LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1646-C

INDIVIDUAL SEWAGE DISPOSAL SYSTEM — October 9, 1980

TYPE OF PERMIT — THIS PERMIT EXPIRES

WILLARD GIEBENRATH — Route 1, Davey, NE

ISSUED TO — ADDRESS

T11N, R7E, Section 9 NE¼

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
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 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: $60 00

FILE NO. 1646-C

DATE: 4/8/80

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. 11 N ; Range 7E ; Section 9 NE¼;
   Block _____ : Lot _____ : Addition 75 Acres
   Street Address Rt 1 # Davey, Nebr

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: 3 Miles ft.

Willard Gibenrath
Signature of Applicant (Owner or Lessee)

Rt 1 # Davey, Ne % Carlson Gibenrath
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/9/80. Date Frwd. 4/9/80. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. _____. Date Frwd. 4/9/80. ACTION: Approved ☒ Disapproved ☐ Signature: Gary A. Sherwood

3. City or County Engineer: Date Rec'd. 4-9-80. Date Frwd. 4-9-80. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4/21/80 by: J. C. H.
Date: 1/26/82 by: J. C. H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1/26/82 By: Jerrold C. Hood

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

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

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B

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PROPERTY WHERE SOIL TESTED:

Location: Township 11N ; Range 7E ; Section & ¼ Section 9 NE¼
Property Dimensions: _____ ft. x _____ ft. Area: 75 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒.
Dates of Tests: 4/5/80 to 4/7/80. Weather: Precip. 0 Temp. 60.

OWNER: Willard Siebenrath
Address: Route 1 Davey, Ne 68336

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	24	4/5	12:30	4/7	10:30	4/7	10:30	8	3:46	7 3/4	60	1/4	60 1/4
2			P.M.		A.M.		A.M.			7 5/8		3/8	3/8
3										7 1/8		7/8	7/8
4										7 3/4		1/4	1/4
5										6 1/4		1 3/4	1 3/4
6										7 1/8		7/8	7/8

Paul von Gillern
Signature of Person Conducting Test

Address 3308 N Cotner Phone 467-4797

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

(Do not write below this line)

REVIEWING ACTION

Remarks: Lagoon must be sealed.
Soil Type (SCS): Sharpsburg Silty Clay Loam or Pawnee Clay Loam
Date: April 9, 1980

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

Jerrold C. Hood
Signature of Reviewing Official

4/2/80 Verified Sharpsburg

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

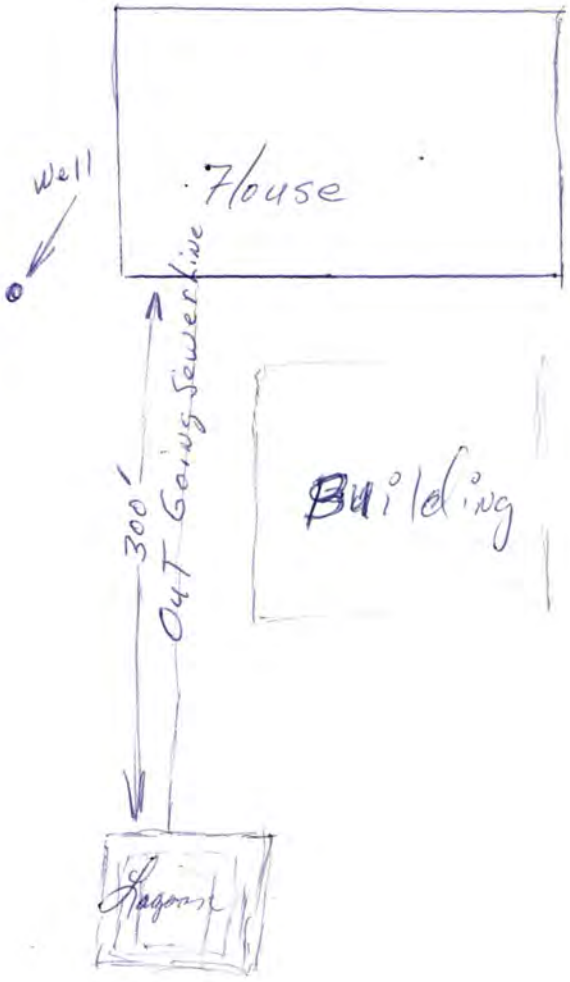
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

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



REVIEWING ACTION

Remarks: _____

Date: April 9, 1980

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.

Jerrold C. Hood
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: 474-1541

D

DATE: 1/30/81

FILE NO. _____

W. A. Siebenrath
RFD 3
Lincoln, Ne

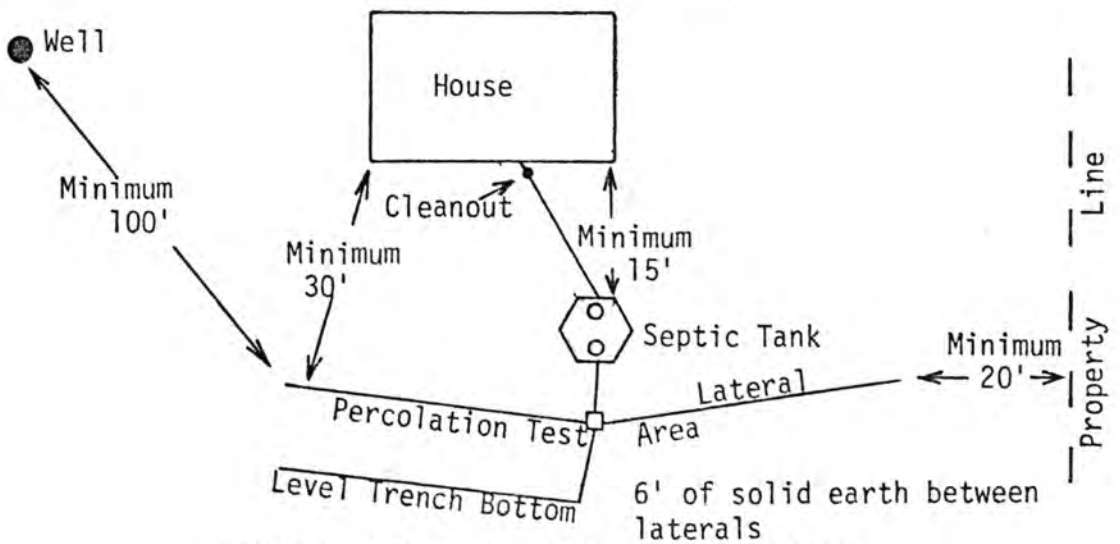
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Plastic; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and ~~septic~~ Lagoon tank 246 ft.
4. Number of clean-outs 4.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 59 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 7/18/80 INSTALLER [illegible]

