LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 93380104301

Issued 08/10/93
Expires 02/10/94
Revenue Code 18754

Establishment
RONALD MCGILL
T12N R8E SEC 22
15000 DAVEY ROAD

FEES: $150.00

TOTAL $150.00

Permittee
RONALD MCGILL
RR0001
BOX 00184
WAVERLY NE 68462

Issued By M. Jane Ford
Health Director

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

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: 471-7800

A

FILING FEE: $ 150.00 #4946

RECEIVED AUG 04 1993

FILE NO. _____

DATE: 8-6-93

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. 12 N ; Range 8 E ; Section 22 ;
   Block _____ : Lot _____ : Addition _____
   Street Address 15600 Davey Rd

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

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

4. Distance to public sewer: _____ ft.

Ronald W McBee
Signature of Applicant (Owner or Lessee)

RT 1 Box 184 Waverly NE 68462
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/10/93. Date Frwd. 8/10/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nobe

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8/10/93. Date Frwd. 8/10/93. ACTION: Approved ☒ Disapproved ☐ Signature: Ray Spain

3. City or County Engineer: Date Rec'd. 8-10-93. Date Frwd. 8-10-93. ACTION: Approved ☐ Disapproved ☐ Signature: Larry L. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9-10-93 by: DM need fence (Contents present)
Date: 10-25-93 by: DM
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-25-93 By: Ron McBee

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

FORM 23-43

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

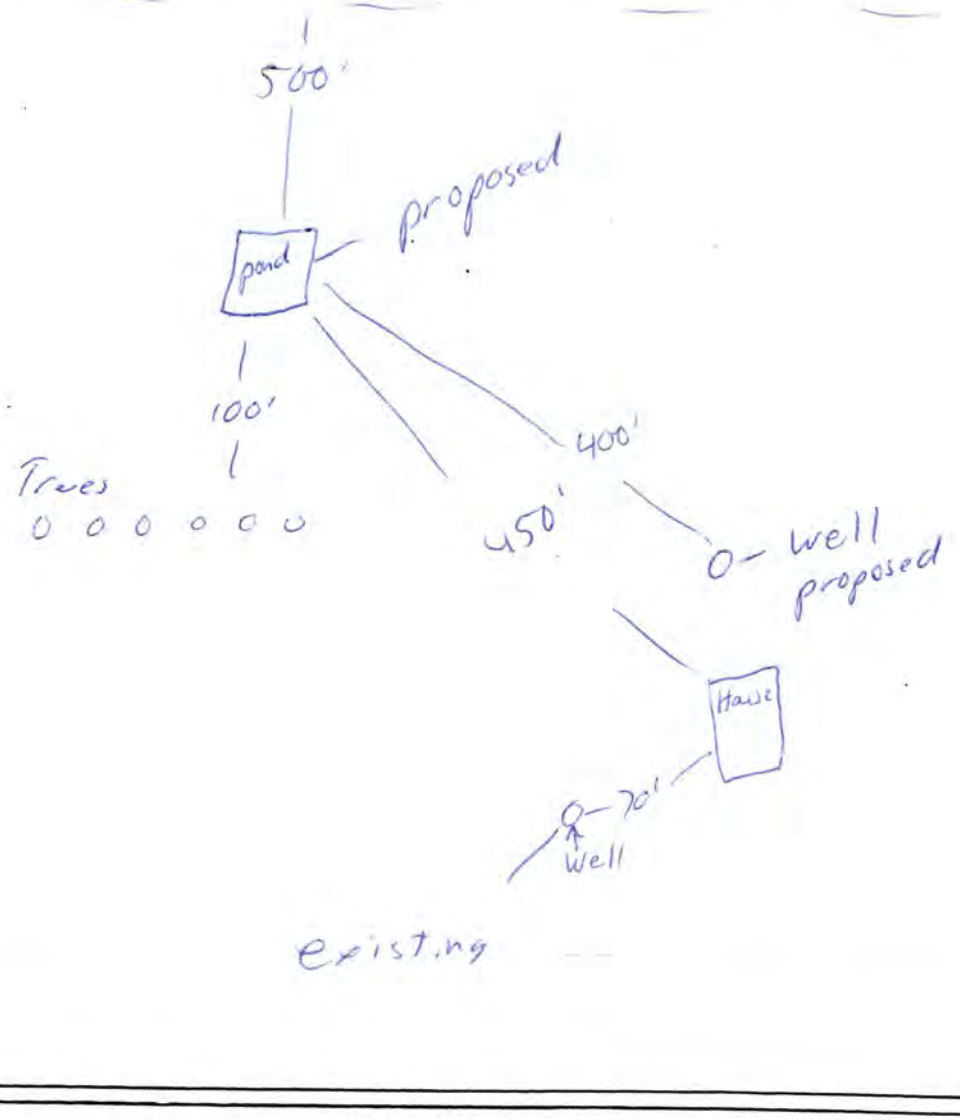
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO._____

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



REVIEWING ACTION

Remarks :_____

_____

Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed_____sq.ft.

