Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
REPAIR PERMIT

No. HS000420

System Type: STANDARD

Situs: 13330 S 25 ST

Legal Description: T08N-R06E-S12-Lot 3 & 4

Owner: SCHRADER, DARREL & PATRICIA
13330 S 25 ST
ROCA NE
68430

Permit Fee:	$185.00
Total Fees:	$185.00
Issued:	10/20/2010
Expires	10/20/2011

Bruce D. Dart, PhD, Health Director

Dear Applicant:

The above document is your permit to repair an existing On-site Waste Water System at the location listed. Please contact this office once repairs are complete to obtain final approval before use.

Bruce D. Dart, PhD
Health Director

SOUTHWICK SEWER
PO BOX 191
HICKMAN NE 68372

SCANNED

Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

☒ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000420

The undersigned hereby applies for a permit to: ☐ **ALTER** ☒ **EXTEND** ☒ **REPAIR** an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

1. **Legal description of property:**
   Township 8N Range 6E 1/4 NE 1/4 NE Section 12
   Block _____ Lot _____ Addition _____
   Parcel ID ____-____-_____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 13330 S. 25

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe _____

3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** replace 100' of lateral damaged by Farming w/ 100' new lateral & add an additional 100' Southwest Sewer & Drain

5. **Work to be done by:** ☐ owner ☒ contractor's name Brad Southwick

6. **Estimated project:**
   a. Repair, replace, or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name Darrell Schrader Address 13330 S. 25 Roca Phone: 423-8744

Applicant Signature (owner or lessee) _____

Please include the permit fee (~~$160~~ 155) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

Date received 10/20/10 REVIEW: ☑ Approved ☐ Disapproved By: _____

Site visits
Date ___/___/___ By _____
Date ___/___/___ By _____
Date ___/___/___ By _____

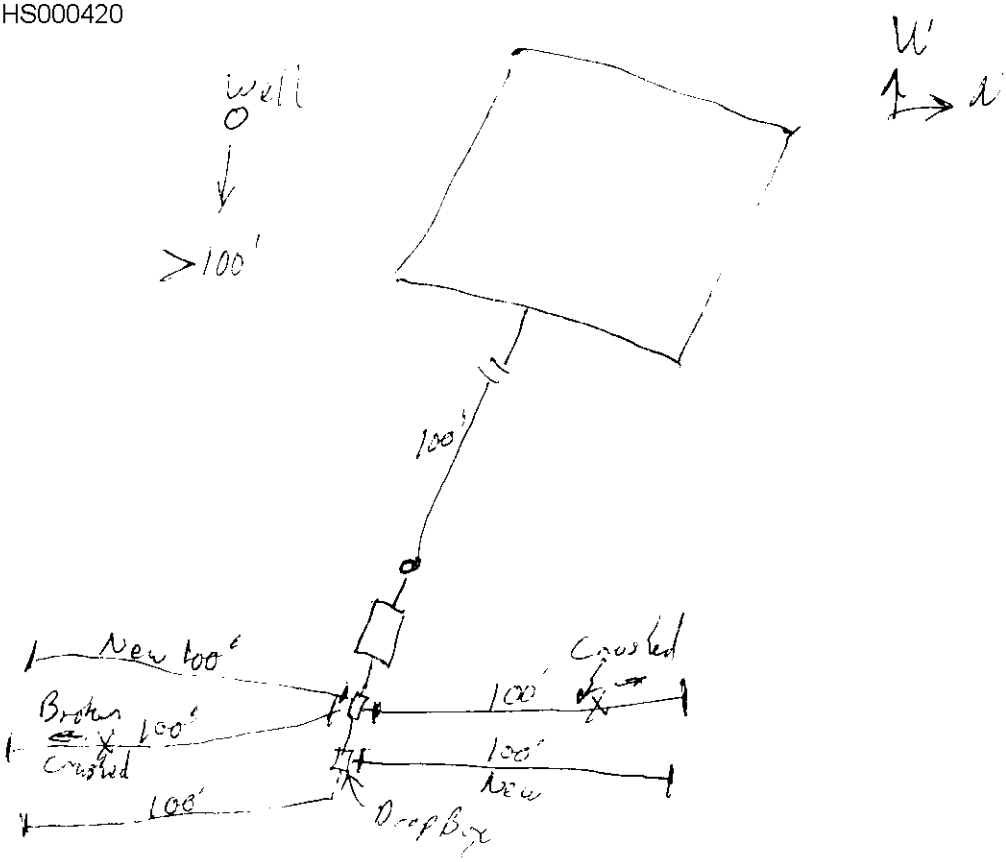
Installation final written approval
Date 10/18/10 By _____

