A

HS000021

Sewage Disposal System

Request for Site Clearance and Permit

Please Print or Type

1. System Location (indicate correct number and street)

Engineer/Installer ☐ Check and complete if engineer designed system

DO NOT WRITE BELOW THIS LINE

Approval Process

ACTION

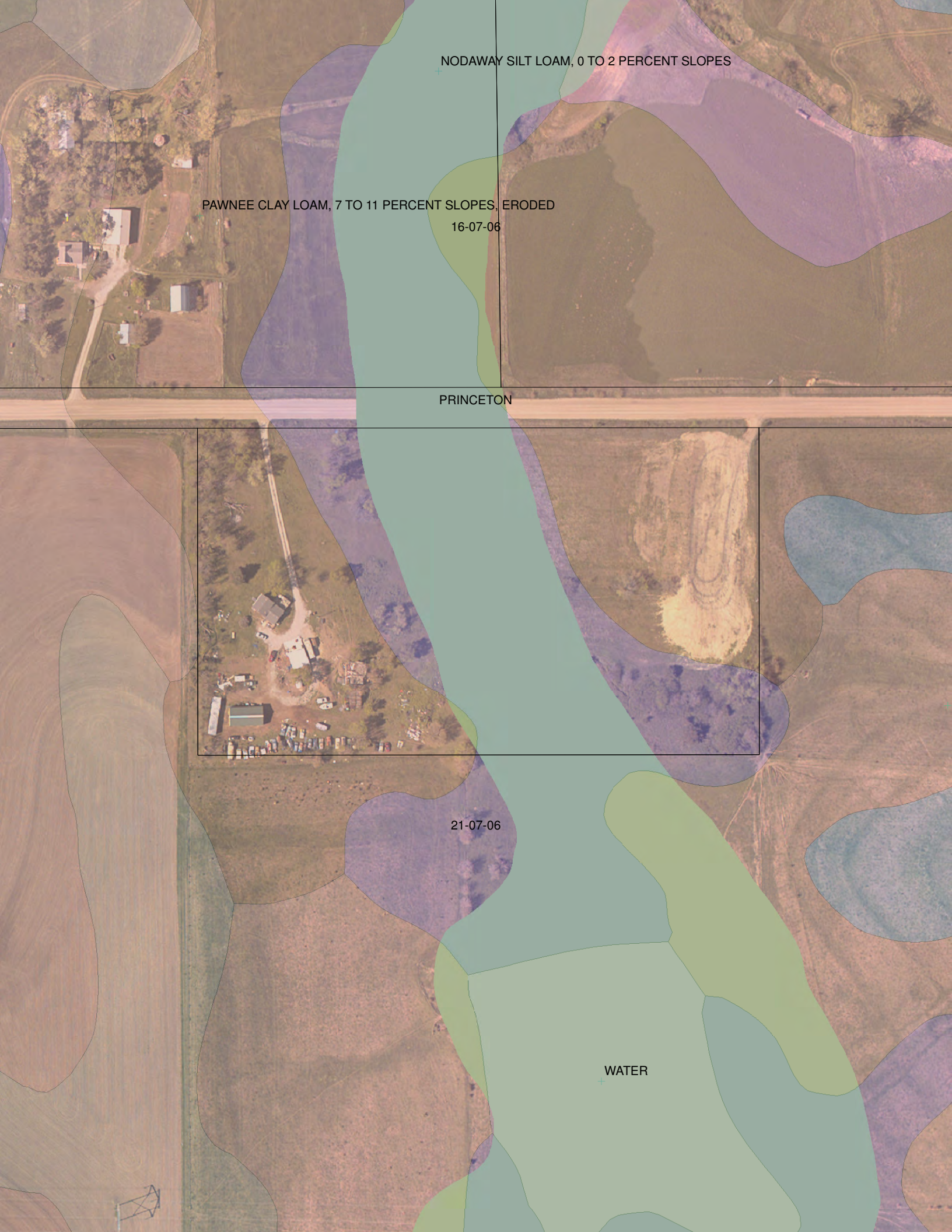
ACTION

Installer Final Written Approval

Doug Smith
10/9/02

10/03/07

#171


NODAWAY SILT LOAM, 0 TO 2 PERCENT SLOPES
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
16-07-06
PRINCETON
21-07-06
WATER

LLCHD HS000021

A

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

Permit Number: HS000021

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

12 gauge

A. System Location (Indicate correct number and street)

Address 1905 W. PRINCETON RD City MARTELL NE, Zip 68404
(no rural route)

Legal Description S21 T7 R6 6th PRINCIPAL MERIDIAN LOT 3 NE
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude 096° 44' 55.7" Latitude N 40° 33' 57.0"

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name RON SCHUSTER Signature X Ron Schuster Sr

Address 1905 W. PRINCETON RD City/State/Zip MARTELL, NE. 68404

☐ Check if owner designed system Home Phone 787-7425 Work Phone

C. Contractor

Name MICHAEL R. GALL, SR. Company Name MCS CUSTOM HOMES + REMODELING, INC.

