Application to Alter or Repair an Onsite Wastewater Treatment System

#S002482

The applicant is applying for a permit to: ☒ **ALTER** ☐ **REPAIR** an existing Onsite Wastewater Treatment System, and agrees to comply with LMC 24.38 or County Resolution 02-0030.

$245

1. **Street Address (No Rural Route):** 12601 Emmawalter Rd

   Legal Description of Property: Township: Lincoln 11 Range: 7 Section: 9-11-07

   Block _____ Lot 8 SubDivsion Views Pointe North Add: 1

   ***Parcel ID** 18 - 09 - 401 - 008 - 000 (i.e. 99-99-999-999-999)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe: _____)
   Number of bedrooms 4 Does the system have a: ☒ Garbage Grinder ☒ Large Capacity Tub

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

4. **Description of proposed alteration or repair:** Replace deteriorating concrete tank with 2 1000 gal (2000 total) infiltrator FM1060P tanks

5. **Current Type of Lateral** Infiltrator **Current Linear Ft. Of Lateral -** 516 ft

   Current Tank Gallonage 1500

6. Print Name Jason Schmeeckle Address 12601 Emmawalter Rd Phone: 402 730 1385

   Applicant Signature: _____

   Installer H.R. Muhlbach Constr. Harry T. Muhlbach 10-30-22

Please contact LLCHD for the current permit fee for this application

Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

Date received ____/____/____ REVIEW: ☐ Approved ☐ Disapproved By: _____

Comments (if any): _____

Site visits
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date ____/____/____ By _____

Return application to:

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only

Received: Date: 11 / 01 / 22 Amount $245.00 Check No. 6800 Initials JAH

Revised 2/18

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
ALTERATION PERMIT
No. HS002482

System Type: Standard

Situs: No Site Address Specified

Issued: 11/1/2022

Expires: 11/1/2023

Description: VIEW POINTE NORTH, Lot 8

Owner: SCHMEECKLE, JASON W & DEBBIE S
12601 EMMAWALTER RD
LINCOLN, NE 68517

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Health Director

Dear Applicant:

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

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Health Director

JASON SCHMEECKLE
12601 EMMAWALTER RD
LINCOLN, NE 68517

SCANNED

Application to Alter or Repair an Onsite Wastewater Treatment System

#S002482

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$245

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   Legal Description of Property: Township: Lincoln 11 Range: 7 Section: 9-11-07

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   ***Parcel ID** 18 - 09 - 401 - 008 - 000 (i.e. 99-99-999-999-999)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe: _____)
   Number of bedrooms 4 Does the system have a: ☒ Garbage Grinder ☒ Large Capacity Tub

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

4. **Description of proposed alteration or repair:** Replace deteriorating concrete tank with 2 1000 gal (2000 total) infiltrator FM1060P tanks

   $245 pd

5. **Current Type of Lateral** Infiltrator **Current Linear Ft. Of Lateral -** 516 ft

   Current Tank Gallonage 1500

6. Print Name Jason Schmeeckle Address 12601 Emmawalter Rd Phone: 402 730 1385

   Applicant Signature: _____

   installer H.D. Muhlbach Constr. Harry T. Mullbach 10-30-22

Please contact LLCHD for the current permit fee for this application

Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

☐ Municipal Code 24.38 ☒ County Resolution Number 02-30

Date received 11 / 1 / 22 REVIEW: ☒ Approved ☐ Disapproved By: _____

Comments (if any): Tank Replacement

Site visits * Called prior to inspection w/ DH
Date ___/___/___ By _____
Date ___/___/___ By _____

Installation final written approval
Date 1 / 3 / 24 By _____

Return application to:

