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

D

Permit Number:

# Sewage Disposal System
## As Built Plans & Specifications

Date 10/3/12

**System Location** (Indicate correct number and street)
Address 5540 NW 118th (no rural route) City _____ NE, Zip _____

### Building Sewer
1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 40 in.
3. Distance between dwelling and septic tank: 49 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100+ ft.
   stream NA ft.
   pressure line 75 ft.
   property line 50+ ft.

### Septic Tank
1. Material: Plastic
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 2 in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 28 in.
8. Distances to: Well or suction line 75+ ft.
   Stream NA ft.
   Pressure line 75+ ft.
   Property line 50+ ft.

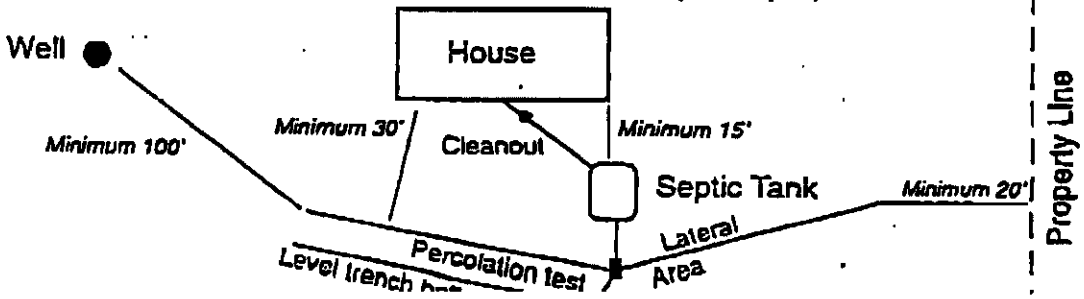
### C. Distribution Box
1. Material: Plastic
   Number available outlets: 1
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 16 ft.

### D. Absorption Field
*(Provide as-built drawings on back of this form)*
1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 36"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 152 ft. 152 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 36 ft.
   Slope 0 in/100 ft.
   Average depth 30 in
4. Filter material: Native Clay
   Depth of material 30 in.
5. Distances to: Well or suction line 50+ ft.
   Stream NA ft.
   Pressure line 50+ ft.
   Property line 20+ ft.

Complete "As Built" drawing on back of this form.

Scale North (In Arrow)

