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

A

Permit Number: 00380217

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 W Pella Rd (no rural route) City HALLAM NE, Zip 68368

Legal Description SW ¼ (1/4) 21 (Section) T7N, R5E (Township, Range) SEE ATTACHED (Subdivision) (Addition) Pt. of Lot 2 (Block) Lot IT

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Chuck Skillett Signature Chuck Skillett

Address RI Box 84 City/State/Zip Crete, Neb 68333

☐ Check if owner designed system Home Phone 826-5599 Work Phone 441-2292

C. Contractor

Name Paul Weber Company Name Weber Well

Address Cortland City/State/Zip Cortland, Neb

☐ Check if contractor designed system Work Phone 791-3008

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 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 4/5/00 Date frwd 4/5/00 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4-6-00 Date frwd 4-6-00 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 4/6/00 Date frwd 4/6/00 ACTION ☒ Approved ☐ Disapproved Signature _____

4/19/00 Need drawings, fence signs, etc. J.C.H.

Installation Final Written Approval

By Doug Smith

Date 10/19/00

Business Office Use Only

Date Rec'd 4/5/00
Amt Paid 150.00
Rec'd By CW Cash/Check No. 5769

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

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

B

Permit Number: 06380217 1

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ (no rural route) City _____ NE, Zip _____

Owner _____ Addresss _____

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)

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

_____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Will seal with Bentonite

_____

_____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

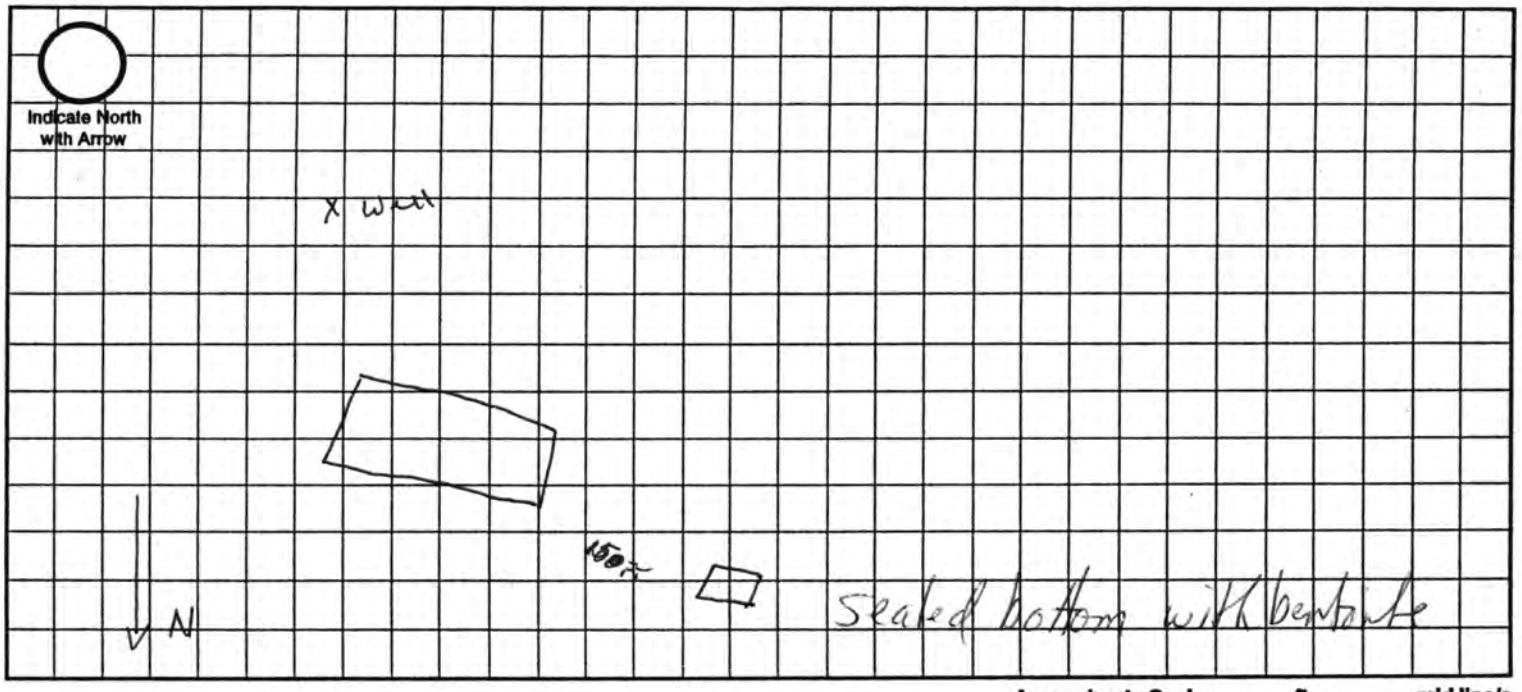
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 003802171

