Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number HS001591

Onsite Wastewater Treatment System Permit Application

Include Form B and C. Submit correct fee with this Application

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

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 4930 west sumer street City Lincoln, NE Zip 68522
(no rural route)

Legal Description 31 T10N R6E High Ridge West Acers 2 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID _____ *Approx. Address (If to be determined) _____

B. Owner

Name Eric Schindler Signature Eric M. Schindler

Address 4930 West Sumner st City/State/Zip Lincoln NE 68522

Home Phone _____ Work Phone 402-429-5731

C. Certified Installer

Name: Haes Excavating Inc. Signature _____

Address 9800 Breagan Road City/State/Zip Lincoln, NE

Work Phone 402-499-1166

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number: _____

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.25
Garbage Grinder? ☐ Yes ☒ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 400

Type of Wastewater ☒ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
Date frwd _____ Signature _____
Comments _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
Date frwd _____ Signature _____

3. City or County Engineer
Comments _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
Date frwd _____ Signature _____

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 12/28/17 Amount Paid $220.00
Received By _____ Cash/Check No. 1913

White - Health Department Yellow - Engineer Pink - Building & Safety

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 4930 West Sumner st (no rural route) City Lincoln NE, Zip 68522

Owner Eric Schindler Address 4930 West Sumner st

Soil Type (SCS): Black loam Percolation Rate: .30 min./inch

Date of Tests 12-18-2017 to 12-19-2017 Weather: Precipitation 1/8" Temperature 50°

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)
1	24	12-18	12pm	12-19	1pm	12-19	1pm	6	12-19	5pm	.30	1	.30
2	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	1	.30
3	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	1 1/8	.27
4	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	1 1/8	.27

Sum of Percolation Rates: 114

Average of Rates: .28

Rate Used for Calculation: .30

Person Conducting Percolation Tests

Name: Scott Haes

Phone: 402-499-1166

Address 9800 Breegan Road
Lincoln, NE 68526

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

DEC 27 2017

D Exhibit 4

Permit Number:

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page) ☒ Subsurface Septic ☐ Mound

Onsite Wastewater System Location

Address or Legal Description or Parcel Identification Number (PID) 4930 west Sumner street

Owner: Eric Schindler Address Lincoln NE 68522

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 35 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1250
3. Depth to top of tank, below unfinished grade 48 in.
4. Distance to:
   - Well 110 ft.
   - Pressure line 75 ft
   - Property Line 100 ft.
   - Foundation 35 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 75 ft. North

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: 94 29
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 85 ft. 90 ft. 75 ft.
4. Drainfield size: 905 sq. ft.
5. Distance to:
   - Well 176 ft.
   - Pressure line 176 ft.
   - Property line 15 ft.
   - Depth of Groundwater >7