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only

Received: Date: 11 / 01 / 22 Amount $245.00 Check No. 6800 Initials JAM

Revised 2/18

Nate C. Hartman

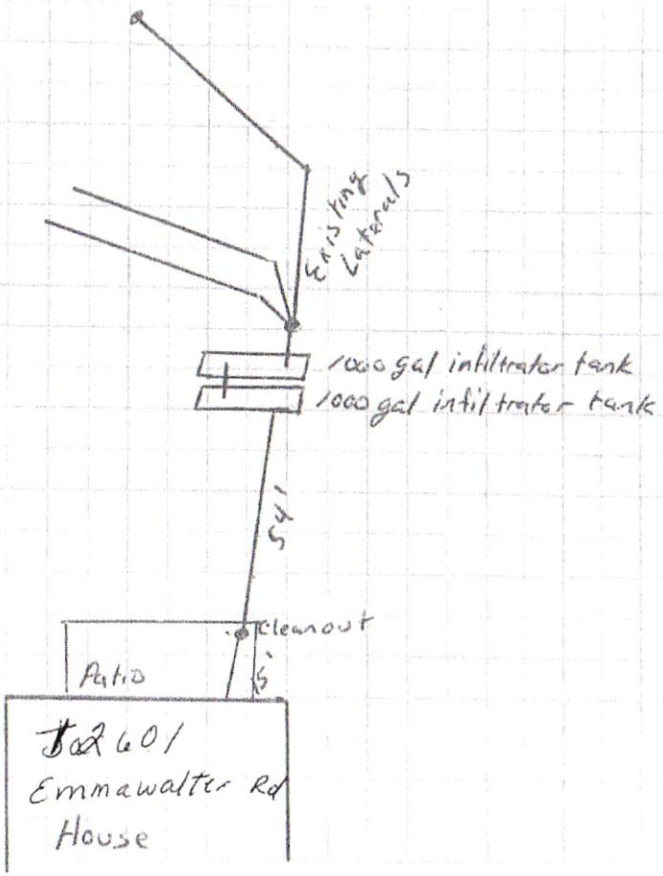
From: Lois Muhlbach <loismuhlbach@gmail.com>
Sent: Tuesday, December 12, 2023 8:25 AM
To: Nate C. Hartman
Subject: Fwd: Septic
Attachments: -4462458323173643771.jpg; Schmeeckle Jason Septic 11-2022.pdf

Here's a picture of the septic installed at 12601 Emmawater Rd for Jason Schmeeckle. Attached is a drawing of the placement of that system. Please let me know if you have any questions.

Harry

---------- Forwarded message ---------
From: **Harry Muhlbach** <muhlbachhl@gmail.com>
Date: Mon, Dec 11, 2023 at 6:04 PM
Subject: Septic
To: Lois Muhlbach <loismuhlbach@gmail.com>

Replaced 1500 gal concrete tank with 2 1000 gal plastic tanks
November 2022



Jason Schmeeckle

~~Box~~ 2601
Emmawalter Rd

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

SCANNED

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS0000352

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 11 Range 7 1/4 ____ 1/4 SE Section 9
   Block ____ Lot 8 Addition View Pointe North
   Parcel ID 18 - 09 - 401 - 608 - 000 (i.e. 99-99-999-999-999)

   Street Address (no rural route) 12601 Emma Walter Rd Lincoln, NE 68517

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 5 Describe ____

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

4. **Description of proposed alteration, extension or repair** replace drainfield, 440'

5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Jakowbek 890-6009 Raymond Contracting Inc

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 Jason Schmeeckle Address same Phone: 402-730-1383

Applicant Signature (owner or lessee) [signature]

Please contact LLCHD for the permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing

---

HEALTH DEPARTMENT USE ONLY

Date received 5/3/10 REVIEW: ☑ Approved ☐ Disapproved By: [signature]

Site visits
Date ____/____/____ By ____
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 5/3/2010 By [signature]

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8643

SCANNED

Business Office Use Only

Received: Date: 5/5/10 Amount 180.00 Check No. 7331 Initials BH

Revised 3-09

SCANNED

facsimile

Raymond Contracting, Inc.

Raymond Contracting Inc
Lloyd J Jakoubek
13800 NW 70th Street
Raymond, NE 68428
402 783-2663 Telephone
402 890 5009 Cellular
402 783 2341 Fax

to **Nate**

fax number **402-441-3890**	company **LLCHD**
from **Terri Jakoubek**	date **May 3, 2010**
total number of pages including this cover sheet **4**	If you do not receive all pages, please call **402-783-2663 (Terri)**

comments **CONFIDENTIAL**

Nate,

Following please find the D-Sheet & Perc Test for Jason Schmeeckle 12601 Emma Walter Rd. I put the original in the mail so you can file a cleaner copy.

Please call if you have any questions.