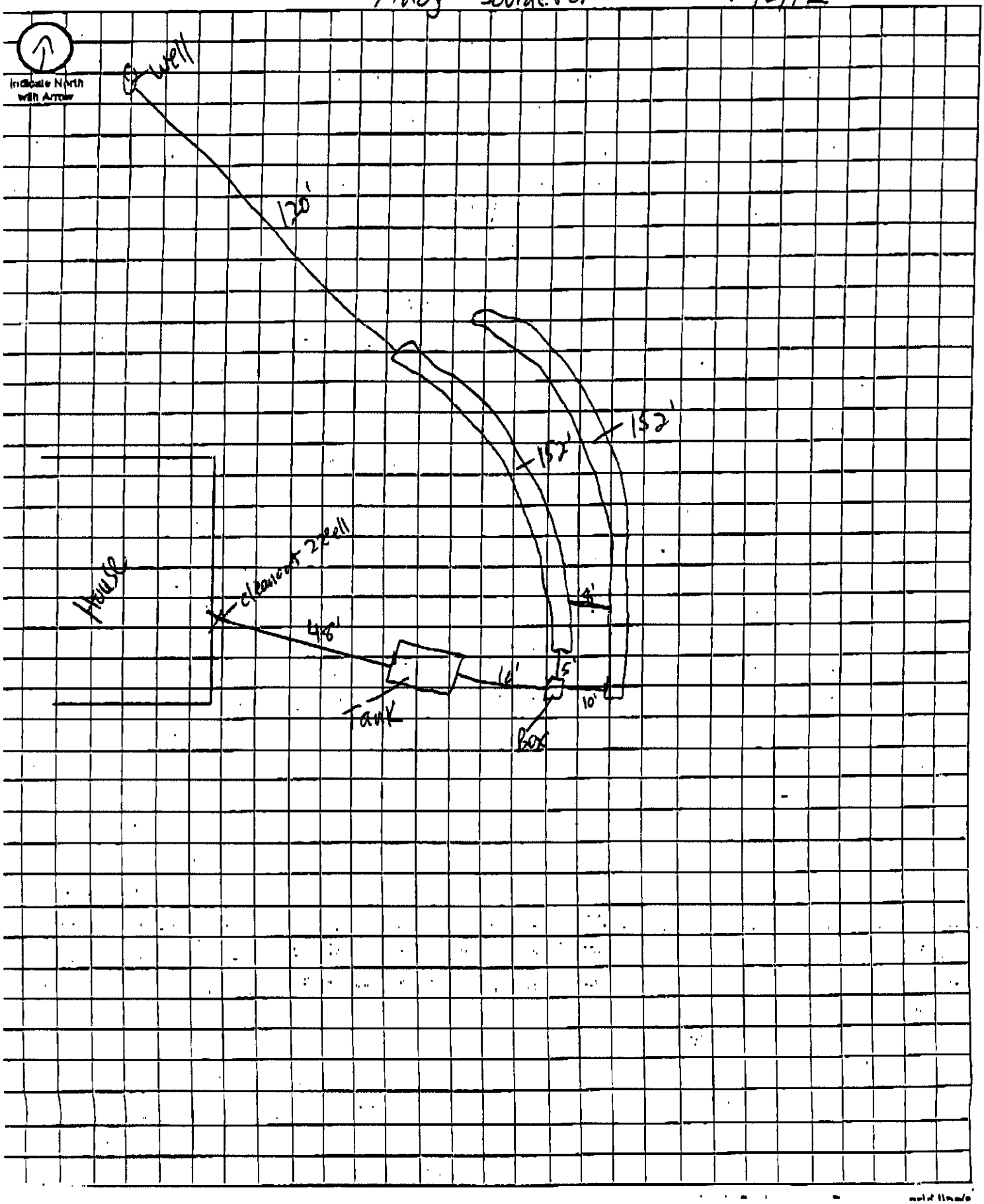
Individual Sewage System Design (Example)



# As Built Drawing

HS000655

Andy Schaefer 10/3/12



LLCHD HS000655

$345 permit fee

**A**

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

Permit Number HS000655

# 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**

### A. System Location (Indicate correct number and street)

Address 5540 NW 118th St (no rural route) City Lincoln NE, Zip 68524

Legal Description 5 / T-10-N / R-5-E Parkland Estates 4 3
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

### B. Owner

Name Andrew Schaefer Signature _____

Address 2154 182nd City/State/Zip Bee NE 68314

☐ Check if owner designed system Home Phone 402-658-1795 Work Phone _____

### C. Contractor

Name Forrest Well Drilling Inc. Company Name _____

Address 2796 W. Milford Rd City/State/Zip Milford, NE 68405

☒ Check if contractor designed system Work Phone 402-761-2261

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

Designer Name _____ Firm _____ Work Phone _____

### E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 5 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 8/16/12 Date frwd 8/16/12 **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 8-16-2012 Date frwd 8-16-2012 **ACTION** ☒ Approved ☐ Disapproved Signature Kenneth D. Schroeder

### Installation Final Written Approval

By _____

Date _____

***Business Office Use Only***
Date Rec'd 8-17-12
Amt Paid #345.00
Rec'd By B. Hall Cash/Check No. 2122

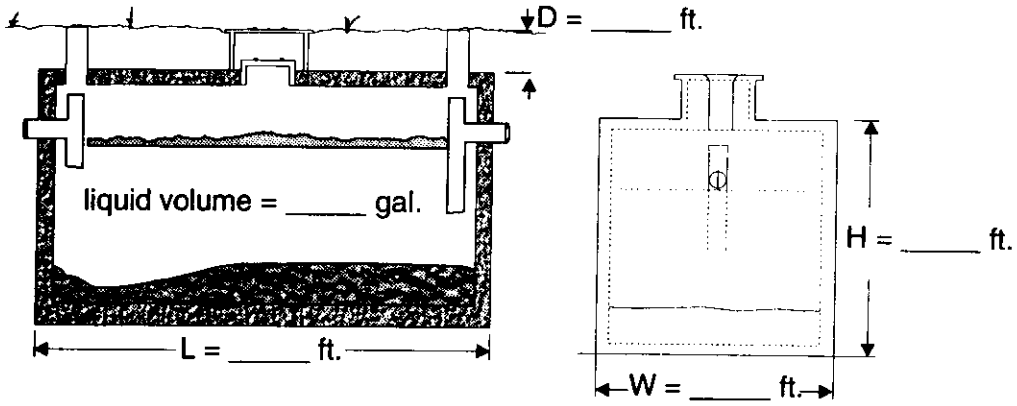
FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

