LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1654-C

INDIVIDUAL SEWAGE DISPOSAL SYSTEM
TYPE OF PERMIT

NOVEMBER 14, 1980
THIS PERMIT EXPIRES

ROBERT L. DREVO
ISSUED TO

615 PINE, HICKMAN, NE 68372
ADDRESS

T8N, R5E, Section 20, Lot 9 I.T.
LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY | DATE | AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

A

FILING FEE: $ 60.00

FILE NO. 1654-C

DATE: 5-9-80

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 8N ; Range 5E ; Section 20 ;
   Block _____ : Lot 9 I.T. : Addition _____
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

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

4. Distance to public sewer: _____ ft.

Robert L. Drews
Signature of Applicant (Owner or Lessee)

(615 Pine, Hickman, Ne. 68372)
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/14/80. Date Frwd. 5/14/80. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 5/14/80. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Paul L. Brewer

3. City or County Engineer: Date Rec'd. 5-14-80. Date Frwd. 5-14-80. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Ralf

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6/6/80 by: J. C. H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/10/80 By: Jerrold C. Hood

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

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. 1654-C

PROPERTY WHERE SOIL TESTED:

Location: Township 8N; Range 5E; Section & ¼ Section 20-9.
Property Dimensions: _____ ft. x _____ ft. Area: 160 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐; Silty Clay Loam ☒; Sandy Loam ☐; Silt Loam ☐; Clay Loam ☐.
Dates of Tests: 5-3-80 to 5-4-80. Weather: Precip. 0 Temp. 70°.

OWNER: ROBERT DREVO
Address: (615 PINE HICKMAN)

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.)
1	32"	5/3	2 PM	5/4	10 30 AM	5/4	10 30 AM	12"	1 30 PM	4½	30M	3/4	
2										7		½	
3										4 3/4		7/8	
4										7 3/4		½	
5										9¼		0	Drop out pt installation this area
6										11½		0	
7										7		5/8	
8										7½		5/8	

Robert D Johnson
Signature of Person Conducting Test

Address 9618 no 3rd Phone 479 3595

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Burchard Clay Loam but must also have some inclusions
Date: _____

Approved Percolation Rate (a)
A. 48 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Wood
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

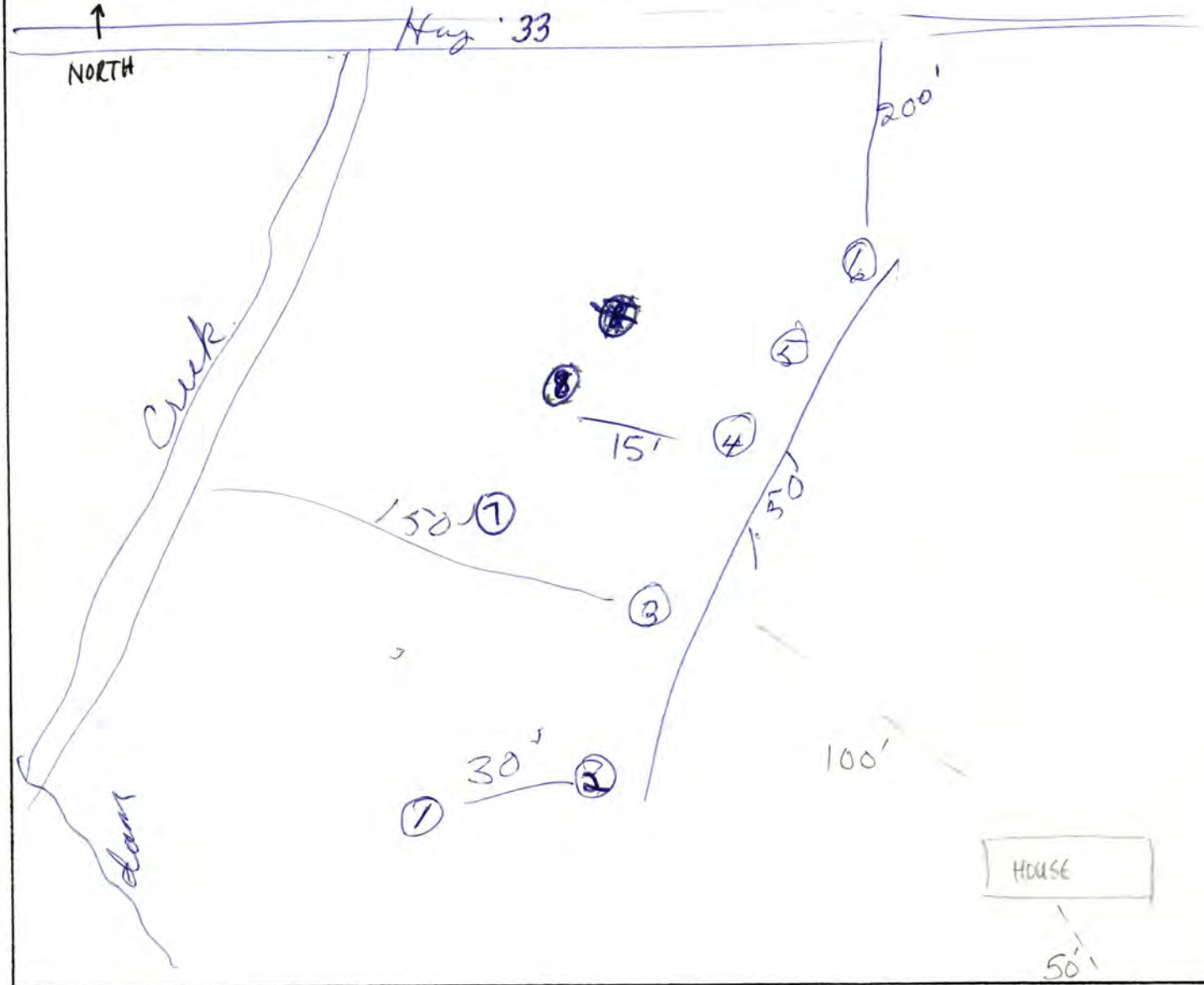
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 1654-C

