# Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 99380208601

Issued 09/21/99
Expires 03/21/00
Revenue Code 3157

Establishment

ALAN SCHLESIGER
T7N R7E SEC 3
LOT 32IT
7900 PANAMA RD-HICKMAN

FEES: $150.00

mitee

TOTAL: $150.00

ALAN SCHLESIGER
RR0001
BOX 0000245
HICKMAN NE 68372

Leon F. Vinci, MPH, Health Director

IN A PROMINENT PLACE • NOT TRANSFERABLE

010990

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

**A**

Permit Number: 993802086

# 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 7900 Panama Road (no rural route) City Hickman NE, Zip 68372

Legal Description 3 7N 7E - See Attached 32 I.T.
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 Alan Schlesiger Signature _____

Address RR1 Box 245 City/State/Zip Hickman Ne 68372

☐ Check if owner designed system Home Phone 792-9325 Work Phone 474-5074

### C. Contractor

Name Fulton Construction Company Name Fulton Construction Steve Fulton

Address 4012 S 83rd City/State/Zip Lincoln Ne 68506

☐ Check if contractor designed system Work Phone 489-7117 430-9979

### 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 2 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 9/10/99 Date frwd 9/13/99 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9.13.99 Date frwd 9.13.99 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 09/13/99 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____

### Installation Final Written Approval

By _____

Date 6/24/00

***Business Office Use Only***
Date Rec'd 09/10/99 (in Mail)
Amt Paid 150 ⁰⁰
Rec'd By _____ Cash/Check No. 6183

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

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**B**

Permit Number: 9938 02086

# Sewage Disposal System
## Soil Absorption Test Data Report
## Annex to Application

PLEASE PRINT OR TYPE

### System Location (Indicate correct number and street)

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

Owner Alan Schlenger Addresss _____

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

Date of Tests 8-11 to 8-12 Weather: Precipitation Trace Temperature 80

### 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 | 8/11 | 2:00 | 8/12 | 12:30 | 8/12 | 2:10 | 13½ | 8/12 | 2:20 | 10 | ¾ | 13 |
| 2 | 26 | | PM | | PM | | | 15½ | | | | 1 | 10 |
| 3 | 26 | | | | | | | 14¾ | | | | ⅞ | 12 |
| 4 | 30 | | | | | | | 14⅞ | | | | 1⅛ | 9 |
| 5 | 26 | | | | | | | 15½ | | | | 1 | 10 |
| 6 | 30 | | | | | | | 16½ | | | | 1 | 10 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Sum of Percolation Rates: 64
Average of Rates: 11
Rate Used for Calculation: 20

### Person Conducting Percolation Tests

Name: Brad Smith
Phone: 435-432-[illegible]206 430-7506
Address 17201 So 70th
Hickman, NE 68372

DO NOT WRITE BELOW THIS LINE

### Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

FAX 441-6206

C

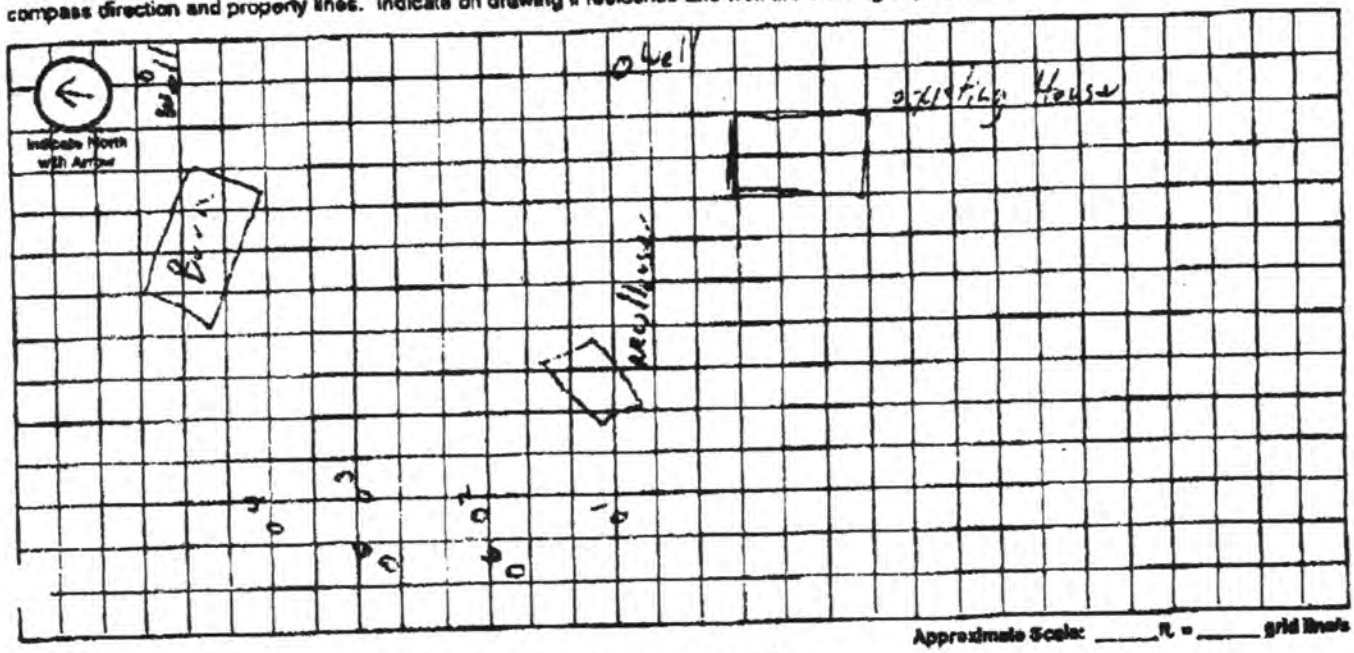
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: 9938 02086