8-22-2012 10:55:35

**KEY**

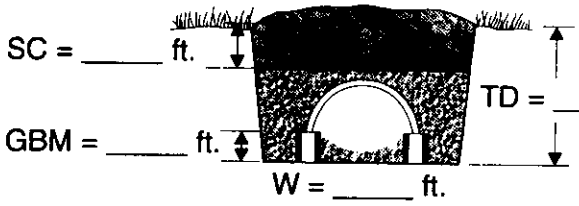
SC = Soil Cover
GBM = Gravel Below Half Moon
TD = Trench Depth
L = Tank Length
H = Tank Height
W = Width
GBP = Gravel Pipe Below
D = Depth of Cover

## F. SEPTIC TANK DIMENSIONS

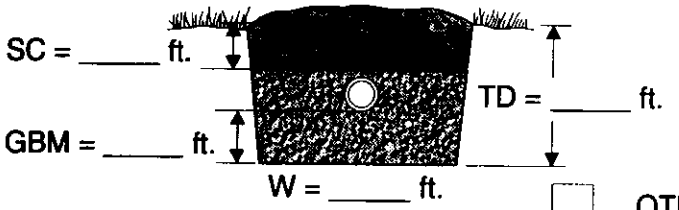



## G. Check the Box for the Appropriate Absorbtion Field and Complete the Blanks

☐ HALF-MOON IN GRAVEL




☐ PIPE IN GRAVEL




☐ OTHER: Include Drawing

## H. Complete ADJACENT Lot Worksheet for All Wells and Water Lines

| | | |
|---|---|---|
| NORTHWEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____ | NORTH Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____ | NORTHEAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____ |
| WEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____ | PROPOSED SEPTIC SYSTEM INSTALLATION | EAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____ |
| SOUTHWEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____ | SOUTH Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____ | SOUTHEAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____ |

# Procedures

**Forms A, B and C must be completed and submitted to the Lincoln-Lancaster County Health Department (LLCHD) to obtain an individual sewage disposal permit as required by LMC 24.38 or Lancaster County Resolution No. 2832.**

The following steps should be followed in sequence.

1. Determine the soil absorption capacity of the site. (Complete Form B).
2. Have your sewage disposal system engineer/installer survey the site to determine the proper location of the system. The location of building/s, well/s, property lines, percolation test holes, proposed system and laterals must be considered. (Complete Form C) Remember to include a plot plan and that ***both your installer and your home building contractor must sign Form C.***
3. Obtain site clearance. (Complete Form A) If the building site is (a) within the 3-mile jurisdiction of Lincoln, or (b) in the county, but not within the 1-mile jurisdiction of an incorporated city or village, then submit your completed forms to LLCHD. If the building site is within the 1-mile jurisdiction of Hickman or Waverly, or an incorporated village, then you will need to first take Form A to the City of Village Clerk for approval. The clerk will return Form A to you, and you can then submit your completed Form A to LLCHD.
4. Submit completed Forms A, B and C to the LLCHD, Environmental Health Division. A filing (permit) fee of $150 must be submitted at the same time. Make checks payable to the Lincoln-Lancaster County Health Department.
5. When the application for a permit has been approved and the permit issued by LLCHD, construction of the system may begin. The system must be constructed in accordance with the approved plans and specifications, and with the appropriate ordinance or resolution.
6. The installed system requires a final approval. The LLCHD must be notified when the installation is ready for final inspection.

