CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 1038

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

OCTOBER 21, 1977 — THIS LICENSE OR PERMIT EXPIRES

Ed Gross — LICENSEE OR PERMITTEE

4708 South 43 Street, Lincoln, NE — ADDRESS

T10N, R7E, Section 26, Block 8, Lot 8, Addition Hillcrest Heights — NAME OF ESTABLISHMENT, IF ANY

LEGAL DESCRIPTION — 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
43089 M3217		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. 1036

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 8 ; Lot 8 ; 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.

Ed A Goss
Signature of Applicant (Owner or Lessee)

4708 So 43rd Str
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 4/21/77 . Date Frwd. 4/21/77 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. _____ . Date Frwd. 4-21-77 . ACTION: Approved ☒ Disapproved ☐ Signature: Ernest H Demmit

3. City ~~or County~~ Engineer : Date Rec'd. 4-21-77. Date Frwd. 4-21-77. ACTION: Approved ☒ Disapproved ☐ Signature: Al Long

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. 1036

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 8 ; Lot 8 ; Addition HILLCREST HEIGHTS.
Street Address 1111 EAST HILLCREST DRIVE

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. of Bedrooms 3 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).

Ed C Gross
Signature of Applicant (owner or lessee)

4708 So 43rd Lincoln
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: — by: _____
Date: — by: _____
Date: 10-26-77 by: _____

3. Date: 11/2/77 Approved [X]; Disapproved [ ]
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: JULY 3, 1978 by: J. 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. 1036

PROPERTY WHERE SOIL TESTED:
Location: Township _____: Range _____
Section & ¼ Sect. _____
Property Dimensions: _____ft. x _____ft.
Area: _____acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ; Silty Clay Loam ; Sandy Loam
Silty Loam ; Clay Loam ; Sandy Clay

Owner: Ed Gross
Address: 4708 So. 43rd Lincoln

Dates of Tests: April 15, 77 to April 16, 77. Weather: Precip. ____ Temp. 72

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	27	4/15	11:00	4/16	2:30	4/16	2:30	3"	3:00	4 1/2"	30	1 1/2	
2	30	4/15	11:00	4/16	2:30	4/16	2:30	2"	3:00	5 1/8"	30	3 1/8	
3	25	4/15	11:00	4/16	2:30	4/16	2:30	2 3/8"	3:00	3 1/2"	30	1 1/8	
4	33	4/15	11:00	4/16	2:30	4/16	2:30	2 1/4	3:00	5 5/8"	30	3 3/8	
5	35	4/15	11:00	4/16	2:30	4/16	2:30	3"	3:00	5"	30	2	
6	28	4/15	11:00	4/16	2:30	4/16	2:30	2 3/8"	3:00	5"	30	2 5/8	

