FORM HD-30(67) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 380-C

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

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described herein:

1. Legal description of property: Twp. 8N; Range 6E; Section 2;
Block 2; Lot 5; Addition _____;
Street Address Wilderness Park Estates

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. of Bedrooms 4. Describe: _____
Other Use _____ [ ]
Describe: _____

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

4. Distance to public sewer: _____ ft.

DWAIN MYERS
Signature of Applicant (owner or lessee)

5111 Claire Ave
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 11/15/73. ACTION: Approved [X] Disapproved [ ]
Date Frwd. 11/15/73. Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. _____. ACTION: Approved ___ [ ] Disapproved [ ]
COUNTY Date Frwd. _____. Signature: _____

3. ~~City~~ Engineer: Date Rec'd. 11-15-73. ACTION: Approved ___ [X] Disapproved [ ]
Date Frwd. 11-15-73. Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Recieved 11-15-73 ER

FINAL ACTION ON SITE CLEARANCE: Approved [X] Disapproved [ ]

Date Applicant Notified: 11-18-74 Signature James Neverka

FORM HD-32a(67) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 380-C

SPECIFICATIONS

DATE: 11-12-73

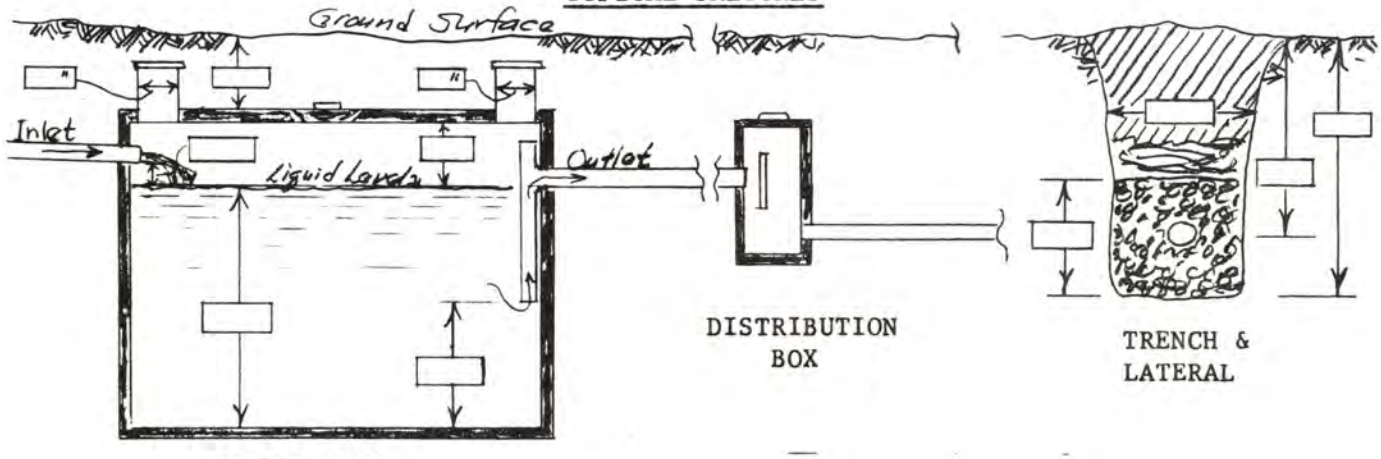
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments 1250.
2. Capacity _____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: Half Round
2. Lateral Lines: Depth below grade ___in.
Number ____; Length of each line ___ft
Total length of Laterals 246 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 36 in.;
Width 48 in.
4. Filter Material: Gravel.
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

FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 432-7611)

FILE NO. 380-C

PROPERTY WHERE SOIL TESTED:
Location: Township _____
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: Duain Myers
Address 5111 Claire Ave

Dates of Tests: Nov 5 to Nov 6. Weather: Precip. 30 Temp. ___ F

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
Hole No.	Hole Depth (in.)	Pre-Saturation Period Start Date (Mo. Day)	Start Time (Hr. Min.)	End Date (Mo. Day)	End Time (Hr. Min.)	Percolation Readings Start Date (Mo. Day)	Start Time (Hr. Min.)	Start Water Level (in.)	End Time (Hr. Min.)	End Water Level (in.)	Results Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	38	11/5/73	11:00	11/6/73	11:00	11/6/73	11:00	12"			24hr	5	
2												4	
3												6	
4												4	
5												3	
6												3	

Roger Bailey
Signature of Person Conducting Test

Address 4131 Clifford
Phone: 489-8208

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

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

DATE: November 15, 1973

Approved Percolation Rate(s)
A. 29 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

