LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 963-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

May 9, 1977 — THIS PERMIT EXPIRES

Arthur Hornung — ISSUED TO

RFD #1, Roca, NE 68430 — ADDRESS

T8N; R7E; Sec. 5 S½ NE¼ — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624-1535	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

430-3719

FORM HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 963-C

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

DATE: Nov 9, 1976

The undersigned hereby requests SITE CLEARANCE 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 7E ; Section S½ 5 NE¼ 80ac +/-
Block ____ ; Lot ~~NE¼~~ ; Addition ____
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: ____ ft.

Arthur ~~Gerald~~ Horning
Signature of Applicant (Owner or Lessee)

RFD #1 Roca
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 11/9/76 . Date Frwd. 11/9/76 . ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. ____ . Date Frwd. ____ . ACTION: Approved ☐ Disapproved ☐ Signature: ____

3. City or County Engineer: Date Rec'd. 11/19/76 . Date Frwd. 11/19/76 . ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff Rec'd 11/19/76 mcb.

REMARKS OR REASONS FOR DISAPPROVAL ____

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT 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: 475-6221)

FILE NO. _____

DATE: Nov 9, 1976

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 appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 8N ; Range 7E ; Section S½ OF NE¼ 5 ; Block _____ ; Lot H.T. ; Addition _____.
   Street Address RR1 Roca.

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

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

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Arthur Vanning
Signature of Applicant (owner or lessee)

RR 1 Roca
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
   Date: 12-21-76 by: _____
   Date: _____ by: _____
   Date: _____ by: _____

3. Date: Approved ☒ ; Disapproved ☐ 11/9/76
   by: Jerrold C. Head

4. INSTALLATION FINAL WRITTEN APPROVAL
   Date: 12-21-76 by: Ron Maynard

FORM HD- 45(73) PLANS & SPECIFICATIONS
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: 475-6221)

FILE NO. 963-C

SPECIFICATIONS

DATE: _____

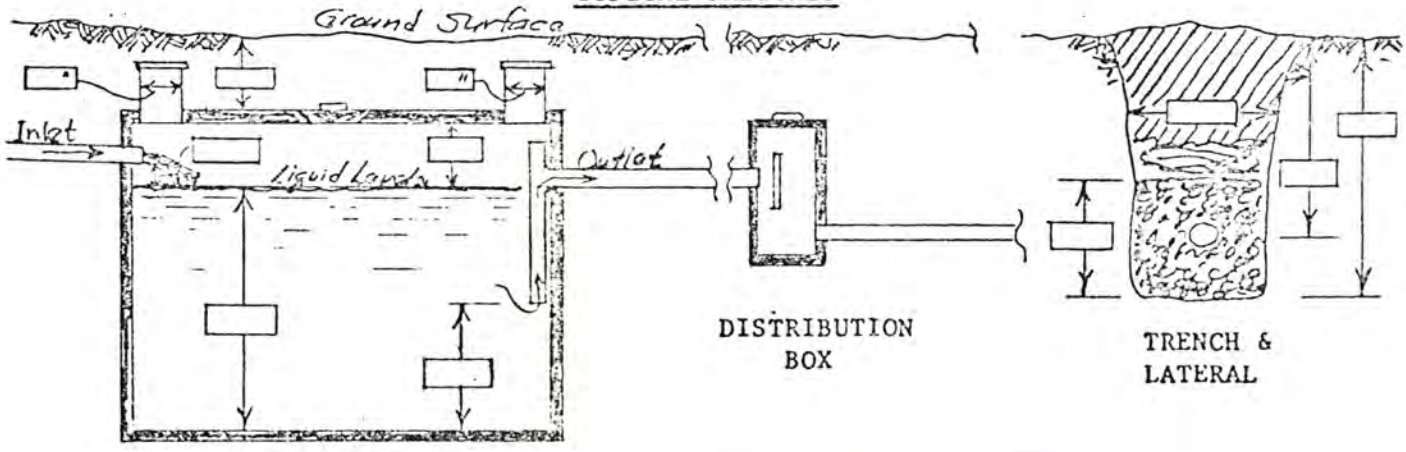
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property 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 ____; Length of each line ___ft
Total length of Laterals 132 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 48 in.
4. Filter Material: _____.
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: 12 minutes/inch

TYPICAL SKETCHES



SEPTIC TANK

DISTRIBUTION BOX

TRENCH & LATERAL

Arthur Warnung
Signature of Applicant

FORM HD- 43(73) 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 475-6221)

FILE NO. 963 - C

PROPERTY WHERE SOIL TESTED:
Location: Township 8 ; Range 7E
Section & ¼ Sect. NE¼ 5
Property Dimensions: ___ ft. x ___ ft.
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: Arthur Wemuny
Address RR#1 Roca

Dates of Tests: Oct 2 to Oct 3. Weather: Precip. ___ Temp. ___°

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"	10/2	10:00	10/3	10:00	10/3	12:00	6"	12:30	4 3/4	30	1¼	
2	"	"	"	"	"	"	12:10	"	12:40	2 3/4	"	3¼	
3	"	"	"	"	"	"	12:20	"	12:50	2½	"	3½	
4	"	"	"	"	"	"	12:30	"	1:00	3¼	"	2½	
5	"	"	"	"	"	"	12:40	"	1:10	4	"	2	
6	"	"	"	"	"	"	12:50	"	1:20	4½	"	1½	

Sum of Percolation Rates ___
Average of Rates: ___
Mean of Rates: ___

John Stolmeyer
Signature of Person Conducting Test

Address ___
Phone: ___

(Do not write below this line)

