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. _____

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. ~~Grant~~; Range 7E; Section 10;
Block 2; Lot 4; Addition MAR-MAR-RA-LO-PIONEERS 84 1st [4]
Street Address 4535 PAGADO LANE

2. Property Use: Residential yes ☐; Commercial _____ ☐
No. of Bedrooms 4. Describe: _____
Other Use _____ ☐
Describe: _____

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

4. Distance to public sewer: More ft. then 200 ft

Leroy E Kurtz
Signature of Applicant (owner or lessee)

8005 Sandalwood Dr.
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 6-1-67. ACTION: Approved ___ ☒ Disapproved ☐
Date Frwd. 6-1-67. Signature: [signature]

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

3. City Engineer: Date Rec'd. 6-1-67. ACTION: Approved ___ ☑ Disapproved ☐
Date Frwd. _____. Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

FINAL ACTION ON SITE CLEARANCE: Approved ☐ Disapproved ☐

Date Applicant Notified: _____ Signature _____

FORM HD-32(67) APPLICATION FOR PERMIT
TO CONSTRUCT 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. _____

DATE: 5-28-67

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 Lincoln City Ordinance No. 9150, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. Grant; Range 7E; Section 10;
Block 2; Lot 4; Addition MAR-MA-RA-LO LANE
Street Address 4535 PAGEDO.

2. Property Use: Residential Yes ☐; Commercial _____ ☐
No. of Bed Rooms 4 Describe: _____

Other Use _____ ☐
Describe: _____

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

4. Plans and Specifications of Proposed System. (See FORM HD-32a(67) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT, attached hereto.)

Leroy E Kurtz
Signature of Applicant (owner or lessee)

8000 Sandalwood Dr.
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Date Site Clearance _____

3. Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

4. Date: Approved ___; Disapproved ___: _____
by: _____

5. BUREAU OF LICENSES & PERMITS
Date Notified: _____
Date Issued: _____ Serial _____

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ by: _____

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. _____

PROPERTY WHERE SOIL TESTED:
Location: Township _____
Section & ¼ Sect. _____
Property Dimensions: 175 ft. x 277.8 ft. 250-252.7
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: Leroy Kuntzes
Address 8003 Sandalwood

Dates of Tests: 5-24-67 to 5-25-67. Weather: Precip. None Temp. 60's F.

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					
Hole 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	30"	5-24	8:00 am	5-24	12:00 am	5-25	9:00 am	6"	9:30 am	3½"	30 min	2½"	Last 10 min ½"	12
2	30"	5-24	8:00 am	5-24	12:00 am	5-25	9:00 am	6"	9:30 am	3¼"	30 min	2¾"	" " " ¾"	11
3	30"	5-24	8:00 am	5-24	12:00 am	5-25	9:00 am	6"	9:30 am	4"	30 min	2"	" " " ½"	15
4	30"	5-24	8:00 am	5-24	12:00 am	5-25	9:00 am	6"	9:30 am	3¾"	30 min	2¼"	" " " ⅔"	13
5	30"	5-24	8:00 am	5-24	12:00 am	5-25	9:00 am	6"	9:30 am	4"	30 min	2"	" " " ½"	16
6	30"	5-24	8:00 am	5-24	12:00 am	5-25	9:00 am	6"	9:30 am	4¼"	30 min	1¾"	" " " ⅓"	17
														14

Sum of Percolation Rates 3¾" (14)
Average of Rates: .55"
Mean of Rates: _____

14 min/inch

Signature of Person Conducting Test
L. L. Sintek
Address 2525 R Street
Phone: 435-3321

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

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

DATE: _____

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)

