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

A

Permit Number:

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 28400 SW 14th (no rural route) City Martell NE, Zip 68404

Legal Description NW NW 34 7N 6E
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 Tom Schwaninger Signature Tom Schwaninger

Address Box 149 City/State/Zip Martell NE 68404

☐ Check if owner designed system Home Phone 787-2765 Work Phone Same

C. Contractor

Name John F. Kramer & Son Company Name John F. Kramer & Son Construction

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name Doug's Backhoe Firm _____ Work Phone 794-4773

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 4-1-97 Date frwd 5/1/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5/1/97 Date frwd 5/1/97 ACTION ☒ Approved ☐ Disapproved Signature Dale
3. **City or County Engineer** Date rec'd 5/1/97 Date frwd 5/1/97 ACTION ☒ Approved ☐ Disapproved Signature Doug Pelan

5/6/97 L.C.H.
4/29/97 L.C.H.

Installation Final Written Approval

By Jerrold C. Hood

Date DECEMBER 4, 1997

Business Office Use Only 3100

Date Rec'd 4-1-97

Amt Paid 150.00 5239

Rec'd By LO Cash/Check No. 5239

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:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 28400 SW 14th (no rural route) City Martell NE, Zip 68404

Owner Loren Schwaninger Address Box 145 Martell NE. 68404

Soil Type (SCS): WYMORE SILTY CLAY LOAM OR CRETE SILT LOAM Percolation Rate: 26.6 min./inch

Date of Tests 3-26 to 3-27 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)
1	24"	3-26	7:00	3-26	11:00	3-27	1:00	20"	3-27	1:30	30	3/4	40
2	24"	3-26	7:00	3-26	11:00	3-27	1:00	20"	3-27	1:30	30	1 1/8	26
3	24"	3-26	7:00	3-26	11:00	3-27	1:00	20"	3-27	1:30	30	1 1/2	20
4	24"	3-26	7:00	3-26	11:00	3-27	1:00	20"	3-27	1:30	30	1	30
5	24"	3-26	7:00	3-26	11:00	3-27	1:00	20"	3-27	1:30	30	1 1/4	24
6	24"	3-26	7:00	3-26	11:00	3-27	1:00	20"	3-27	1:30	30	1 1/2	20

Person Conducting Percolation Tests

Name: Dougs Backhoe Service

Phone: 402-794 4773

Address Rt 1 Box 35 Holland NE 68368

Sum of Percolation Rates: 160

Average of Rates: 26.6

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

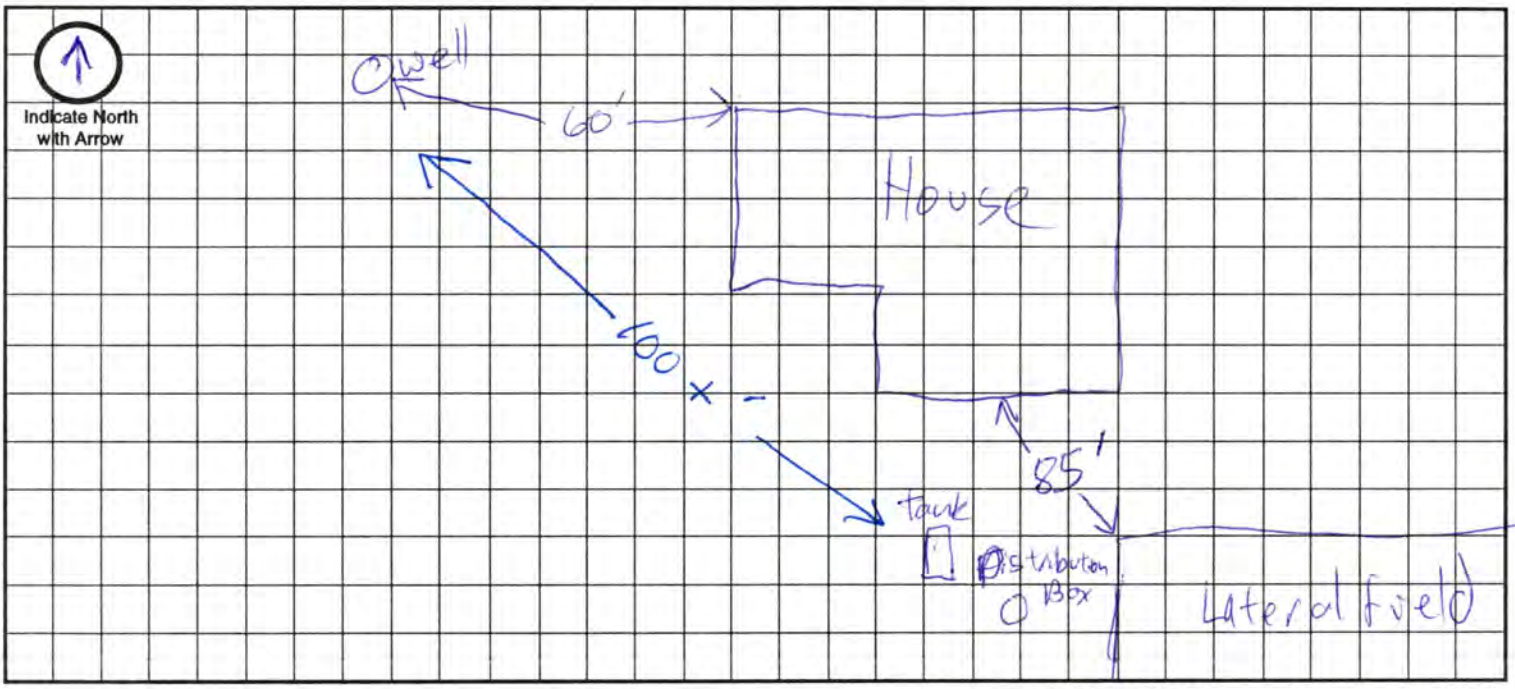
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 28400 SW 14th City Martell NE, Zip 68404

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 26.6 (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☒ Bed ☐ Other _____

Total Square Feet of Field Required: 713 sq. ft.

