FILE NO. 1091

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

December 28, 1977
THIS LICENSE OR PERMIT EXPIRES

George H. Schappaugh
LICENSEE OR PERMITTEE

918 East Hillcrest Drive, Lincoln, NE
ADDRESS

T10N; R7E; Section E.½ of 26; Block 6; Lot 4; Hillcrest Heights
NAME OF ESTABLISHMENT, IF ANY

(918 East Hillcrest Drive)
ADDRESS

REMARKS: NON-TRANSFERABLE

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

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624-1535	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
46031	JN 28 77	30.00

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

Health APPLICATION

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

FORM HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 1091

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 27 JUNE 1977

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 10 N ; Range 7 E ; Section E. HALF 26
Block 6 ; Lot 4 ; Addition HILLCREST HEIGHTS
Street Address 918 EAST HILLCREST DRIVE

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

Other Use ☐
Describe:

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

4. Distance to public sewer: N/A ft.

George W Schaffner
Signature of Applicant (Owner or Lessee)

918 EAST HILLCREST DRIVE, LINCOLN, NEBR
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 6/27/77. Date Frwd. 6/27/77. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 6/28/77. Date Frwd. 6/28/77. ACTION: Approved ☒ Disapproved ☐ Signature: Williamson

3. City or County Engineer: Date Rec'd. 6/28/77. Date Frwd. same. ACTION: Approved ☒ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 [X]
County Resolution No. 2832 [ ]

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1091

DATE: _____

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 10N ; Range 7E ; Section E. HALF 26 ; Block 6 ; Lot 4 ; Addition HILL CREST HEIGHTS .
Street Address _____.

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. of Bedrooms 2
Describe: _____
Other Use _____
Describe: _____

3. Type of Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Gene N Schimpf
Signature of Applicant (owner or lessee)

918 E HILLCREST DRIVE
Address LINCOLN, NEBR.

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; _____
Filing Fee: $ 30.00

2. Site Visits:
Date: 8/10/77 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ] 8/27/77
by: Jerrold C. Hood

4. INSTALLATION/FINAL WRITTEN APPROVAL
Date: 8/31/77 by: Jerrold C. Hood

FORM HD-43 (73) 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)

FILE NO. 1091

PROPERTY WHERE SOIL TESTED:
Location: Township 10 N : Range 7E
Section & ¼ Sect. E HALF 26 NE
Property Dimensions: 305 ft. x 194 ft. x 195 x 158
Area: 1 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ; Silty Clay Loam ; Sandy Loam
Silty Loam ; Clay Loam ; Sandy Clay

Owner: GEORGE & FLORENCE SCHAPPAUGH
Address: 918 EAST HILLCREST DRIVE LINCOLN, NEBR. 68510

Dates of Tests: 23 JUNE 1977 to 24 JUN 1977. Weather: Precip. ESTIMATED .03" DURING NIGHT 23-24 JUN Temp. 75°-80°

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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	35	JUN 23	615 PM	JUN 23	1100 PM	JUN 24	1030 AM	6"	1100 AM	4 7/8	30	1 1/8	
2	34	"	"	"	"	"	"	"	"	4 1/4	30	1 3/4	
3	36									3 7/8	30	2 3/8	
4	35									4	30	2	
5	34									4 1/4	30	1 3/4	
6	34		700 PM							3 1/2	30	2 1/2	
7	36									3 5/8	30	2 3/8	
8	35									3 3/8	30	2 5/8	
9	35									4 3/8	30	1 7/8	
10	34									4 3/4	30	1 1/4	
11	34						1030 AM	8"	1100 AM	5 1/2	30	1/2	
12	34						1030 AM	8"	1100 AM	5 1/2	30	1/2	