# 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.




## A. System Location (Indicate correct number and street)

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

## B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 11 (min. per inch) Soil Type: JUDSON SILT LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 330 sq. ft.

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

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

Total Length of Laterals 83 ft. Number of Trenches _____ 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 ☐ | 300 ☐ | 50 ☐ | N/A ☐ | 30 ☐ | 50 ☐ | 100 ☐ | 200 ☐ | ☐ |

## E. Required Signatures

Home Building Contractor X Gregory A. Kapke Date 9-13-99

Installer _____ Date 9-14-99

TOTAL P.02

Lincoln-Lancaster County Health Department
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**D**

Permit Number:

# Sewage Disposal System

## As Built Plans & Specifications

Date 2-16-00

**System Location (Indicate correct number and street)**

Address 7900 Panama Rd. (no rural route) City Hickman NE, Zip 68372

### A. Building Sewer

1. Material: Sch 40 PVC
   Diameter: 4 in.
2. Distance above basement floor: NA in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 18 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line > 50 ft.
   stream > 50 ft.
   pressure line > 30 ft.
   property line > 5 ft.

### B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1,000 gal.
3. Factory built: ☒ Yes ☐ No Pre Cast Products
4. Manholes: Over inlet, diameter 9 in.
   Over outlet, diameter 9 in.
   Riser: ☐ above ☐ below grade ____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 8 in.
8. Distances to: Well or suction line > 50 ft.
   Stream > 50 ft.
   Pressure line > 35 ft.
   Property line > 5 ft.

### C. Distribution Box

1. Material: PVC
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 18 ft.

### D. Absorption Field

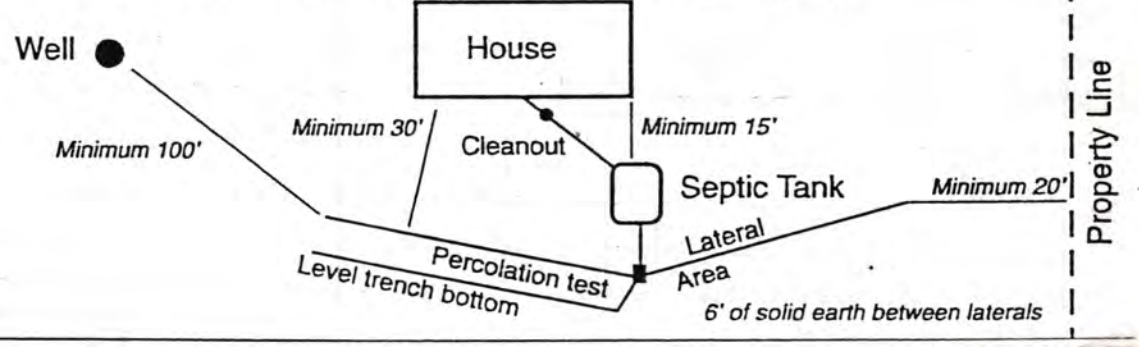
*(Provide as-built drawings on back of this form)*

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: ____
   or perforated pipe: ____
   Material: ☐ fiberglass ☐ plastic ☒ concrete
   ☐ other ____
2. Lateral lines: Number 2
   Length of each line: 75 ft. 75 ft.
   ____ ft. ____ ft., ____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 4 in/100 ft.
   Average depth 28 in
4. Filter material: Road Gravel
   Depth of material 16 in.
5. Distances to: Well or suction line > 100 ft.
   Stream > 50 ft.
   Pressure line > 35 ft.
   Property line > 50 ft.

