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

**A**

Permit Number: 9838017860 1

# 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 5400 Olive Crk Rd. (no rural route) City HICKMAN NE, Zip 68358

Legal Description SEE ATTACHED

| 1/4 | 1/4 | Section | Township | Range | Subdivision | Addition | Block | Lot |
|---|---|---|---|---|---|---|---|---|
| S1/2, | SW1/4 | Sec 9 | 7N | 7E | | | | |

Geographical Location (if known): Longitude _____ Latitude _____

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

### B. Owner

Name SCHOTT DEVELOPMENT Signature Brent Vogt (FOR THE FIRM)

Address 6555 S. 148th Box 58 City/State/Zip WALTON, NE. 68461

☐ Check if owner designed system Home Phone 782-8794 Work Phone ~~782~~ 430-6299

### C. Contractor

Name SCHOTT DEVELOPMENT Company Name SCHOTT Development

Address 6555 S. 148th Box 58 City/State/Zip WALTON, NE. 68461

☐ Check if contractor designed system Work Phone _____

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

Designer Name Clint Pressnell Firm Wellmann Plumbing Work Phone 434-2400

### 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 6/24/98 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Carroll E. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6-25-98 Date frwd 6-25-98 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 6-25-98 Date frwd 6-25-98 ACTION ☐ Approved ☐ Disapproved Signature _____

6/24/98 Need drawing + signs, fence, etc. J.C.H.

### Installation Final Written Approval

By Paul Wellmann

Date 7-22-98

***Business Office Use Only***

Date Rec'd 06/24/98
Amt Paid 150.00
Rec'd By _____ ~~Cash~~/Check No. 1885

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: 98380178601

# Sewage Disposal System

## Soil Absorption Test Data Report
## Annex to Application

PLEASE PRINT OR TYPE

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

Address 5400 Olive Crk Rd (no rural route) City Hickman NE, Zip 68358

Owner Schott Development Addresss 6555 S. 148 Box 58 Walton

Soil Type (SCS): Clay with Rocks Percolation Rate: 100 min./inch

Date of Tests 5-1-98 to 5-2-98 Weather: Precipitation Dry Temperature 60

## 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 | 5-1 | 9 am | 5-2 | 9 am | 5-2 | 9 am | 6 | 5-2 | 1 pm | 30 | 1/8 | 240 |
| 2 | 36 | 5-1 | " | " | " | " | " | 6 | " | " | 30 | 0 | 0 |
| 3 | 36 | 5-1 | " | " | " | " | " | 6 | " | " | 30 | 0 | 0 |
| 4 | 36 | 5-1 | " | " | " | " | " | 6 | " | " | 30 | 1/2 | 60 |
| 5 | 36 | 5-1 | " | " | " | " | " | 6 | " | " | 30 | 1/8 | 240 |
| 6 | 36 | 5-1 | " | " | " | " | " | 6 | " | " | 30 | 1/2 | 60 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