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

Gary N Schnapp
Signature of Person Conducting Test

Address 918 E HILLCREST DRIVE
Phone 466-2252

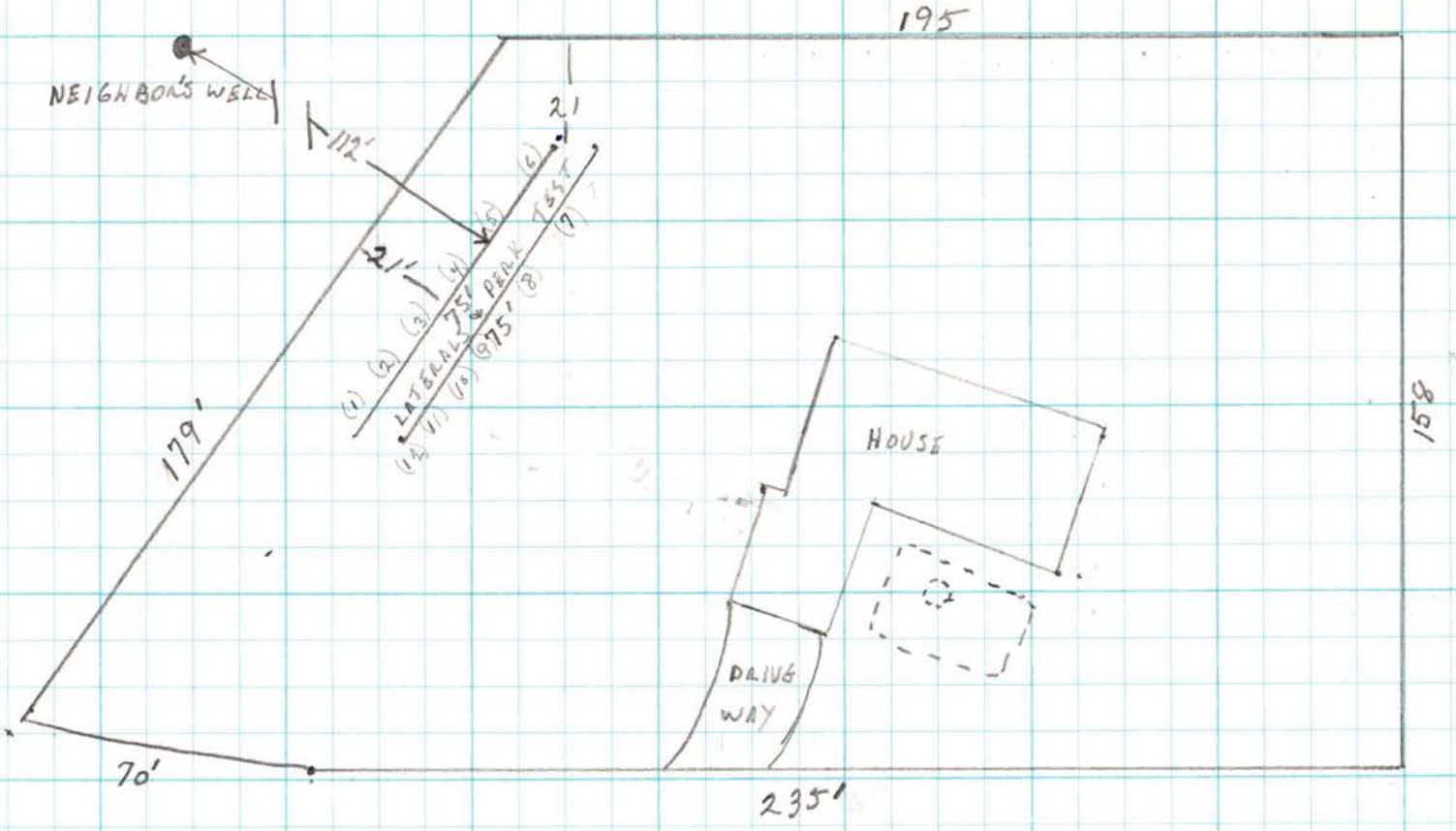
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REVIEWING ACTION

REMARKS: Sharpsburg silty clay loam (A.C.P.)
DATE: June 27, 1977

Approved Percolation Rate (a)
A. 18 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official



SCALE: 1/4" = 10'

GROUND SLOPES: EAST TO WEST MINUS 18" FOR 75'

