Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

008324

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR
ADDING DRAIN FIELD

Permit # 05390084101

Issued 10/14/05
Expires 10/14/06
Revenue Code 3157

Establishment

JOHN MCGILL
T12N R8E SEC 33 QTR SW
IRREGULAR TRACT LOT 15&16
15505 N 141 ST-WAVERLY

FEES: $150.00

Permittee

JOHN MCGILL
15505 N 141 ST
WAVERLY NE 68462

TOTAL: $150.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

#05390084 (

OCT 13 2005

Application to Alter, Extend or Repair an Individual Sewage Disposal System

☐ Municipal Code 24.38 ☒ County Resolution Number 2832

The undersigned hereby applies for a permit to: ☐ **ALTER** ☒ **EXTEND** ☐ **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:**
   Township 12 N Range 8E Section 33 1/4 Section ~~SE~~ SW/N 1/2
   Block ____ Lot 15 & 16 I.T. Addition ____
   Parcel ID __-____-____-___ ___-____ (i.e. 99-99-999-999-999)
   Street Address 15505 N 141 ST Waverly, NE 68462

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe ____

3. **Type of Present Individual Disposal System** ☒ septic tank ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** adding drain field

5. **Work to be done by:** ☐ owner ☒ contractor's name Michael P. Dietze

6. **Estimated project:**
   a. Repair, replace or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A "construction permit" is required if the use, operation, location, or type of the system is being change.

Print Name John McGill Address 15505 N 141 St Phone 402 786-3876
Applicant Signature (owner or lessee) ____

Please include the permit fee ($150.00) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

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HEALTH DEPARTMENT USE ONLY

Date received 10/14/05 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

Site visits
Date 3/2/06 By J.C. Hood
Date __/__/__ By ____
Date __/__/__ By

Installation final written approval
Date 3/2/06 By J.C. Hood

Return application to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Business Office Use Only
Received: Date: 10/14/05 Amount $150.00 Check No. 23302 Initials ____

White - Division Copy Pink - Business Office Revised 9/00

10/14/05 #23302 $150.00

OCT 13 2009

B

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

Permit Number: 0539 00841

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

SW
~~N1/2~~ SE 1/4 SEC 33 T 33 N R 8E

System Location (Indicate correct number and street)

Address 15505 No. 141st (no rural route) City Waverly NE, Zip 68462

Owner John McGill Address 15505 No 141st

Soil Type (SCS): Silty Clay Percolation Rate: 60 min./inch

Date of Tests 3/26 to 3/27 Weather: Precipitation none Temperature 50+

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	36	3/26	10:00	3/27	12:00	3/27	3:30	31 1/2	3/27	4:00	30	3/4	40
2	37	3/26	10:00	3/27	12:00	3/27	3:30	30 1/4	3/27	4:00	30	13/16	37
3	36	3/26	10:00	3/27	12:00	3/27	3:30	32 5/8	3/27	4:00	30	3/4	40
4	36	3/26	10:00	3/27	12:00	3/27	3:30	30 7/8	3/27	4:00	30	11/16	44
5	38	3/26	10:00	3/27	12:00	3/27	3:30	31 5/8	3/27	4:00	30	13/16	37
6	36	3/26	10:00	3/27	12:00	3/27	3:30	28 1/2	3/27	4:00	30	1/2	60

Person Conducting Percolation Tests

Name: Claude Oie PE-3939

Phone: 402-423-0614 402-479-4532

Address 5910 S. 52nd St. Cr.
Lincoln NE 68516

Sum of Percolation Rates: 258

Average of Rates: 43

Rate Used for Calculation: ~~30~~ 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

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 3-2-2006

System Location (Indicate correct number and street)

Address 15505 N 141st (no rural route) City Waverly NE, Zip 68462

A. Building Sewer

1. Material: /
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance 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: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 10
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 61 ft.

