FILE NO. 635

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE DISPOSAL SYSTEM — TYPE OF LICENSE OR PERMIT

December 4, 1975 — THIS LICENSE OR PERMIT EXPIRES

Donald G. Erway — LICENSEE OR PERMITTEE

1200 Wells Ct. #5 — ADDRESS

TION: RZF: Sec. 26-S½: Bl. 7: Lot 7: Hillcrest Heights Add. — 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
110.15	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
624-1535		

APPLICATION

37125 MAR 75 30.00 -

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

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. 635

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

DATE: 6-2-75

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. 10N ; Range 7E ; Section 26, S½
   Block 7 ; Lot 7 ; Addition Hillcrest Heights
   Street Address 1000 Anthony Lane

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: ft.

Donald D. Erway
Signature of Applicant (Owner or Lessee)

1200 Wells Ct. #5
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. June-4-75 . Date Frwd. . ACTION: Approved ☐ Disapproved ☒ Signature: Ronald Morgan

2. Supt. Bldg. Insp.: Date Rec'd. . Date Frwd. . ACTION: Approved ☐ Disapproved ☒ Signature: Grant Kilpatrick

3. City or County Engineer: Date Rec'd. . Date Frwd. 6-20-75 . 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._____

DATE: June-4-75

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 26, S½ ; Block 7 ; Lot 7 ; Addition Hillcrest 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).

Ronald D. Elway
Signature of Applicant (owner or lessee)

1200 Wells Ct. #5
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; June-4-75
Filing Fee: $ 30.00 .

2. Site Visits:
Date: 5/4/76 by: L.C.H.
Date:_____ by:_____
Date:_____ by:_____

3. Date: Approved [X]; Disapproved [ ]
by: Ronald Mayeux

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/4/76 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 475-6221)

FILE NO. _____

PROPERTY WHERE SOIL TESTED:
Location: Township 10N; Range 7E
Section & ¼ Sect. 26
Property Dimensions: ___ ft. x ___ ft. (See sketch)
Area: 1/4 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☒; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: Donald G. Erway
Address 1000 Anthony Lane

Dates of Tests: 5-24-75 to 5-25-75. Weather: Precip. 0 Temp. 70° F

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				
Hole 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	36"	5-24	11:00A	5-25	5:00P	5-25	5:00P	6"	5:30P	4"	30	2	15
2	36	5-24	11:00 A	5-25	5:00 P	5-25	5:00 P	6"	5:30P	4¼"	30	1¾	17.1
3	36	5-24	11:00 A	5-25	5:00P	5-25	5:02P	6"	5:32P	3¾"	30	2¼	13.3
4	36	5-24	11:00 A	5-25	5:00P	5-25	5:02P	6"	5:32P	4¼"	30	1¾	17.1
5	36	5-24	11:00 A	5-25	5:00P	5-25	5:04P	6"	5:34P	4"	30	2	15
6	36	5-24	11:00 A	5-25	5:00P	5-25	5:04P	6"	5:34P	3¾"	30	2¼	13.3

Sum of Percolation Rates 90.8
Average of Rates:
Mean of Rates:

Donald G. Erway
Signature of Person Conducting Test

Address 1200 Wells Ct. #5
Phone: 467-1242

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 15 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: June-4-75

Ronald Magnuson
Signature of Reviewing Official

2 bedroom - 750 gal tank
3 bedroom - 1000 gal tank

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. _____

SPECIFICATIONS

DATE: June-4-75

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.

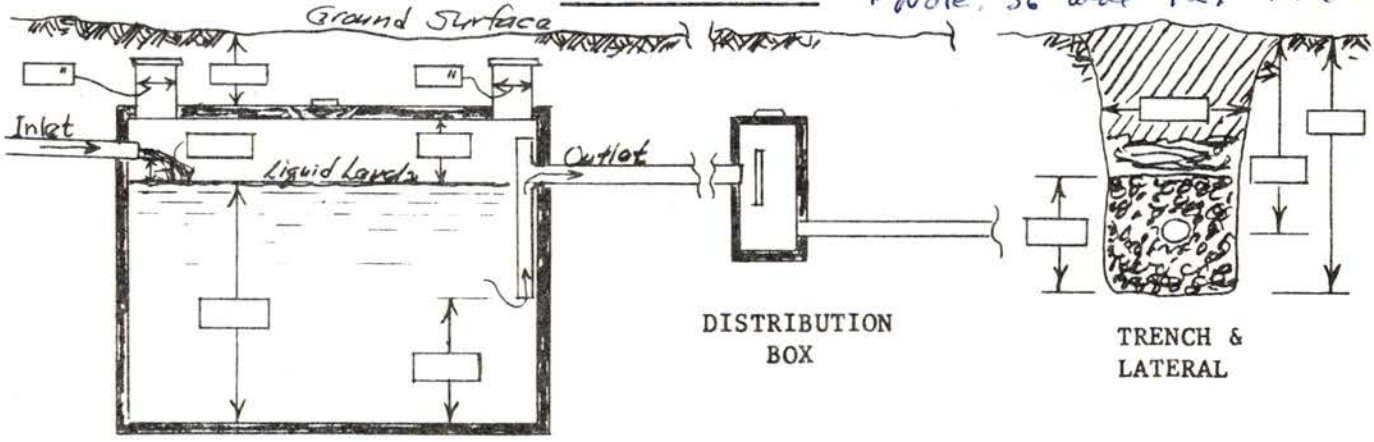
B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity 750 gals.; Liquid depth ____in.
3. Factory Built: Yes ☐ (Company _____)
No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ___in.
Below Grade _____in.
5. Inlet: Baffle ☐; or Tee ☐
6. 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.)