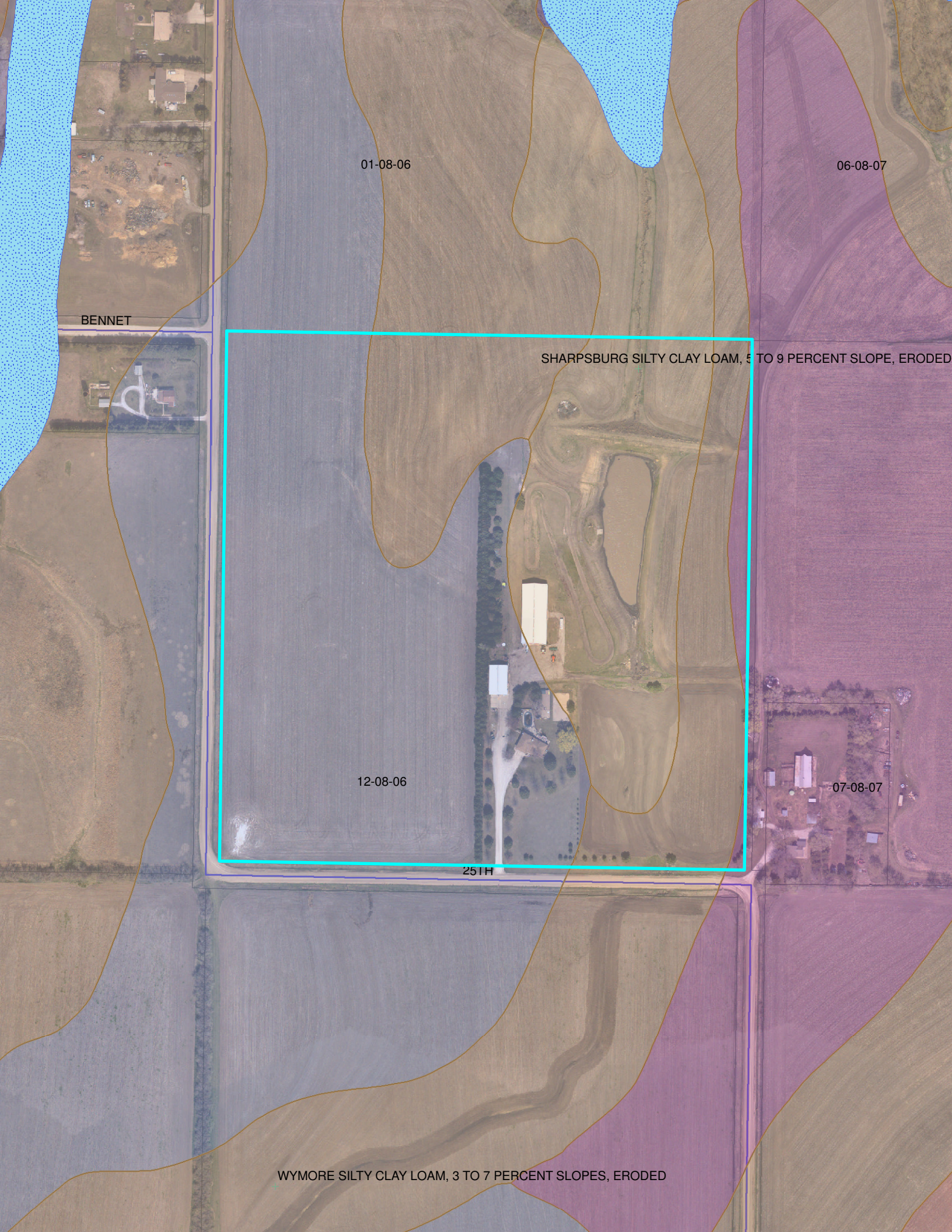
Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Business Office Use Only