FORM HD-32a(67) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

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SPECIFICATIONS

DATE: 11-12-73

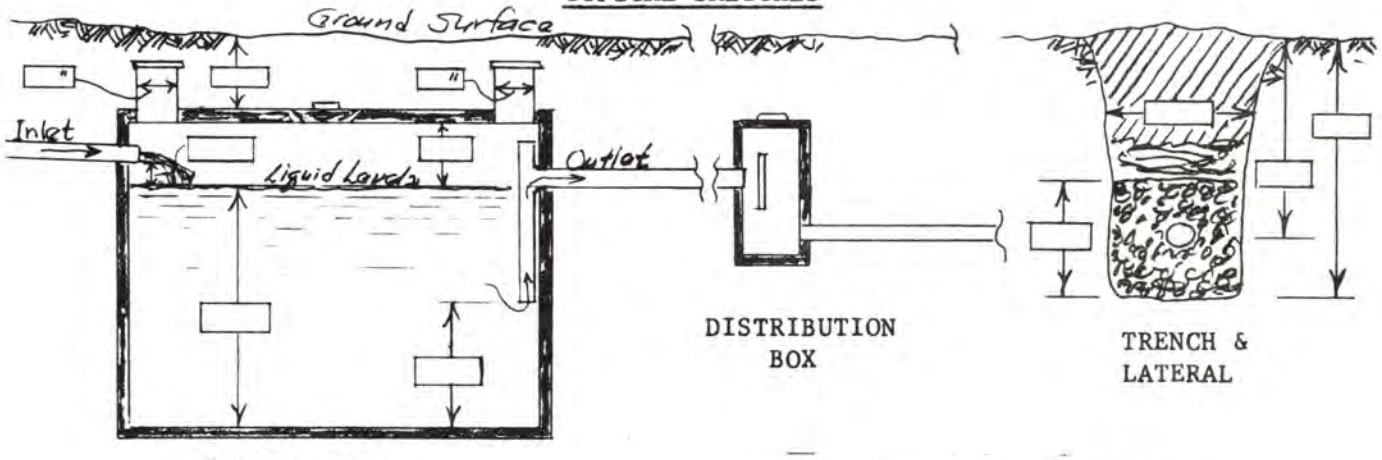
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B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity 1250 gals.; Liquid depth ____in.
3. Factory Built: Yes [X] (Company _____)
No [ ]
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Over Outlet; diam. ___in.
Below Grade _____in.
5. Inlet: Baffle [ ]; or Tee [ ]
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Depth of outlet below inlet ___in.
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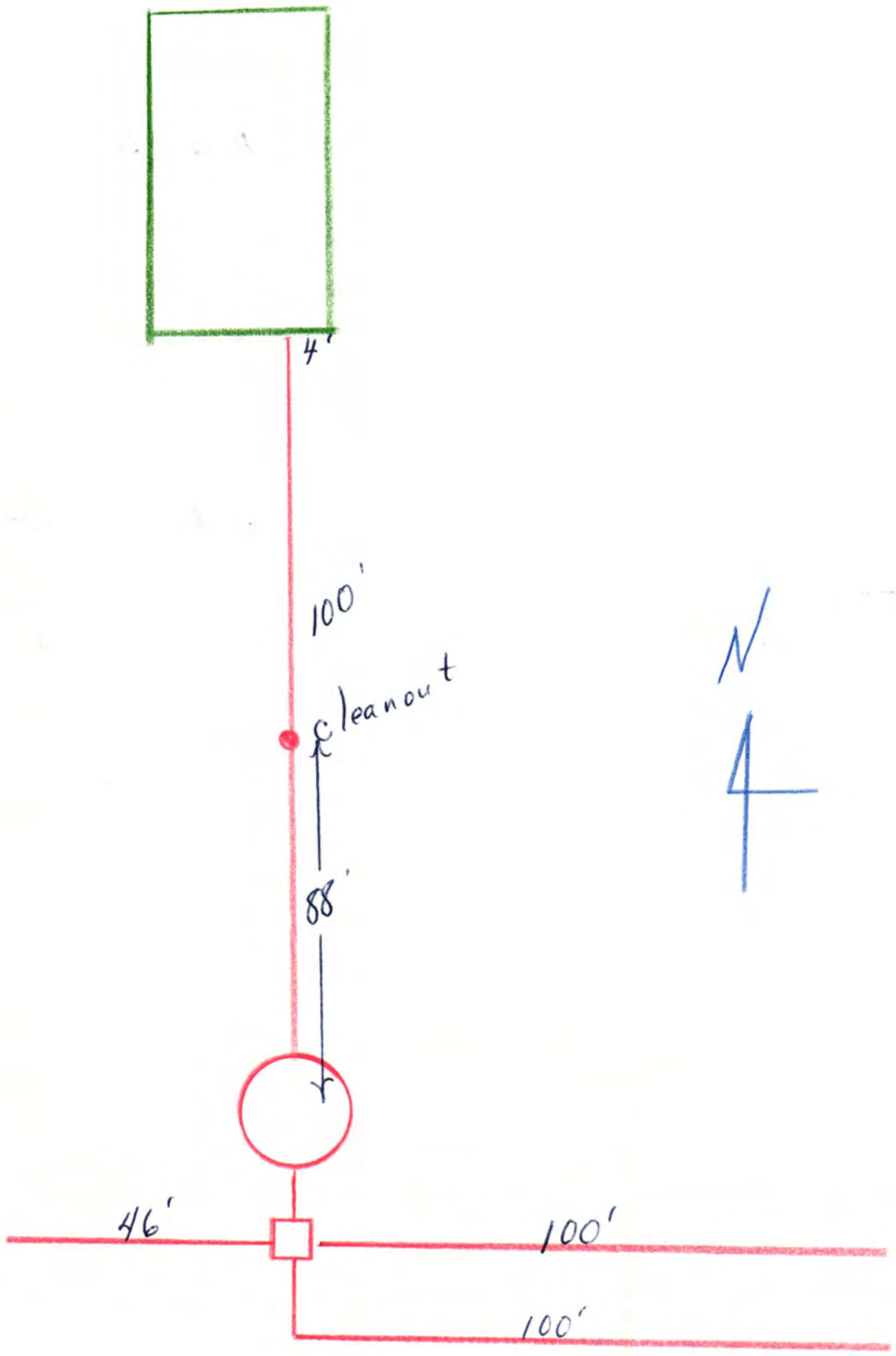
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2. Factory Built: Yes [ ], (Company _____)
No [ ]
3. Dimension: Length ____in.; Width ___in.
Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes [ ], No [ ]
(If yes, show detailed plans.)

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Depth of material from trench bottom _____in.
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Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



DWAIN MYERS
Signature of Applicant


4'
100'
Cleanout
88'
N
46'
100'
100'