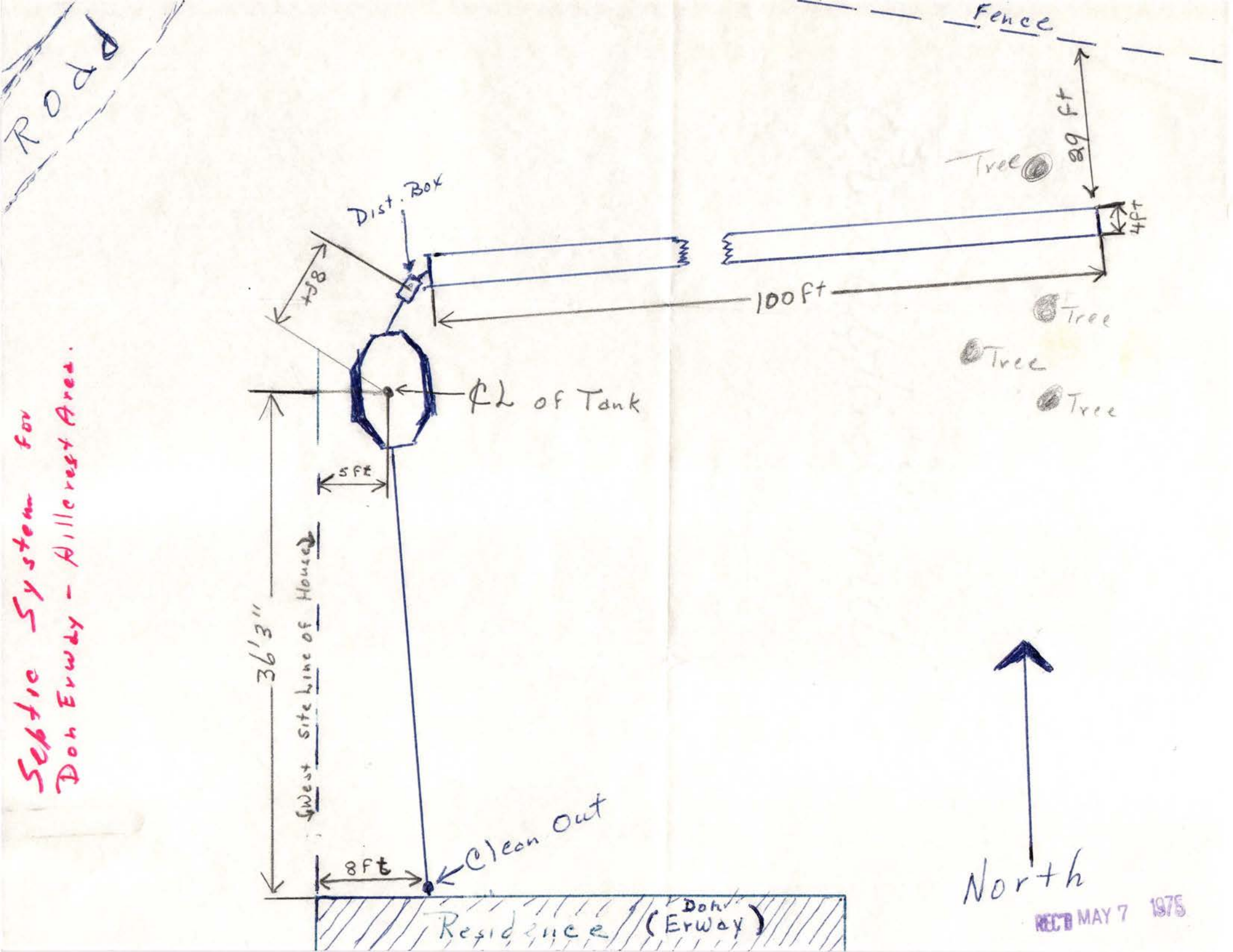
D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade __in. Number ____; Length of each line ___ft Total length of Laterals 95 ft*; Slope Level in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____
Distance 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