Thanks,
Terri Jakoubek
402-783-2663 (Office) 402-890-3870 (Mobile) 402-783-2341 (Fax)

JUN 04 2009
SCANNED

2nd site + 0

B

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

Permit Number: HS 000 352

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address Lot 8 12601 Emma Walter Rd (no rural route) City Lincoln NE NE, Zip 6

Owner Jason Schmeeckle Addresss -

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

Date of Tests 10/24/03 to 10/25/03 Weather: Precipitation Dry 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)
1	36"	10/24	13:00	10/24	17:00	10/25	15:00	6"	10/25	19:00	30	1/8	34.29
2	36"	10/24	13:00	10/24	17:00	10/25	15:00	6"	10/25	19:00	30	1	30
3													
4	36"	10/24	13:00	10/24	17:00	10/25	15:00	6"	10/25	19:00	30	1/8	34.29
5	36"	10/24	13:00	10/24	17:00	10/25	15:00	6"	10/25	19:00	30	1/8	34.29
6	36	10/24	13:00	10/24	17:00	10/25	15:00	6"	10/25	19:00	30	1	30
7	36"	10/24	13:00	10/24	17:00	10/25	15:00	6"	10/25	19:00	30	1 1/8	26.66
8													
9	36"	10/24	13:00	10/24	17:00	10/25	15:00	6"	10/25	19:00	30	3/4	40
10													

Person Conducting Percolation Tests

Name: Phil Nellis

Phone: 304-4296

Address _____

Sum of Percolation Rates: 229.57

Average of Rates: 30.33

Rate Used for Calculation: 33

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

SCANNED

30 ND 5 E 0

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

B

Permit Number: HS000352

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address Lot 8 12601 Emma Walker Rd City Lincoln NE NE. Zip 6
(no rural route)

Owner Jason Schmeeckle Addresss -

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

Date of Tests 10/24/03 to 10/25/03 Weather: Precipitation Dry 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				
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3													
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8													
9	36	10/24	13:00	10/24	17:00	10/25	15:00	6"	10/25	19:00	30	3/4	40
10													

Person Conducting Percolation Tests

Name: Phil Nelly
Phone: 304-4296
Address _____

Size of Percolation Rates: 22951
Average of Rates: 30.33
Rate Used for Calculation: 33

DO NOT WRITE BELOW THIS LINE

Reviewing Action

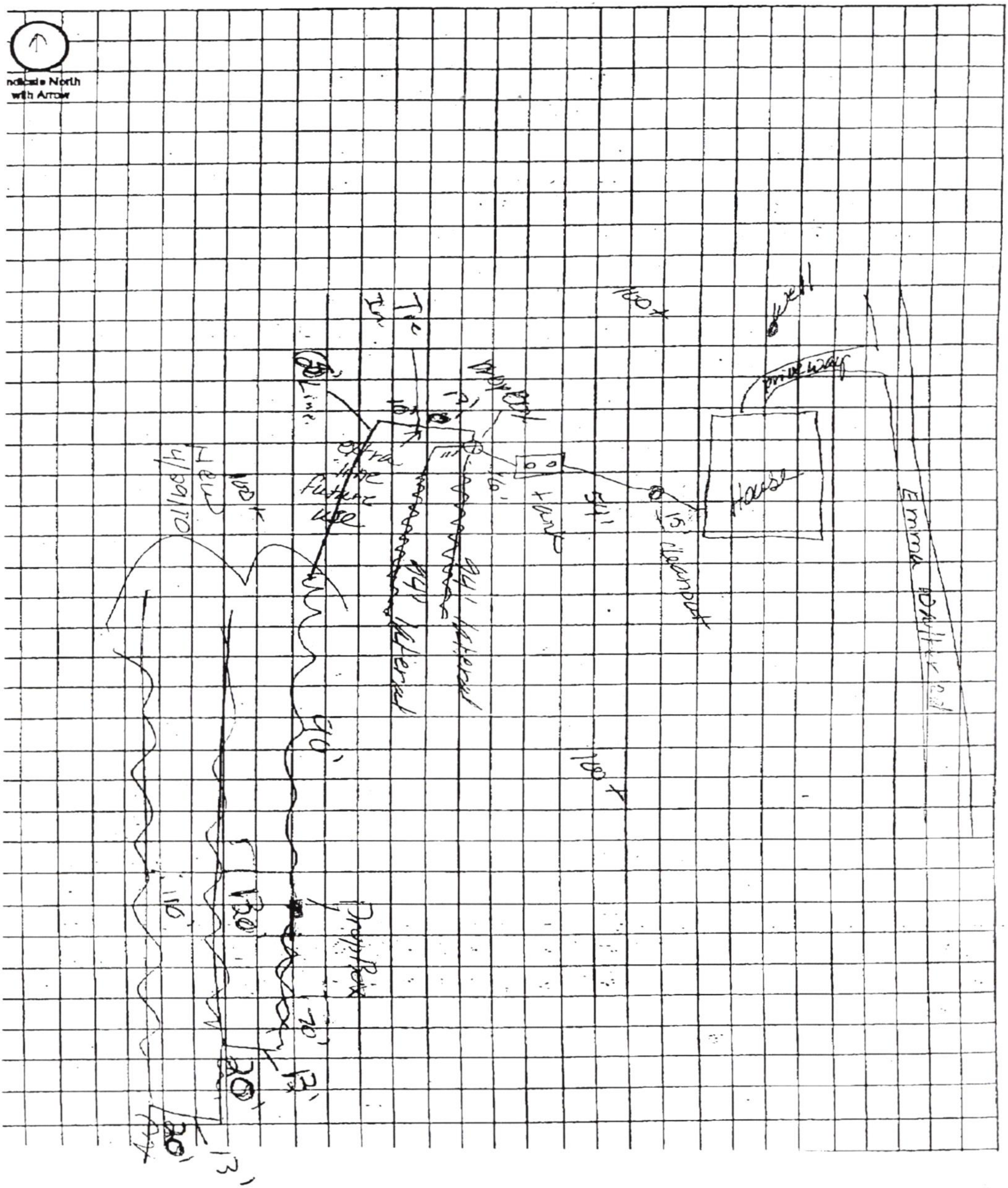
Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