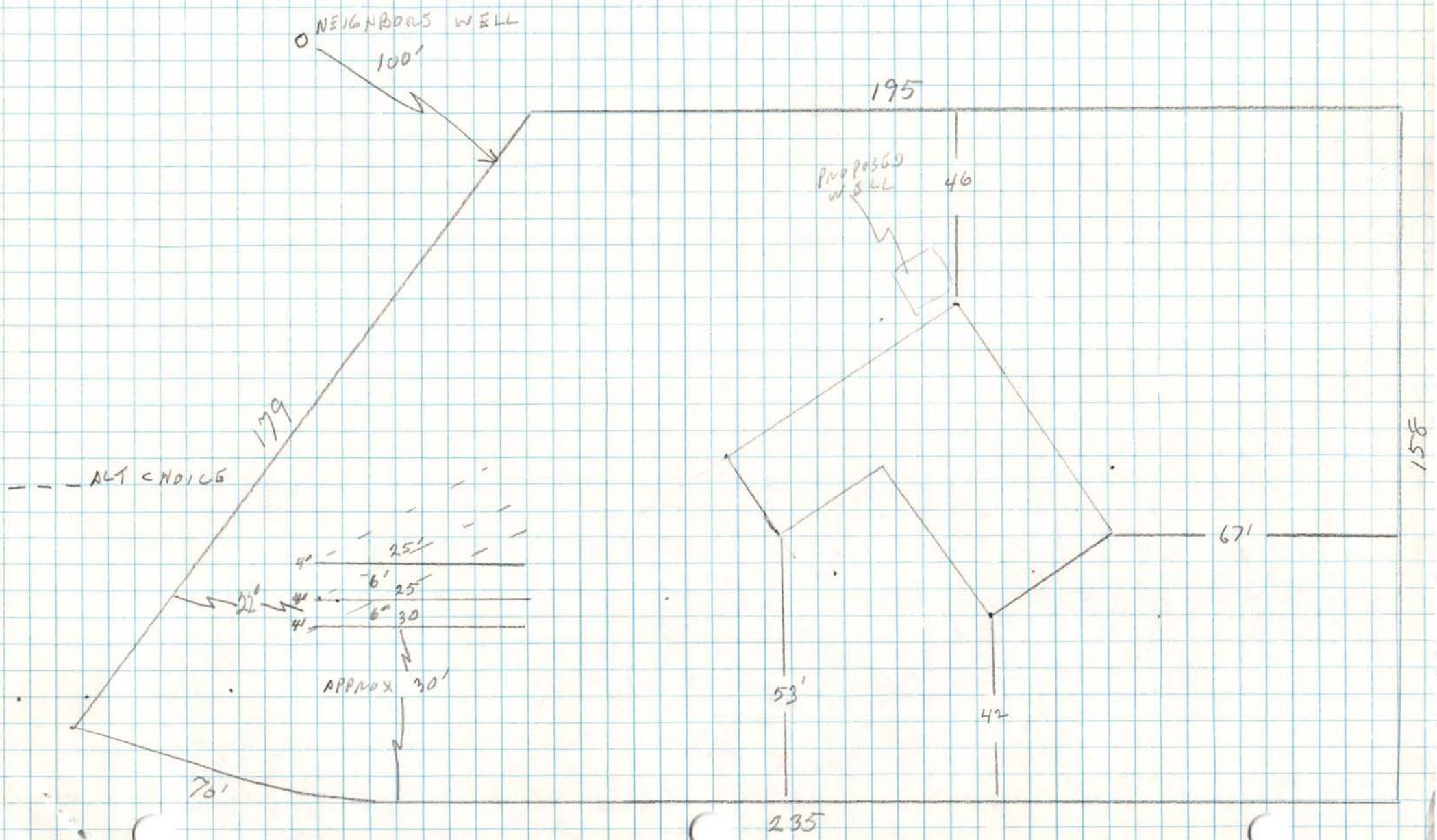
PROPOSED AREA FOR WELL

PROPERTY LINE

( ) PERK TEST HOLES 12' APART

GEORGE SCHÄPPAUGH
918 HILLCREST DRIVE
LOT 4 BLOCK 6 HILLCREST HEIGHTS DIVISION

New Plat this Date July 1, 1977



FORM HD- 45(73) PLANS & SPECIFICATIONS
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: 475-6221)