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☐ Yes ☒ No

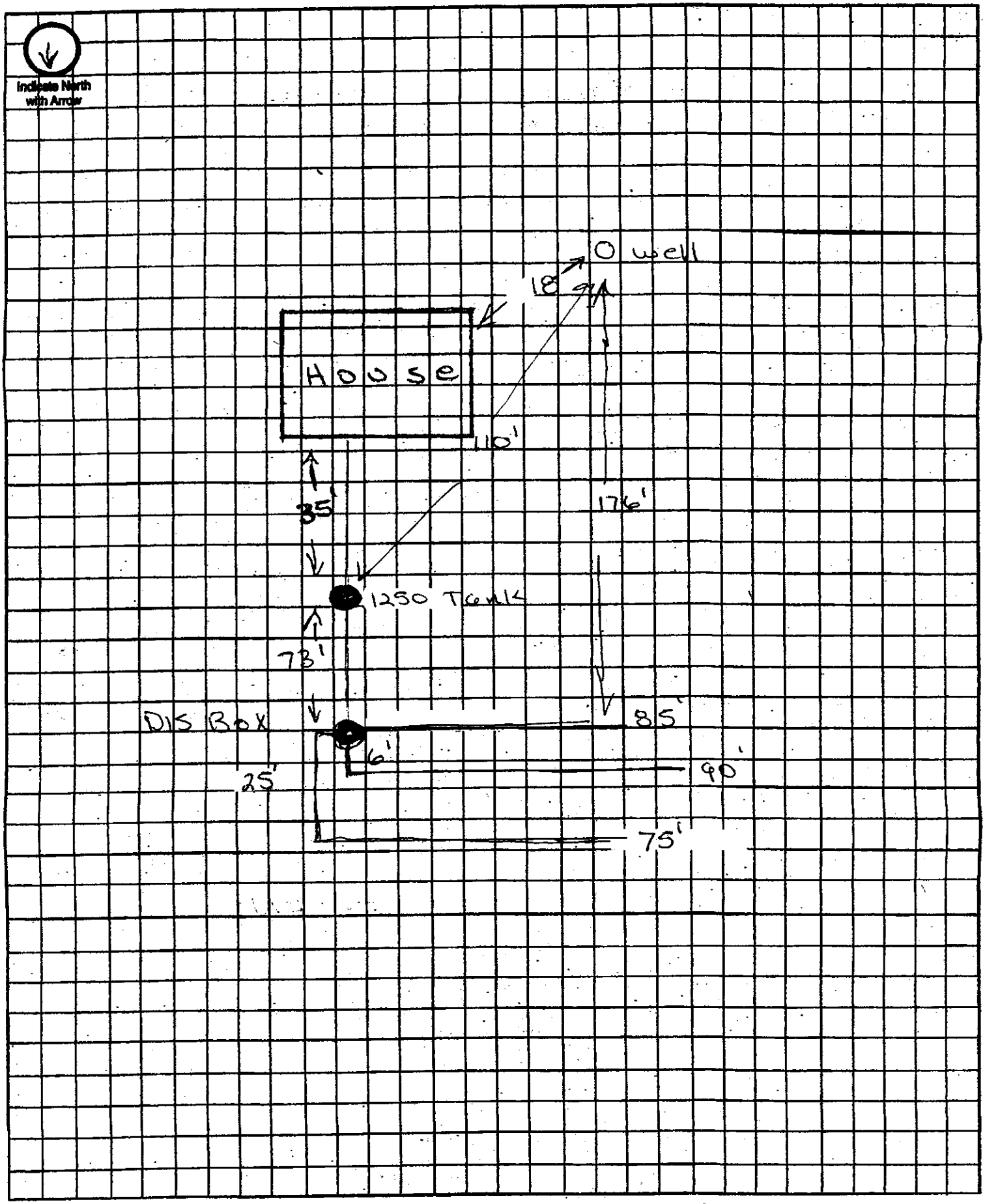
If Yes, the Certified Professional must sign below for final approval:

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: _____

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

As Built Drawing



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

FILE NO. 390

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

July 30, 1974 — THIS LICENSE OR PERMIT EXPIRES

Bob Gilliam — LICENSEE OR PERMITTEE

Route #6 Lincoln — ADDRESS

T10N; R6E; Sec. 31; Bl. 2; Lot 1; High Ridge Acres West — NAME OF ESTABLISHMENT, IF ANY

LEGAL DESCRIPTION — ADDRESS

NON-TRANSFERABLE

REMARKS:

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624-1535 110.15	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION

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

FORM HD-30(67) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 390

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

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described herein:

1. Legal description of property: Twp. 10 N; Range 6 E; Section 31;
Block 2; Lot 1; Addition High Bridge West Acres
Street Address _____

2. Property Use: Residential _____ ☑; Commercial _____ ☐
No. of Bedrooms 3. Describe: _____
Other Use _____ ☐
Describe: _____

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

4. Distance to public sewer: _____ ft.

Mrs. Bob Gilliam
Signature of Applicant (owner or lessee)

Lot 6
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 1/30/74. Date Frwd. 1/30/74.
ACTION: Approved ☒ Disapproved ☐
Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 1-30-74. Date Frwd. 1-30-74.
ACTION: Approved ☒ Disapproved ☐
Signature: Chas Leale By Bob Kimmer

3. ~~City~~ Engineer: Date Rec'd. 1/30/74. Date Frwd. _____.
ACTION: Approved ☒ Disapproved ☐
Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

FINAL ACTION ON SITE CLEARANCE: Approved ☐ Disapproved ☐

Date Applicant Notified: _____ Signature _____

FORM HD-32(67) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 390

DATE: _____

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 10N; Range 6E; Section 31;
Block 2; Lot 1; Addition ~~High~~ Ridge West Acres
Street Address _____.