**No part of the system may be covered until inspected and approved by the LLCHD.**

**Inspection Phone No.**

**441-8022**

LLCHD HS000655

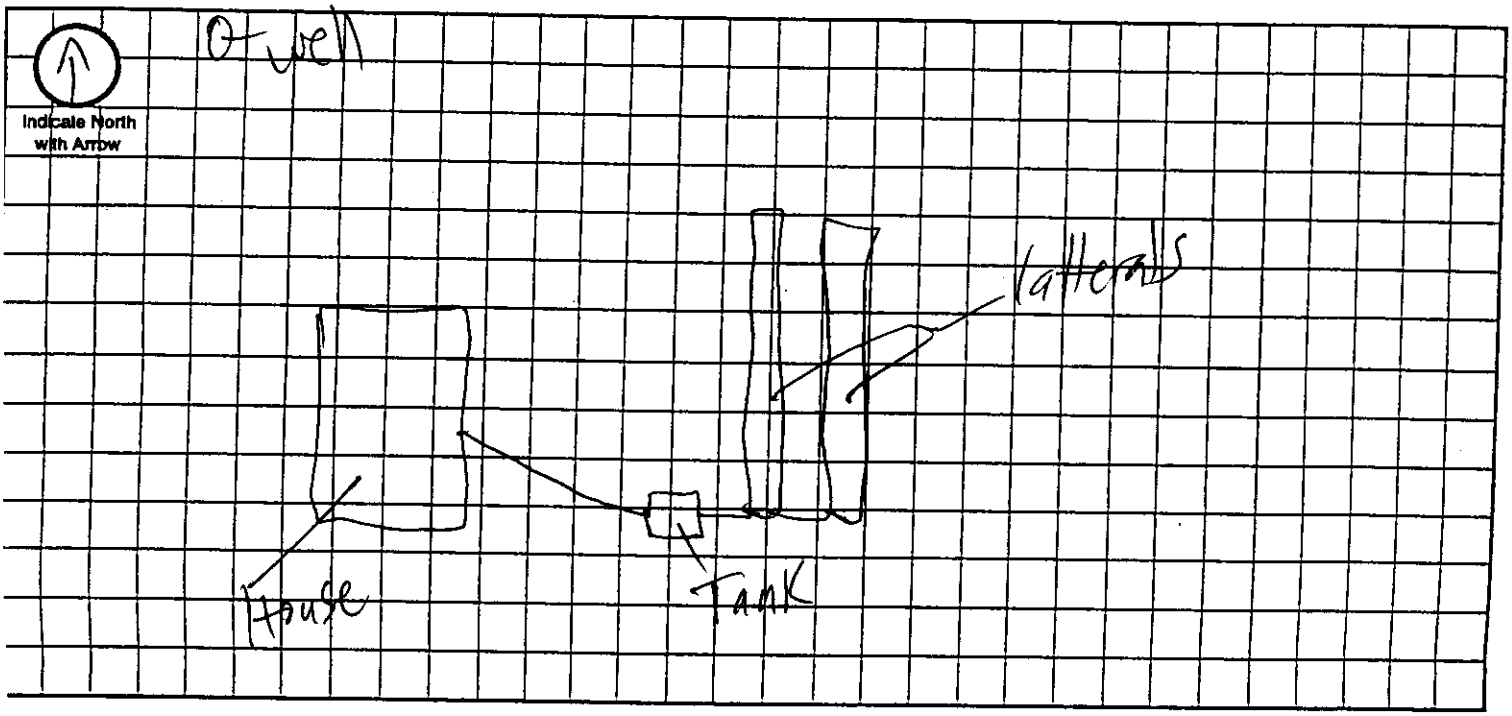
**Lincoln-Lancaster County Health Department**
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

**C**

Permit Number:

# 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) 5540 NW 18th St City Lincoln NE, Zip 68524

## B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____

## 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] Date 8/13/12

Installer [signature] Date 8/13/12

RM 23-102 10-96
8-22-2012 10:55:38

LLCHD_HSD0026

Corner Lot NE Corner
Alley + Trails End

Soil Type: Clay | Silty Clay Loam | Sandy Loam | Silty Loam | Clay Loam X | Sandy Clay

