CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 216

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

February 23, 1972 — THIS LICENSE OR PERMIT EXPIRES

Marlin Schwartz — LICENSEE OR PERMITTEE

RFD #8, Lincoln, Nebraska — ADDRESS

T9N; Range 7E; Section 22; Block 4; Lot 3; Clarendon Hills Addition — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: Non-Transferable

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

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
110.15 ~~1527~~ 1535	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM HD-30(67) REQUEST FOR SITE CLEARANCE 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. 9N; Range 7E; Section 22;
Block 4; Lot 3; Addition _____;
Street Address Clarendan Hills.

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.

Marlin Schwartz
Signature of Applicant (owner or lessee)

RFD 8
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 8/23/71. ACTION: Approved ☒ Disapproved ☐
Date Frwd. _____. Signature: Jerrold C. Hood R.S.

2. Supt. Bldg. Insp.: Date Rec'd. 8/23/71. ACTION: Approved ☒ Disapproved ☐
Date Frwd. _____. Signature: Charles Seale By R.G.

3. City Engineer: Date Rec'd. _____. ACTION: Approved ☑ Disapproved ☐
Date Frwd. 8-23-71. Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

FINAL ACTION ON SITE CLEARANCE: Approved ☐ Disapproved ☐

Date Applicant Notified: _____ Signature _____

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. 9N; Range 7E; Section 22;
Block 4; Lot 3; Addition _____;
Street Address ~~Cat~~ Chateau. Hills

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

Other Use _____ [ ]
Describe: _____

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

4. Distance to public sewer: _____ ft.

Marlin Schwartz
Signature of Applicant (owner or lessee)

RFD 8
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 8/23/71. ACTION: Approved [X] Disapproved [ ]
Date Frwd. _____. Signature: Jerrold C. Hoot

2. Supt. Bldg. Insp.: Date Rec'd. 8/23/71. ACTION: Approved [X] Disapproved [ ]
Date Frwd. _____. Signature: Charles Seale By R.G.

3. City Engineer: Date Rec'd. _____. ACTION: Approved [✓] Disapproved [ ]
Date Frwd. 8-23-71. Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

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

Date Applicant Notified: _____ Signature _____

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: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).

Owner: Marlin Schawartz
Address RFD 8

Soil Type: Silty Clay ☐; Silty Clay Loam ☒; Sandy Loam ☐
Silty Loam ☒ Clay Loam ☐; Sandy Clay ☐

Dates of Tests: Oct. 11 / 71 to Oct. 12/71. Weather: Precip. 75 Temp. ___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	40										28	2	
2												1¼	
3												1¾	
4												¾	
5												3	
6												3	
												2½	
											6	14½	

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

1 every 14

Roy Bailey
Signature of Person Conducting Test

Address 4131 Cliff Foud Dr
Phone: 489 5482

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

DATE: _____

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

Carroll 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)

FILE NO. _____

SPECIFICATIONS

DATE: _____

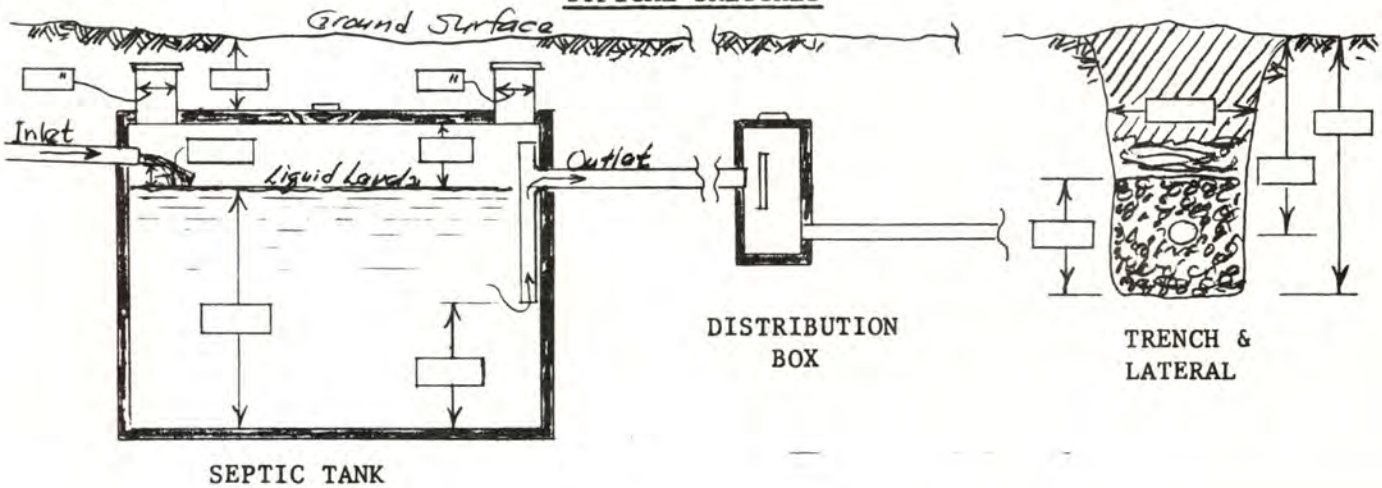
A. BUILDING SEWER:
1. Material _____; Diameter 4 in.
2. Distance above basement floor 1 in.; or below basement floor 16 in.
3. Distance between dwelling and septic tank 30 ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Fiber; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 50 in.
3. Factory Built: Yes ☐ (Company CORRIGATED FIBERGLASS
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 24 in.
8. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

