LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 94380112701

Issued 03/10/94
Expires 03/10/95
Revenue Code 18754

Establishment
SCOTT MCGILL
T12N R8E SEC 28

FEES: $150.00

TOTAL $150.00

Permittee
SCOTT MCGILL
10421 145 ST
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

FILE NO. _____

DATE: 3-10-94

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 28 ;
   Block _____ : Lot 5 : Addition NW¼ of the above
   Street Address 141ST & Davey Road

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: 4 miles ft.

will install whatever "Perk test" indicates

Signature of Applicant (Owner or Lessee)

10421 145TH Waverly, Ne 68462
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/10/94. Date Frwd. 3/11/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Hoob

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 3/11/94. Date Frwd. 3/11/94. ACTION: Approved ☒ Disapproved ☐ Signature: Kay Spain

3. City or County Engineer: Date Rec'd. 3-11-94. Date Frwd. 3-11-94. ACTION: Approved ☒ Disapproved ☐ Signature: Larry Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4/25/94 by: JCH (new sewer line Lot. Bdy + tank, but all details in sketch)
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-10-97 By: Ron Ingram

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

FORM 23-43

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: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 12 ; Range 8 ; Section & ¼ Section 28.
Property Dimensions: _____ ft. x _____ ft. Area: 120 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 3/10 to 3/11. Weather: Precip. 0 Temp. 45.

OWNER: Scott McGill

Address: 10421 145th Waverly Ne 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	36	3/10	1:00	3/11	1:00	3/11	1:00	6	5:00	5 7/8	30 MIN	1/8	
2	29	"	"	"	"	"	"	"	"	5 3/4	"	1/4	
3	36	"	"	"	"	"	"	"	"	5 3/4	"	1/4	
4	34	"	"	"	"	"	"	"	"	5 7/8	"	1/8	
5	32	"	"	"	"	"	"	"	"	5 7/8	"	1/8	
6	31	"	"	"	"	"	"	"	"	5 7/8	"	1/8	

Scott McGill
Signature of Person Conducting Test

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

Address 10421 145th Waverly Ne 68462 Phone 786-5045

(Do not write below this line)

REVIEWING ACTION

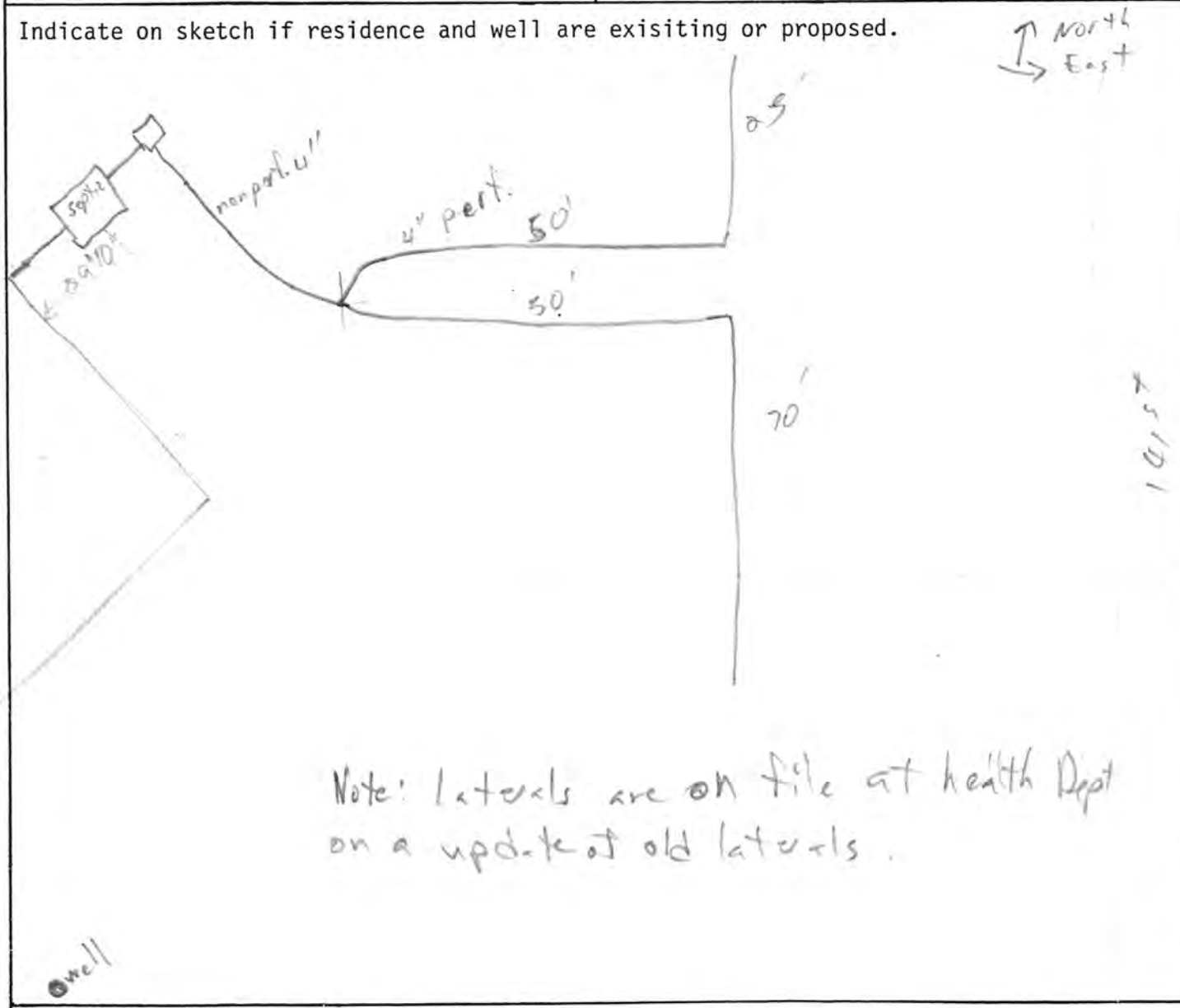
Remarks: Too slow for conventional septics
Soil Type (SCS): _____
Date: _____