D. Absorption Field

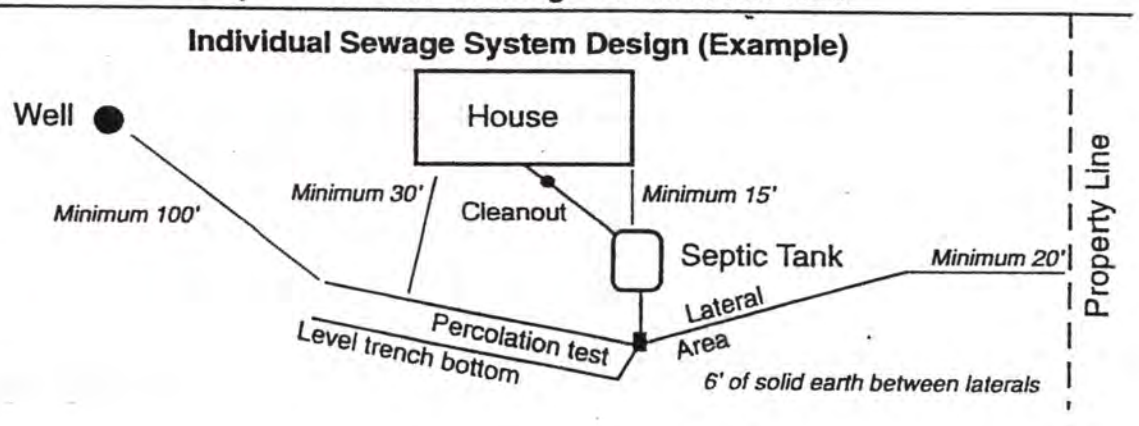
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☒ other Hi cap infiltrator
2. Lateral lines: Number 2
   Length of each line: 143 ft. 119 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 0 in/100 ft.
   Average depth 30" in
4. Filter material: GRAVEL
   Depth of material _____ in.
5. Distances to: Well or suction line 100 ft
   Stream NA ft.
   Pressure line NA ft.
   Property line 100 ft ft.

Indicate North with Arrow

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

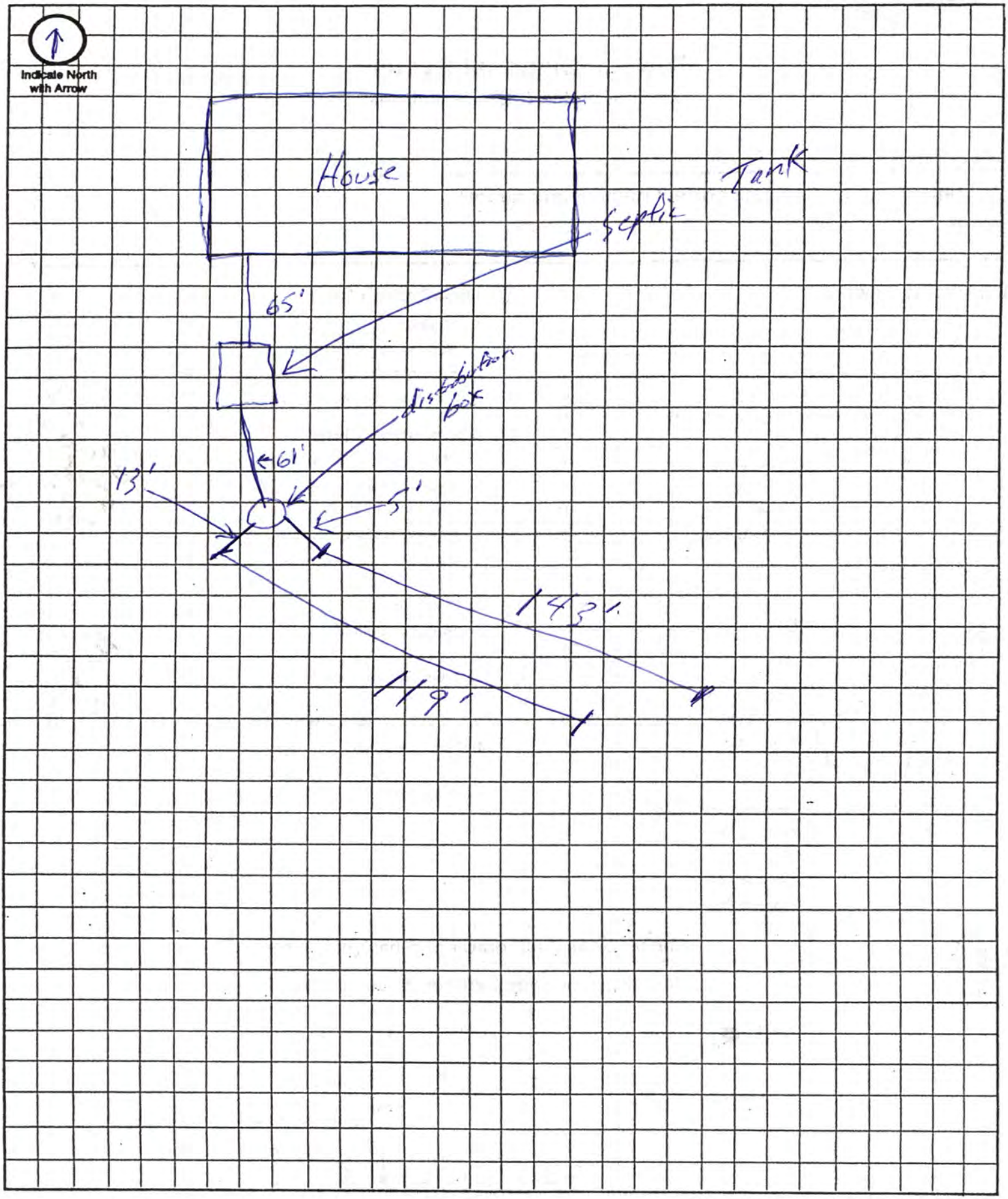
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