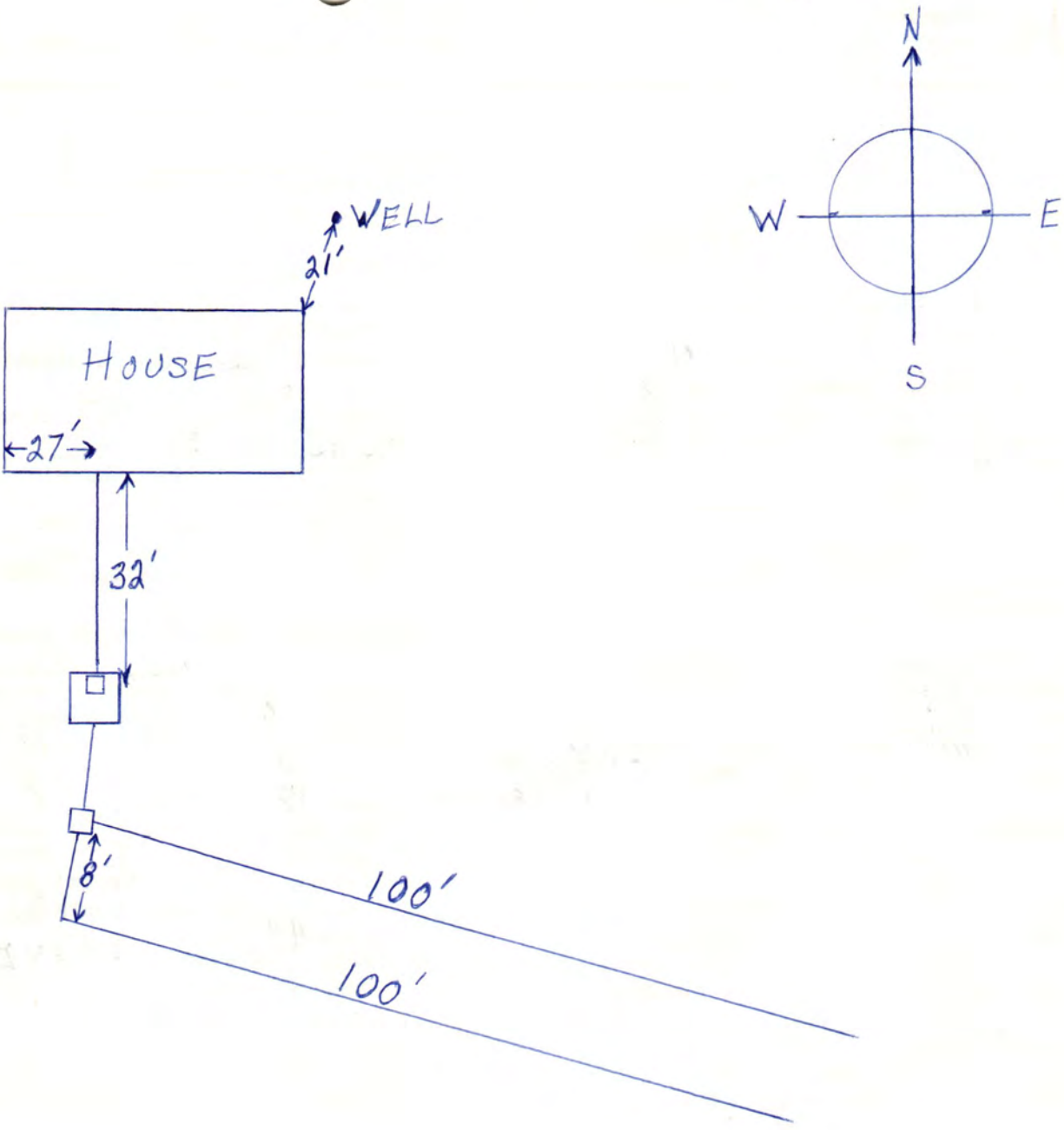
C. DISTRIBUTION BOX
1. Material Cast No. available outlets 6.
2. Factory Built: Yes ☒, (Company PRE-CAST SITE No ☐
3. Dimension: Length ___in.; Width ___in. Depth ___in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☒ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Half Round
2. Lateral Lines: Depth below grade ___in. Number 2; Length of each line 100 ft Total length of Laterals 139 ft.; Slope 4 in/100 ft. Diameter of pipe 16 in.; Shape O
Material: concrete ☐; fiber asbestos ☐; clay ☐; other FIBERGLASS
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


N
W
E
S
WELL
21'
HOUSE
27'
32'
8'
100'
100'