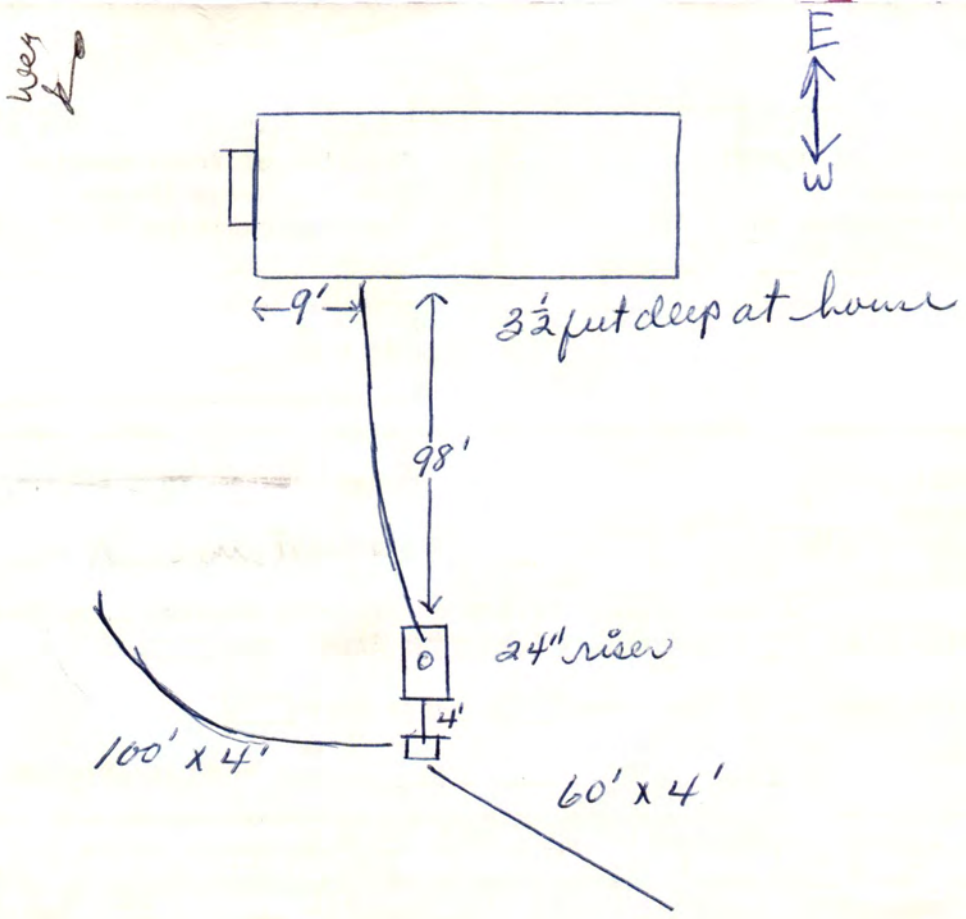
REVIEWING ACTION

REMARKS: ___

Approved Percolation Rate(s)
A. 12 min./inch
B. ___ min./inch
C. ___ min./inch

DATE: November 9, 1976

Gerrold C. Hoab
Signature of Reviewing Official


E
W
9'
3½ feet deep at house
98'
24" riser
4'
100' x 4'
60' x 4'

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
Lincoln, NE 68510-1514
ENVIRONMENTAL HEALTH DIVISION
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit No. 97380162101

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 07/21/97
Expires 01/21/98
Revenue Code 18754

Establishment

ARTHUR HORNUNG
T8N R7E SEC 5

FEES: $150.00

TOTAL $150.00

Permittee

ARTHUR HORNUNG
RRT 001
ROCA NE 68430

Issued By M. Jane Ford
Health Director

5042

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

A

Permit Number:

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 5054 (no rural route) City Roca NE, Zip 68430

Legal Description NE 5 8N 7E
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Mr+Mrs ARTHUR HORNUNG Signature Arthur Hornung

Address John Stromer ↗ City/State/Zip Roca Ne 68430

☒ Check if owner designed system Home Phone 423-4092 Work Phone 109

C. Contractor

Name Larry Sintek Company Name Sintek Sons Co

Address 6720 N07 City/State/Zip Lincoln NE 68527

☐ Check if contractor designed system Work Phone 435-8868

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day_____ Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 7/16/97 Date frwd 7/17/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____

7-24-97 mm

Installation Final Written Approval

By Ron Maynard

Date 7-24-97

Business Office Use Only

Date Rec'd 07/17/97

Amt Paid $ 50.00

Rec'd By MS Cash/Check No. 5526

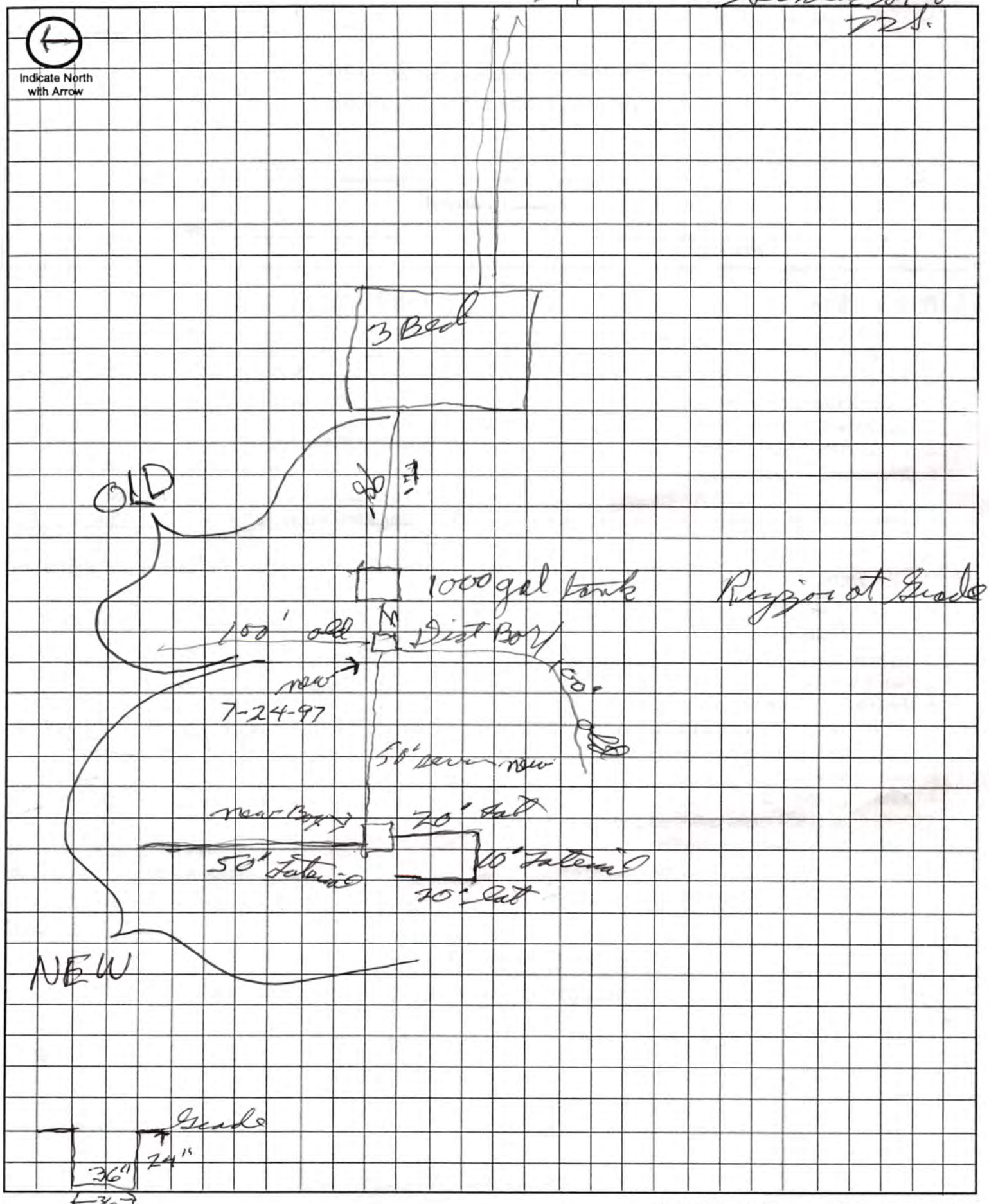
FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