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

Date: May 14, 1980

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 229 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 916 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

D

DATE: _____

FILE NO. _____

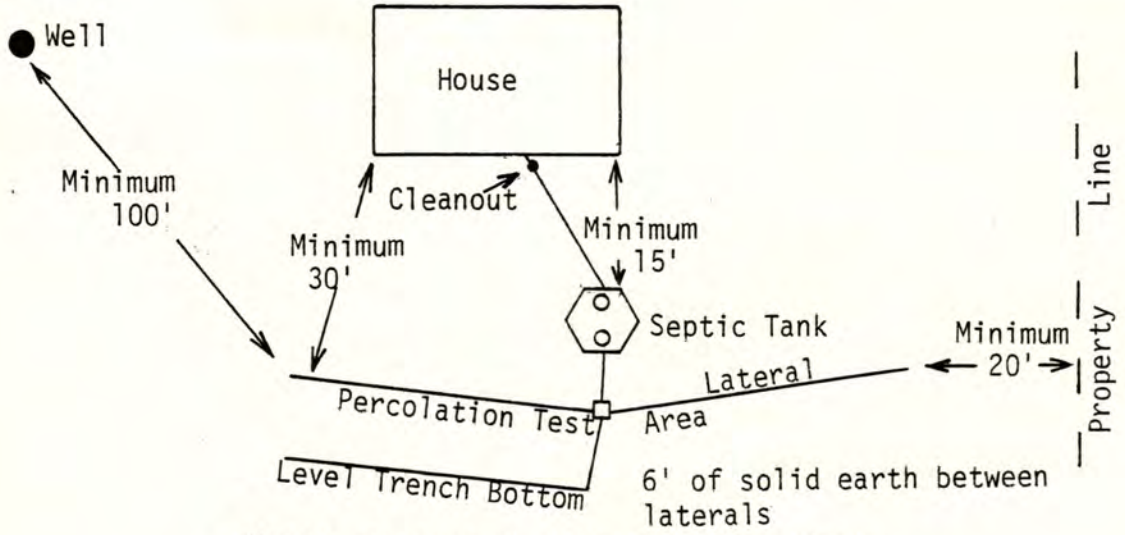
SPECIFICATIONS AS BUILT

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:
1. Material CONCRETE; No. of compartments 1.
2. Capacity 1000 GAL gals.;
3. Factory Built: Yes ☒ No ☐
(Company PRECAST STEP CO.)
4. Manholes: Over Inlet; diam. 8 in.
Over Outlet; diam. 12 in.
Riser Above ☐ Below ☐ Grade ___ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 14 in.
8. Distances to:
Well or Suction Line 160 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 200 ft.