Depth of Water: 5-6 in | Time: 5-6-12 | Temperature Prior: 75 Inlet Temp: 70°

| a | b | c | d | e | f | g | h | i | j | k | l | m |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Pre-Saturation Period | | | | Percolation Test | | | | | Remarks |
| | | Start | | End | | Start | | | End | | | Water |
| Hole | Date | Time | Depth | Time | Depth | Time | Depth | Water Level | Depth | Water Level | Elapsed Time | Level Drop |
| No. | Observ. | Min. | ft. | Min. | ft. | Min. | ft. | Drop (in.) | ft. | Drop (in.) | (Min.) | (in.) |
| 1 | 6/4 | 5/6 | 10:30am | 5/6 | 3:30pm | 5/6 | 9:30am | 6 | 10:30am | 5 | 30 | 1 |
| 2 | 6/4 | 5/6 | 10:30am | 5/6 | 3:30pm | 5/6 | 9:30am | 6 | 10:30am | 5 | 30 | 1 |
| 3 | 6/4 | 5/6 | 10:30am | 5/6 | 3:30pm | 5/6 | 9:30am | 6 | 10:30am | 5¼ | 30 | ¾ |
| 4 | 6/4 | 5/6 | 10:30am | 5/6 | 3:30pm | 5/6 | 9:30am | 6 | 10:30am | 5¼ | 30 | ¾ |
| 5 | 6/4 | 5/6 | 10:30am | 5/6 | 3:30pm | 5/6 | 9:30am | 6 | 10:30am | 5 | 30 | 1 |
| 6 | 6/4 | 5/6 | 10:30am | 5/6 | 3:30pm | 5/6 | 9:30am | 6 | 10:30am | 5 | 30 | 1 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Sum of Water Level Drops (in.) [Column m]: 5

Average of Water Level Drops (in.) [Column m]: .91

Inches per Minute: 32.61 MPI

Spacing Feet of Laterals per Deduction: 275

PERSON CONDUCTING TEST

Name: Mark Peterson

Address: 328 338 Rose Meadow ME 69005

Phone: 419-641-6124

Signature: Mark Peterson

SKETCH SHOWING HOLE LOCATION




Official's Signature

## Nate C. Hartman

**From:** Gordon McGill
**Sent:** Thursday, August 16, 2012 11:17 AM
**To:** Nate C. Hartman
**Attachments:** Gordon McGill.vcf

5540 NW 118TH IS OK TO BUILD.....G

**Gordon McGill**
Building &Safety
Plans Examiner II / Building Inspector

402-441-6424 Work
gmcgill@lincoln.ne.gov

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

**ON-SITE WASTE WATER SYSTEM**
**CONSTRUCTION - INSTALLATION PERMIT**

**No. HS000655**

**System Type:** STANDARD

**Situs:** 5540 NW 118th, Parkland Estates

**Legal Description:** T10N-R05E-S05-4-Lot 3

**Owner:**

| | |
|---|---|
| Permit Fee: | $345.00 |
| Variance Fee: | $0.00 |
| Extension Fee: | $0.00 |
| Total Fees: | $345.00 |