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

_____
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: 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.



Note: laterals are on file at health Dept on a update of old laterals.

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 ☐

RECEIVED FEB 1 0 1994
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

D

DATE: 4-25-94

FILE NO. _____

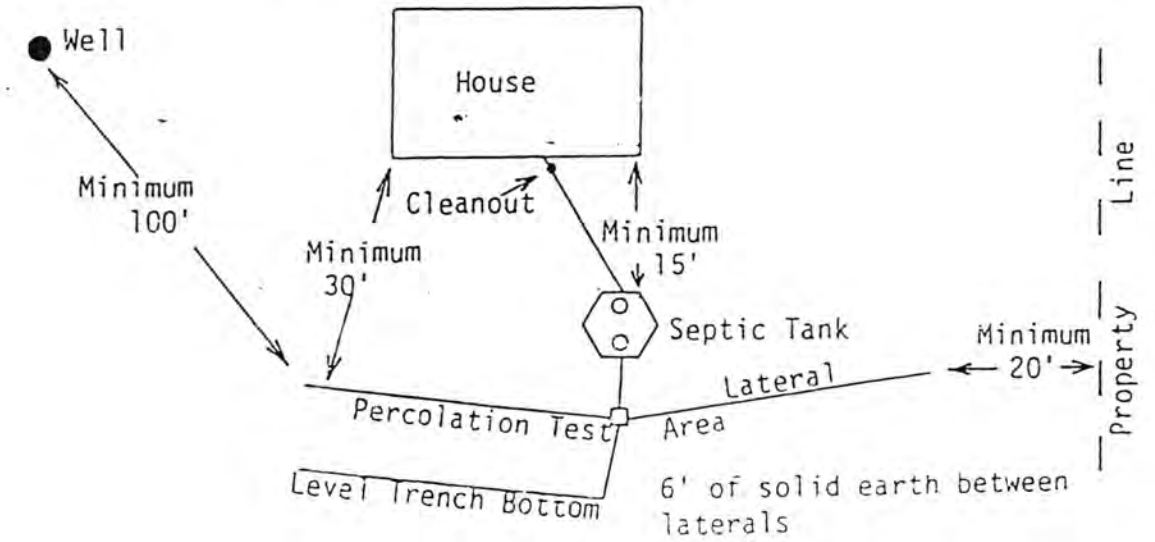
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material plastic; Diameter 4" in.
2. Distance above basement floor 72" in., or below basement floor ____ in.
3. Distance between dwelling and septic tank 25 ft.
4. Number of clean-outs 1.
5. Distances to: Well or Suction Line 100+ ft.; Stream ½ mile ft.; Pressure Line ____ ft.; Property Line 180 ft.