* Note: 36" wide 127' total length



_____
Signature of Applicant

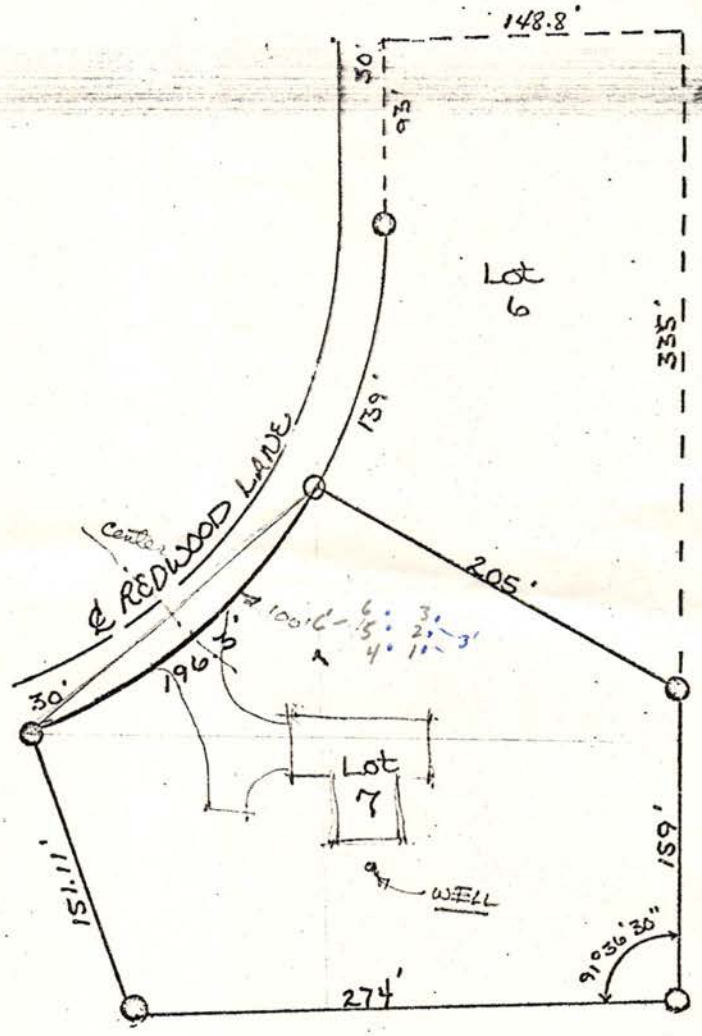


Septic System for
Don Erway - Hillcrest Area.

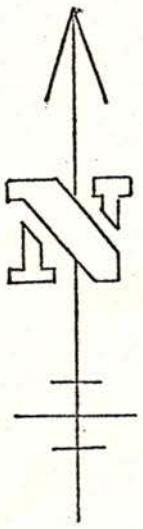
RECD MAY 7 1975

Survey of: Lot 7, Block 7, Hillcrest Heights,

S½ Section 26, T 10 N, R 7 E of 6th P.M.



Scale: 1" = 100'
Cor found ○
Cor Estab. ○



I, being a registered land surveyor in the State of Nebraska, hereby certify that I have carefully surveyed the said tract and that the

005

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 $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 1000 Anthony Lane Lincoln Ne
Twp 10N Range 7E Section 26 1/4 ___ 1/4 ___ Block 7 Lot 7 Addition Hillcrest Heights
Directions to Property E "O" st South to Anthony Near Hillcrest country Club.
Location of Well South of house Tap Location: Inside ☐ Outside ☒
Location of Sewage System North of house Year Installed 1977

	NAME	ADDRESS	PHONE
Present Owner:	Don + Neva Erway		
Tenant/Buyer:	Roberta Lynn Woody	1130 S.W 10th Circle, Lincoln, Ne 68522	477-7783
Return to:	Buyer		

Signature of Applicant Roberta L. Woody (Request from Moda Jarde) Address 1130 S.W. 10th Circle Lincoln, Ne 68522 Date 14/Aug/96

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 8/15/96
Initials T.C.H.
Amount $150.00
Check No. 818

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 8/16/96

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒ Corrected
Bacteria	☐ ___/ml	☐ ___/ml
Nitrate	☒ 0.3 ppm	☐ ___ppm

SEWAGE SYSTEM
Approved ☒
Provisional ☐
Disapproved ☐

Additional Site Visits
Date 8/26/96 by JCH
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: IF SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. WELL SITS IN A SLIGHT DEPRESSION, BY THE TIME IT IS FILLED IN, TOP OF WELL WILL BE TOO CLOSE TO THE GROUND. See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 8/29/96

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: 10-95