LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 95390045201

Issued 07/13/95
Expires 01/13/96
Revenue Code 18754

Establishment
B & J PARTNERSHIP
T[illegible]N R7E SEC 26
HILLCREST HEIGHTS BLK 7 LOT 9

FEES: $50.00

TOTAL $50.00

Permittee
B & J PARTNERSHIP
300 VAN DORN ST
LINCOLN NE 68502

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

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

FILE NO._____

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

DATE: 12 July 95

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or 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: 1480 East Hillcrest DR. Twp. 10N; Range 7E; Section 26;
Block 7; Lot 9; Addition HILLCREST HEIGHTS
Street Address _____

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

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

4. Description of proposed alteration, extension or repair: Add 100 ft 9ft Wide Lateral

5. Work to be done by: Owner ☐; or Contractor ☒, Loewer Const.
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	over $400

B & J Partnership By [illegible]
Signature of Applicant (owner or lessee)

300 Van Dorn Pkwy Lincoln, NE.
Address

(Do not write below this line)

REVIEWING ACTION

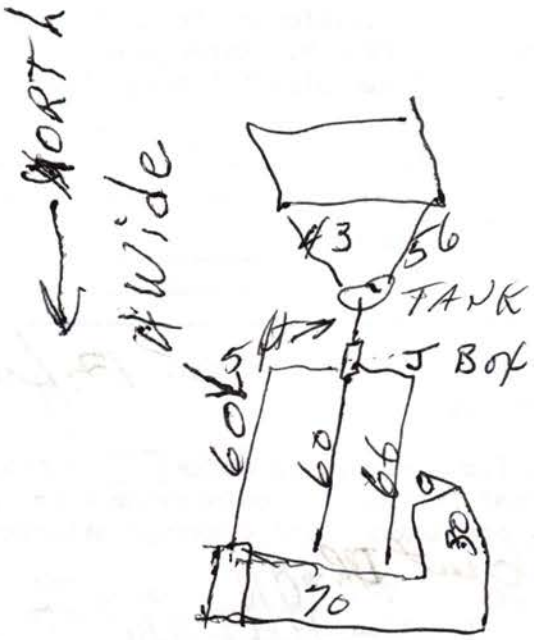
1. Date Rec'd: 7/12/95
Filing Fee: $ 50.00

2. Site Visits:
Date: 7/12/95 by: J.C.H. Need to remove water line.
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL ☒
Date: 7/19/95 by: J. C. Hood

* EXPERIMENTAL SYSTEM



Concrete tank + Box

FILE NO. 1139

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

February 15, 1978
THIS LICENSE OR PERMIT EXPIRES

Hal Kennedy
LICENSEE OR PERMITTEE

230 Redwood Lane, Lincoln, NE
ADDRESS

T10N, R7E, Section 26, Block 7, Lot 9, 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
624-1535	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
46727	M 15 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. 1139

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

DATE: _____

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
Block 7 ; Lot 9 ; Addition HILLCREST HEIGHTS
Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐
No. of Bedrooms 3 .
Describe: _____
Other Use ☐
Describe: _____

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

4. Distance to public sewer: _____ ft.

Jed W Kennedy
Signature of Applicant (Owner or Lessee)

230 Redwood Lane
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 8/15/77 . ACTION: Approved ☒ Disapproved ☐
Date Frwd. 8/15/77 . Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 8-15-77 . ACTION: Approved ☒ Disapproved ☐
Date Frwd. 8-15-77 . Signature: Multiparcery

3. City or County Engineer : Date Rec'd. 8/15/77 . ACTION: Approved ☒ Disapproved ☐
Date Frwd. 8/15/77 . Signature: Jeff M

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. 1139

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 26 ; Block 7 ; Lot 9 ; Addition HILLCREST HEIGHTS.
Street Address _____.