### Person Conducting Percolation Tests

Name: Clint Presnell
Phone: 434-2400
Address 3130 So. 6th
Lincoln 68502

Sum of Percolation Rates: 600
Average of Rates: 100
Rate Used for Calculation: 0

DO NOT WRITE BELOW THIS LINE

### Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

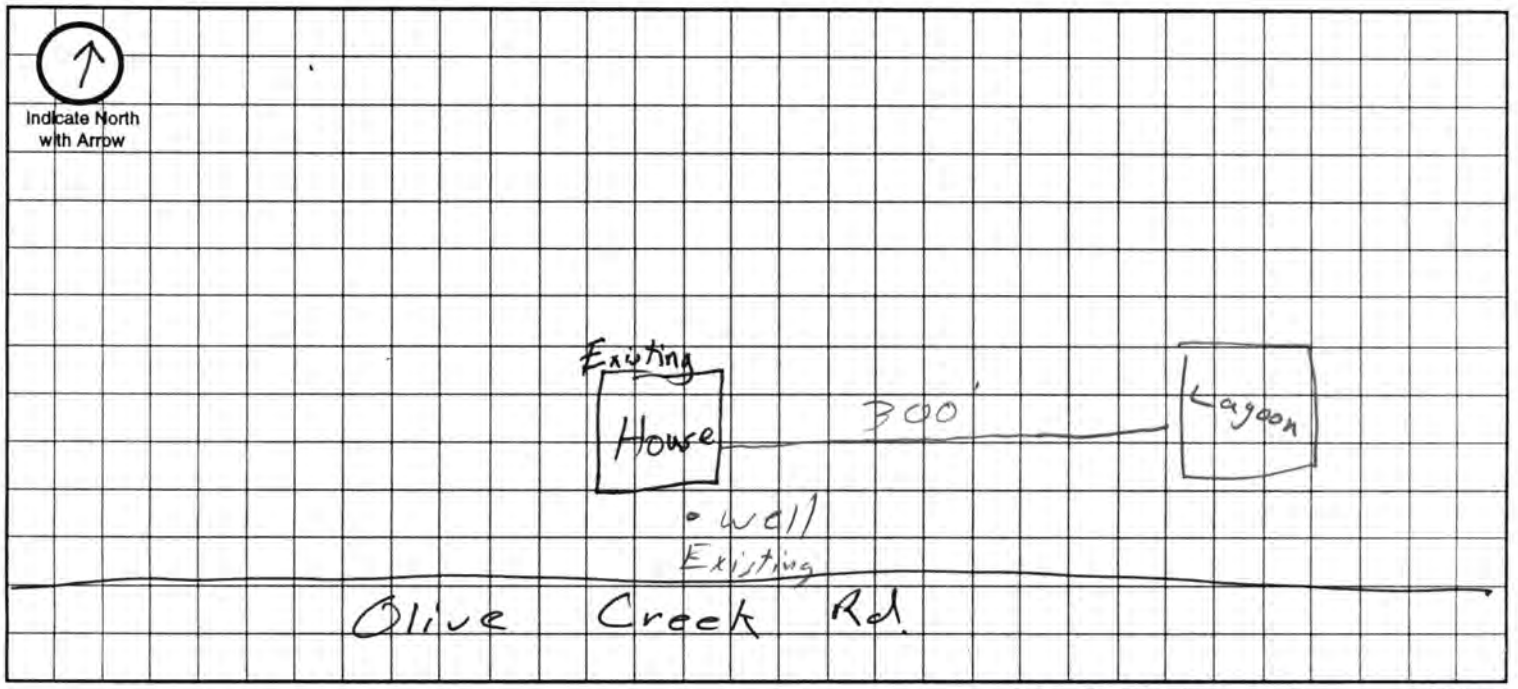
**Lincoln-Lancaster County Health Department**
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

**C**

Permit Number: 98380178601

# 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) 5400 Olive Crk Rd. City Hickman NE, Zip 68358

## B. Proposed Septic Tank/s N A

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 100 (min. per inch) Soil Type: Clay & Rocks Land Slope: 2 %

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

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 Dan R. Vasek (From The Farm) Date 6-24-98

Installer Chad Wellmann (Wellmann Plumbing Inc.) Date 6-24-98

FORM 23-102 10-96

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

**D**

Permit Number: 98380178601

# Sewage Disposal System

## As Built Plans & Specifications

Date 7-10-98

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

Address 5400 Olive Creek Rd (no rural route) City Hickman NE, Zip 58

## A. Building Sewer

1. Material: 4" PVC CL 160
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 350 ft.
4. Number of clean-outs: 5
5. Distances to: well or suction line 100 + ft.
   stream _____ ft.
   pressure line 50 ft.
   property line 75 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

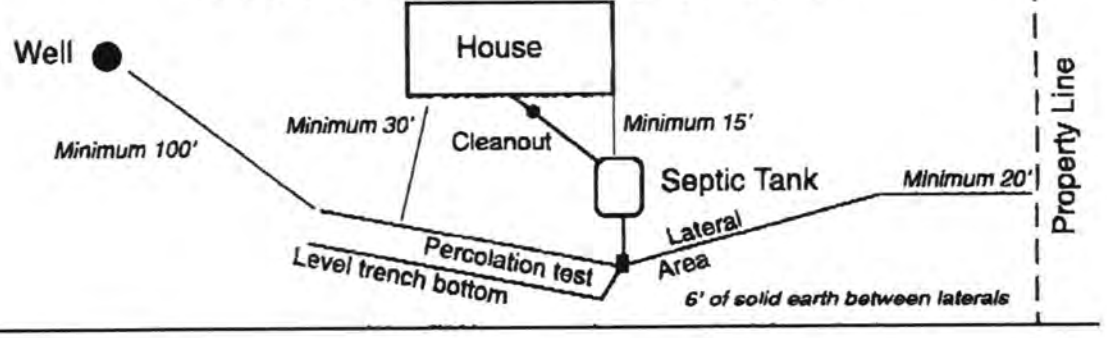
*(Provide as-built drawings on back of this form)*