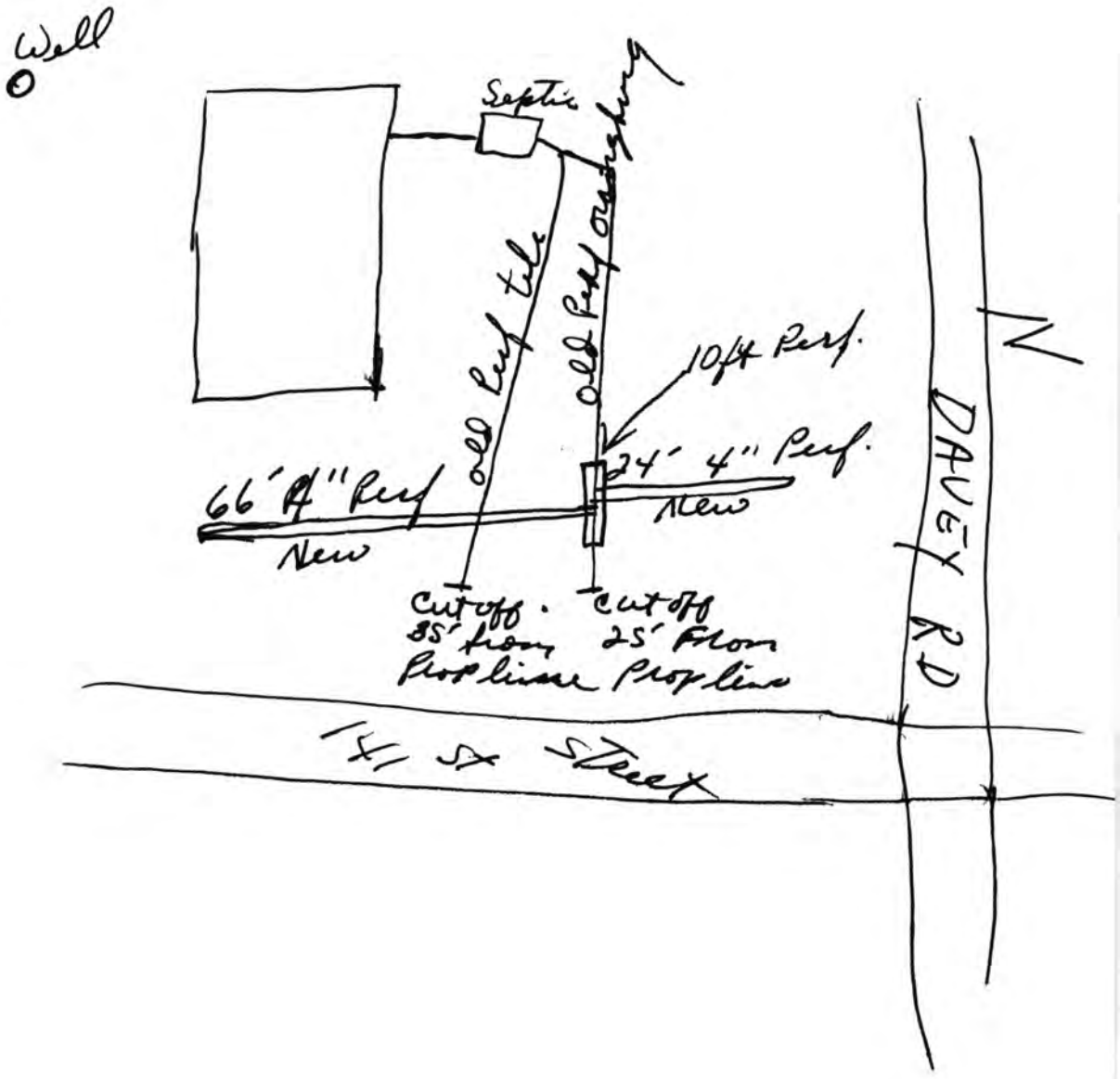
B. SEPTIC TANK:
1. Material concrete; No. of compartments 3.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐ (Company Precast)
4. Manholes: Over Inlet; diam. ____ in. Over Outlet; diam. ____ in. Riser Above ☐ Below ☒ Grade 24 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 24 in.
8. Distances to: Well or Suction Line 100+ ft.; Stream ½ mile ft.; Pressure Line ____ ft.; Property Line 160 ft.