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) _____ City Hallam NE, Zip 68368

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 _____ Date _____

Installer Paul Weber- Weber-Well Date 4-3-00

FORM 23-102 10-96

D

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

Permit Number: 00380217101

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 10700 Walla Rd (no rural route) City Hallam NE, Zip 68368

A. Building Sewer

1. Material: Schedule 40
   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

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. Outlet: ☐ baffle ☐ tee
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

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

D. Absorption Field

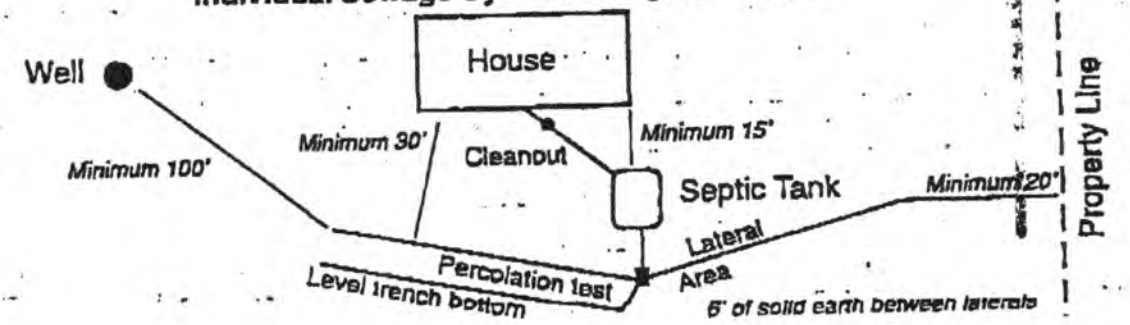
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft. _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

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

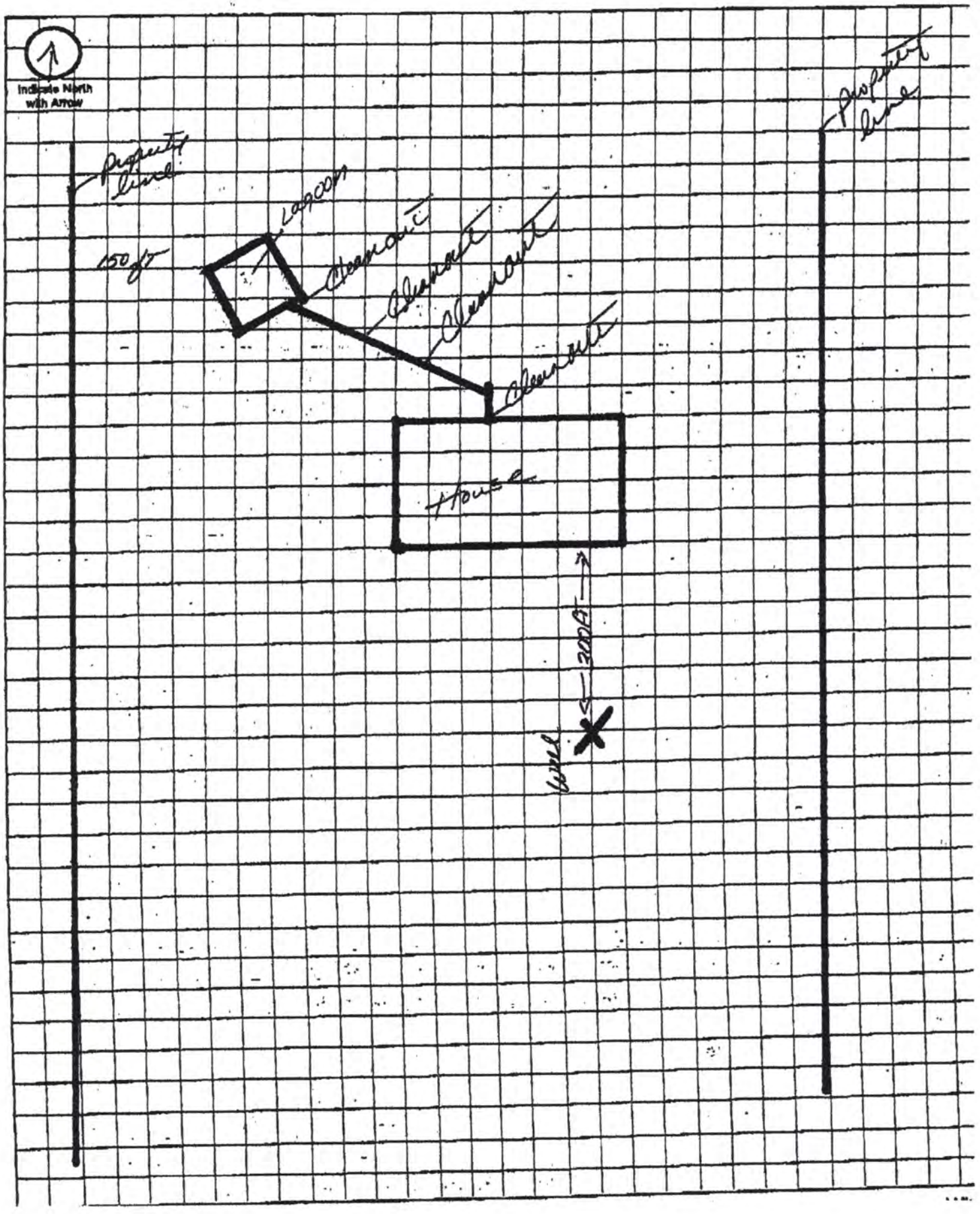
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 22-103 10-86

