FILE NO. 1658

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — NOVEMBER 30, 1980
TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

BIG CLYDE SANITATION SERVICE — BOX 483, WALTON NE 68461
LICENSEE OR PERMITTEE — ADDRESS

T9N, R6E, Section 4, Lot 11, Addition Stockwell Addition
NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NON-TRANSFERABLE (Extend)

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
018754	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT

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-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: 475-6221)

FILE NO. 1658

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

DATE: Apr 28 - 1980

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: Twp. 9N ; Range 6E ; Section 4 ;
Block ; Lot 11 ; Addition STOCKWELL ADDITION
Street Address

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

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

4. Description of proposed alteration, extension or repair:
REPAIR TANK EXTEND LATERAL

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

6. Estimated cost of project:
a. Materials $
b. Labor $
c. Other $
TOTAL $ over $400.00

Big Clyde Sanitation Service
Signature of Applicant (owner or lessee)
Box 483 Walton, Nebr. 68461
Address

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: 6-4-80 by: mt + jn
Date: by:
Date: by:

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-4-80 by: Ron Maynard

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: 474-1541

B

FILE NO. 1658

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:_____to_____. Weather: Precip._____Temp._____.

OWNER:_____

Address:_____

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.)
2	30	MAX				MAX 7		18½		20	30	1½	
3	"	26						14		21	"	2	
4	"							12¾		15	"	2¼	
5	"							25½		23¾	"	2¼	
6	"							22		22½	"	½	
7	"							21		21½	"	½	

Clyde Southwick
Signature of Person Conducting Test

Address_____ Phone 489 4664

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

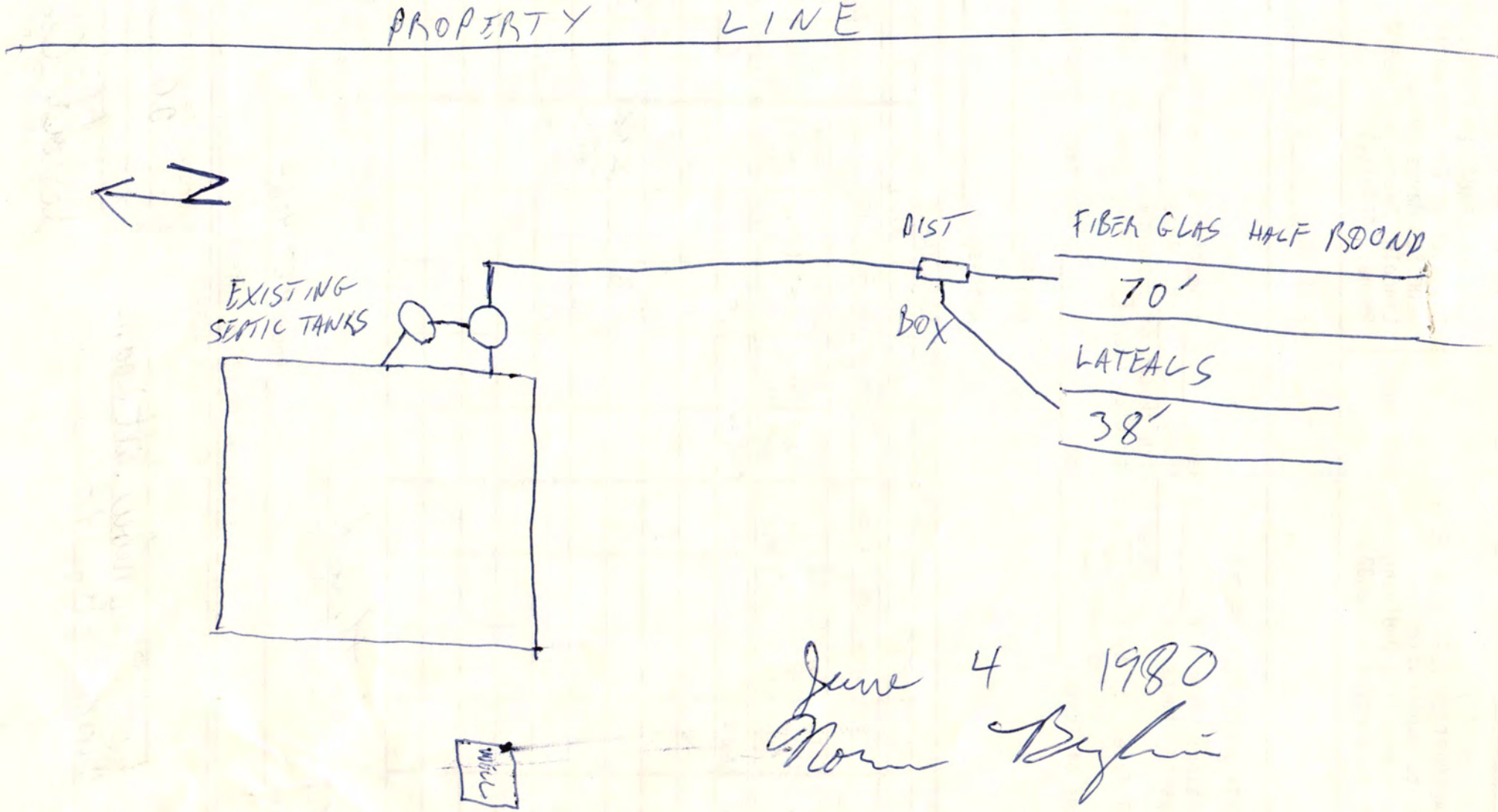
(Do not write below this line)

REVIEWING ACTION

Remarks:_____
Soil Type (SCS): Kennebec Silt Loam
Date: May 28, 1980

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

Jerrold C. Hood
Signature of Reviewing Official


PROPERTY LINE
N
DIST
BOX
FIBER GLAS HALF ROUND
70'
LATEALS
38'
EXISTING
SEPTIC TANKS
WELL

June 4 1980