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

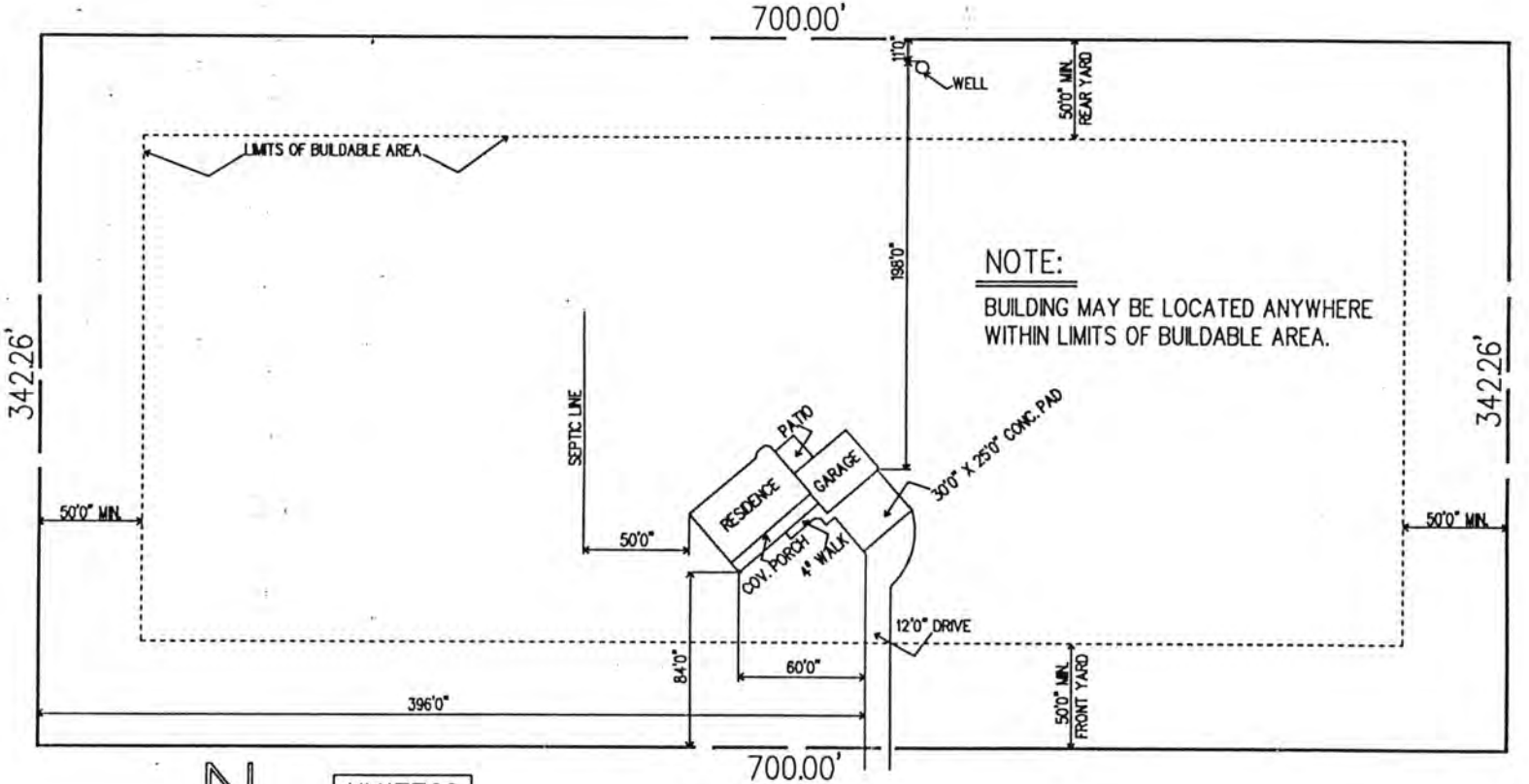
Indicate North with Arrow

**Individual Sewage System Design (Example)**




FORM 23-103 10-96

#9938002086




N

NV17799

– 7900 PANAMA ROAD –

# PLOT PLAN

SCALE: 1" = 90'-0"