_____
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: 471-7800

D

DATE: _____

FILE NO. _____

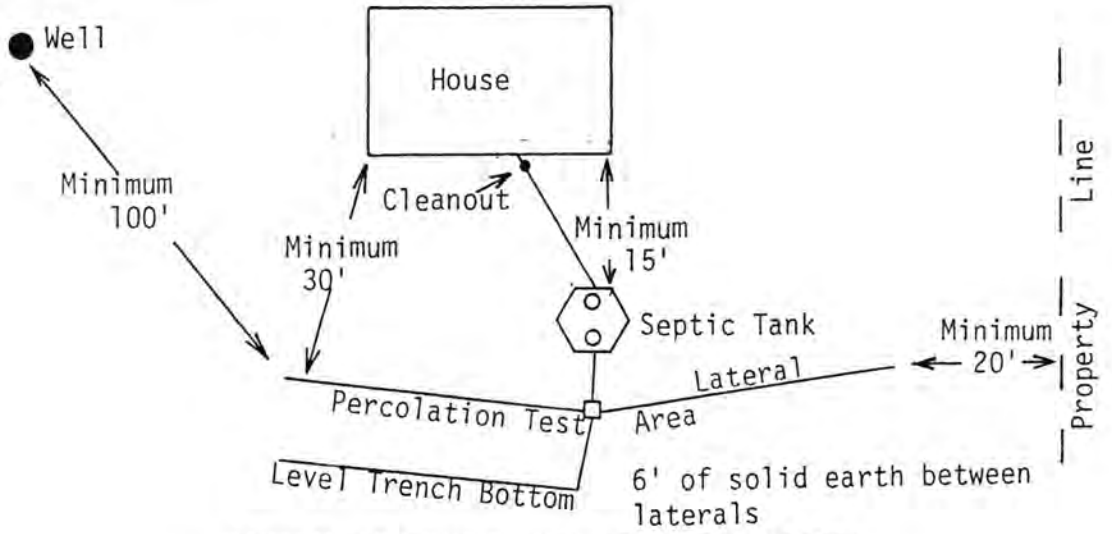
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material 2241; Diameter 4 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 _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ 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 _____ in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

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

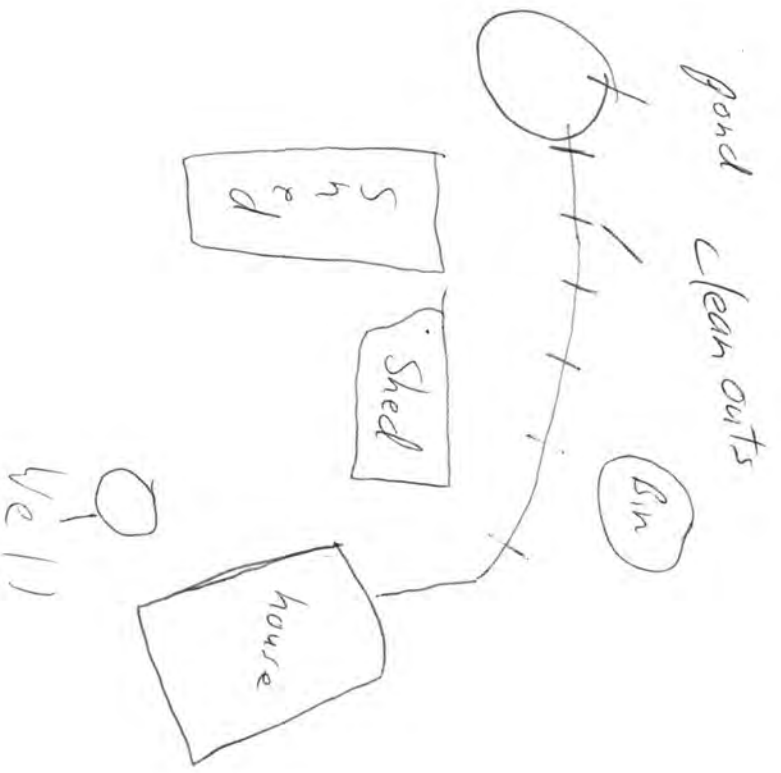
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☐
Diameter of Half Round _____ or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number ___ ; Length of each line _____, _____, _____,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



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 9-10-83 INSTALLER Ronald McGee



N 1

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1110-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

January 18, 1978
THIS PERMIT EXPIRES

Mancel E. McGill Waverly, NE 68462
ISSUED TO ADDRESS

T12N, R8E, Section 22
LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

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

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. 1111-C

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

DATE: July 15, 1977

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. 12N; Range 8E; Section 22
   Block _____; Lot _____; Addition _____
   Street Address _____ E½ OF SW¼

