FILE NO. 304

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

April 3, 1973 — THIS LICENSE OR PERMIT EXPIRES

Max Snyder — LICENSEE OR PERMITTEE

5145 Linden — ADDRESS

T9N; R7E; Sec. 22; Bl. 4; Lot 10; Clarendon Hills — 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-~~1505~~ 110.15	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-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: _____

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. 9N; Range 7E; Section 22; Block 4; Lot 10; Addition Chandler Hills
Street Address _____.

2. Property Use: Residential _____ [3]; Commercial _____ [ ]
No. of Bed Rooms _____ 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-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.)

Southeast Donahue Co
Mary Snyder
Signature of Applicant (owner or lessee)

5145 Linden
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Date Site Clearance _____

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

4. Date: Approved [X]; Disapproved [ ]: 10/3/72
by: Jerrold C. Hood

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

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

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. 304

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 10; Addition Clamshell Hills
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: 2 miles ft.

Southeast Developing Co.
Mac Snyder
Signature of Applicant (owner or lessee)

5145 Leighton
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 10/3/72. ACTION: Approved ☒ Disapproved ☐
Date Frwd. 10/3/72. Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 10-3-72. ACTION: Approved ☒ Disapproved ☐
Date Frwd. 10-3-72. Signature: Charles L. Byrd

3. City Engineer: Date Rec'd. _____. ACTION: Approved ☑ Disapproved ☐
Date Frwd. 10-3-72. Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

FINAL ACTION ON SITE CLEARANCE: Approved ☐ Disapproved ☐

Date Applicant Notified: _____ Signature _____

#1 = $3\frac{3}{8}$ = $5\frac{1}{16}$ = $1\frac{7}{8}$ = $5\frac{3}{8}$ = $\frac{5}{16}$

#2 = 3 = $3\frac{5}{8}$ = $\frac{5}{8}$ = $3\frac{7}{8}$ = $\frac{1}{4}$

#3 = 0 = 2 = 1 = $2\frac{1}{2}$ = $\frac{1}{2}$

#4 = $10\frac{1}{4}$ = 11 = $\frac{3}{4}$ = $11\frac{1}{16}$ = $\frac{1}{16}$

#5 = 11 = 12 = 1 = $12\frac{3}{8}$ = $\frac{3}{8}$

#6 = $9\frac{5}{16}$ = $10\frac{1}{4}$ = $\frac{7}{8}$ = $10\frac{3}{4}$ = $\frac{1}{2}$



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: _____

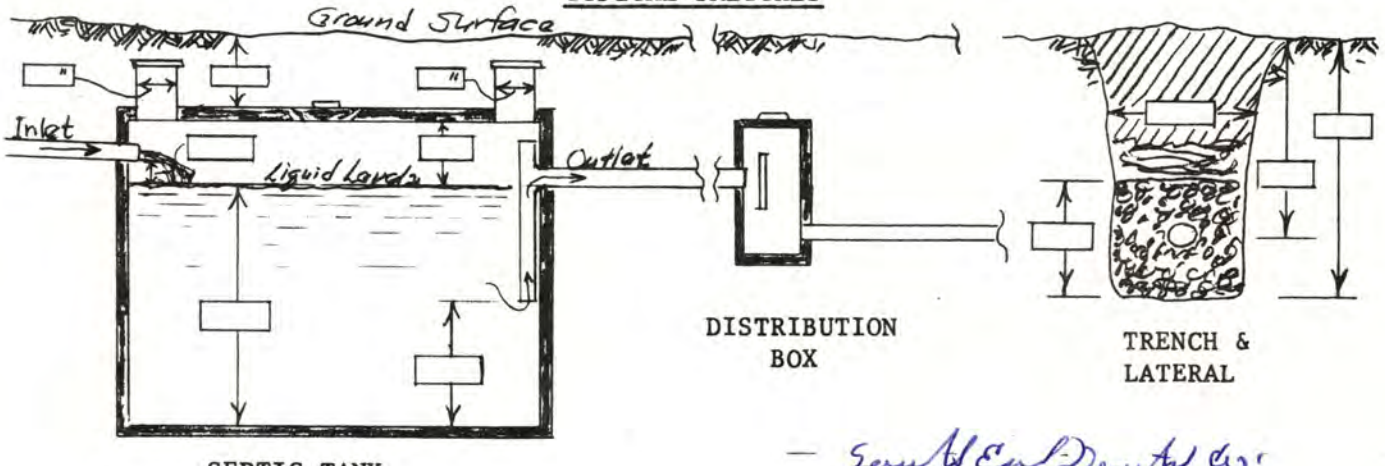
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity 1000 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: _____
2. Lateral Lines: Depth below grade ___in. Number 3; Length of each line 100 ft Total length of Laterals 300 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 72 in.
4. Filter Material: GRAVEL & SAND. 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



— Lancaster Co. Health Dept.
Mary Snyder
Signature of Applicant