Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

006185

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION-REPRINT
LAGOON

Permit # 05380295301

Issued 01/14/05
Expires 07/14/05
Revenue Code 3157

Establishment:
DARIN SCHWANINGER
T7N R6E SEC 31 QTR SE
NE 1/4 OF SE 1/4
28805 SW 42 ST-HALLAM

FEES: $200.00

Permittee:
DARIN SCHWANINGER
28805 SW 42 ST
HALLAM NE 68368

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

006159

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 05380295301

Issued 01/14/05
Expires 07/14/05
Revenue Code 3157

Establishment:
DARIN SCHWANINGER
T7N R6E SEC 32 QTR SE
NE 1/4 OF SE 1/4
28805 SW 42 ST-HALLAM

FEES: $200.00

Permittee:
DARIN SCHWANINGER
28805 SW 42 ST
HALLAM NE 68368

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

A JAN 1 4 2005

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

Permit Number: 053802953

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 28805 SW 42nd (no rural route) City Hallam NE, Zip ~~68~~ 68368

Legal Description NE SE 32 7N 6E Lot 37
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 Darin Schwaniger Signature Darin Schwaniger

Address 28805 SW 42nd City/State/Zip Hallam, Ne. 68368

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Schneider Custom Homes Company Name Same

Address 8024 Hunter Ridge Rd City/State/Zip Lincoln Ne 68516

☐ Check if contractor designed system Work Phone 402-~~484~~ 484-7292

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

Designer Name Dave Prusa Firm Nebr. Dirtworks Work Phone 402-525-0822

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 1/14/05 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 1/11/05 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Victor Obora
3. **City or County Engineer** Date rec'd 1/20/2005 Date frwd 1-24-05 ACTION ☒ Approved ☐ Disapproved Signature Jim Plough

Installation Final Written Approval

By Doug Arndt

Date 5/11/05

Business Office Use Only

Date Rec'd 1/14/05

Amt Paid $200.00

Rec'd By CW Cash/Check No. 5585

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

as built drawing

C D

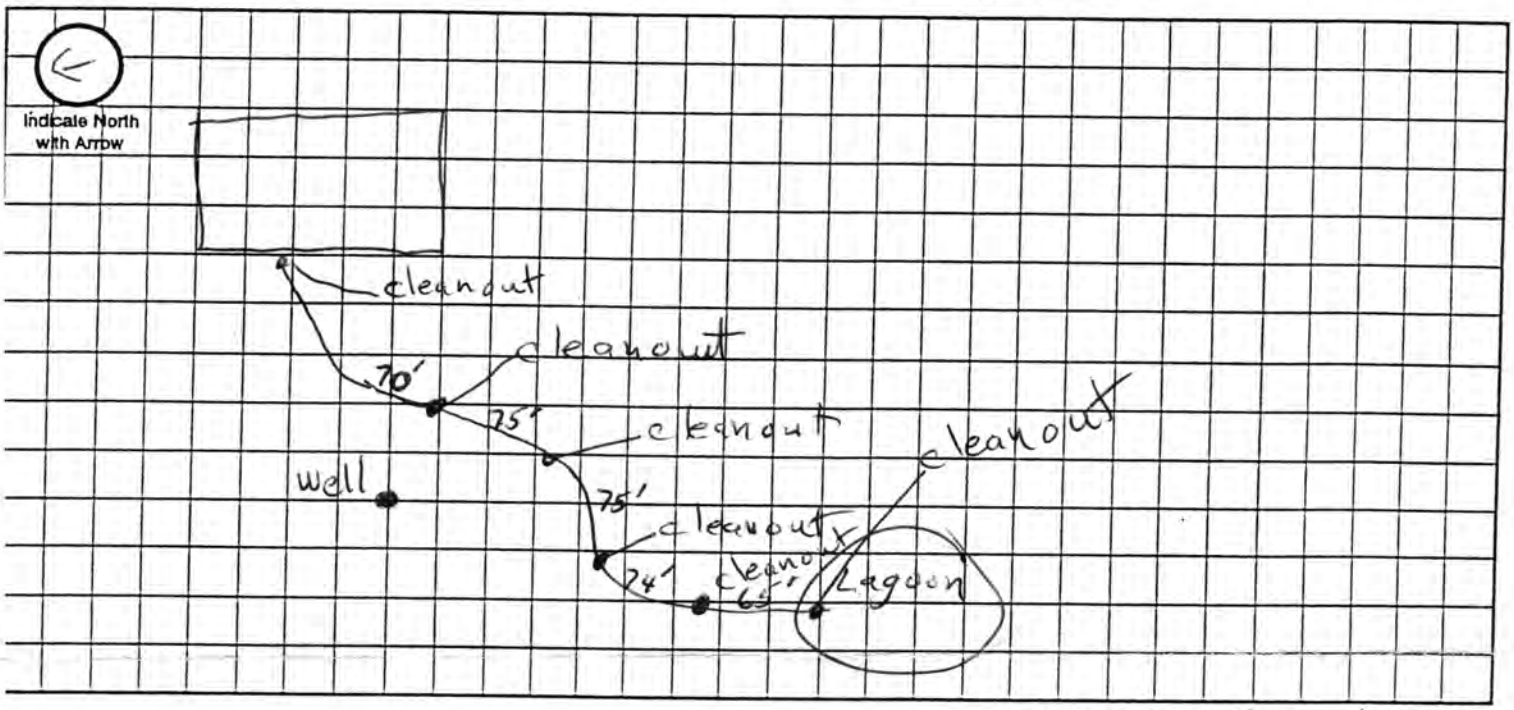
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Sewage Disposal System

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: 50 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

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

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 _____ Date _____