15505 NORTH 141ST STREET



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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1386-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

February 15, 1979 — THIS PERMIT EXPIRES

John L. McGill — ISSUED TO

RFD, Waverly, NE 68462 — ADDRESS

T12N, R8E, Section 33, Lot 2 I.T.

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
F Golden	8-15-79	30.00

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH

ISSUING OFFICER

2832

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

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: $ 30.00

FILE NO. 1386-C

DATE: 8-13-78

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. 12N ; Range 8E ; Section 33 ; Block _____ : Lot 2 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.

TO BE DETERMINED BY PERCOLATION TEST
HOUSE ALREADY BUILT

John L. McGill
Signature of Applicant (Owner or Lessee)

RFD #1 Waverly, Nebr. 68462
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/15/78. Date Frwd. 8/15/78. ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 8/15/78. Date Frwd. 8/15/78. ACTION: Approved ☒ Disapproved ☐ Signature: Elaine J. Reese

3. City or County Engineer: Date Rec'd. 8-15-78. Date Frwd. 8-15-78. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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. 1386-C

PROPERTY WHERE SOIL TESTED:

Location: Township 12N; Range 8E; Section & ¼ Section 33.
Property Dimensions: _____ ft. x _____ ft. Area: 74 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 8-8 to 8-9. Weather: Precip. 0 Temp. 85.

OWNER: John L. McGill
Address: RFD #1 Box 195 Waverly, Nebr. 68462

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	30	8-8	3:50 P.M.	8-9	8:35 A.M.	8-9 A.M.	11:30 A.M.	15½	12:00	15⅞	30	⅜	
2	30	8-8	3:50	8-9	8:35	"	"	9⅝	"	10¼	30	⅝	
3	26	8-8	3:50	8-9	8:35	"	"	10½	"	11¼	30	¾	
4	28	8-8	3:50	8-9	8:35	"	"	13¾	"	14¼	30	½	
5	30	8-8	3:50	8-9	8:35	"	"	14⅓	"	14½	30	⅛	
6	24	8-8	3:50	8-9	8:35	"	"	9⅞	"	10¼	30	⅜	

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

John L. McGill
Signature of Person Conducting Test

Address Waverly Nebr. Phone 786-3876

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: _____

Approved Percolation Rate (a)
A. 69 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

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. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 8-17 to 8-18. Weather: Precip. 0 Temp. 90.

OWNER: John McGill

Address: Waverly, Nebr.

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	18	8-17	4 PM	8-18	7 AM	8-18	7:30 AM	1 ½	8-18 8:30	1 ⅞	60	¾	60 - ¾
2	18	8-17	4 PM	8-18	7 AM	8-18	7:30 AM	2 ½	8:30	3 ⅜	60	1 ¼	60 - 1 ¼
3	20	8-17	4 PM	8-18	7 AM	8-18	7:30 AM	1 ½	8:30	2 ½	60	1	60 - 1
4	24	8-17	4PM	8-18	7 AM	8-18	7:30 AM	2 ⅜	8:30	2 ¾	60	1 ⅛	60 - 1 ⅛
5	24	8-17	4PM	8-18	7 AM	8-18	7:30 AM	1 ⅜	8:30	2 ¼	60	1 ⅜	60 - 1 ⅜
6	24	8-17	4PM	8-18	7 AM	8-18	7:30 AM	2 ¼	8:30	1 ⅜	60	⅝	60 - ⅝

