CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 257

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — October 20, 1972

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

Max Snyder — 5145 Linden

LICENSEE OR PERMITTEE — ADDRESS

T9N; R7E; Sec. 22; Bl. 2; Lot 4; Clarinden Hills 1st Add.

NAME OF ESTABLISHMENT, IF ANY — ADDRESS

LEGAL DESCRIPTION

REMARKS: Non-Transferable

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

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624 ~~110.15~~ 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-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. 257

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 2; Lot 4; Addition Clark's Sub Forest
Street Address _____.

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

Marvel Snyder
Signature of Applicant (owner or lessee)

5145 Lusher
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: 6/29/72 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

4. Date: Approved [X]; Disapproved [ ]: 7/20/72
by: Jerrold C. Hood R.S.

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

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/29/72 by: Jerrold C. Hood

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. 257

PROPERTY WHERE SOIL TESTED:
Location: Township _____
Section & ¼ Sect. _____
Property Dimensions: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).

Owner: _____
Address _____

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

Dates of Tests: _____ to _____. Weather: Precip. _____ 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	1										30m	2	
2												3	
3												1½	
4												3½	
5												2¾	
6												2	

Max O Snyder
Signature of Person Conducting Test

Address 5145 LINDEN
Phone: _____

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

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

DATE: 4/20/72

Approved Percolation Rate(s)
A. 12 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)

FILE NO. 257

SPECIFICATIONS

DATE: _____

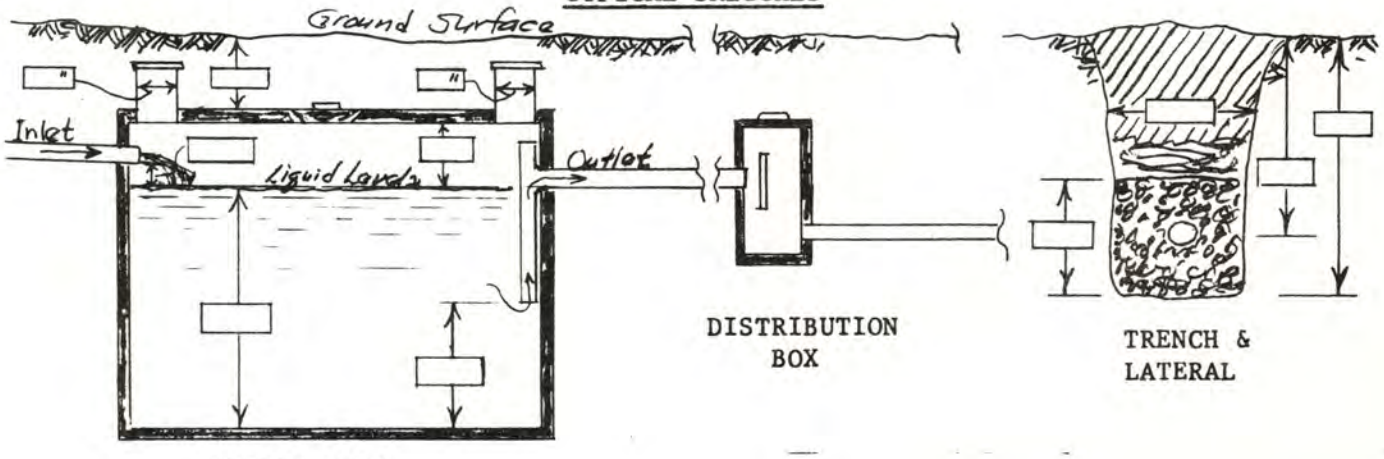
A. BUILDING SEWER:
1. Material TILE; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor ___ in.
3. Distance between dwelling and septic tank 50 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line 50 ft.;
Stream — ft.; Pressure Line — ft.;
Property Line — ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material CON; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ___ in.
3. Factory Built: Yes ☒ (Company PRE-CAST STEP)
No ☐
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 in.
Below Grade ___ in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☒
Depth of outlet below inlet 1 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.