FILE NO. 1091

SPECIFICATIONS

DATE: _____

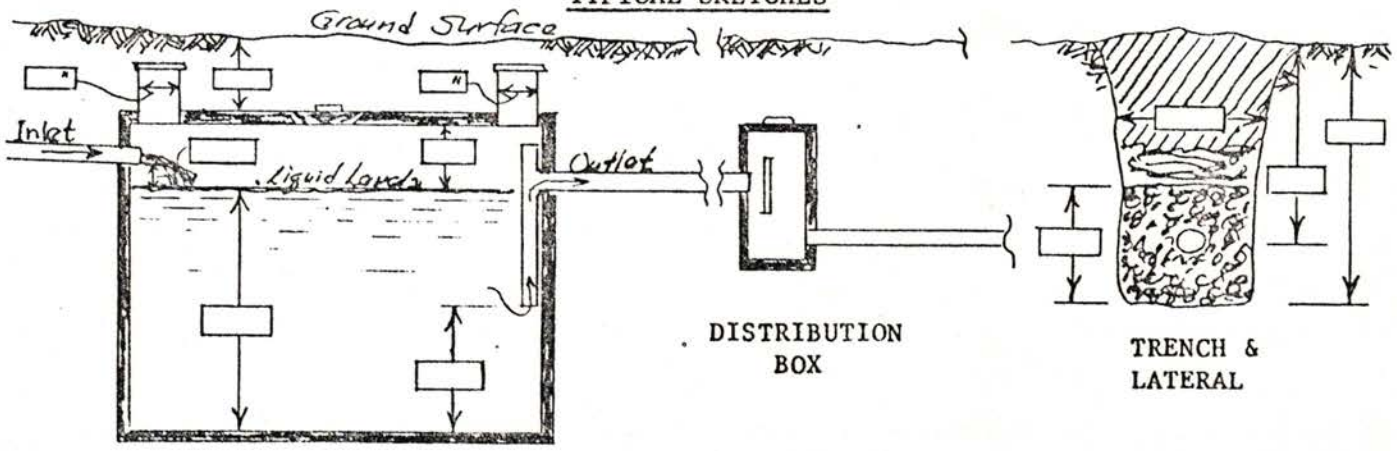
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☐ (Company _____)
No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ___in.
Below Grade _____in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☐
Depth of outlet below inlet ___in.
7. Depth of top of tank below finished grade ____in.
8. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