Received: Date: 10/20/10 Amount $155 Check No. 2417 Initials BH

White - Division Copy Pink - Business Office Revised 9-06


well
>100'
100'
New 100'
Broken
100'
Crushed
100'
Crushed
100'
New
100'
Drip Box


01-08-06
06-08-07
BENNET
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
12-08-06
07-08-07
251TH
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED

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

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 10/18/10 Legal Description 1/4 1/4 S12 T8 R6 Lot 3 & 4 Section Township Range

Onsite System Location

Address (no rural route) 13330 S. 25 City Roca NE, Zip 68430

Owner Darrel Schrader Address

A. Sewer Pipe

1. Material:
   Diameter: in.
2. Distance above basement floor: in.
   or distance below basement floor: in.
3. Distance between dwelling and septic tank: ft.
4. Number of clean-outs:
5. Distances to: well or suction line ft.
   stream ft.
   pressure line ft.
   property line ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material:
   Number of compartments:
2. Capacity: gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter in.
   Over outlet, diameter in.
   Riser: ☐ above ☐ below grade in.
5. Inlet: ☐ baffle ☐ tee ☐ 6" dia. inspection pipe
6. Outlet: ☐ baffle ☐ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: in.
8. Distances to: Well or suction line ft.
   Stream ft.
   Pressure line ft.
   Property line ft.

C. ☐ Distribution Box ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material:
   Number available outlets:
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: ft.