2. Property Use: Residential ☒ ; Commercial ☐
   No. of Bedrooms 1 . Describe: _____
   Other Use ☐
   Describe: _____

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

4. Distance to public sewer: _____ ft.

Marcel E. McDill
Signature of Applicant (Owner or Lessee)

Waverly, Neb.
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 7/15/77. Date Frwd. 7/18/77. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd. 7-18-77. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☒ Signature: Vern Baasch
3. City or County Engineer: Date Rec'd. 7/18/77. Date Frwd. 7/18/77. ACTION: Approved ☐ Disapproved ☒ Signature: Henry Graff

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 [X]

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1111-C

DATE: July 15, 1977

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. 12N ; Range 8E ; Section 22 ; Block ; Lot ; Addition .
Street Address .

2. Property Use: Residential [X]; Commercial [ ]
No. of Bedrooms 1
Other Use
Describe:
Describe:

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

Marcel E. McDill
Signature of Applicant (owner or lessee)
789-3075
Waverly, Nebr.
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: [redacted] by: [redacted]
Date: 7-29-77 by: [redacted]
Date: by:

3. Date: Approved [X]; Disapproved [ ] 7/15/77
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-29-77 by: James Wevelka

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. 1111-C

SPECIFICATIONS

DATE: _____

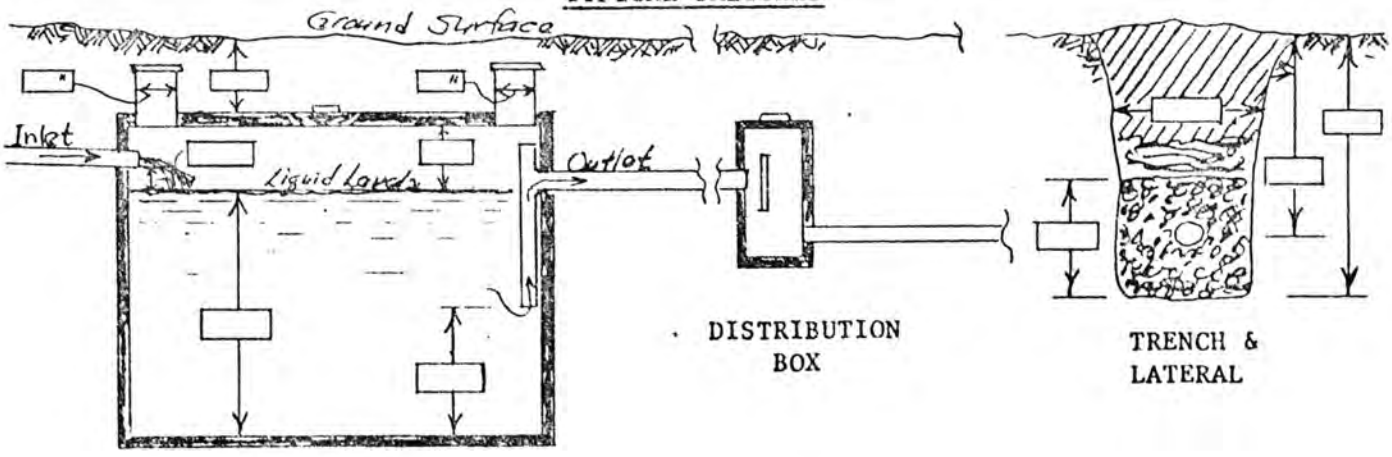
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity 600 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 90 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 36 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: _____minutes/inch

TYPICAL SKETCHES



_____
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 474-1541)

FILE NO. 1111-C

PROPERTY WHERE SOIL TESTED:
Location: Township Mill : Range 8
Section & ¼ Sect. 22 ~~E~~ ½ SW ¼
Property Dimensions: ____ ft. x ____ ft.
Area: ____ acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ; Silty Clay Loam ; X Sandy Loam
Silty Loam ; Clay Loam ; Sandy Clay

Owner: W. H. McGill
Address: Waverly, Neb.