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

John P. McGill
Signature of Person Conducting Test

Address Waverly, Nebr. Phone 786-3556

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: August 21, 1978

Approved Percolation Rate (a)
A. 60 min./inch
B. _____ min./inch
C. _____ min./inch

Jerold 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 ☒

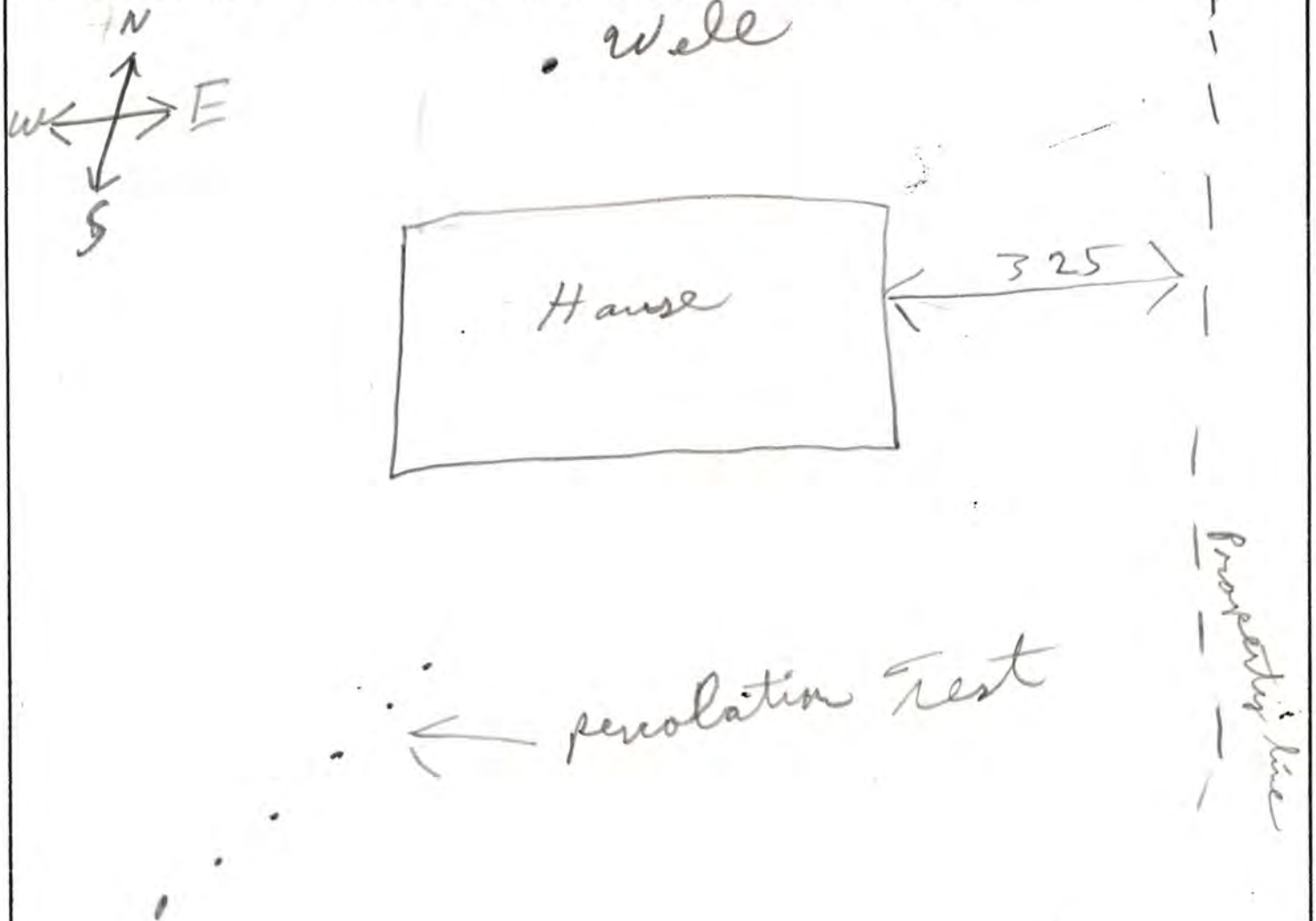
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO. 1386-C

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



REVIEWING ACTION

Remarks: See other percolation test

Date: August 21, 1978

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 330 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 990 sq.ft.