As Built Drawing

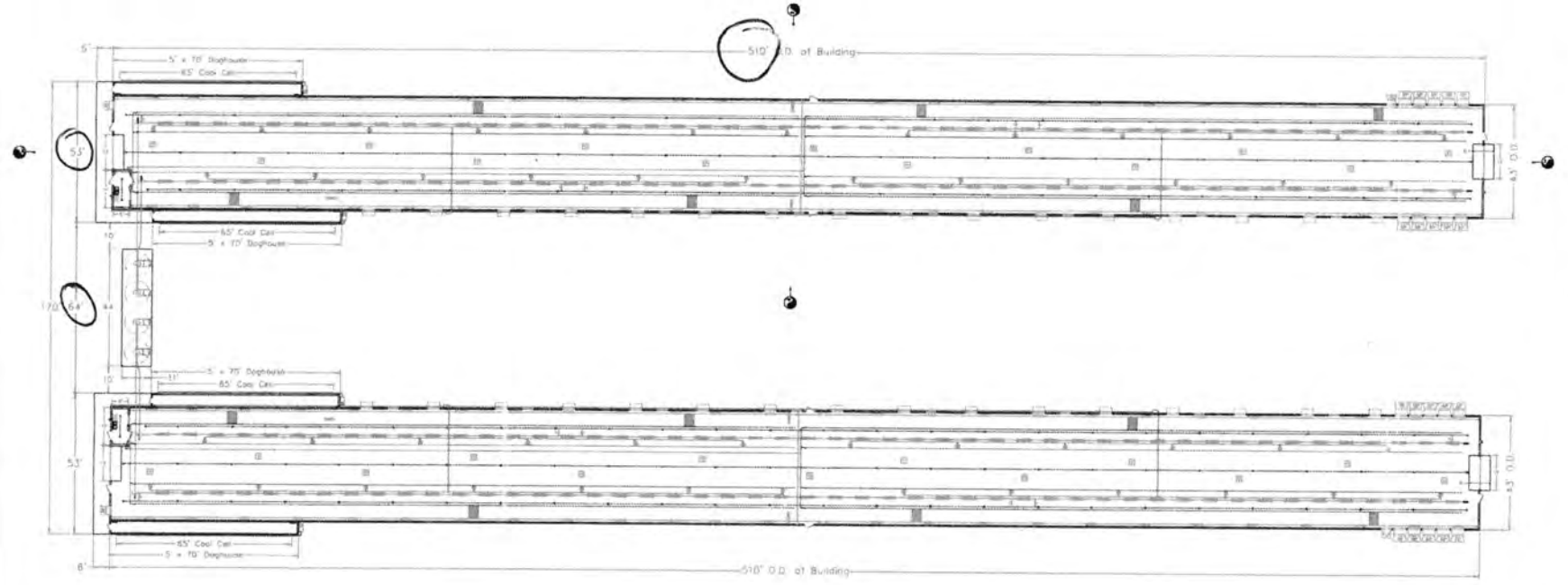
7-24-97

54th

Sinclair Co.
72 S.



Approximate Scale: _____ ft. = _____ grid line/s



Legend		
Symbol	Description	Quantity
	Light Fixture w/ Conduit	60 per Barn
	Electrical Panel	1 per Barn
	Manure Water Line w/ Flush	n/a
	Water Line	n/a
	Water Manifold	1 per Barn
	3" Brass Antifer Drain	n/a
	Floor Drain	n/a
	3" Plate Conveyoring System w/ Power Head	2 Lines per Barn
	Feed Hopper	2 per Barn
	Broiler Feed Pan	400 per Barn
	9" Bell Feed Bin	2 per Barn
	54" x 42" Anti-Access Hole	8 per Barn

Ventilation Schedule			
Symbol	Description	R.O.'s	Quantity
	36" Exhaust Fan	n/a	2 per Barn
	52" Exhaust Fan	n/a	10 per Barn
	4ft Inlet Door w/ E.S. Hinge	7' x 24'	12 per Barn
	6-Way Plastic Ceiling Inlet	n/a	13 per Barn
	Bit Fan	n/a	4 per Barn
	3' Curtain Machine	n/a	2 per Barn
	Inlet Ceiling & Garage Door Spring	n/a	n/a
	Ventilation Control	n/a	1 per Barn
	Curtain Pockets & Curtain	n/a	n/a
	Half-Moon Brood Curtain	n/a	1 per Barn
	65' x 4' Cool Cell System	n/a	2 per Barn
	17,000 BTU Infrasonic Heater	n/a	25 per Barn
	One Panel & One Line	n/a	n/a

Door Schedule				
Symbol	Description	R.O.'s	Concrete Opening	Quantity
A	3068 Plyco Series 99 Door	3'0" x 6'8"	4'0"	4 per Barn
B	3068 Plyco Series 99 Door	3'0" x 6'8"	3'0"	3 per Barn
C	10x8 Hand Roll-Out Door	10'-0"(W) x 10'-0"(H)	n/a	2 per Barn
D	Range Door	4'-0"(W) x 3'-0"(H)	n/a	14 per Barn
E	Insulated Window	n/a	n/a	9 per Barn

MIDWEST
LIVESTOCK SYSTEMS, Inc.

3600 North 6th Street
Beatrice, Nebraska 68310
Telephone: (402) 223-5281

Drawn By:
Benjamin E. Harris

This drawing is the sole property of Midwest Livestock Systems, Inc. and no part of this drawing may be used, reproduced, distributed or communicated in any form or by any means without prior written approval of Midwest Livestock Systems, Inc.

