LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health

220 [illegible]t. Marys Ave Lincoln, NE 68502 [illegible]2) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE SYSTEM REPAIR

No. 90390012601

Issued 06/06/90

Expires 12/06/90

ESTABLISHMENT

DARRELL ADAMS

T11N R7E SEC 7 QTR SE

FEES: Permit 018754 $50.00

Total $50.00

PERMITTEE

DARRELL ADAMS
RR0001
BOX 0038B
DAVEY NE 68336

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE AMOUNT

PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

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. 90390012601

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

DATE: 6-4-90

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. 11N ; Range 7E ; Section 7, SE¼ ;
Block _____ ; Lot _____ ; 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: Replaced old septic system with new one, 1000 gal tank

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

6. Estimated cost of project:

a. Materials	$ >400	00
b. Labor	$	
c. Other	$	
TOTAL	$	

Warren L Adam
Signature of Applicant (owner or lessee)

Box 38B RT 1 Davey Nebr. 68336
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 6-4-90
Filing Fee: $ 50.00

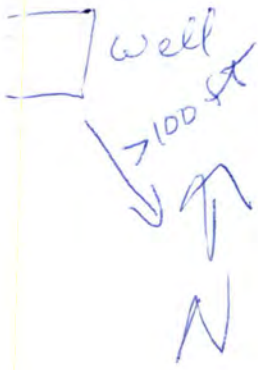
2. Site Visits:
Date: 6-4-90 by: _____
Date: _____ by: _____
Date: _____ by: _____

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

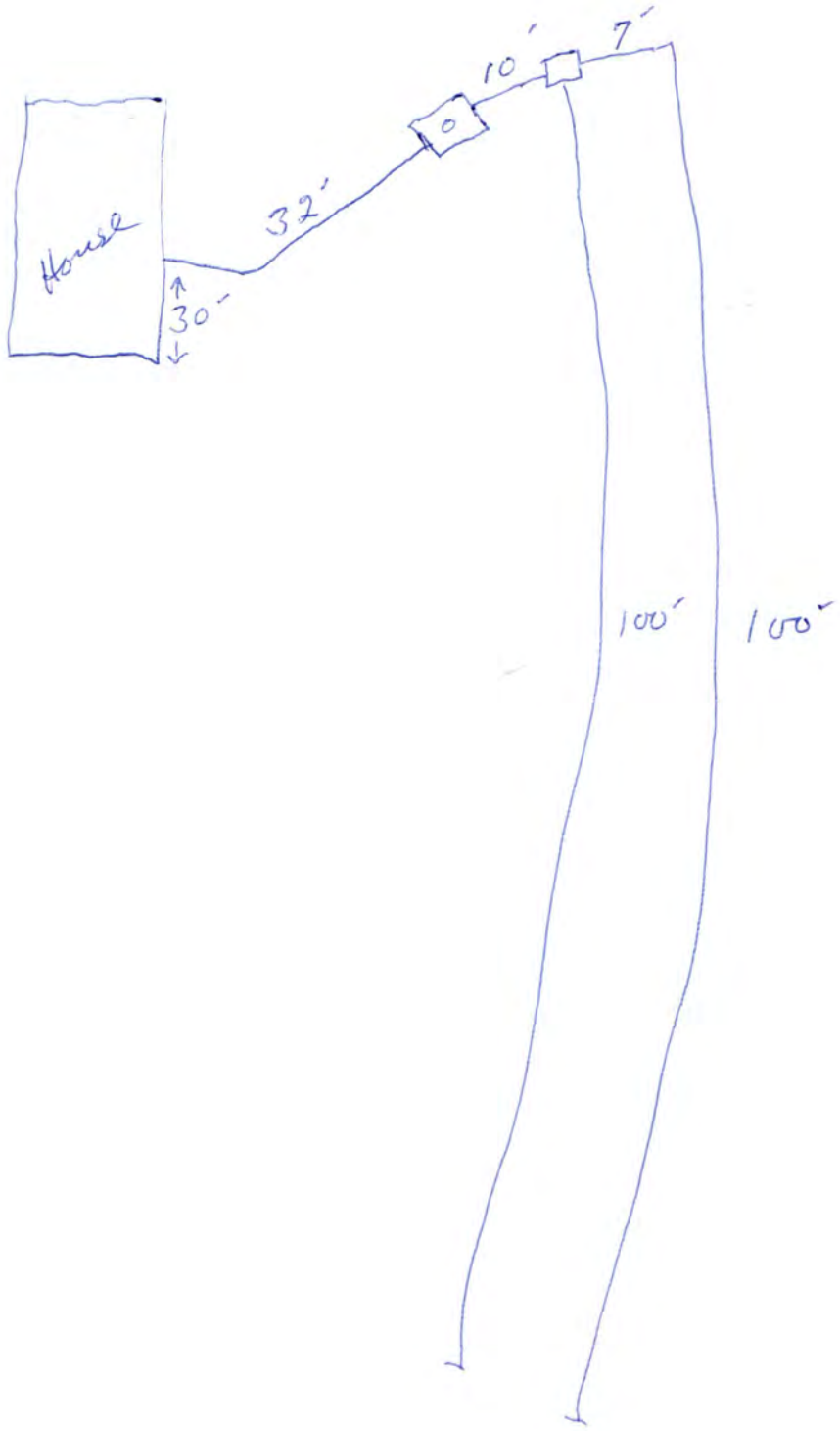
4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-4-90 by: _____