D. Drainfield Absorption

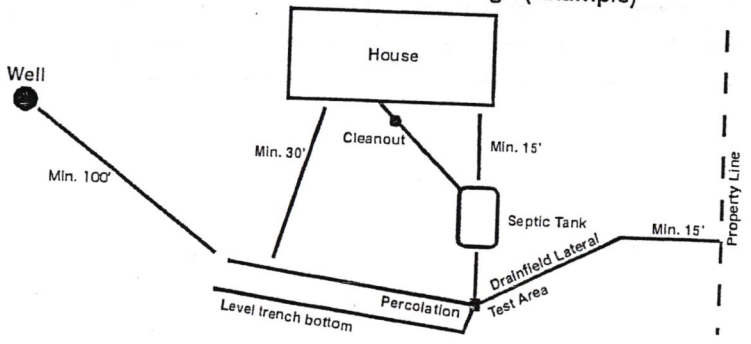
Add 10/18/10

☒ Trench ☐ Bed ☐ Level Bottom

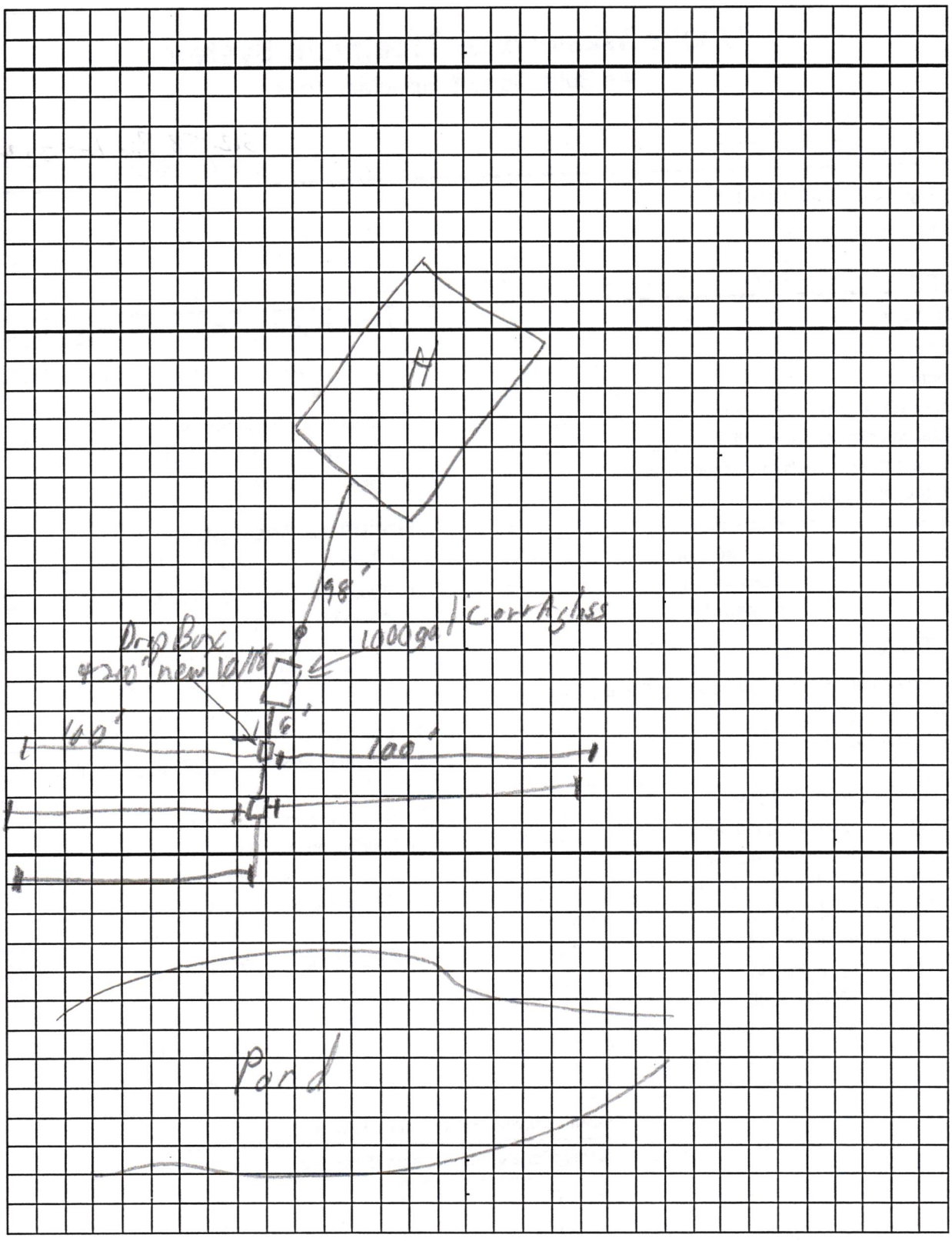
1. Type: ☐ Half rounds ☐ Perforated pipe ☒ Chambers
   Diameter or width:
   Number of distribution lines in bed
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other
2. Drainfield Laterals: Number
   Length of each line: 100 ft. 100 ft.
   100 ft. 80 ft., 100 ft.
   (Existing)
3. Drainfield dimensions: Width 3 ft.
   Distribution Pipe Slope 4 in/100 ft.
   Average depth 36 in
4. Filter material: Gravelless
   Depth of material in.
5. Distances to: Well or suction line ≥ 100 ft.
   Pressure line ≥ 35 ft.
   Property line ≥ 20 ft.
   House or building ≥ 50 ft.
   Lake or Stream ≥ 50 ft.

Complete As-Built drawing on the back fo this form.

Onsite Wastewater System Design (Example)



icate North
ith Arrow


A
48'
Drop Box
w/ 90° new valve
1000 gal/corr Access
6'
100'
100'
Pond