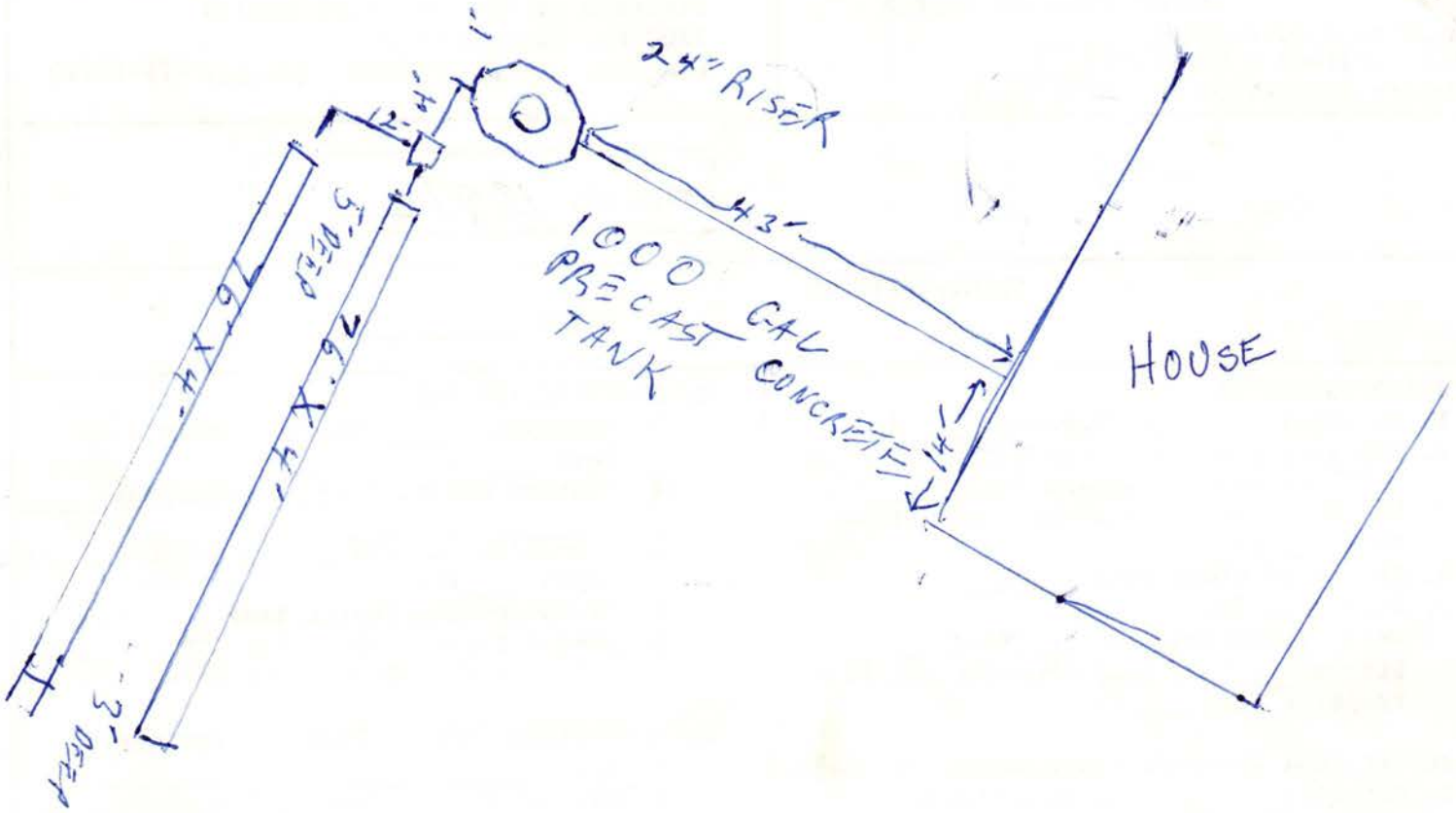
C. DISTRIBUTION BOX
1. Material _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____) No ☐
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade ___in. Number ____; Length of each line ___ft Total length of Laterals 152.35 ft.; Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width 48 in.
4. Filter Material: _____.
Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



_____
Signature of Applicant



Norm Berglund

Aug 15 - 77

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

JUN 0 5 2002

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 918 E. Hillcrest Dr

Twp 10N Range 7E Section 26 1/4 ___ 1/4 ___ Block 6 Lot 4 Addition Hillcrest Heights

Directions to Property East on "O" to Anthony Ln South to Hillcrest Drive

Location of Well Face house look to right Yard Corner Tap Location: Inside ☐ Outside ☐

Location of Sewage System Lateral Field, north side of house, under Plowering Crab tree. Year Installed 1977

	NAME	ADDRESS	PHONE
Present Owner:	Cheryl Beamer	918 E. Hillcrest Dr	
Tenant/Buyer:	J. Kent Stadler	5200 Kingston Ct Lincoln Ne 68516	486-1420
Return to:	J. Kent Stadler		

Signature of Applicant Kent Stadler for Buyer Address 2855 So 70th Lincoln Ne 68506 Date ___/___/___

HEALTH DEPARTMENT USE ONLY

Date Received 06/05/02 6/11/02 Received $150.00 Check ☑ #16117 Cash ☐ rec'd $500 ck #16132 cw

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 6/6/02

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☒	Date___/___/___by___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date___/___/___by___
Nitrate	☒ 0.8 ppm	☐ ___ ppm	Disapproved ☐	Date___/___/___by___

Comments: UNDERGROUND SPRINKLERS OVER LATERAL FIELD. IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IS NEEDED. See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 6/11/02

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.

