FILE #2251

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

MARCH 6, 1986 — THIS LICENSE OR PERMIT EXPIRES

ED GROSS — LICENSEE OR PERMITTEE

1111 E. HILLCREST DR. LINCOLN, NE 68520 — ADDRESS

T10N; R7E; Sec 26; Bk 8; Lot 6; 925 E. Hillcrest Drive — 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: 474-1541

A

FILING FEE: $ 60.

FILE NO. 2251

DATE: _____

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 6 : Addition HILLCREST HEIGHTS
   Street Address 925 E. Hillcrest Dr.

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

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

4. Distance to public sewer: — ft.

X Ed Grass.
Signature of Applicant (Owner or Lessee)

X 1111 E. Hillcrest Dr.
Address

(Do not write below this double line)

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

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

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 PRE EXISTING WELL

Site Visits:
Date: 10/16/85 by: J.C.H.
Date: 10/28/85 by: J.C.H.
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 _____; 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: 9-4 to 9-5. Weather: Precip. — Temp. 92.

X OWNER: Ed Gross
488-4153 X Address: 1111 E. Hillcrest Dr.

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	28	9/4	5:30 pm	9/5	6:30 pm	9/5	8:00 pm	8	8:30 pm	8 1/4	130	1/4	
2	30	"			"			7 1/2		7 1/8		3/8	
3	36	"			"			6		6 1/8		1/8	
4	30	"			"			8 1/4		8 3/4		1/2	
5	36	"			"			10 1/8		11		5/8	
6	36							10 1/2		11 1/8		5/8	
7	36							10 3/8		11 1/4		5/8	

Larry Sahsnick
Signature of Person Conducting Test

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

Address 8200 old Cheney Phone 423-7294

(Do not write below this line)

REVIEWING ACTION

Remarks: Do bring in soil, present barely
Soil Type (SCS): Sharpsburg Silty Clay Loam does not pass
Date: September 6, 1985

Approved Percolation Rate (a)
A. 69 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
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 ☐

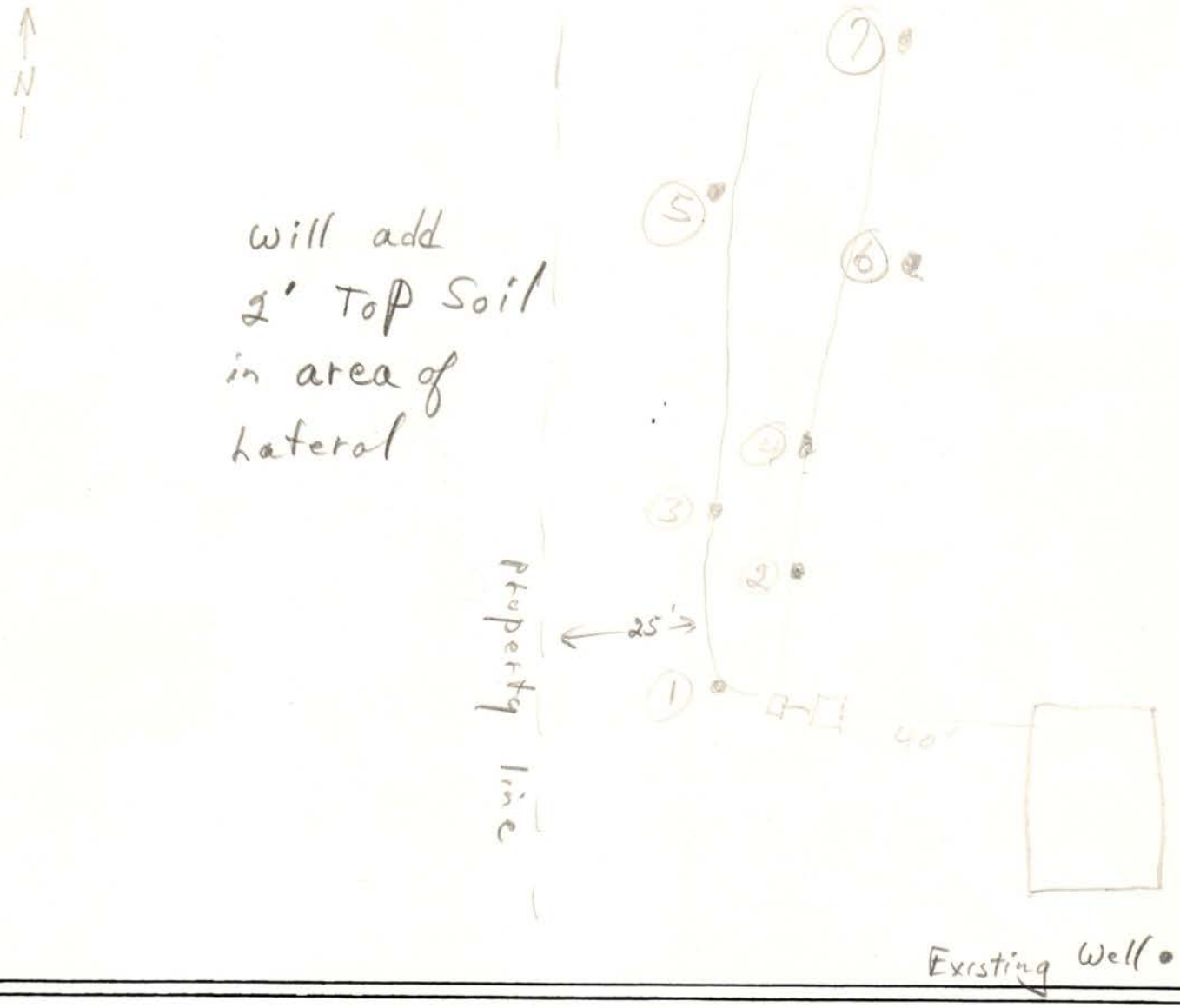
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

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Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks :_____

_____

Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed_____sq.ft.

_____
Signature of Reviewing Official