Fred Kay
Poultry Barn
Floor Plan

Date
05-28-09

REVISIONS

Scale:
None

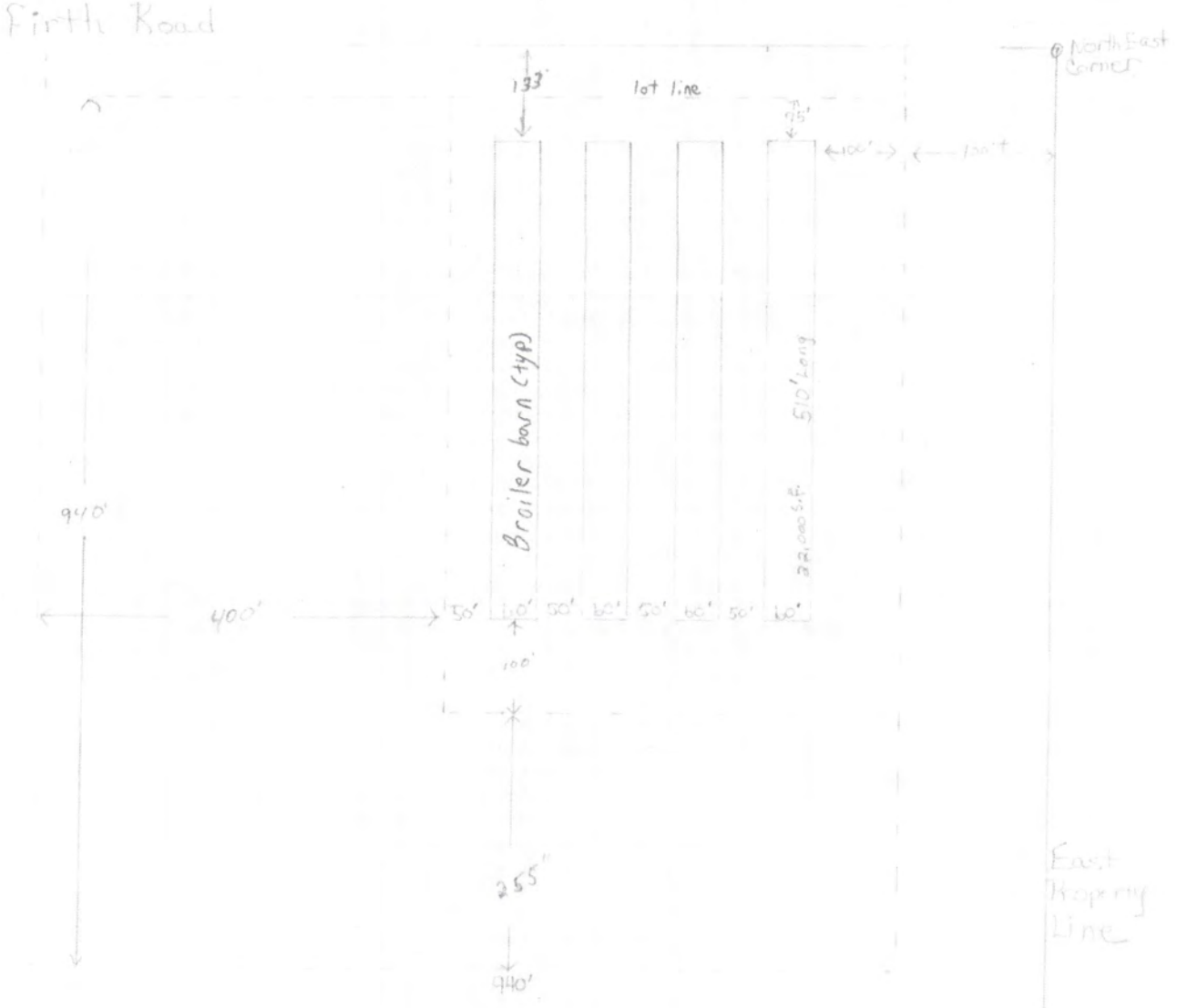
MLS 1

Locations and dimensions are benchmarks and can be adjusted on site with approval of project supervisor and/or owner.

N

PID 20-36-200-001-000

S36, T7, R8 6th principle meridian
W 1/2 / NE 1/4



940 is perimeter of 20 Acres.
685 x 540 is proposed site for 4 house.
(22,500 Broilers per House)

Heetderks Farm Nick Heetderks 402-540-1191

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

A. Building Sewer

1. Material: ? Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: NO
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Conc
   Number of compartments: 1
2. Capacity: _____ gal.
3. Factory built: ☒ Yes ☐ No Pre Cast
4. Manholes: Over inlet, diameter 8 in.
   Over outlet, diameter 8 in.
   Riser: ☐ above ☐ below grade At Right
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 16 in.
8. Distances to: Well or suction line 60 ft.
   Stream NO ft.
   Pressure line NO ft.
   Property line NO ft.

C. Distribution Box

1. Material: add Plastic
   Number available outlets: 7
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 60' ft.

D. Absorption Field

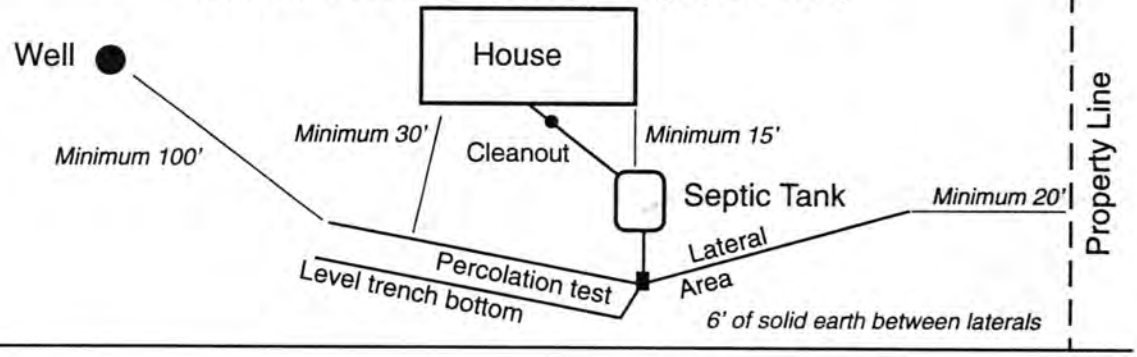
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☒ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: 4"
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: 20 ft. 10 ft.
   20 ft. 50 ft. _____ ft.
3. Trench dimensions: Width 36 ft.
   Slope .03 in/100 ft.
   Average depth 24" in
4. Filter material: Road Gravel
   Depth of material 12 in.
5. Distances to: Well or suction line 200 ft.
   Stream NO ft.
   Pressure line 200 ft.
   Property line _____ ft.