ıs Built Drawing

SCANNED



SCANNED

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

D

Permit Number: HS000352

Sewage Disposal System

As Built Plans & Specifications

Date 4-21-04

System Location (Indicate correct number and street)

Address 12601 Emma Walter Rd (no rural route) City Lincoln NE, Zip 68517

A. Building Sewer

1. Material: Class 160 PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 14 in.
3. Distance between dwelling and septic tank: 69 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1,500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☐ below grade at Grade in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12-18 in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 16 ft. (from center of tan

D. Absorption Field

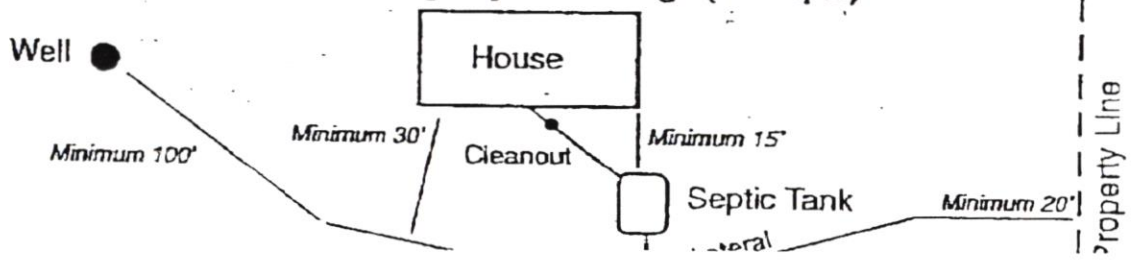
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: ADS H-10
   or perforated pipe: 34" wide 12" tall
   Material: ☒ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 94 ft. 94 ft.
   Need → 90', 70' ft. 130', 20' ft. 110', 20' ft.
   4/29/10
3. Trench dimensions: Width 4 ft.
   Slope flat in/100 ft.
   Average depth 24" in
4. Filter material: bint
   Depth of material 24" in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



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

SCANNED

D

Permit Number: HS0000352

Sewage Disposal System

As Built Plans & Specifications

Date 4-21-04 & 4/29/10

System Location (Indicate correct number and street)

Address 12601 Emma Walter Rd (no rural route) City Lincoln NE, Zip 68517

A. Building Sewer

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   Diameter: 4 in.
2. Distance above basement floor: _____ in.
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   Over outlet, diameter 24 in.
   Riser: ☐ above ☐ below grade at Grade in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
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8. Distances to: Well or suction line 100+ ft.
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   Pressure line 100+ ft.
   Property line 100+ ft.