Issued: 08/17/2012
Expires: 08/17/2013

Judith A Halstead

Judith A. Halstead, MS, Health Director

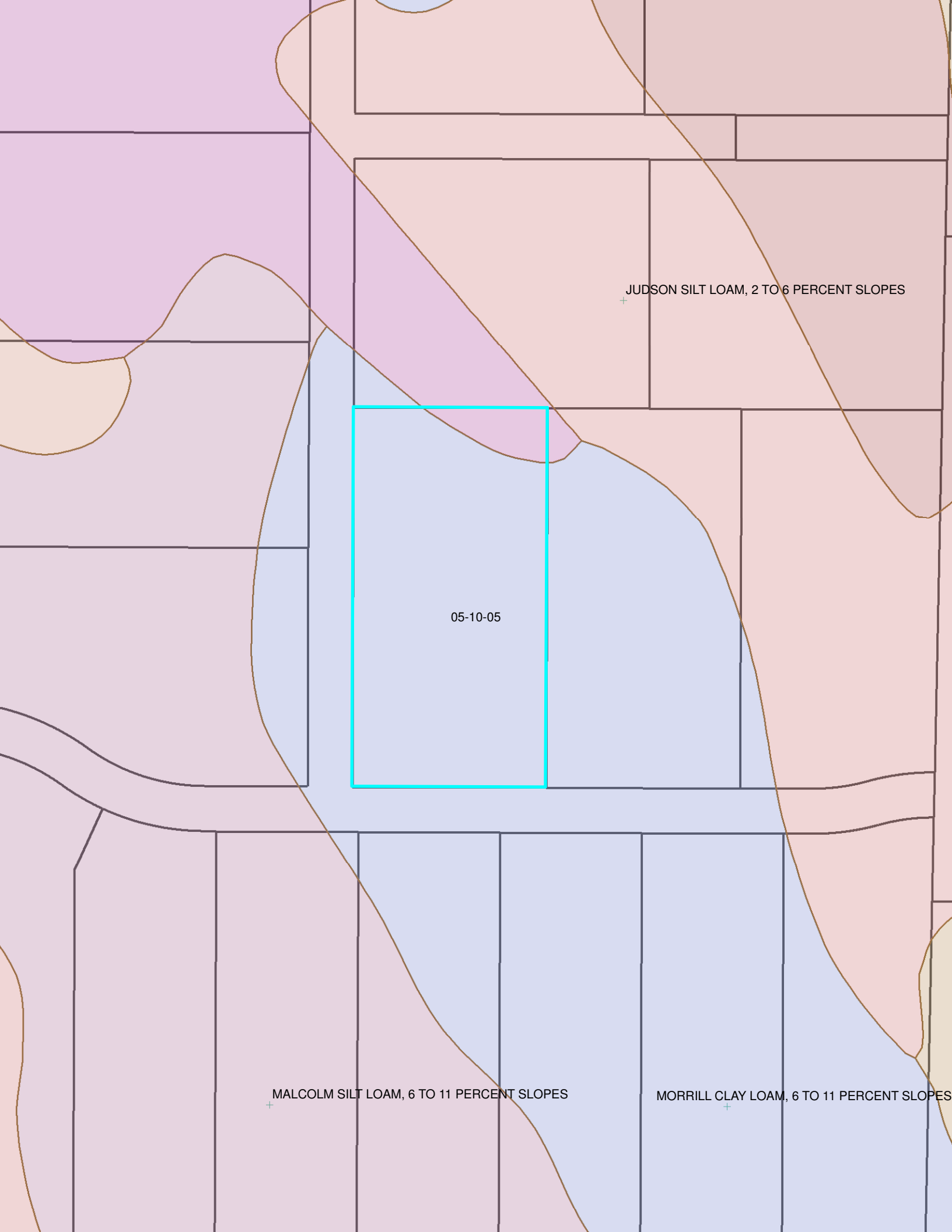
On-site Waste System Permit Holder:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

Judith A Halstead

Judith A. Halstead, MS
Health Director

ANDREW SCHAEFER
2154 182ND
BEE NE 68314


JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
05-10-05
MALCOLM SILT LOAM, 6 TO 11 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES

$345 permit fee

SCANNED

A

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

Permit Number H5000655

# 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**

### A. System Location (Indicate correct number and street)

Address 5540 NW 118th St (no rural route) City Lincoln NE, Zip 68524

Legal Description 5 / T-10-N / R-5-E Parkland Estates 4 3
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

### B. Owner

Name Andrew Schaefer Signature _____

Address 2154 182nd City/State/Zip Bee NE 68314

☐ Check if owner designed system Home Phone 402-658-1795 Work Phone _____

### C. Contractor

Name Forest Well Drilling Inc. Company Name _____

Address 2796 W. Milford Rd City/State/Zip Milford, NE 68405

☒ Check if contractor designed system Work Phone 402-761-2281

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

Designer Name _____ Firm _____ Work Phone _____

### E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms ~~4~~ 3 per Justin JM 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 8/16/23 Date frwd 8/16/12 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 8-16-2012 Date frwd 8-16-2012 ACTION ☒ Approved ☐ Disapproved Signature Kenneth D. Schroeder

### Installation Final Written Approval

By _____

Date 10/5/2012

***Business Office Use Only***

Date Rec'd 8-17-12

Amt Paid #345.00

Rec'd By B. Hall Cash/Check No. 2122

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