Indicate North with Arrow

Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 963-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

May 9, 1977 — THIS PERMIT EXPIRES

Arthur Hornung — ISSUED TO

RFD #1, Roca, NE 68430 — ADDRESS

T8N; R7E; Sec. 5 S½ NE¼ — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624-1535	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

430-3719

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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: 475-6221)

FILE NO. 963-C

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

DATE: Nov 9, 1976

The undersigned hereby requests SITE CLEARANCE 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 7E ; Section S½ 5 NE¼ 80ac +/-
Block ____ ; Lot ~~NE¼~~ ; Addition ____
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: ____ ft.

Arthur ~~Gerald~~ Horning
Signature of Applicant (Owner or Lessee)

RFD #1 Roca
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 11/9/76 . Date Frwd. 11/9/76 . ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. ____ . Date Frwd. ____ . ACTION: Approved ☐ Disapproved ☐ Signature: ____

3. City or County Engineer: Date Rec'd. 11/19/76 . Date Frwd. 11/19/76 . ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff Rec'd 11/19/76 mcb.

REMARKS OR REASONS FOR DISAPPROVAL ____

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT 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: 475-6221)

FILE NO. _____

DATE: Nov 9, 1976

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 appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 8N ; Range 7E ; Section S½ OF NE¼ 5 ; Block _____ ; Lot H.T. ; Addition _____.
   Street Address RR1 Roca.

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

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

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Arthur Vanning
Signature of Applicant (owner or lessee)

RR 1 Roca
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
   Date: 12-21-76 by: _____
   Date: _____ by: _____
   Date: _____ by: _____

3. Date: Approved ☒ ; Disapproved ☐ 11/9/76
   by: Jerrold C. Head

4. INSTALLATION FINAL WRITTEN APPROVAL
   Date: 12-21-76 by: Ron Maynard

FORM HD- 45(73) PLANS & SPECIFICATIONS
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: 475-6221)

FILE NO. 963-C

SPECIFICATIONS

DATE: _____

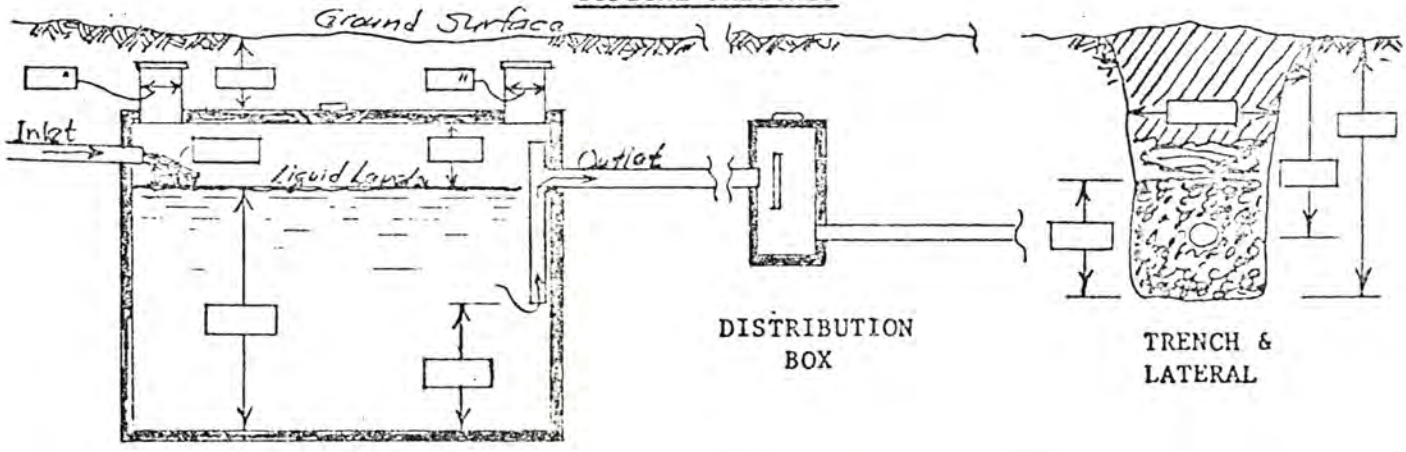
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property 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 ____; Length of each line ___ft
Total length of Laterals 132 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 48 in.
4. Filter Material: _____.
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: 12 minutes/inch

TYPICAL SKETCHES



SEPTIC TANK

DISTRIBUTION BOX

TRENCH & LATERAL

Arthur Warnung
Signature of Applicant

FORM HD- 43(73) 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 475-6221)

FILE NO. 963 - C

PROPERTY WHERE SOIL TESTED:
Location: Township 8 ; Range 7E
Section & ¼ Sect. NE¼ 5
Property Dimensions: ___ ft. x ___ ft.
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: Arthur Wemuny
Address RR#1 Roca

Dates of Tests: Oct 2 to Oct 3. Weather: Precip. ___ Temp. ___°

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"	10/2	10:00	10/3	10:00	10/3	12:00	6"	12:30	4 3/4	30	1¼	
2	"	"	"	"	"	"	12:10	"	12:40	2 3/4	"	3¼	
3	"	"	"	"	"	"	12:20	"	12:50	2½	"	3½	
4	"	"	"	"	"	"	12:30	"	1:00	3¼	"	2½	
5	"	"	"	"	"	"	12:40	"	1:10	4	"	2	
6	"	"	"	"	"	"	12:50	"	1:20	4½	"	1½	

Sum of Percolation Rates ___
Average of Rates: ___
Mean of Rates: ___

John Stolmeyer
Signature of Person Conducting Test

Address ___
Phone: ___

(Do not write below this line)