C. DISTRIBUTION BOX:
1. Material concrete; Number - available outlets 4.
2. Factory Built: Yes ☒ No ☐ (Company Pre Cast)
3. Distance from Septic Tank 5'4" 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 4 ; Length of each line 70, 25, 50, 50, ____ 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 100+ ft.; Stream ½ mile ft.; Pressure Line ____ ft.; Property Line 25 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


Well
Septic
old Pvc discharge
old Pvc tile
10ft Perf.
24' 4" Perf.
New
66' 4" Perf
New
Cut off
85' from
Prop line
Cut off
25' from
Prop line
N
DAVEY RD
14th St Street

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2411-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

APRIL 17, 1987 — THIS PERMIT EXPIRES

DAVID MC GILL J & B FARM — ISSUED TO

DAVEY, NE 68336 — ADDRESS

T12N; R8E; Sec 28 NW¼; Lot 5 I.T. — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE ALTER, EXTEND OR REPAIR

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: EB — DATE: 10/1/86 — 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 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. 2411-C

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

DATE: 10-16-86

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. 13N; Range 8E; Section 28 NW¼;
   Block ____; Lot 5 Ir; Addition ____
   Street Address ____

2. Property Use: Residential ____ ☒; Commercial ____ ☐
   No. Bedrooms 2 Describe ____
   Other Use ☐
   Describe ____

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

4. Description of proposed alteration, extension or repair:
   100 ft addition to Perf. Lateral

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

6. Estimated cost of project:

a. Materials	$ 350	—
b. Labor	$ 400	—
c. Other	$	
TOTAL	$ 750	—

J & B Farms David McHell
Signature of Applicant (owner or lessee)

Davey, NE 68336
Address

(Do not write below this line)

