LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 91380067301

Issued 02/27/91
Expires 08/27/91

ESTABLISHMENT

JOHN SCHEER
T10N R7E SEC 26
HILLCREST HEIGHTS BLK 8 LOT 3

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

JOHN SCHEER
5411 S 42 ST CT
LINCOLN NE 68516

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
2/28/91	PAID

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: $_____

FILE NO._____

DATE: 2-26-91

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 8 : Lot 3 : Addition HILLCREST HEIGHTS
Street Address 719 ANTHONY LANE - # NOT ASSIGNED YET

2. Property Use: Residential ☒ 4 ; Commercial ☐ Other Use ☐
No. of Bedrooms 3 . Describe_____

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

4. Distance to public sewer: _____ft.

John K Scheer
Signature of Applicant (Owner or Lessee)

DAY PHONE
472-1704
HOME 423-7644

5411 So. 42nd St. Ct.
Address
LINCOLN, NE 68516

(Do not write below this double line)

1. Health Department: Date Rec'd. 2/26/91. Date Frwd. 2/26/91. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nool

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 2/26/91. Date Frwd. 2/26/91. ACTION: Approved ☒ Disapproved ☐ Signature: M. Goddard

3. City or County Engineer : Date Rec'd. 2-26-91. Date Frwd. 2-26-91. ACTION: Approved ☒ Disapproved ☐ Signature: Glenn Daniels

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 5/16/91 by: L.C.H. groundwater in south front
Date: 5-28-91 by: [illegible]
Date:_____ by:_____

PROVISIONAL

INSTALLATION ~~FINAL~~ WRITTEN APPROVAL
Date: 1-8-92 By: Ron Bargmann

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

FORM 23-43

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
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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: _____ acres. (Attach Sheet C with sketch of property).

Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ■ .

Dates of Tests: 7-1-89 to 7-2-89. Weather: Precip. 0 Temp. 85°

Holes-6- had Water in From Pre-Test

OWNER: John Scheer

Address: 5411 So. 42st Ct.
423-7644

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"	7-1	1:30 pm	7-2	7:00 Am	7-2	7:00 Am	6"	11:00 Am	5 1/8"	30m	7/8"	
2	36"	7-1	1:30 pm	7-2	7:00 Am	7-2	7:00 Am	6"	11:00 Am	5"	"	1"	
3	36"	7-1	1:30 pm	7-2	7:00 Am	7-2	7:00 Am	6"	11:00 Am	5"	"	1"	
4	36"	7-1	1:30 pm	7-2	7:00 Am	7-2	7:00 Am	6"	11:00 Am	5 1/8"	"	7/8"	
5	36"	7-1	1:30 pm	7-2	7:00 Am	7-2	7:00 Am	6"	11:00 Am	5"	"	1"	
6	36"	7-1	1:30 pm	7-2	7:00 Am	7-2	7:00 Am	6"	11:00 Am	5 3/4"	"	1/4"	

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

Mike Haugland
Signature of Person Conducting Test

Address 2700 Dan Ave Phone 464-0638 Pre-Cast Step Co.

(Do not write below this line)

REVIEWING ACTION Approved Percolation Rate (a) 37 min./inch

Remarks:

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: February 27, 1991

208 9'
4)832
8
,2

280 3'
3)832
6
23
24

1200

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 832 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: 471-7800

D

DATE: _____

FILE NO. _____

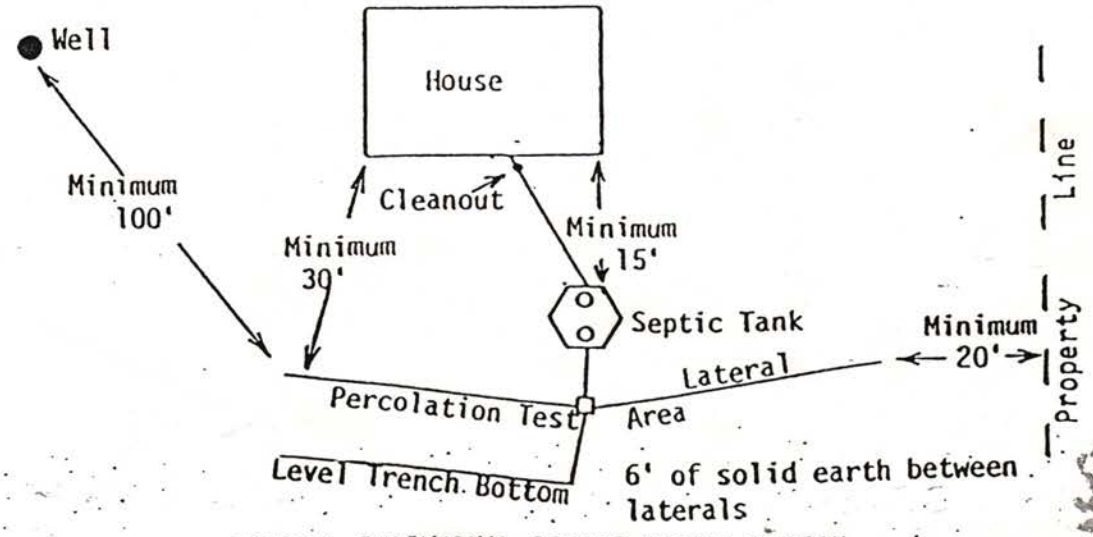
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material #160; Diameter 4 in.
2. Distance above basement floor 5 in., or below basement floor ____ in.
3. Distance between dwelling and septic tank 24 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 Pre Cast; No. of compartments _____.
2. Capacity 1250 gals.;
3. Factory Built: Yes ☒ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
24" Riser Above ☒ Below ☐ Grade 1 in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade 23 in.
8. Distances to:
Well or Suction Line 14 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

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

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round _____ or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines:
Number 6 ; Length of each line 72, 68, 56, 48, 28+12 ft.;
Total length of laterals 284 ft.;
Distance between lateral lines 10 ft.
3. Trench dimensions: Width 4 ft.;
Slope 2 in/100 ft.; Average Depth 36 in.
4. Filter Material: Road Gravel
Depth of Material _____ in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Larry Schwarck 10-7-26 5-20-91

Recommended installing a curtain drain to help prevent groundwater seepage into laterals.

Chuck Schmit : builder
John Scheer : owner
483-7436

N

Hillcrest Heights

719 Anthony Ln