As Built Drawing



Pfizer

Lincoln Farm Operations

FAX COVER SHEET

DATE: 10/17/00

TO: Jerry Hood
PHONE#:
FAX#: 402 441-6206

FROM: Chuck Skillett
PHONE#: (402) 441- 2292
FAX #: (402) 441-2715

Number of pages including cover sheet:

Comments:	☐ *Urgent*	☐ *For your review*	☐ *Reply ASAP*	☐ *Please Comment*

Fence and Signs are in place

601 West Cornhusker Highway
Lincoln, NE 68521
(402) 475-4541

COPY

Lincoln Nebraska's Capital City

October 5, 2000

Chuck Skillett
P. O. Box 84
Crete, NE 68333

Re: Sewage Installation Permit #003802171

Dear Mr. Skillett:

The Lincoln-Lancaster County Health Department (LLCHD) has completed its review of sewage installation permits that never received final approval. This file indicates that this Sewage Installation Permit expires October 18, 2000.

Our records show the files still need a "D" Sheet drawing and the lagoon still needs a fence and signs to meet LLCHD standards. **Please submit your information on your lagoon permit to the above address by October 18, 2000.** Because this sewage system has not received final approval by LLCHD, future loan approvals or repair permits will be disapproved.

If you have any questions, please contact me at 441-8029.