Type of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed 1

Total Length of Laterals 178 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

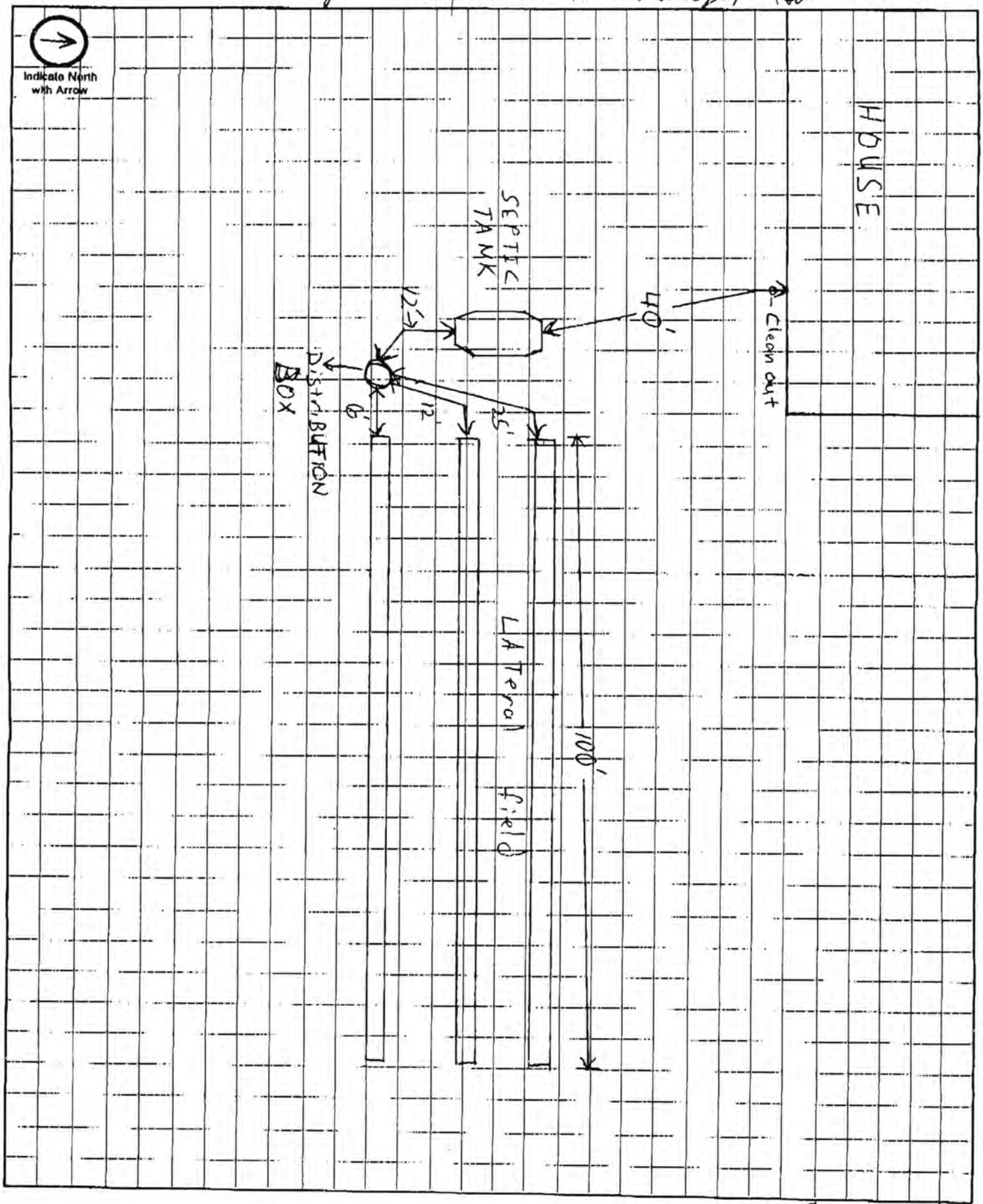
Home Building Contractor Kramer Son Construction - John Kramer Date 3-21-97

Installer Doug's Backhoe Service Date _____

As Built Drawing

Bill Jerry 14004 471.0121

Job Site/Loren Schumacher Hallam Ne



Approximate Scale: 5 ft. = 1 grid line/s

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

...mit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 97380156001

Issued 04/01/97
Expires 09/01/97
Revenue Code 18754

Establishment

LOREN SCHWANINGER
T7N R6E SEC 34

FEES: $150.00

TOTAL $150.00

Permittee

LOREN SCHWANINGER
BOX00145
BOX 00145
MARTELL NE 68404

Issued By M. Jane Ford
Health Director

3487

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"