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   Number available outlets: 3
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D. Absorption Field

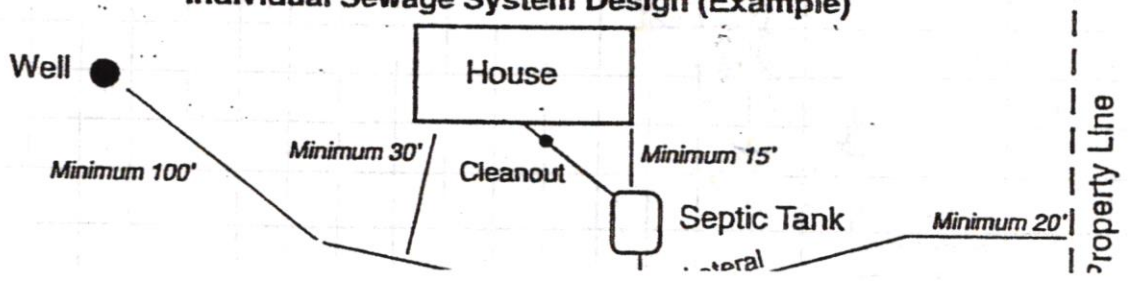
(Provide as-built drawings on back of this form)

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   Length of each line: 94 ft. 94 ft.
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   4/29/10
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   Slope flat in/100 ft.
   Average depth 24" in
4. Filter material: pint
   Depth of material 24" in.
5. Distances to: Well or suction line 160+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



As Built Drawing



Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003364

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 04380277801

Issued 02/18/04
Expires 08/18/04
Revenue Code 3157

Establishment: JASON SCHMEECKLE
T11N R7E SEC 9 QTR SE
VIEW POINTE NORTH LOT 8
12601 EMMA WALTER RD

FEES: $200.00

Permittee: JASON SCHMEECKLE
1400 TIMBER RIDGE RD
LINCOLN NE 68522

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 04380277801

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 12601 Emma Walter Rd (no rural route) City Lincoln NE, Zip 68517

Legal Description S½ SE¼ 9 11N 7E Lot 8 View Point North 8
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 Jason Schmeeckle Signature _____

Address 1400 Timber Kidge Rd City/State/Zip Lincoln, NE 68522

☐ Check if owner designed system Home Phone 402-730-1383 Work Phone _____

C. Contractor

Name Jerry Maher Company Name Mahrs Construction

Address 4110 Sheridan Blvd City/State/Zip Lincoln, NE 68506

☐ Check if contractor designed system Work Phone 402-432-1505

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

Designer Name Lloyd Jakoubek Firm Raymond Contracting Work Phone 402-[redacted]890-6009

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 400 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 2/18/04 Date frwd 2/18/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 2/18/04 Date frwd 2/18/04 ACTION ☒ Approved ☐ Disapproved Signature Shawn Johnson
3. **City or County Engineer** Date rec'd 2-18-04 Date frwd 2-18-04 ACTION ☒ Approved ☐ Disapproved Signature [signature]

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date April 27, 2004

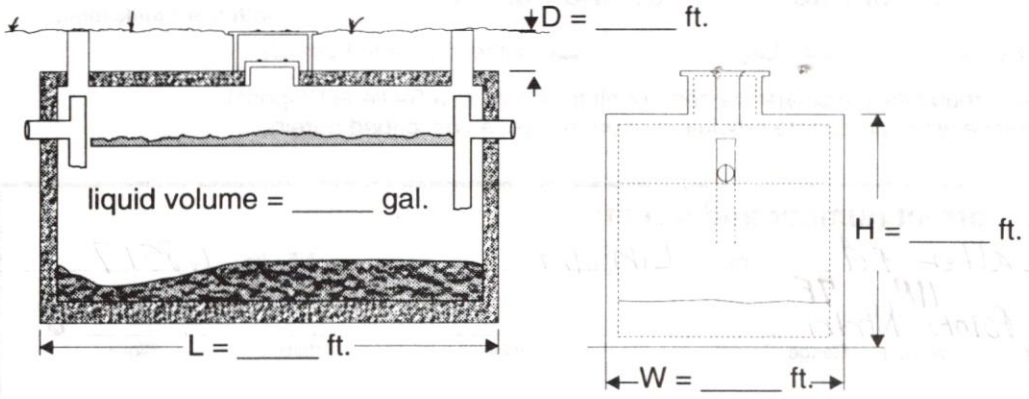
Business Office Use Only
Date Rec'd 02/18/04
Amt Paid 200.00
Rec'd By [signature] ~~Cash~~/Check No. 5232