6-4-90

Larry Schwarck



CASE# 900605017 DATE: 06/05/90 TAKEN BY: COOK CITY
LOCATION: RT 1 BOX 38B REASON: SERVICE REQUEST
REQUESTOR: DARRELL ADAMS REQ. TYPE: OWNER
& ADDRESS: DAVEY, NE 68336
SECTION: WATER & SEWAGE SANITATION ----------COMPLAINT TYPE----------
ASSIGN TO: MARQUART 1:
PERMIT TYPE: 2:
COMMENTS: SEWAGE REPAIR 3:
XREF CASE:
RESIDENT CR# ADDRESS CR# LEGAL CR#



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1278-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

September 24, 1978 — THIS PERMIT EXPIRES

Darrell L. Adams — ISSUED TO

101 West Furnas, Lincoln, NE — ADDRESS

T11N, R7E, Section 7 SE¼ — 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

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-LANCAS[illegible] COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

A

FILING FEE: $ 30.00

FILE NO. 1278 C

DATE: 3-23-78

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. 11 N ; Range 7E ; Section 7 SE¼
   Block _____ : Lot _____ : Addition 160 acres
   Street Address _____

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

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

4. Distance to public sewer: miles ft.

Darrell J. Adams
Signature of Applicant (Owner or Lessee)

101 W. Furnas
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/23/78. Date Frwd. 3/27/78. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 3/27/78. Date Frwd. 3/27/78. ACTION: Approved ☒ Disapproved ☐ Signature: Henry N. Sherwood

3. City or County Engineer: Date Rec'd. 3/27/78. Date Frwd. 3/27/78. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4/14/78 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4/14/78 By: Jerrold C. Hood

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. 1278-C

PROPERTY WHERE SOIL TESTED:

Location: Township 11N ; Range 7E ; Section & ¼ Section 7.
Property Dimensions: _____ ft. x _____ ft. Area: 160 acres. (Attach Sheet C with sketch of property).

Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☒ ; Clay Loam ☐ .

Dates of Tests: 3-22-78 to 3-23-78. Weather: Precip. 2" Temp. 45 .

OWNER: Darrell L. Adams

Address: 101 West Furnas

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	3-22	1030	3-22	230	3-23	8A	6	12	4½	1440	1½	
2	"	"	"	"	"	"	"	6	12	4¾	"	1¼	
3	"	"	"	"	"	"	"	"	"	4⅜	"	1⅝	
4	"	"	"	"	"	"	"	"	"	4½	"	1½	
5	"	"	"	"	"	"	"	"	"	4⅞	"	1⅜	
6	"	"	"	"	"	"	"	"	"	4⅞	"	1⅜	

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

Sanitech Service Co
Signature of Person Conducting Test

Address 2425 South F Phone 475-1486

(Do not write below this line)

REVIEWING ACTION

Remarks: Judson Silt Loam

Soil Type (SCS): ~~Pharnsburg Silty Clay Loam~~

Date: March 24, 1978

Approved Percolation Rate (a)
A. 42 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold 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 ☒