FILE NO. _____

SPECIFICATIONS

DATE: 5-28-67

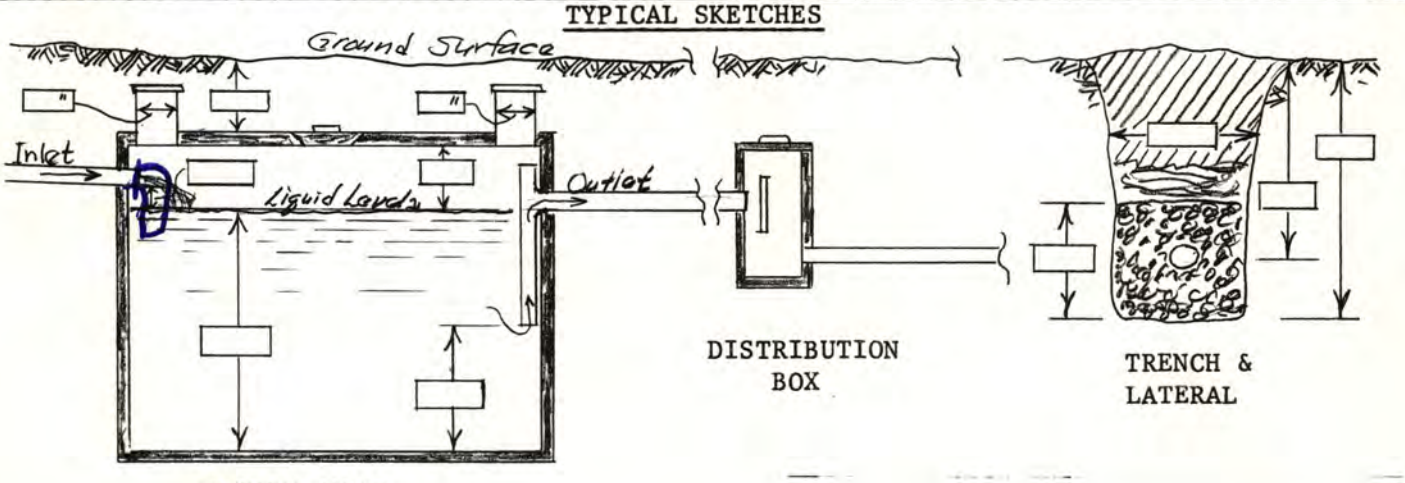
A. BUILDING SEWER:
1. Material STH. SOIL; Diameter 4 in.
2. Distance above basement floor NONE in.; or below basement floor 1" in.
3. Distance between dwelling and septic tank ____ ft.
4. Number of clean-outs 1 in Tank + Dis Box
5. Distances To:
Well or Suction Line 100 ft.;
Stream ____ ft.; Pressure Line ____ ft.;
Property Line ____ ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material CEM; No. of compartments 1.
2. Capacity 1500 gals.; Liquid depth 69 in.
3. Factory Built: Yes [X] (Company PREY) CAST TANNER
No [ ]
4. Manholes: Over Inlet; diam. 14 in.
Over Outlet; diam. 14 in.
Below Grade 26 in.
5. Inlet: Baffle [X]; or Tee [ ]
6. Outlet: Baffle [ ]; or Tee [X]
Depth of outlet below inlet 1 in.
7. Depth of top of tank below finished grade 26 in.
8. Distances To:
Well or Suction Line 100 ft.;
Stream ____ ft.; Pressure Line ____ ft.;
Property Line ____ ft.

C. DISTRIBUTION BOX
1. Material CEM; No. available outlets Yes.
2. Factory Built: Yes [X], (Company ARE CAST
No [ ]
3. Dimension: Length 18 in.; Width 9 in. Depth 6 in.
4. Distance from Septic Tank 4 ft.
5. Serial Distribution: Yes [X], No [ ]
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: HALH MOON CEMT
2. Lateral Lines: Depth below grade 30 in.
Number 2; Length of each line 76 ft
Total length of Laterals 152 ft.;
Slope 15" in/100 ft. Diameter of pipe 4 in.; Shape _____
Material: concrete [X]; fiber asbestos [ ]; clay [ ]; other STH SOIL
Distance between lateral lines 14 ft.
3. Trench Dimensions: Depth 30 in.; Width 36 in.
HAS RISER TO GRADE
4. Filter Material: ROAD GRAVEL
Depth of material from trench bottom 20 in.
5. Distances To:
Well or Suction Line ____ ft.;
Stream ____ ft.; Pressure Line ____ ft.
Property Line ____ ft.
6. Percolation Rate: .55 minutes/inch

TYPICAL SKETCHES



Signature of Applicant