P20608-16

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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 918 East Hillcrest

Twp 10N Range 7E Section 26 1/4 ___ 1/4 ___ Block 6 Lot 4 Addition Hillcrest Heights

Directions to Property EAST OF 84th + "O" TO ANTHONY LANE, SOUTH TO E. HILLCREST DRIVE

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Frank + Sally A. Smith	918 Hillcrest Drive Lincoln, NE 68520	402-489-4411
Tenant/Buyer:	Cheryl Tillery Beamer	4540 Oakridge Circle Lincoln NE 68506	402-488-0302
Return to:	DICK HATTON-REALTOR	HOME REAL ESTATE 225 NO. COTNER BLVD	402-436-3284

Signature of Applicant Cheryl Tillery Beamer Address 4540 OAKRIDGE CIR LINCOLN, NE 68506 Date 5/9/95

HEALTH DEPARTMENT USE ONLY

Date Received 5/10/95 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 5/11/95

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 0.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: _____

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 5/16/95

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.

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Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 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 918 E. Hillcrest Dr.

Twp 10N Range 7E Section 26 1/4 ___ 1/4 ___ Block 6 Lot 4 Addition Hillcrest Heights

Directions to Property "O" St to ANTHONY LANE –

LISTING AGENT IF Needed - GIB ELEY - 483-4741

Location of Well K Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Elizabeth Olson	918 E. Hillcrest Dr. Lincoln, NE 68520	488-3224
Tenant/Buyer:			
Return to: original -	Nebraska Title - Rhonda	5635 "O" St 101 68510	
copy -	Woods Bros - Gib Eley	7141 A - 68510	
copy -	Remax - Pam Fegley	6940 "O" Ste 300 68510	

Signature of Applicant Alyson Pass for Sally Smith Address 8001 LAKEST LINCOLN, NE. Date 6/22/94

HEALTH DEPARTMENT USE ONLY

Date Received 6/22/94 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold Wood **DATE:** 6/23/94

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☒	Date___/___/___by___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date___/___/___by___
Nitrate	☒ 0.3 ppm	☐ ___ ppm	Disapproved ☐	Date___/___/___by___

Comments: ___

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Wood R.E.H.S. Date 6/28/94

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.

+ Gary Nelson 483-1878 423-4323 006

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 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 918 E Hillcrest Dr

Twp 10N Range 7E Section 26 1/4 ___ 1/4 ___ Block 6 Lot 4 Addition HILLCREST HEIGHTS

Directions to Property Hwy 77 N.E. - 2 miles to Roca, go E 6 miles to Hillcrest. (across from SE. College)

Location of Well ___ Tap Location: Inside ☐ Outside ☑

Location of Sewage System N. side in yard Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Elizabeth A Olson		(402) 483-3224
Tenant/Buyer:			
Return to:	Colfax County Judicial Services ATTN Karen Hart	770 N. Cotner (105)	

Signature of Applicant Elizabeth Olson Address 918 E Hillcrest Date 7/8/93

HEALTH DEPARTMENT USE ONLY 1 Mod 6 NBC

Date Received 11/9/93 Received $150.00 Check ☐ Cash ☐

PRELIMINARY STATUS--By PAUL DROTZMANN **DATE:** 11/15/93

WATER SYSTEM:	Approved	Disapproved
Construction 12-14-93	☑	☒
Bacteria	☑ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.3 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date 12/3/93 by PD

Date 12/14/93 by PD

Date ___/___/___ by ___

Comments: Electrical conduit broken at well casing. Septic tank should be pumped if not done in past two years

12-14-93 Electrical conduit repaired - P.D. See Attached Letter ☐

FINAL STATUS

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

Approved by Paul Drotzmann Date 12/17/93

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.

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