Sincerely,

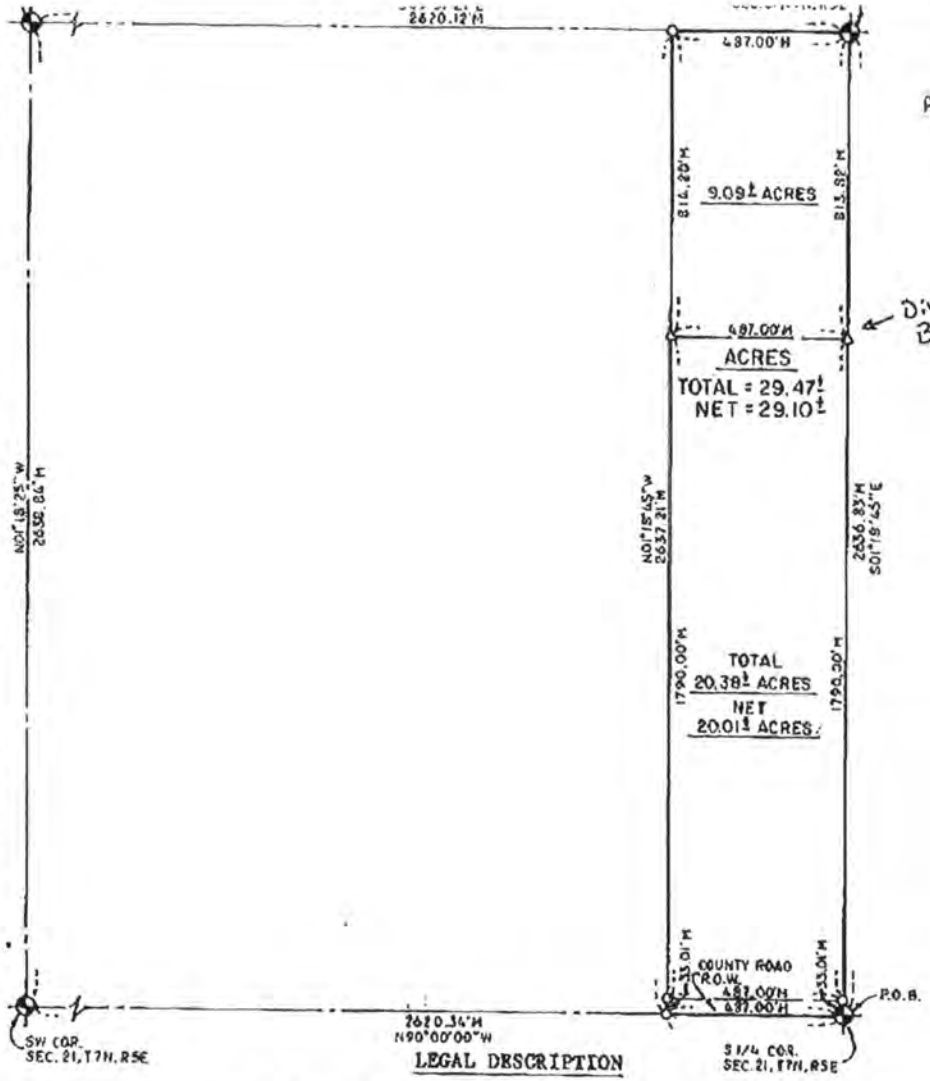
Jerrold Hood by Ron Mazour

Jerrold Hood, REHS
Environmental Health Specialist
Environmental Health Division

cc: EH File

Survey Record

PREPARED BY
L & S SURVEYING
P.O. BOX 354 CRETE, NE 68333
(402) 826-4620



N

SCALE: 1" = 400'

LEGAL DESCRIPTION

ict of land located in the SW¼ of Section 21, T7N, R5E of the 6th P.M., Lancaster County, iska, described as follows:

ming at the SE Corner of said SW¼; thence N90°00'00"W (Assumed Bearing) on the south line id SW¼, 487.00 feet; thence N01°18'45"W parallel with the east line of said SW¼, 2637.21 to the north line of said SW¼; thence S89°57'21"E on the north line of said SW¼, 00 feet to the NE Corner of said SW¼; thence S01°18'45"E on the east line of said SW¼, 83 feet to the point of beginning. Containing 29.47 acres more or less.

LEGAL DESCRIPTION

ict of land located in the SW¼ of Section 21, T7N, R5E of the 6th P.M., Lancaster County, iska, described as follows:

ming at the SE Corner of said SW¼; thence N90°00'00"W (Assumed Bearing) on the south line id SW¼, 487.00 feet; thence N01°18'45"W parallel with the east line of said SW¼, 1823.01 thence S90°00'00"E parallel with the south line of said SW¼, 487.00 feet to the east line id SW¼; thence S01°18'45"E on the east line of said SW¼, 1823.01 feet to the point of

NEBRASKA REGISTERED LS-469 LAND SURVEYOR LESLIE J. SIEDSCHLAG

LEGEND

- Corners Found
- Corners Found
- o Corners Set (⅝" Iron Bar)
- △ Temporary Point
- R Recorded Distance

CORNER TIES - SECTION 21,

SW Corner - Found LCSM 2" Aluminum Cap.

51.48' SE to a nail in disk in the SW fa
49.16' SW to a nail in disk in the SE fa
51.31' NW to a nail in disk in the SW fa

S¼ Corner - Found LCSM 2" Aluminum Cap.

36.00' North to a nail in disk in the ea
46.24' NE to a 5/8" rebar.
32.78' South to a 1" iron pipe.

E¼ Corner - Found LCSM 2" Aluminum Cap.

54.99' NE to a P.K. nail in top of north
53.45' West to a nail in disk in the nor
50.00' East to a 5/8" iron bar.

N¼ Corner - Found LCSM 2" Aluminum Cap.

32.90' North to a nail in disk in top of
40.69' NW to a nail in disk in top of ga
42.60' SW to a P.K. nail in top of west

W¼ Corner - Found LCSM 2" Aluminum Cap.

33.60' East to a nail in disk in the sou
32.96' West to a 1" iron pipe.
38.91' NW to a 5/8" rebar.

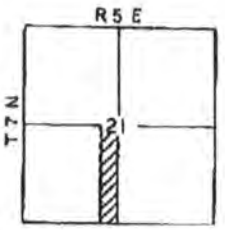
Center Section - Found Red Flint.

11.31' SSE to a nail in disk in west fac
2.46' SE to a nail in disk in the west
On line with fence running west.

SURVEYOR'S CERTI

I, Leslie J. Siedschlag, a Registered Land Surveyor i that this survey was made under my direct supervisior all dimensions shown are in feet and decimals of a knowledge and belief.

Leslie J.



Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

CHUCK SKILLETT
T7N R5E SEC 21 QTR SW
LOT 2IT
W PELLA RD-HALLAM

Permitee

CHUCK SKILLETT
BOX0000084
BOX 0000084
CRETE NE 68333

Permit # 00380217101

Issued 04/18/00
Expires 10/18/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

012977