## LEGAL:

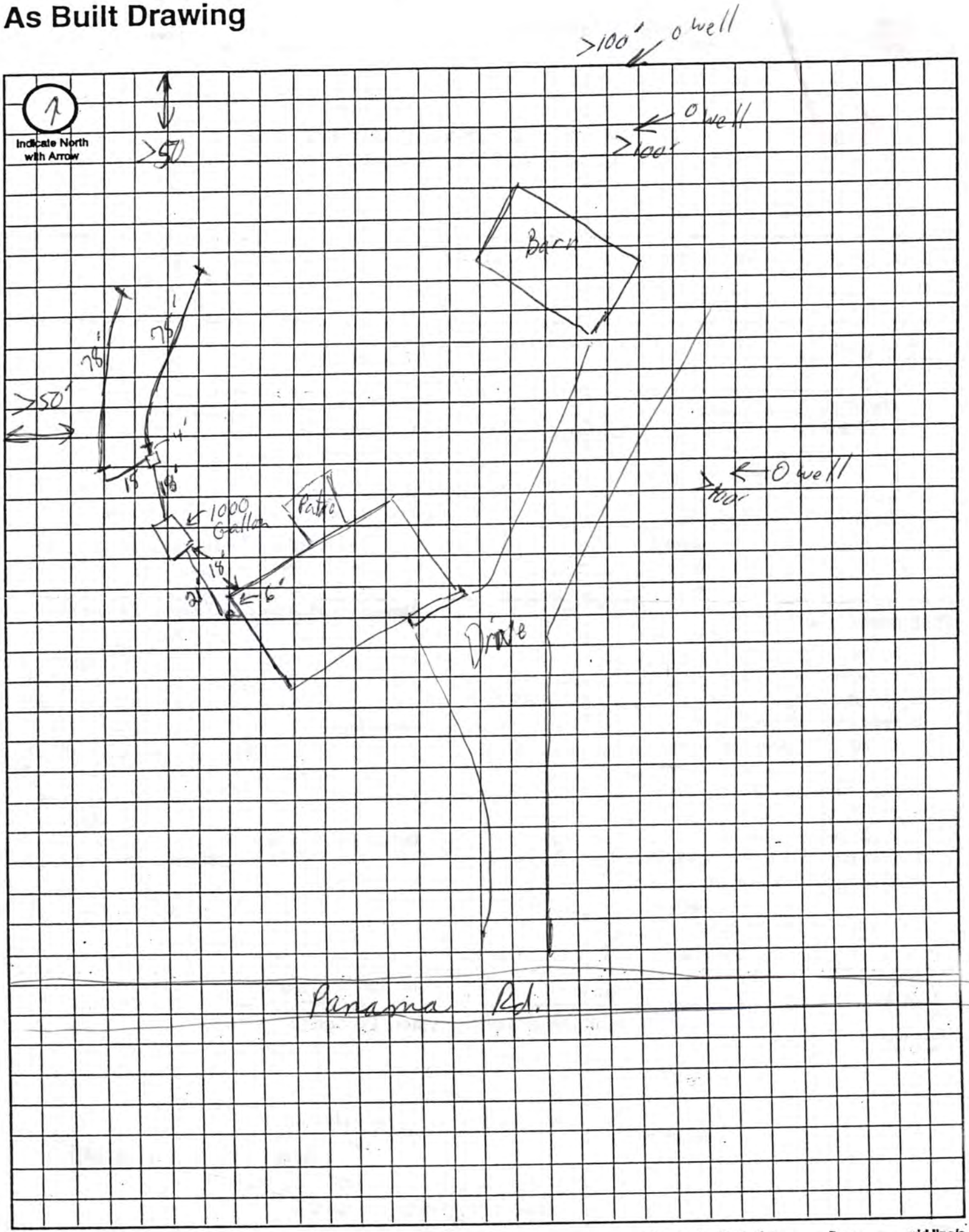
LOT 32 OF IRREGULAR TRACTS IN THE S 1/2 OF THE SE 1/4 OF SECTION T7N, R7E OF THE 6th P.M., LANCASTER COUNTY, NEBRASKA

# ALAN & LeANNA SCHLESIGER RESIDENCE


NV INC.
NEW VENTURES
Custom home design

Lincolnshire Square
1610 South 70th Street, Suite 101
Lincoln, NE 68506
483-1988

# As Built Drawing




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