2. Property Use: Residential _____ [✓]; Commercial _____ [ ]
No. of Bed Rooms 3 Describe: _____

Other Use _____ [ ]
Describe: _____

3. Type of Individual Sewage Disposal System: Septic Tank [✓]; Other [ ]

4. Plans and Specifications of Proposed System. (See FORM HD-32a(67) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT, attached hereto.)

Mrs. Bob Gillam
Signature of Applicant (owner or lessee)

Rt. 6
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 30.00

2. Date Site Clearance _____

3. Site Visits:
Date: _____ by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

4. Date: Approved [X]; Disapproved [ ]: 6/30/74
by: Jerrold C. Hood R.S.

5. BUREAU OF LICENSES & PERMITS
Date Notified: _____
Date Issued: _____ Serial _____

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/21/74 by: Jerrold C. Hood

Lot 1 Blk 2 High Ridge
West Acres

1.	2	2	1 3/4	1 1/4 - 1 - 1 1/4		
2.	2 1/2	3	2 1/4	1 3/4	1 1/2	1 1/4
3.	2	2	2 1/8	1 3/4	1 1/4	1
4.	2	2 1/8	2	1 1/4	1	7/8
5.	1 3/4	2	1 1/2	1	7/8	1
6.	2	1 3/4	1 1/2	1 1/4	1	3/4

242' 3' wide

3 bd

28 min/in

FORM HD-32a(67) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 390

SPECIFICATIONS

DATE: _____

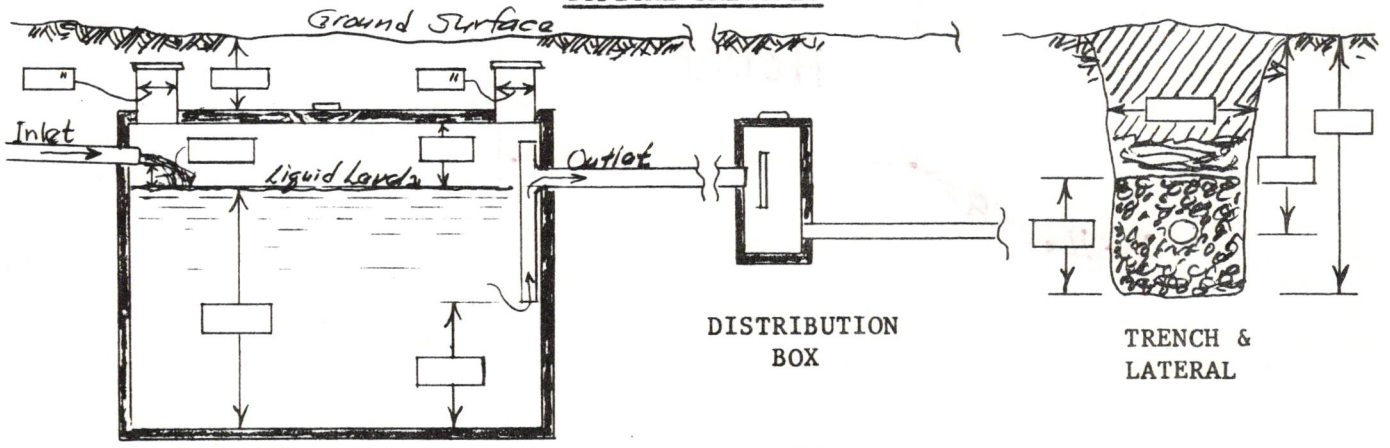
A. BUILDING SEWER:
1. Material PLASTIC; Diameter 4 in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank 39½ ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material CON; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes [X] (Company PRE-CAST STEP)
No [ ]
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 in.
Below Grade ____in.
5. Inlet: Baffle [ ]; or Tee [ ]
6. Outlet: Baffle [ ]; or Tee [X]
Depth of outlet below inlet ___in.
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.