Address 7001 PHOENIX DR. City/State/Zip LINCOLN, NE. 68516

☐ Check if contractor designed system Work Phone 402-525-8269

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name GARY L. HOLLY Firm HOLLY CONTRACTING Co. Work Phone 402-587-0120

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES NO

☐ Commercial Establishment/Other Facility Specify

Design flow in gallons per day Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☑ County Resolution No. 2832

1. **Health Department** Date rec'd 10-2-07 Date frwd 10-2-07 ACTION ☑ Approved ☐ Disapproved Signature
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd Date frwd ACTION ☐ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd Date frwd ACTION ☐ Approved ☐ Disapproved Signature

* System Replacement

Installation Final Written Approval

By

Date

Business Office Use Only

Date Rec'd

Amt Paid

Rec'd By Cash/Check No.

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

*Note - Lagoon built @ same elevation as old lagoon *

10-3-2007 12:10:53

B

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

Permit Number: HS 000021

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

SEALED LAGOON

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 1905 W. PRINCETON RD. City MARTELL NE, Zip 68404
(no rural route)

Owner RON SCHUSTER Addresss 1905 W. PRINCETON RD.

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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)

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

_____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

_____

_____

Signature of Reviewing Official _____ Date _____

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

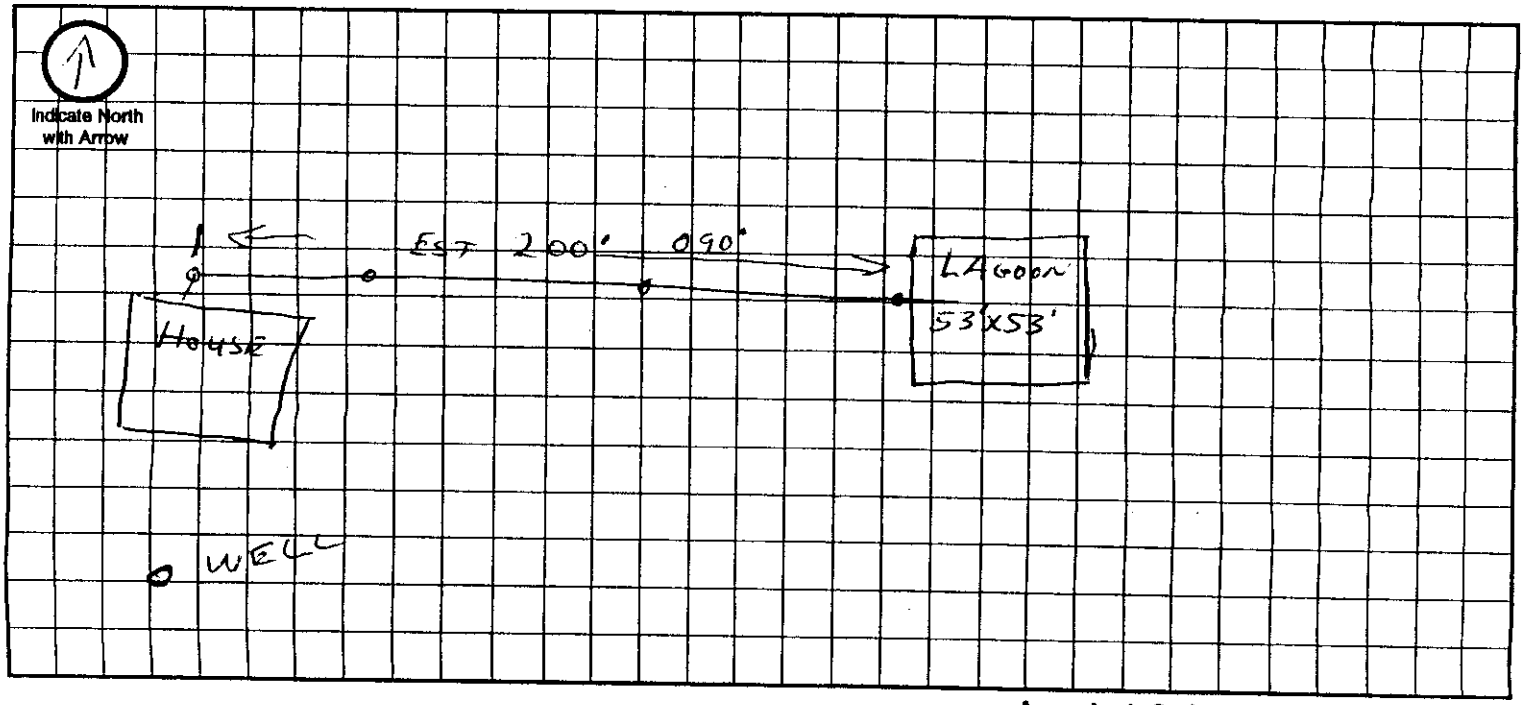
C

Permit Number: HS000021

RON SCHUSTER

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



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

A. System Location (Indicate correct number and street)

Address (no rural route) 1905 W. PRINCETON RD City MARTELL NE, Zip 68404

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other SEALED LAGOON

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☒	500 ☒	50 ☒	N/A ☒	30 ☒	50 ☒	100 ☒	200 ☒	☒

E. Required Signatures

Home Building Contractor [signature] - MCS CUSTOM HOMES Date 9/25/07

Installer Gary T. Holly, HOLLY CONTRACTING CO. Date 09/20/07

FORM 23-102 10-96