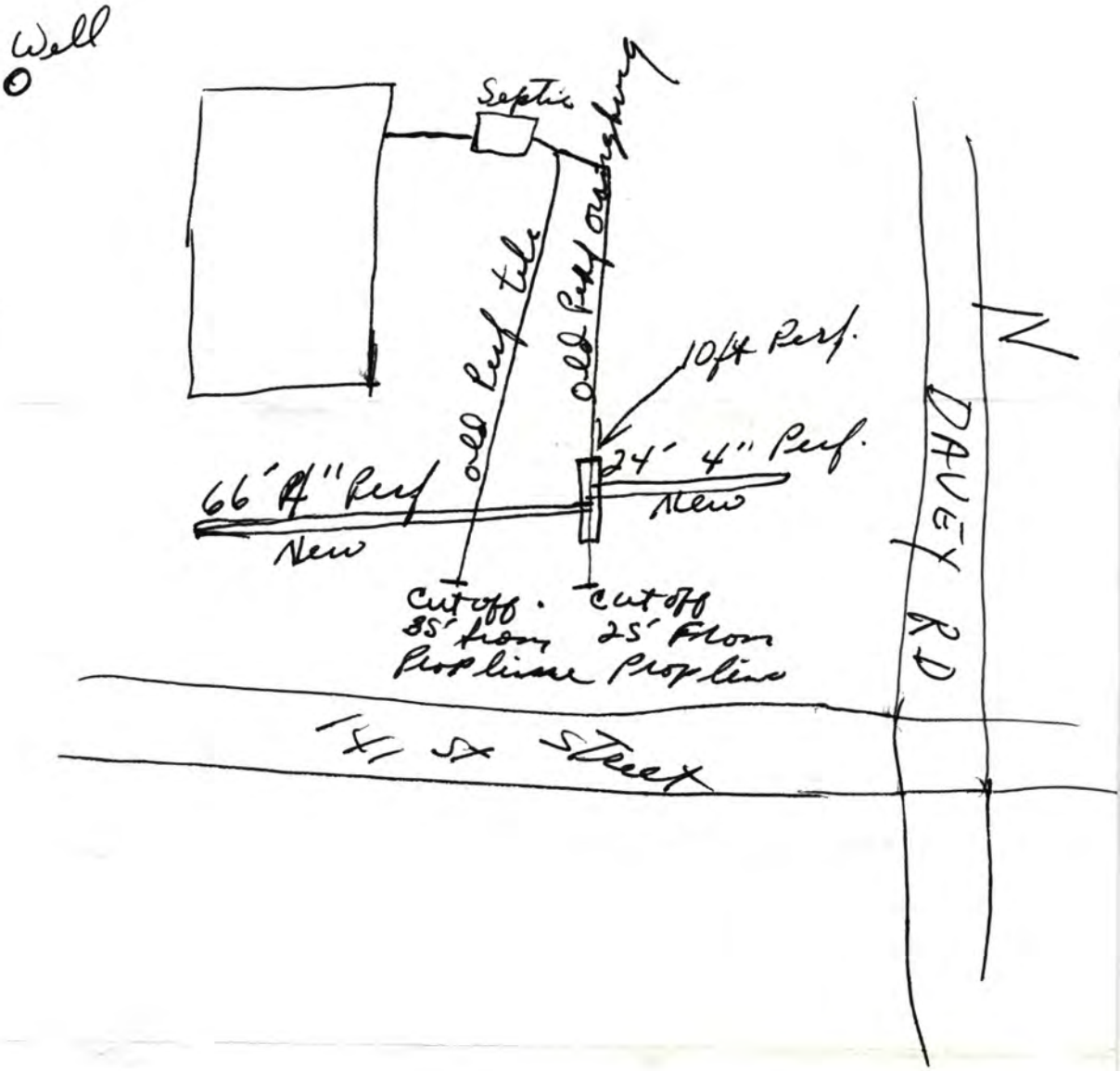
REVIEWING ACTION

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

2. Site Visits:
   Date: 10/16/86 by: J.C.H.
   Date: ____ by: ____
   Date: ____ by: ____

3. Date: Approved ☒; Disapproved ☐
   by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
   Date: 10/17/86 by: J. C. Hood


Well
Septic
old Poly overflow
old Poly tile
10ft Perf.
24' 4" Perf.
New
66' 4" Perf
New
Cut off
85' from
Prop line
Cut off
25' from
Prop line
N
DAVEY RD
1st St Street

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1382-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

FEBRUARY 10, 1979 — THIS PERMIT EXPIRES

Richard McGill — ISSUED TO

RFD, Waverly, NE — ADDRESS

T12N, R8E, Section 28 NW¼ — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE (EXTEND)

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 15.00	$	$	$ 15.00
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

2832

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

20109-0977

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: 475-6221)

FILE NO. 1382-C

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

DATE: 8-8-78

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. 13N ; Range 8E ; Section NW 1/4 - Sec. 28 ;
Block _____ ; Lot _____ ; Addition _____
Street Address North 14th St - Waverly Rd.

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

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

4. Description of proposed alteration, extension or repair: _____

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

6. Estimated cost of project:

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

_____
Signature of Applicant (owner or lessee)

_____
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 15.00

2. Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒ ; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ by: _____

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. 1382-C

DATE: 8-8-78

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 NW 1/4 Sec. 28 ; Block ____ ; Lot ____ ; Addition ____.
   Street Address North 141st - Davey Road

2. Property Use: Residential ____ ☒; Commercial ____ ☐
   No. of Bedrooms ____ Describe: Farm
   Other Use ____
   Describe: ____

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

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).

Richard McGill
Signature of Applicant (owner or lessee)

R 7d - Waverly Nebr - 68462
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; ____
   Filing Fee: $ 15.00

2. Site Visits:
   Date: ____ by: ____
   Date: ____ by: ____
   Date: ____ by: ____

3. Date: Approved ☒; Disapproved ☐ ____
   by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN 'PPROVAL
   Date: ____ by: ____