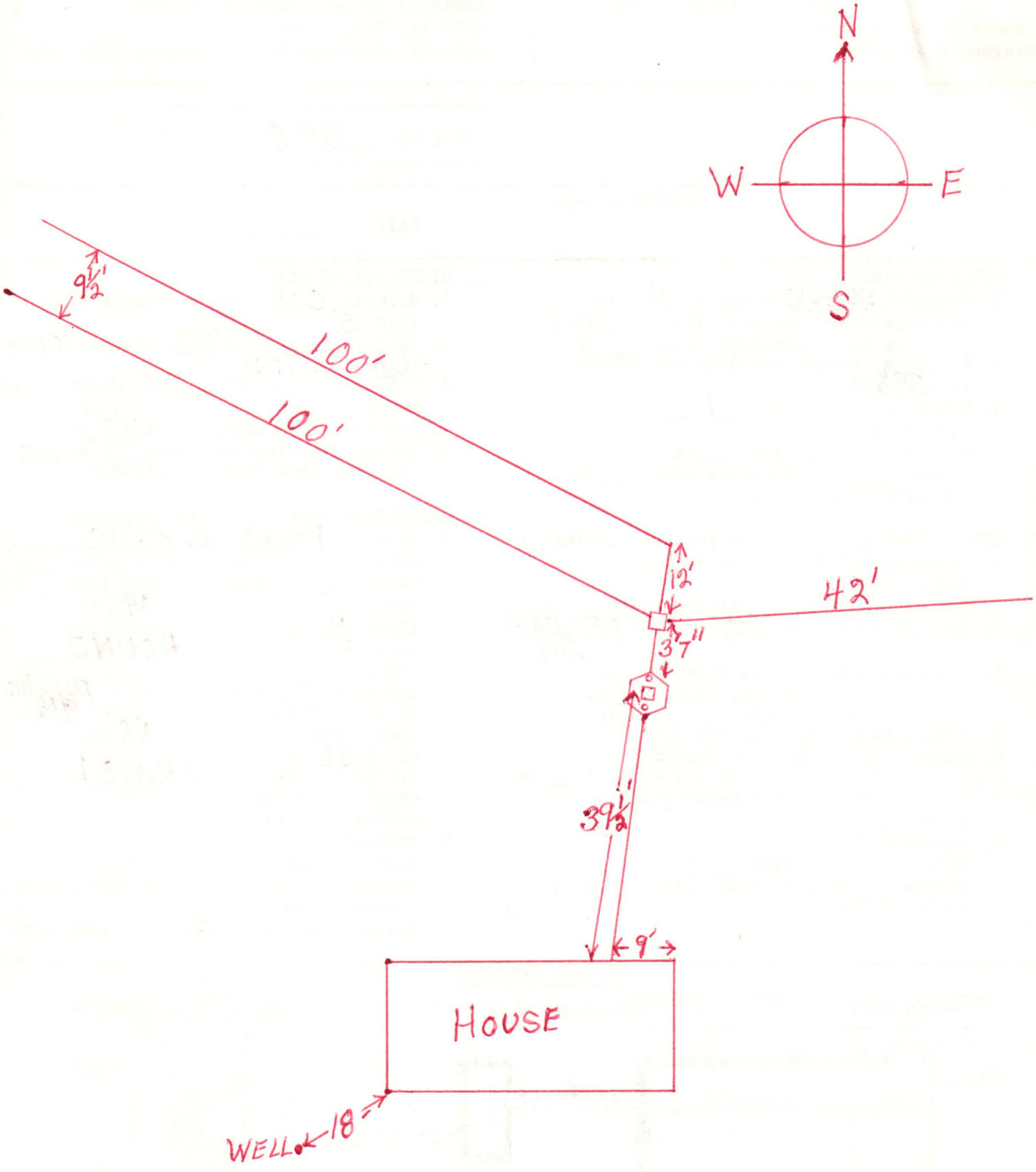
C. DISTRICTION BOX
1. Material CON.; No. available outlets 5.
2. Factory Built: Yes [X], (Company PRE-CAST STEP) No [ ]
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank 3'7" ft.
5. Serial Distribution: Yes [ ], No [X] (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: ROUND PLASTIC
2. Lateral Lines: Depth below grade ___in. Number 3; Length of each line ___ft Total length of Laterals 242 ft.; Slope 4 in/100 ft. Diameter of pipe 4 in.; Shape ROUND Material: concrete [ ]; fiber asbestos [ ]; clay [ ]; other ____ Distance between lateral lines 9½ ft.
3. Trench Dimensions: Depth 48 in.; Width 36 in.
4. Filter Material: GRAVEL. Depth of material from trench bottom ____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: 28 minutes/inch

TYPICAL SKETCHES



Signature of Applicant


N
W
E
S
9½'
100'
100'
12'
42'
3'7"
39½'
9'
HOUSE
WELL
18'