LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 572-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — August 3, 1975

TYPE OF PERMIT — THIS PERMIT EXPIRES

Adam Nagel — Route #1, Davey

ISSUED TO — ADDRESS

T12N; R7E; Sec. 31 - SW1/4

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

FRANK GOLDEN, Lancaster County Treasurer
VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

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. 572-C

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

DATE: 1/18/75

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 7E ; Section 31 SW¼
   Block _____ ; Lot _____ ; Addition _____
   Street Address 7 miles no. of city limit on 27th St. 160 Acre

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

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

4. Distance to public sewer: 36,960 ft.

Adam Nagel
Signature of Applicant (Owner or Lessee)

Rt 1 Davey Neb
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 1/20/75. Date Frwd. 2/3/75. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd. OK. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____
3. City or County Engineer: Date Rec'd. 2/3/75. Date Frwd. 2/3/75. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

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. 572-C

DATE: 1/18/75

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. 12 N ; Range 7 E ; Section 31 SW1/4 ; Block ; Lot ; Addition .
   Street Address .

2. Property Use: ~~Residential~~ 160 acre Farm ☒ ; Commercial ☐
   No. of Bedrooms 2
   Other Use
   Describe:

   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).

Adam Nagel
Signature of Applicant (owner or lessee)

Rt 1 Davey Nebraska 68336
Address

(Do not write below double line)

REVIEWING ACTION

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

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

3. Date: 2/3/75 Approved ☒ ; Disapproved ☐
   by: Jerrold E. Rood

4. INSTALLATION FINAL WRITTEN APPROVAL
   Date: by:

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. 572-C

SPECIFICATIONS

This system was all laid out with a transit level to get the proper drain

DATE: 1/18/75

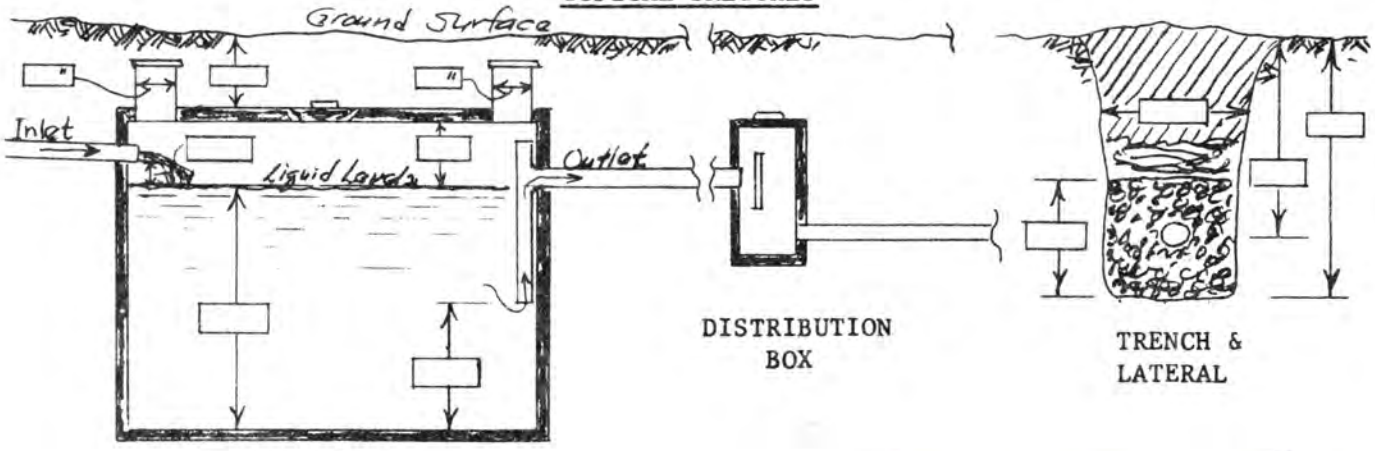
A. BUILDING SEWER:
1. Material PVC & Cast Iron; Diameter 4&3 in.
2. Distance above basement floor 60 in.; or below basement floor ____ in.
3. Distance between dwelling and septic tank 40 ft.
4. Number of clean-outs 3.
5. Distances To:
Well or Suction Line 100 ft.;
Stream 0,560 ft.; Pressure Line 200 ft.;
Property Line ____ ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete; No. of compartments 2.
2. Capacity 1000 gals.; Liquid depth ____ in.
3. Factory Built: Yes ☒ (Company Rae Cast Stip
No ☐
4. Manholes: Over Inlet; diam. 12 in.
Over Outlet; diam. 12 in.
Below Grade 12 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 18 in.
8. Distances To:
Well or Suction Line 100 ft.;
Stream 0,560 ft.; Pressure Line 100 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: Alfalfa field - Sandy Loam
2. Lateral Lines: Depth below grade 48 in.
Number 1; Length of each line 75 ft
Total length of Laterals ____ 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 48 in.;
Width 30 in.
4. Filter Material: Gravel.
Depth of material from trench bottom 30 in.
5. Distances To:
Well or Suction Line 150 ft.;
Stream 0,560 ft.; Pressure Line ____ ft.
Property Line ____ ft.
6. Percolation Rate: ____ minutes/inch

TYPICAL SKETCHES



Adam Nagel
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. _____

PROPERTY WHERE SOIL TESTED:
Location: Township 12N; Range 7E
Section & ¼ Sect. 31
Property Dimensions: ____ft. x ____ ft.
Area: 160 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☒
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: Adam Nagel
Address _____

Dates of Tests: 5-9-75 to 5-10-75. Weather: Precip. Showers Overcast Temp. 55°F

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		5/9	7a.m	5/10	7:30	5/10	8am	6	30	3	30	3	3
2		〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃
3		〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃
4		〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃
5		〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃
6		〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃

Sum of Percolation Rates 18
Average of Rates: 3
Mean of Rates: _____

Adam Nagel
Signature of Person Conducting Test

Address Rural Route Davey Neb.
Phone: _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 10 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: _____

_____
Signature of Reviewing Official