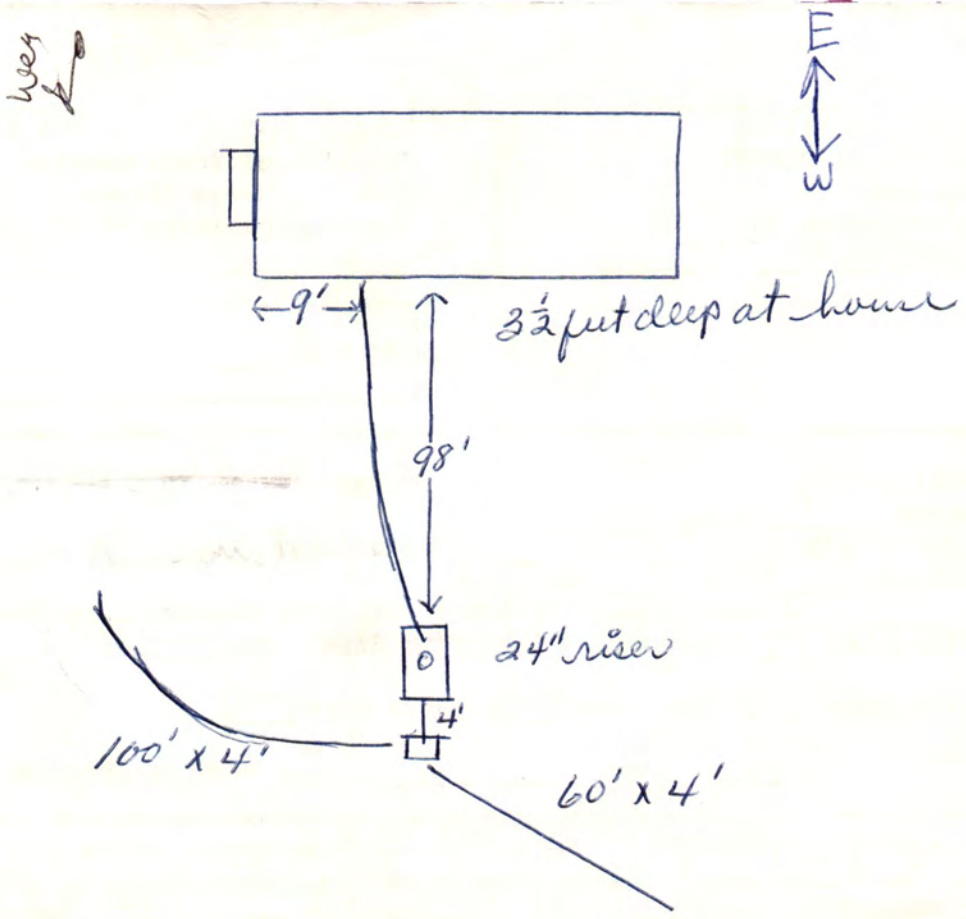
REVIEWING ACTION

REMARKS: ___

Approved Percolation Rate(s)
A. 12 min./inch
B. ___ min./inch
C. ___ min./inch

DATE: November 9, 1976

Gerrold C. Hoab
Signature of Reviewing Official


E
W
9'
3½ feet deep at house
98'
24" riser
4'
100' x 4'
60' x 4'

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
Lincoln, NE 68510-1514
ENVIRONMENTAL HEALTH DIVISION
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit No. 97380162101

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 07/21/97
Expires 01/21/98
Revenue Code 18754

Establishment

ARTHUR HORNUNG
T8N R7E SEC 5

FEES: $150.00

TOTAL $150.00

Permittee

ARTHUR HORNUNG
RRT 001
ROCA NE 68430

Issued By M. Jane Ford
Health Director

5042

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

A

Permit Number:

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 5054 (no rural route) City Roca NE, Zip 68430

Legal Description NE 5 8N 7E
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Mr+Mrs ARTHUR HORNUNG Signature Arthur Hornung

Address John Stromer ↗ City/State/Zip Roca Ne 68430

☒ Check if owner designed system Home Phone 423-4092 Work Phone 109

C. Contractor

Name Larry Sintek Company Name Sintek Sons Co

Address 6720 N07 City/State/Zip Lincoln NE 68527

☐ Check if contractor designed system Work Phone 435-8868

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day_____ Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 7/16/97 Date frwd 7/17/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____

7-24-97 mm

Installation Final Written Approval

By Ron Maynard

Date 7-24-97

Business Office Use Only

Date Rec'd 07/17/97

Amt Paid $ 50.00

Rec'd By MS Cash/Check No. 5526

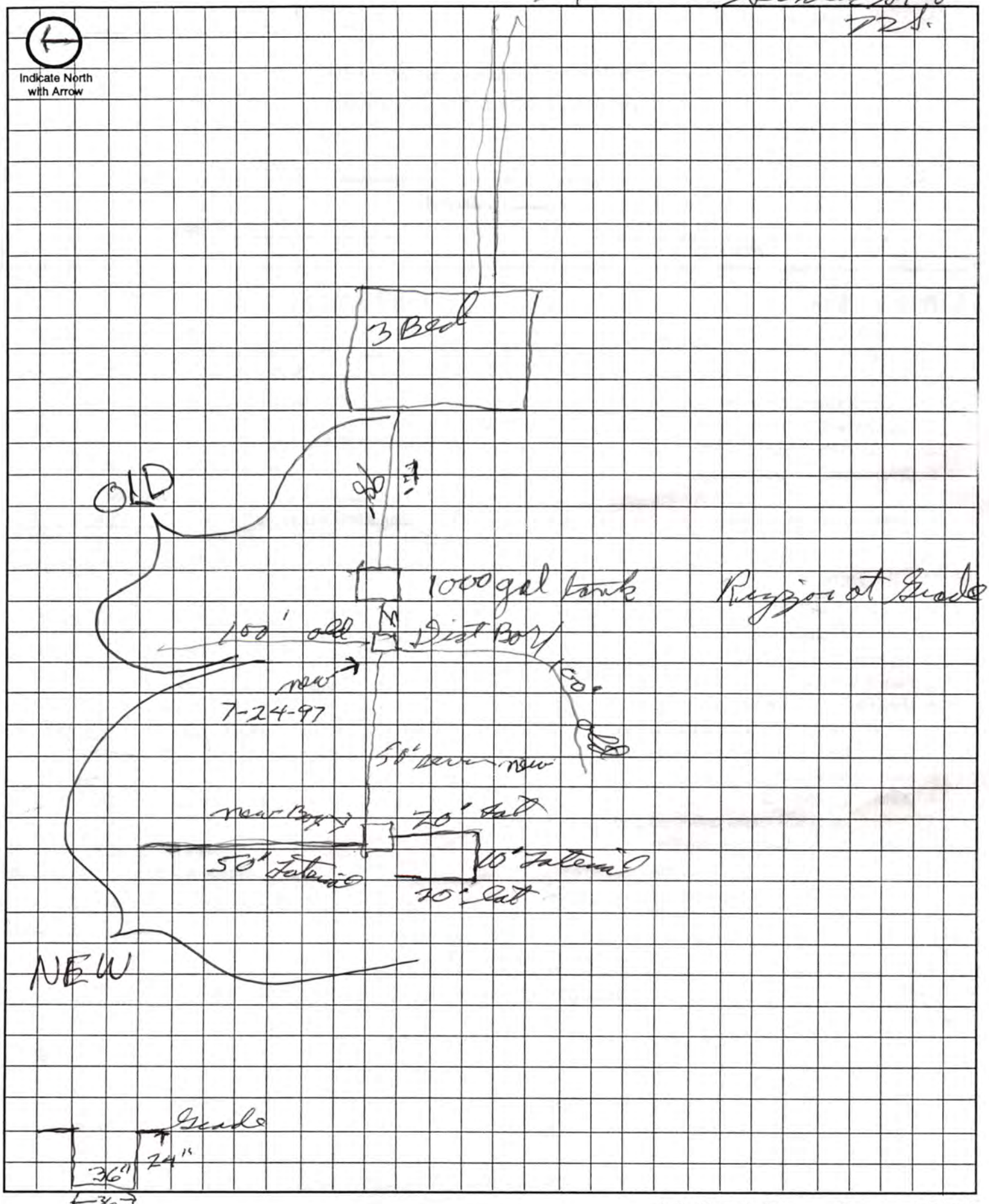
FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