C. DISTRIBUTION BOX:
1. Material PLASTIC; Number - available outlets 7.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 33 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 12" or Perforated Pipe _____.
Material: fiberglass ☒; plastic ☐; concrete ☐ ; other _____.
2. Lateral Lines:
Number 3; Length of each line 80, 76, 76, _____, _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines 20 ft.
3. Trench dimensions: Width 4 ft.;
Slope 4 in/100 ft.; Average Depth 2½ FT ~~in.~~
4. Filter Material: ROAD GRAVEL
Depth of Material 18 in.
5. Distances to:
Well or Suction Line 200 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 200 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT
SEWAGE SYSTEM REPAIR

No. 89390000201

Issued 07/31/89
Expires 01/31/90

ESTABLISHMENT
MICHAEL ROSBURG
T8N R5E SEC 20 QTR NW
LOT SW49

FEES: Permit 018754 $30.00

Total $30.00

Issued By COUNTY HEALTH

PERMITTEE MICHAEL ROSBURG
RRC001
BOX 0048F
MARTELL NE 68404

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

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
2/20/92	PAID

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT
SEWAGE SYSTEM REPAIR

No. 89390000201

Issued 07/31/89
Expires 01/31/90

ESTABLISHMENT
MICHAEL ROSBURG
T8N R5E SEC 20 QTR NW
LOT SW49

FEES: Permit 015754 $30.00

Total $30.00

PERMITTEE MICHAEL ROSBURG
RR2001
BOX 0048F
MARTELL NE 68404

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
8/30/89	PAID

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: 471-7800)

FILE NO. 89390000201

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

DATE: 4-24-89

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. 8N ; Range 5E ; Section NW 1/4-20 ;
Block ; Lot SW49 ; Addition
Street Address

2. Property Use: Residential X ☐; Commercial ☐
No. Bedrooms 4
Describe
Other Use ☐
Describe

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

4. Description of proposed alteration, extension or repair: Installed a lagoon - added to existing sewage line

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

6. Estimated cost of project:

a. Materials	$ >400 .00
b. Labor	$
c. Other	$
TOTAL	$

Michael Rooney
Signature of Applicant (owner or lessee)

Rt 1 Box 48F Martell Nebr. 68404.
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 4-24-89
Filing Fee: $ 30.00

2. Site Visits:
Date: 4-24-89 by: rmm need fence
Date: 7-24-89 by: [illegible]
Date: 2/19/92 by: L.C.H.

3. Date: Approved ☒; Disapproved ☐
by: Ron Hoyt

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 2/20/92 by: L.C. Hool

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: 471-7800)

FILE NO. 8939000201

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

DATE: 4-24-89

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. 8N ; Range 5E ; Section NW 1/4-20 ;
Block ; Lot SW49 ; Addition
Street Address

2. Property Use: Residential X ☐; Commercial ☐
No. Bedrooms 4
Describe
Other Use ☐
Describe

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

4. Description of proposed alteration, extension or repair: Installed a lagoon - added to existing sewage line

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

6. Estimated cost of project:

a. Materials	$	400 00
b. Labor	$	
c. Other	$	
TOTAL	$	

Michael Rowley
Signature of Applicant (owner or lessee)

Rt 1 Box 48F Morrill Nebr. 68464
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 4-24-89
Filing Fee: $ 30.00