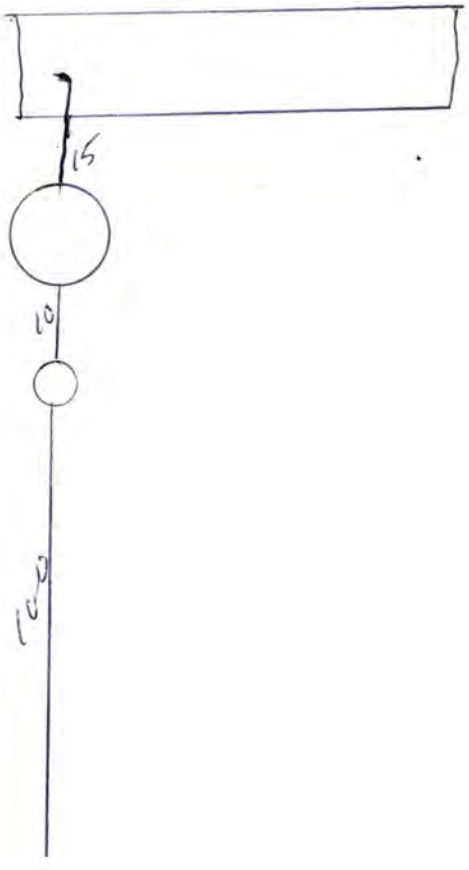
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO. 1278-C

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



REVIEWING ACTION

Remarks: Need at least two laterals instead of one.

Date: March 24, 1978

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 195 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 586 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: 3-23-76

FILE NO. 1274-C

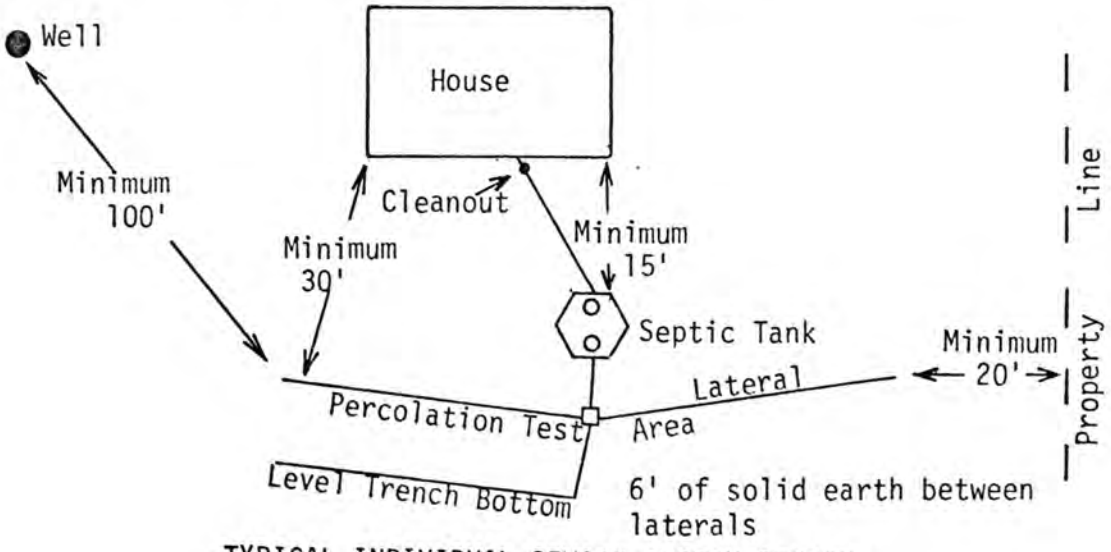
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Pla ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 15 ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

B. SEPTIC TANK:
1. Material ~~Concrete~~ FIBERGLASS ; No. of compartments 1 .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Sintek)
4. Manholes: Over Inlet; diam. 8 in.
Over Outlet; diam. 8 in.
Riser Above ☐ Below ☐ Grade 8 in.
5. Inlet: Baffle ☐ ; or Tee ☒
6. Outlet: Baffle ☐ ; or Tee ☒
7. Depth of top of tank below finished grade 8 in.
8. Distances to:
Well or Suction Line 100 ft.; Stream 100 ft.; Pressure Line 140 ft.; Property Line ____ ft.

C. DISTRICTION BOX:
1. Material ~~Concrete~~ FIBERGLASS ; Number - available outlets 7 .
2. Factory Built: Yes ☒ No ☐
(Company Hamil Core)
3. Distance from Septic Tank 10 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 2 ; Length of each line 100 , 95 , ____ , ____ , ____ ft.;
Total length of laterals 195 ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width 3 ft.;
Slope ____ in/100 ft.; Average Depth 48 in.
4. Filter Material: GRAVEL
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 .

BUILT DRAWING OF SYSTEM

DATE_____ INSTALLER_____