Dates of Tests: July 13, 1977 to July 13, 1977. Weather: Precip. 0 Temp. 95°

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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	34	7-13	9:00	7-13	10:00	7-13	10:30	12"	11:30	19½"	10	1½"	8
2	32	7-13	9:00	7-13	10:00	7-13	10:30	12"	11:31	22½"	10	1¾"	5.7
3	34	7-13	9:00	7-13	10:00	7-13	10:30	12"	11:32	21"	10	1½"	6.7
4	30	7-13	9:00	7-13	10:00	7-13	10:30	12"	11:33	20¼"	10	1⅜"	7.3
5	33	7-13	9:00	7-13	10:00	7-13	10:30	12"	11:34	22½"	10	1¾"	5.7
6	35	7-13	9:00	7-13	10:00	7-13	10:30	12"	11:35	23¼"	10	1⅞"	5.3

Sum of Percolation Rates: 38.7
Average of Rates: 6.45
Mean of Rates:

Marcel E McGill
Signature of Person Conducting Test

Address Waverly Neb.
Phone 789-3075

(Do not write below this line)

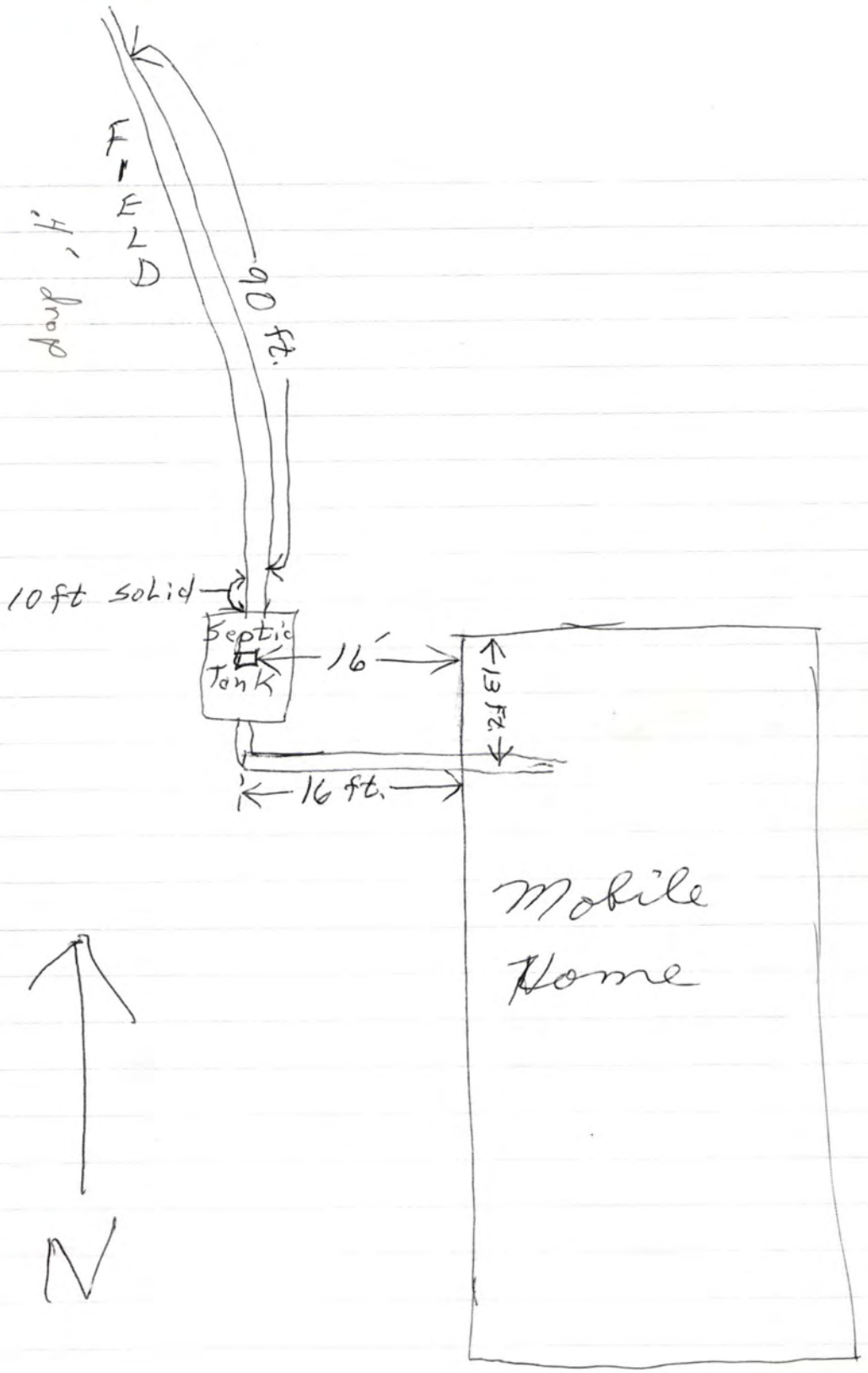
REVIEWING ACTION

REMARKS: Wedville Sandy Loam. (S.C.L)

DATE: July 15, 1977

Approved Percolation Rate (a)
A. 6 min./inch
B. ____ min./inch
C. ____ min./inch

Gerrold C. Hoos
Signature of Reviewing Official


FIELD
90 ft.
drop 1'
10 ft solid
Septic Tank
16'
13 ft.
16 ft.
Mobile Home
N