Jerrold C. Hood
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 ☐

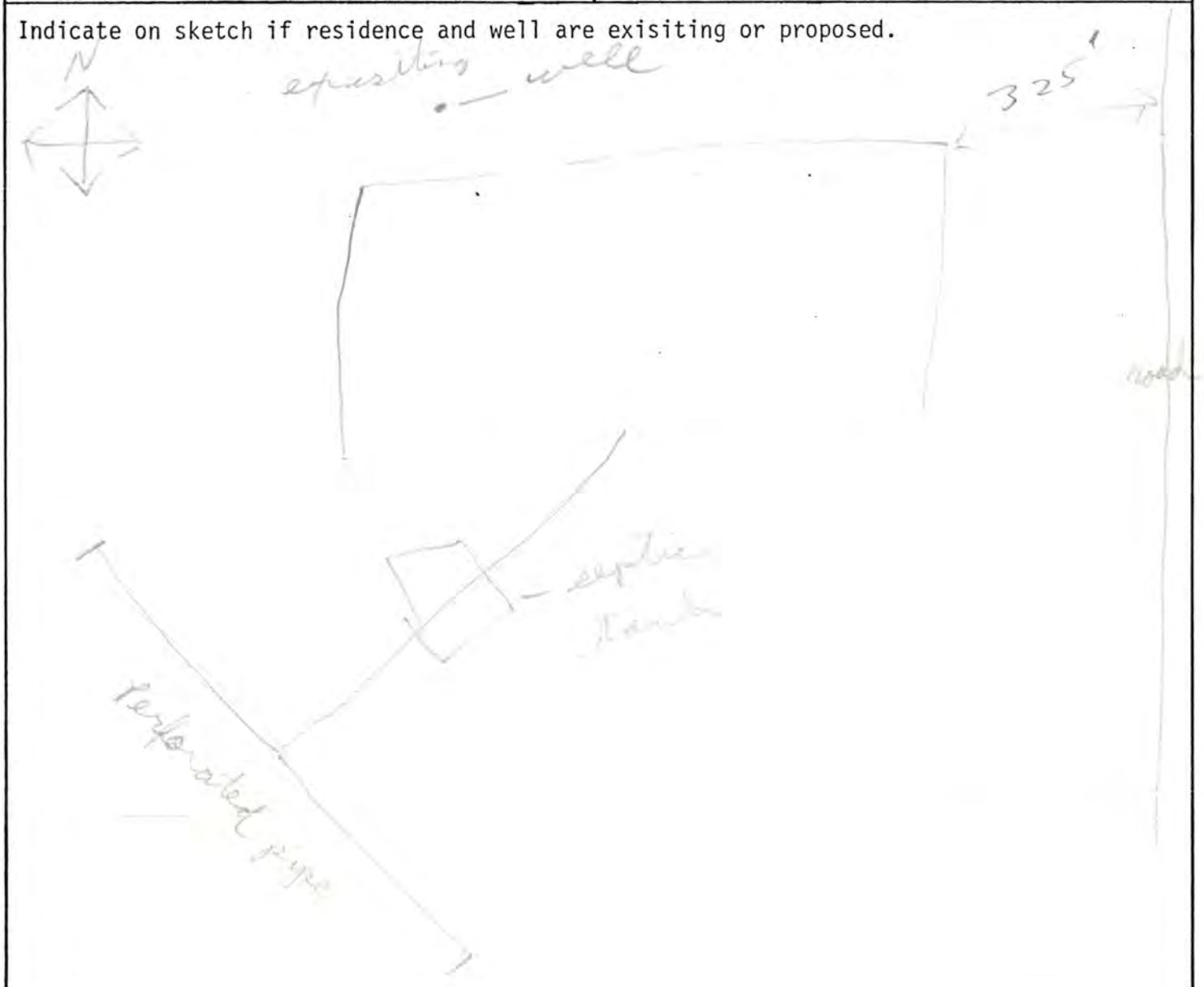
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO. _____

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



REVIEWING ACTION

Remarks: _____

Date: August 21, 1978

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 330 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 990 sq.ft.

Jerrold C Hoot
Signature of Reviewing Official