERRY W. SIMONDS 333 LAND SURVEYOR SEAL KERRY W. SIMONDS