John D. Martin
Signature of Person Conducting Test

Address 301 Elk Creek Rd.
Phone 796-2455

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

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

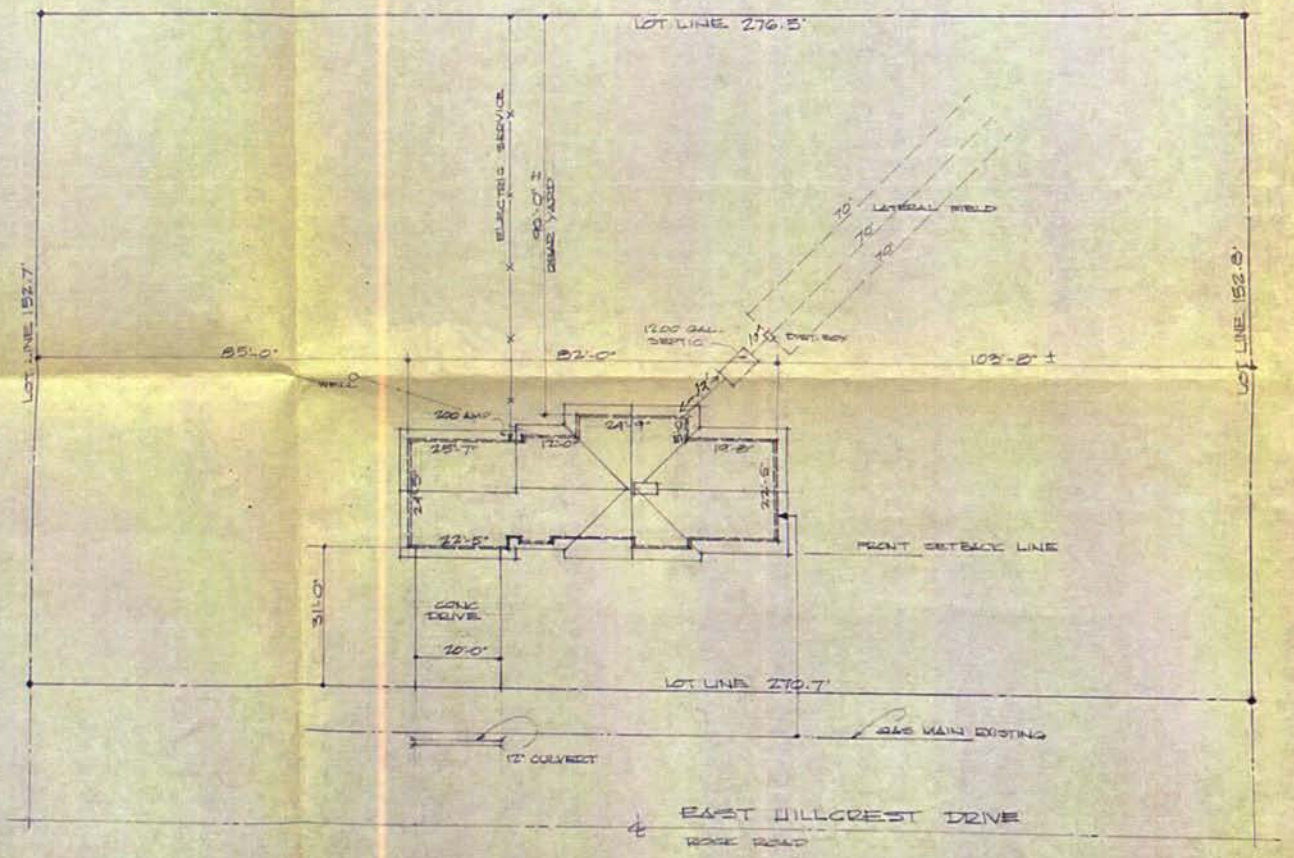
DATE: April 20, 1977

Approved Percolation Rate (a)
A. 27 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold C. Hoel
Signature of Reviewing Official

all-american

	30 mi	15 mi
①	1 1/2"	1/2
②	3 1/8"	3/8
③	1 1/8"	1/2
④	3 5/8"	7/8"
⑤	2"	5/8"
⑥	2 5/8"	3/4"
	2:30 to 3:00	3:00 to 3:15
	April 16, 77	April 16, 77



NORTH

LOT 8, BLOCK 8
HILLCREST HEIGHTS
LANCASTER COUNTY, NEBR.

RESIDENCE FOR
ED AND JEAN GROSS

Date 4-5-77	Job No.
Scale 1" = 20'	Sheet of

PAT ABN INC.—NO. 7504-80

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. 1036

SPECIFICATIONS

DATE: _____

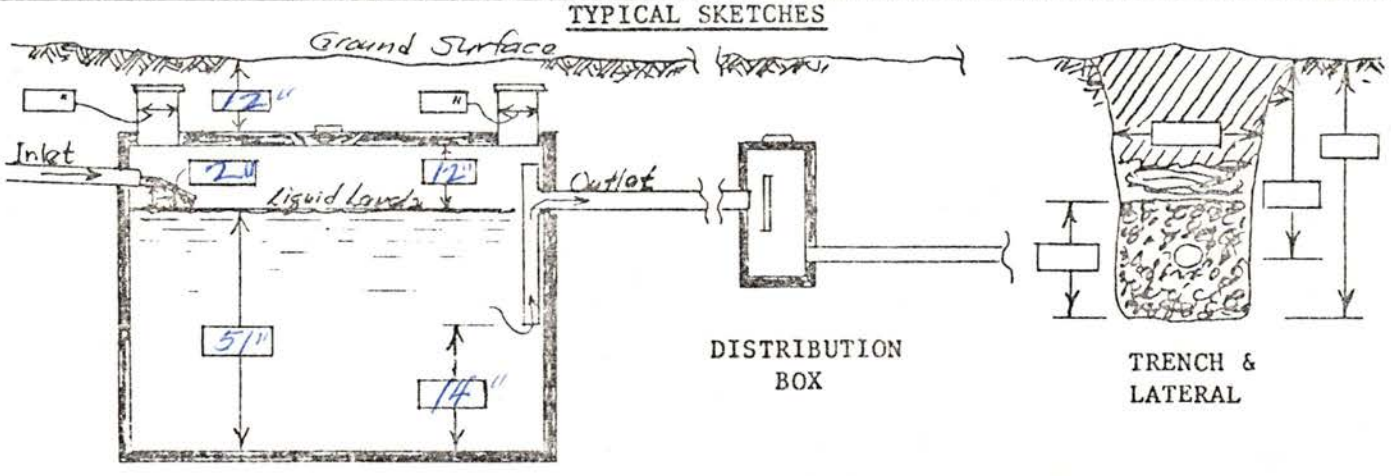
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material CONC; No. of compartments 3.
2. Capacity 1200 gals.; Liquid depth 51 in.
3. Factory Built: Yes ☒ (Company JET)
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 2" in.
7. Depth of top of tank below finished grade 12 in.
8. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line 70 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 238 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 36 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