2. Site Visits:
Date: 4-24-89 by: rmm need fence
Date: 4-24-89 by: " "
Date: 2/19/92 by: L.C.H.

3. Date: Approved ☒; Disapproved ☐
by: Ron Hayward

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 2/20/92 by: L.C. Hool

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

D

DATE: _____

FILE NO. _____

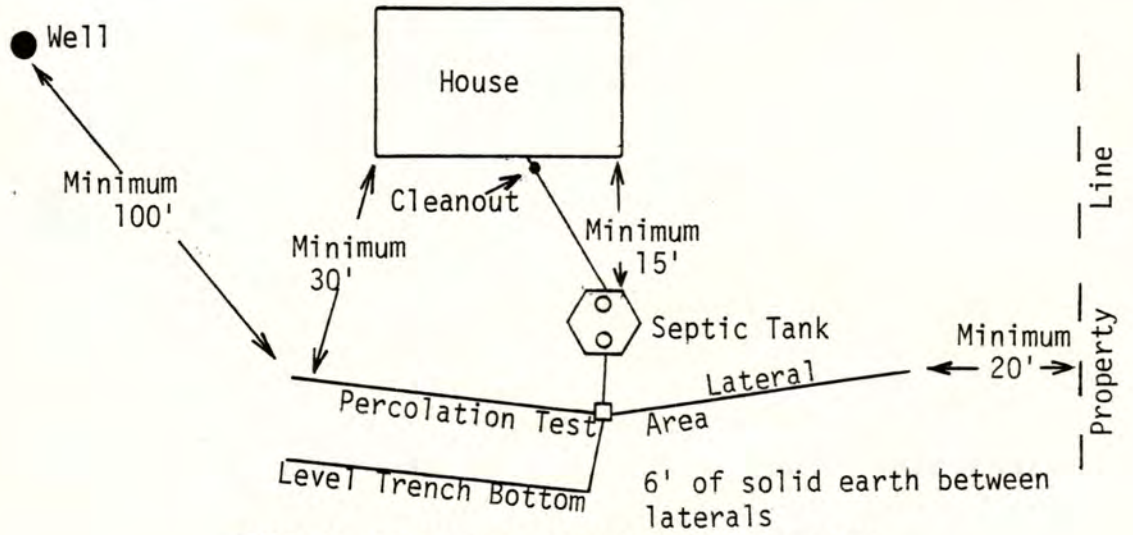
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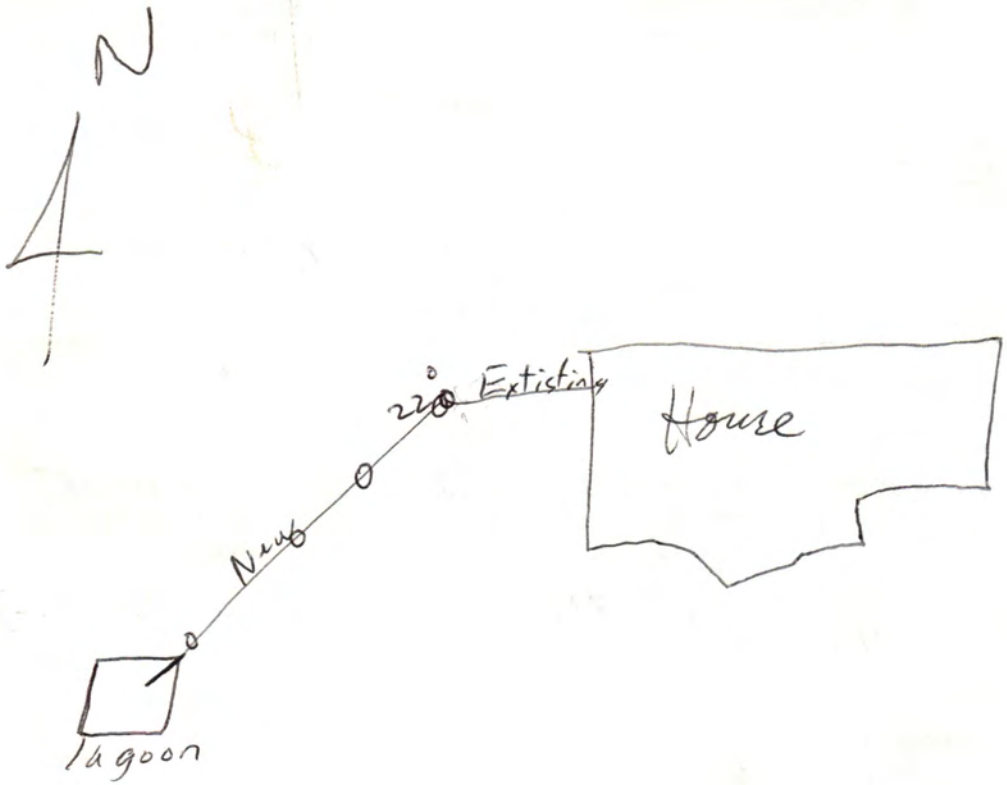
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2. Capacity 1000 GAL gals.;
3. Factory Built: Yes ☒ No ☐
(Company PRECAST STEP CO.)
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Over Outlet; diam. 12 in.
Riser Above ☐ Below ☐ Grade ___ in.
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D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 12" or
Perforated Pipe _____.
Material: fiberglass ☒; plastic ☐; concrete ☐ ; other _____.
2. Lateral Lines:
Number 3; Length of each line 80, 76, 76, _____, _____ ft.;
Total length of laterals _____ ft.;
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3. Trench dimensions: Width 4 ft.;
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4. Filter Material: ROAD GRAVEL
Depth of Material 18 in.
5. Distances to:
Well or Suction Line 200 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 200 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N
220°
Existing
House
N24°
lagoon

AS BUILT DRAWING OF SYSTEM

DATE 6 - 80 INSTALLER BRAD SOUTHWICK
HICKMAN, NE 68372