As Built Drawing

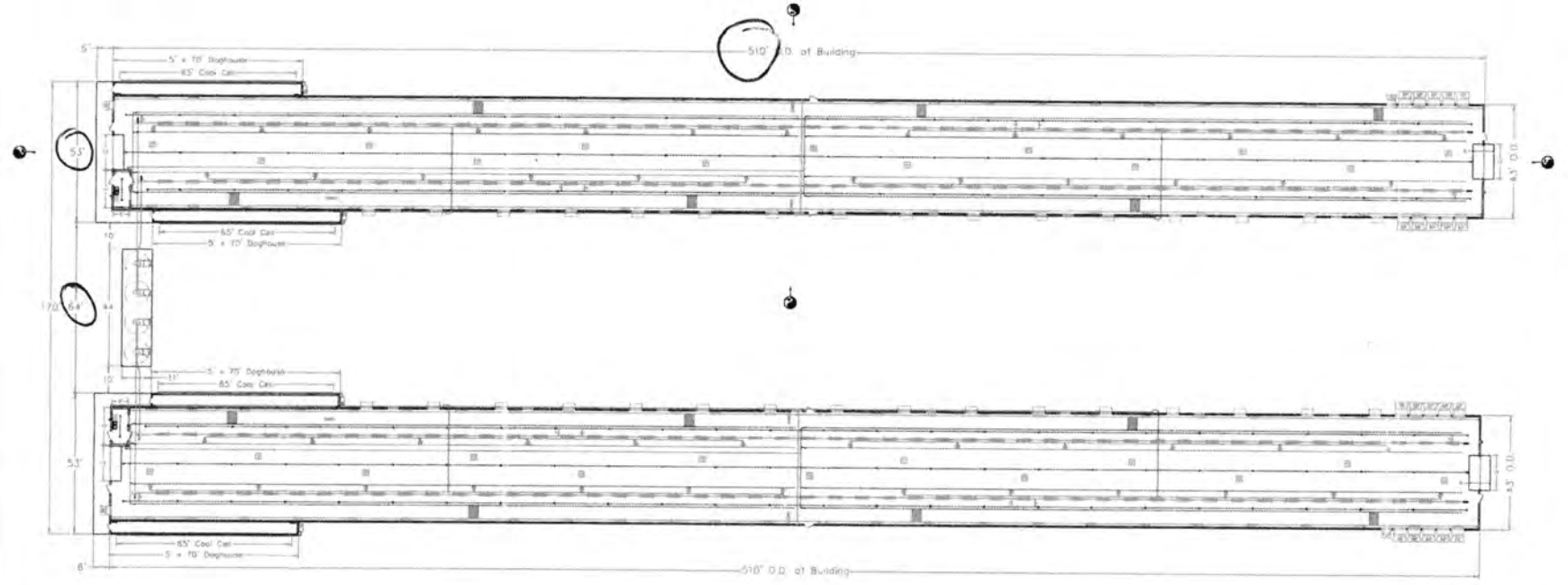
7-24-97

54th

Sinclair Co.
72 S.



Approximate Scale: _____ ft. = _____ grid line/s



Legend		
Symbol	Description	Quantity
	Light Fixture w/ Conduit	60 per Barn
	Electrical Panel	1 per Barn
	Manure Water Line w/ Flush	n/a
	Water Line	n/a
	Water Manifold	1 per Barn
	3" Brass Antifer Drain	n/a
	Floor Drain	n/a
	3" Plate Conveyoring System w/ Power Head	2 Lines per Barn
	Feed Hopper	2 per Barn
	Broiler Feed Pan	400 per Barn
	9" Bell Feed Bin	2 per Barn
	54" x 42" Anti-Access Hole	8 per Barn

Ventilation Schedule			
Symbol	Description	R.O.'s	Quantity
	36" Exhaust Fan	n/a	2 per Barn
	52" Exhaust Fan	n/a	10 per Barn
	4ft Inlet Door w/ E.S. Hinge	7' x 24'	12 per Barn
	6-Way Plastic Ceiling Inlet	n/a	13 per Barn
	Bit Fan	n/a	4 per Barn
	3' Curtain Machine	n/a	2 per Barn
	Inlet Ceiling & Garage Door Spring	n/a	n/a
	Ventilation Control	n/a	1 per Barn
	Curtain Pockets & Curtain	n/a	n/a
	Half-Moon Brood Curtain	n/a	1 per Barn
	65' x 4' Cool Cell System	n/a	2 per Barn
	17,000 BTU Infrasonic Heater	n/a	25 per Barn
	One Panel & One Line	n/a	n/a

Door Schedule				
Symbol	Description	R.O.'s	Concrete Opening	Quantity
A	3068 Plyco Series 99 Door	3'0" x 6'8"	4'0"	4 per Barn
B	3068 Plyco Series 99 Door	3'0" x 6'8"	3'0"	3 per Barn
C	10x8 Hand Roll-Out Door	10'-0"(W) x 10'-0"(H)	n/a	2 per Barn
D	Range Door	4'-0"(W) x 3'-0"(H)	n/a	14 per Barn
E	Insulated Window	n/a	n/a	9 per Barn

MIDWEST
LIVESTOCK SYSTEMS, Inc.

3600 North 6th Street
Beatrice, Nebraska 68310
Telephone: (402) 223-5281

Drawn By:
Benjamin E. Harris

This drawing is the sole property of Midwest Livestock Systems, Inc. and no part of this drawing may be used, reproduced, distributed or communicated in any form or by any means without prior written approval of Midwest Livestock Systems, Inc.