SEPTIC TANK

DISTRIBUTION BOX

TRENCH & LATERAL

_____
Signature of Applicant

007

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022 FAX 441-8323

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 1111 East Hillcrest Drive
Twp 10N Range 7E Section 26 1/4 SE 1/4 Block 8 Lot 8 Addition Hillcrest Heights
Directions to Property S 88th : 0' street - Inva South on Anthony Lane Then Left on Hillcrest Drive : Follow South : West To The End- West Side
Location of Well South East Of House Tap Location: Inside ☐ Outside ☒
Location of Sewage System North West Of House Year Installed 1967

	NAME	ADDRESS	(W) PHONE (H)
Present Owner:	Tim & Gina Higgins	1111 East Hillcrest Dr Lincoln, Ne - 68520	467-4402 / 489-0024
Tenant/Buyer:	Tom & Kim Larsen	125 Bruce Drive Lincoln, Ne - 68520	486-1040 / 489-1096
Return to:	Tom & Kim Larsen	(same)	

Signature of Applicant Tom R Larsen Address (Same) Date 3 / 4 / 96

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 3 / 8 / 96
Initials J.C.H.
Amount $150.00
Check No. 4685

DATA ENTRY
Date / /
Case No.
Initials

PRELIMINARY STATUS By Jerrold C. Hood DATE: 3 15 96

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ /ml
Nitrate	☒ 0.3 ppm	☐ ppm

SEWAGE SYSTEM
Approved ☒
Provisional ☐
Disapproved ☐

Additional Site Visits
Date / / by
Date / / by
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 3 / 8 / 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

TOTAL P.02

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

This form must be completed and turned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

[XX] Evaluation of the Individual Water System Date: 8/28/91

[XX] Evaluation of the Sewage Disposal System [X] Enclosed is $150.00

Legal Description of Property: TWP. 10N; RANGE 7E; SECTION 26; BLOCK 8

LOT 8; ADDITION HILLCREST HEIGHTS Street Address 1111 E. Hillcrest Dr.

Directions to Property Easton O to Hillcrest

Location of Well SOUTHEAST OF HOUSE Tap Location: Inside [ ] Outside [X]

Location of Sewage System NORTH OF HOUSE Year Installed 1987

	NAME	ADDRESS	PHONE
Present Owner:	Dr. Dennis Cairns	1111 E. Hillcrest Dr.	488-1245 (home) 486-7841 (office)
Tenant/Buyer:			
Return to:	Betty Sims	Home Real Estate 111 Piazza Terrace 68510	

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant _____ Address _____

Ordered by: Claudia O'Connell PHH HOmequity

HEALTH DEPARTMENT USE ONLY

Date Received AUGUST 30, 1991 Received $150.00 Check [X] Cash [ ]

PRELIMINARY STATUS--DATE SEPTEMBER 3, 1991

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	[X]	[ ]	Approved:	[X]	Date 9/3/91 by LCH.
Bacteria	[X]	[ ]	Provisional:	[ ]	Date _____ by _____
Nitrate	[X]	[ ]	Disapproved:	[ ]	Date _____ by _____

Comments: MIGHT PUT SOME GLUE ON THE ELECTRICAL CONDUIT JOINT ON THE WELL IT WAS APART WHEN I FIRST CAME THERE. IF SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. See Attached Letter [ ]

FINAL STATUS

WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
Approved: [X]	Approved: [X]	Provisional Approval: [ ]

APPROVED BY Donald E. Hood R.S. DATE SEPTEMBER 5, 1991

Approval or disapproval is based on written 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 operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832