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

KEY

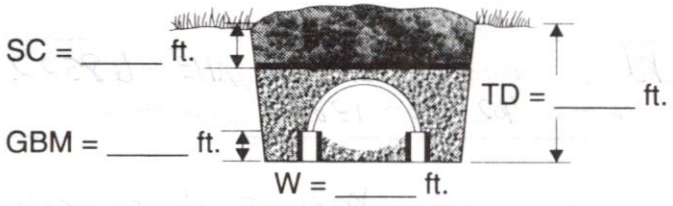
SC = Soil Cover
TD = Trench Depth
W = Width
GBM = Gravel Below Half Moon
L = Tank Length
GBP = Gravel Pipe Below
H = Tank Height
D = Depth of Cover

F. SEPTIC TANK DIMENSIONS

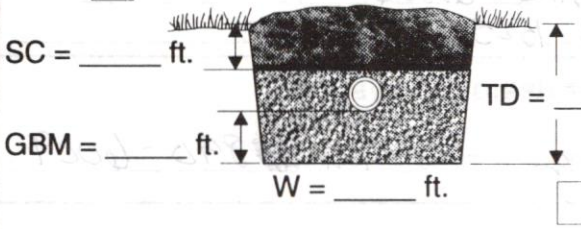


G. Check the Box for the Appropriate Absorbtion Field and Complete the Blanks

☐ 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

30 ND St + O

B

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

Permit Number: 04380778

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address Lot 8 12601 Emma Walker Rd (no rural route) City Lincoln NE NE, Zip 6

Owner Jason Schmeeckle Addresss -

Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM Percolation Rate: 33 min./inch

Date of Tests 10/24/03 to 10/25/03 Weather: Precipitation Dry 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)
1	36"	10/24	13:00	10/24	17:00	10/25	15:00	6"	10/25	19:00	30	1/8	34.29
2	36"	10/24	13:00	10/24	17:00	10/25	15:00	6"	10/25	19:00	30	1	30
3													
4	36"	10/24	13:00	10/24	17:00	10/25	15:00	6"	10/25	19:00	30	1/8	34.29
5	36"	10/24	13:00	10/24	17:00	10/25	15:00	6"	10/25	19:00	30	1/8	34.29
6	36	10/24	13:00	10/24	17:00	10/25	15:00	6"	10/25	19:00	30	1	30
7	36"	10/24	13:00	10/24	17:00	10/25	15:00	6"	10/25	19:00	30	1 1/8	26.66
8													
9	36"	10/24	13:00	10/24	17:00	10/25	15:00	6"	10/25	19:00	30	3/4	40
10													