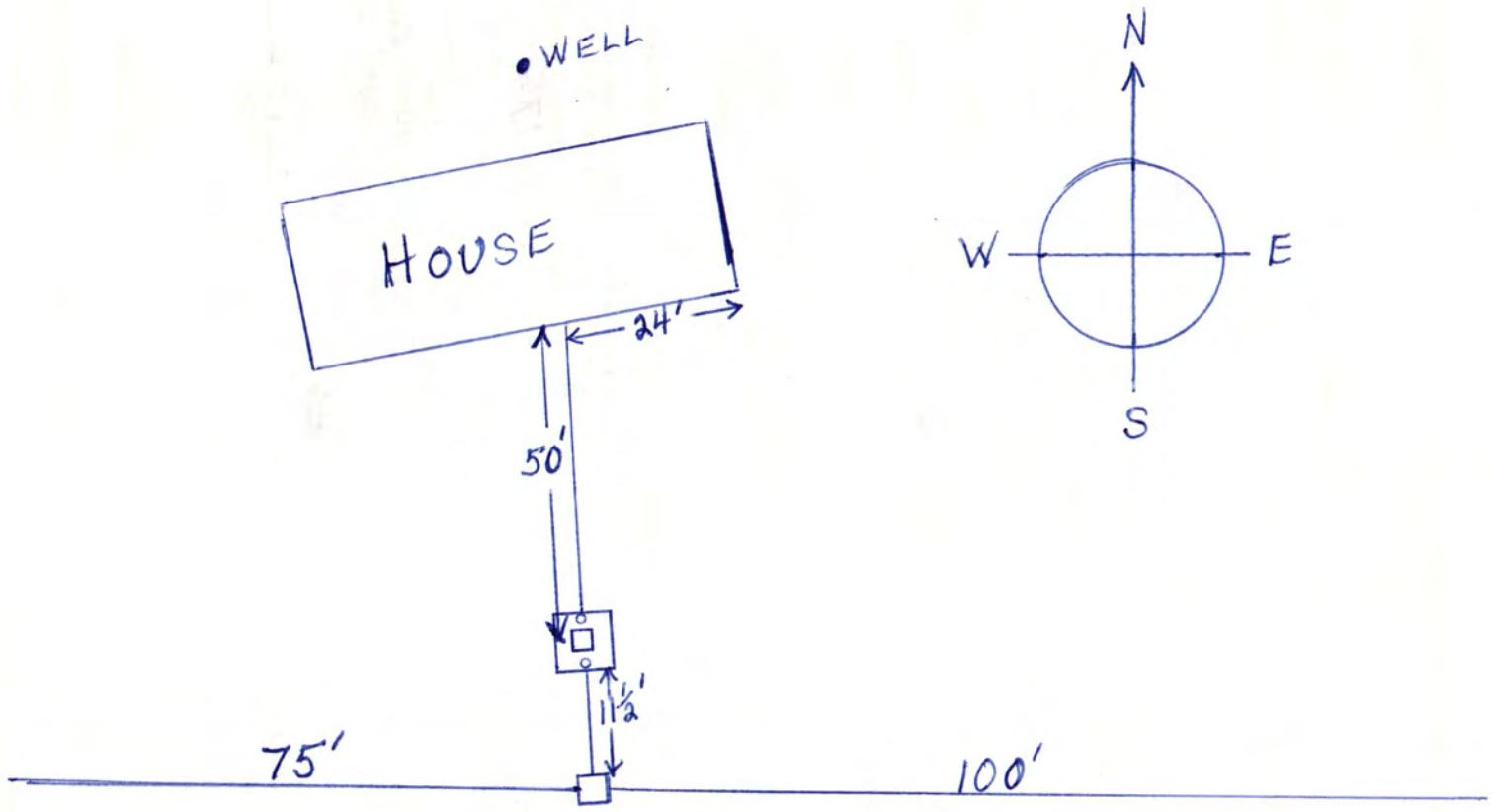
C. DISTRIBUTION BOX
1. Material CON; No. available outlets 5.
2. Factory Built: Yes ☒, (Company PRE-CAST STEP) No ☐
3. Dimension: Length ___ in.; Width ___ in. Depth ___ in.
4. Distance from Septic Tank 1½ ft.
5. Serial Distribution: Yes ☐, No ☒ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: ROUND PLASTIC
2. Lateral Lines: Depth below grade — in. Number 2; Length of each line 100 ft Total length of Laterals 175 ft.; +75
Slope 4 in/100 ft. Diameter of pipe 4 in.; Shape ROUND
Material: concrete ☐; fiber asbestos ☐; clay ☐; other PLASTIC
Distance between lateral lines — ft.
3. Trench Dimensions: Depth 48 in.; Width ~~36~~ in.
4. Filter Material: GRAVEL.
Depth of material from trench bottom 6 in.
5. Distances To:
Well or Suction Line 100 ft.;
Stream — ft.; Pressure Line — ft.
Property Line — ft.
6. Percolation Rate: 12 minutes/inch

TYPICAL SKETCHES



Signature of Applicant


WELL
HOUSE
24'
50'
1½'
75'
100'
N
W
E
S