2. Property Use: Residential _____ [X] Commercial _____ [ ]
No. of Bedrooms 3
Describe: _____
Other Use _____
Describe: _____

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

Hal W Kennedy
Signature of Applicant (owner or lessee)

230 Redwood Lane
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 4-26-78 by: jw
Date: _____ by: _____
Date: _____ by: _____

3. Date: 8/15/78 Approved [X]; Disapproved [ ]
by: Jerold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ by: _____

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. 1139

PROPERTY WHERE SOIL TESTED:
Location: Township 10N : Range 7E
Section & ¼ Sect. 26
Property Dimensions: 237 ft. x 158 ft.
Area: .9 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ; Silty Clay Loam ; Sandy Loam
Silty Loam ; Clay Loam ; Sandy Clay

Owner: _____
Address: _____

Dates of Tests: 5/4/77 to 5/5/77. Weather: Precip. 0 Temp. ___

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	33	5/4	12:00	5/5	4:00pm	5/5	7:30pm	6	8:00pm	4½	30	1½	
2	33	5/4	12:00	5/5	4:00pm	5/5	7:30pm	6	8:00pm	4½	30	1½	
3	33	5/4	12:00	5/5	4:00pm	5/5	7:30pm	6	8:00pm	4¾	30	1¼	
4	33	5/4	12:00	5/5	4:00pm	5/5	7:30pm	6	8:00pm	4½	30	1½	
5	33	5/4	12:00	5/5	4:00pm	5/5	7:30pm	6	8:00pm	4½	30	1½	
6	33	5/4	12:00	5/5	4:00pm	5/5	7:30pm	6	8:00pm	4¾	30	1¾	

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

Signature of Person Conducting Test: Jeff Kennedy
Address 230 Redwood Lane
Phone 488-4717

(Do not write below this line)

REVIEWING ACTION

REMARKS: Sharpsburg Silty Clay Loam (L.C.S.)
DATE: August 15, 1977

Approved Percolation Rate (a)
A. 20 min./inch
B. ___ min./inch
C. ___ min./inch

Gerrold C. Hood
Signature of Reviewing Official

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. 1139

SPECIFICATIONS

DATE: _____

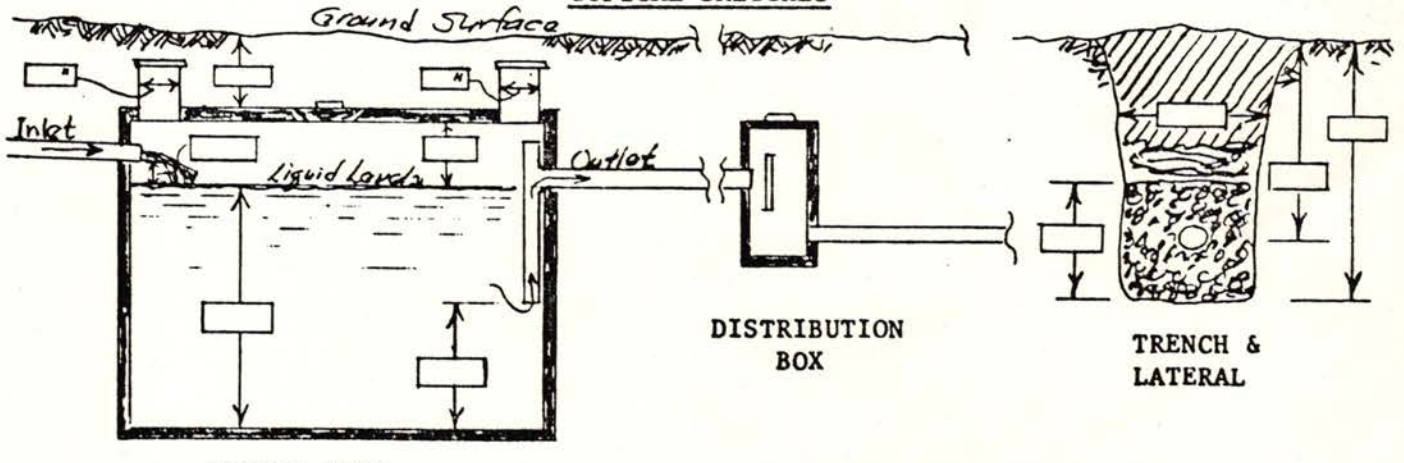
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity 1500 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 200 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 ____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