Person Conducting Percolation Tests

Name: Phil Nellis

Phone: 304-4296

Address

Sum of Percolation Rates: 229.53

Average of Rates: 30.33

Rate Used for Calculation: 33

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

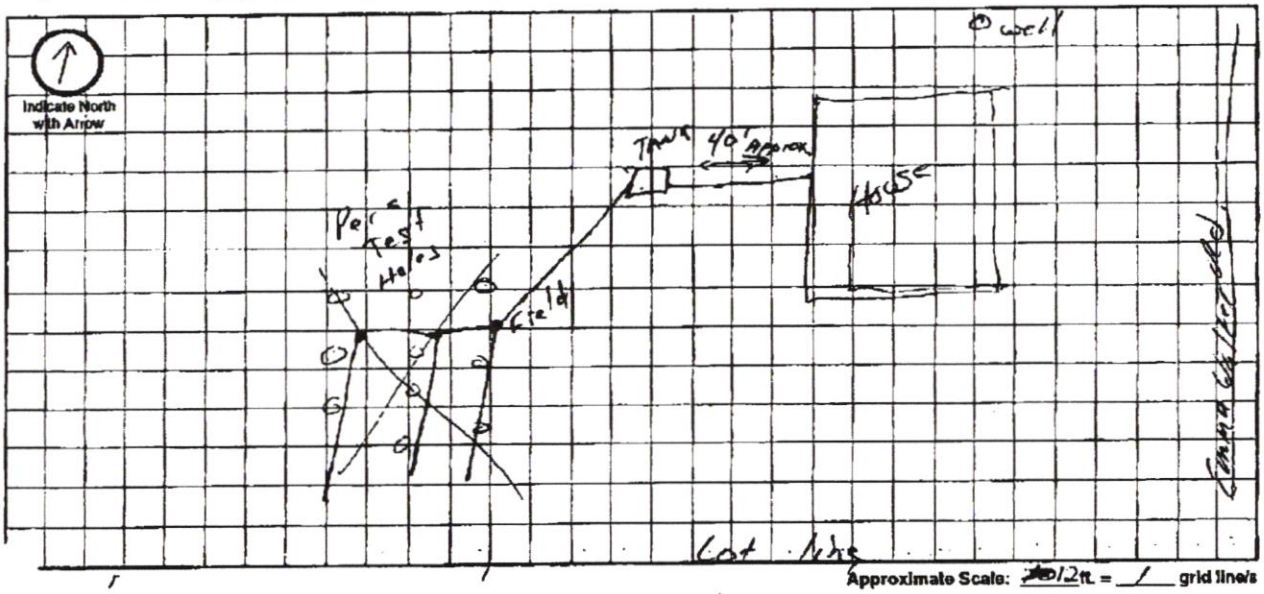
C

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

Permit Number: 04380277B

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: 12 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 1260 / Emma Walter Rd City Lincoln NE, Zip

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other

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

Percolation Rate 33 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: less than 3 %

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: H-10 Standard Equalizer

Capacity of Septic Tank 1,000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 206 ft. Number of Trenches 2 Trench Width 4'

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

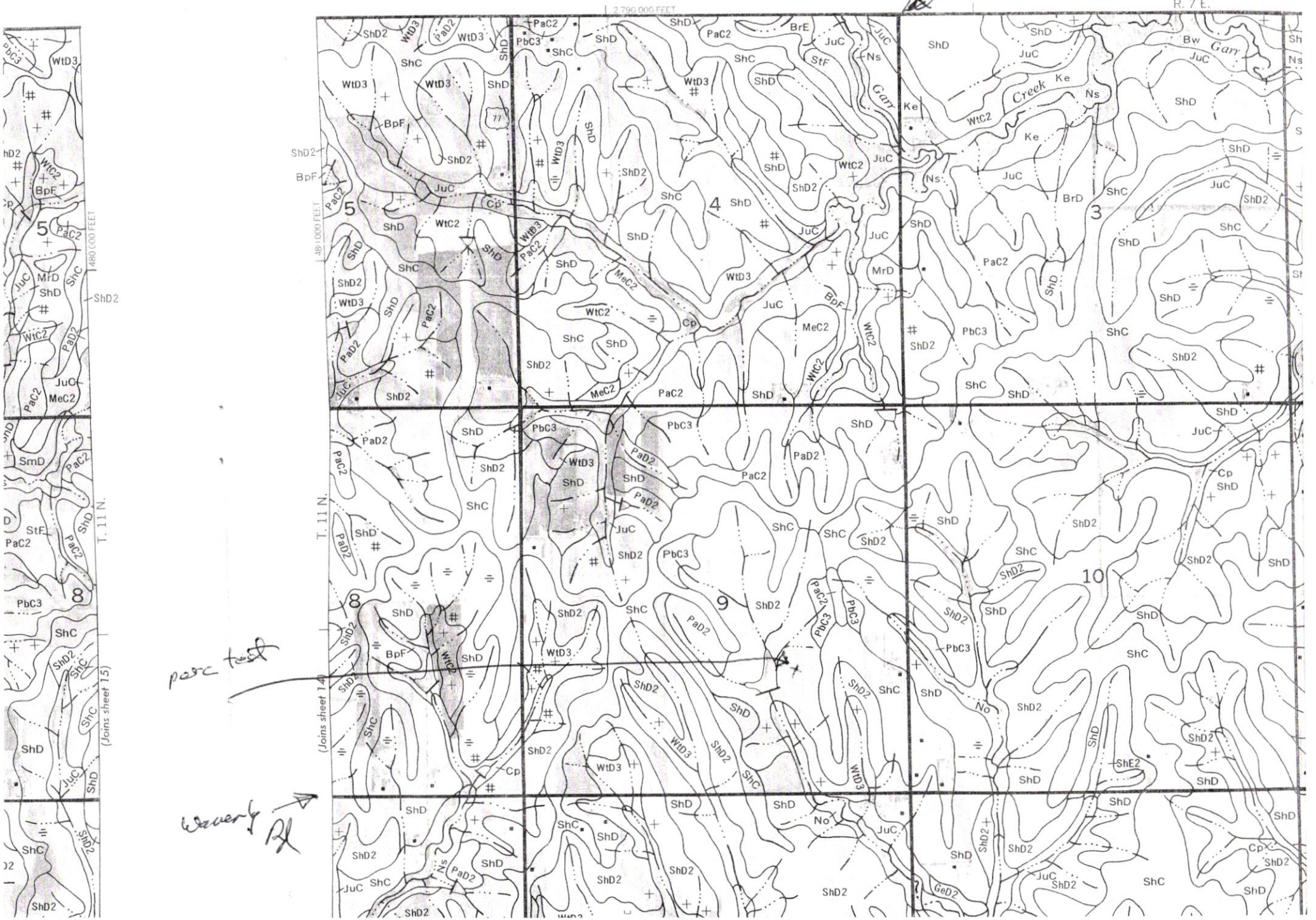
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☐	50 ☑	NA ☐	25 ☐	20 ☐	15 ☑	25 ☑	☐
Field (ft)	100 ☑	500 ☐	50 ☑	4 ☑	30 ☐	20 ☑	30 ☑	40 ☑	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐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