Fred Kay
Poultry Barn
Floor Plan

Date
05-28-09

REVISIONS

Scale:
None

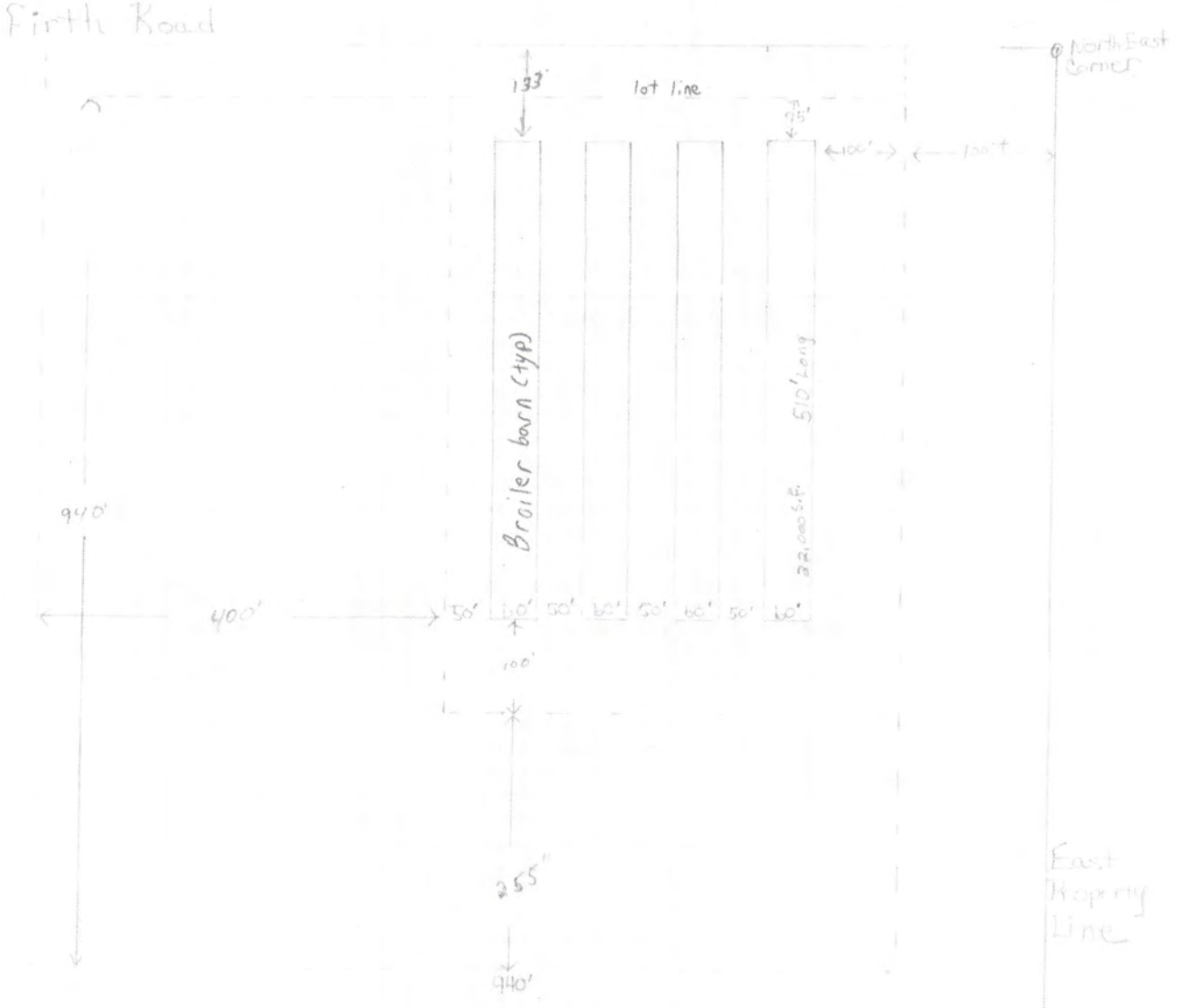
MLS 1

Locations and dimensions are benchmarks and can be adjusted on site with approval of project supervisor and/or owner.

N

PID 20-36-200-001-000

S36, T7, R8 6th principle meridian
W 1/2 / NE 1/4



940 is perimeter of 20 Acres.
685 x 540 is proposed site for 4 house.
(22,500 Broilers per House)

Heetderks Farm Nick Heetderks 402-540-1191

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

A. Building Sewer

1. Material: ? Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: NO
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Conc
   Number of compartments: 1
2. Capacity: _____ gal.
3. Factory built: ☒ Yes ☐ No Pre Cast
4. Manholes: Over inlet, diameter 8 in.
   Over outlet, diameter 8 in.
   Riser: ☐ above ☐ below grade At Right
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 16 in.
8. Distances to: Well or suction line 60 ft.
   Stream NO ft.
   Pressure line NO ft.
   Property line NO ft.

C. Distribution Box

1. Material: add Plastic
   Number available outlets: 7
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 60' ft.

D. Absorption Field

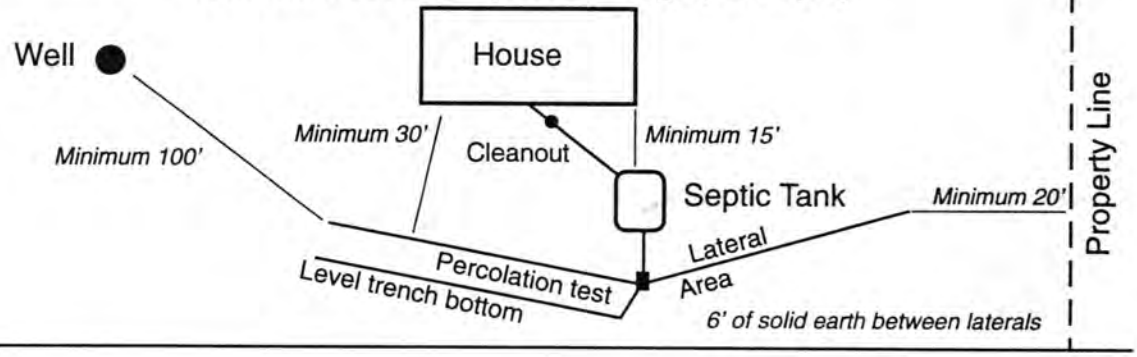
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☒ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: 4"
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: 20 ft. 10 ft.
   20 ft. 50 ft. _____ ft.
3. Trench dimensions: Width 36 ft.
   Slope .03 in/100 ft.
   Average depth 24" in
4. Filter material: Road Gravel
   Depth of material 12 in.
5. Distances to: Well or suction line 200 ft.
   Stream NO ft.
   Pressure line 200 ft.
   Property line _____ ft.

Indicate North with Arrow

Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96