Required Signatures

Home Building Contractor _____ Date _____

Installer Mark L. Jakubek Date 2-17-04

FORM 23-102 10-96


2,790,000 FEET
R. 7 E.
T. 11 N.
480,000 FEET
(Joins sheet 15)
(Joins sheet 14)
Creek
Gar
Bw
Ke
Ns
No
Cp
BrE
BrD
StF
MrD
SmD
GeD2
ShE2
WtC2
WtD3
PaC2
PaD2
PbC3
ShC
ShD
ShD2
MeC2
BpF
JuC
77
4
5
3
8
9
10

APR 2 7 2004

D

Permit Number:

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

Sewage Disposal System

As Built Plans & Specifications

Date 4-21-04

Jason Schmeedle

System Location (Indicate correct number and street)

Address 12601 Emma Walter Rd (no rural route) City Lincoln NE, Zip 68517

A. Building Sewer

1. Material: Class 160 PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 14 in.
3. Distance between dwelling and septic tank: 69 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1,500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☐ below grade at Grade in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12-18 in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 16 ft. (from center of tank)

D. Absorption Field

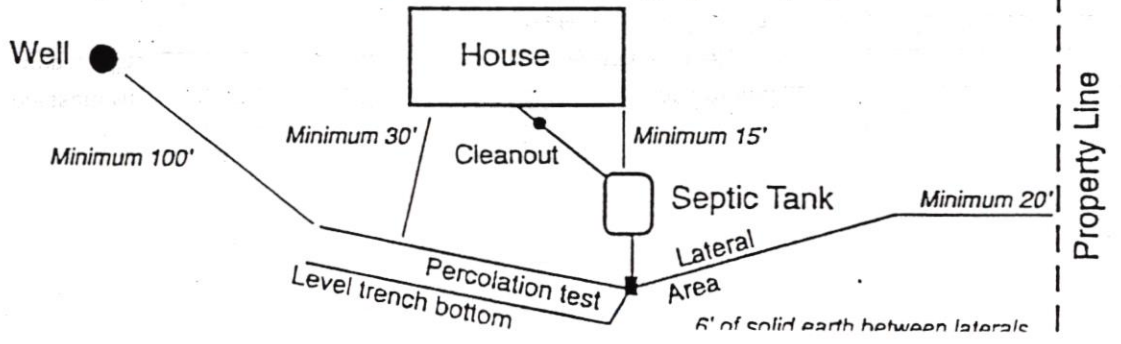
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: ADS H-10
   or perforated pipe: 34" wide 12" tall
   Material: ☒ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 94 ft. 94 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope flat in/100 ft.
   Average depth 24" in
4. Filter material: bint
   Depth of material 24" in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