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.**

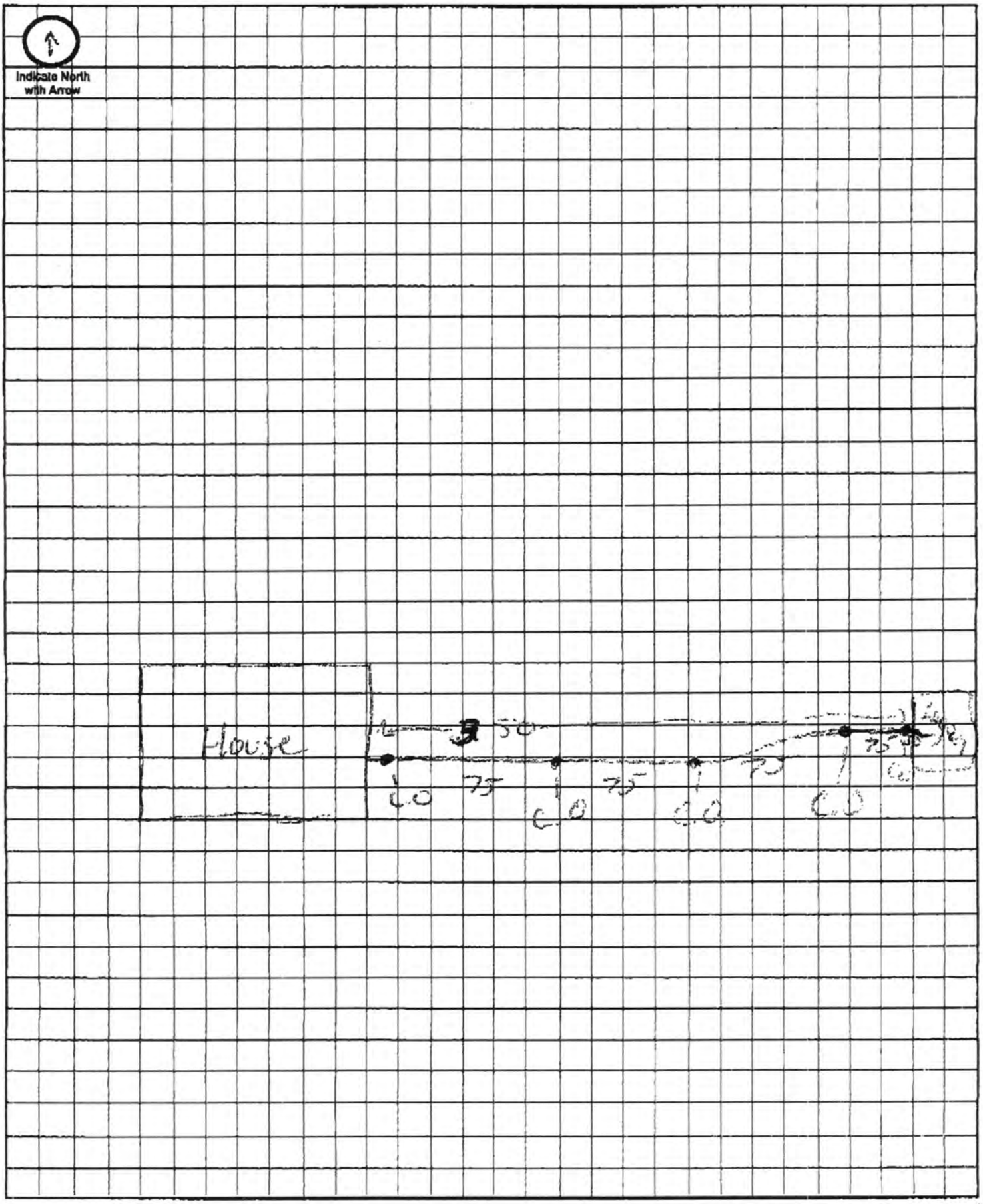
Indicate North with Arrow

### Individual Sewage System Design (Example)



# As Built Drawing

Attn Jerry




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

AA-17394

LARRY V. WORRELL COUNTY SURVEYOR

SURVEYING

# OFFICIAL SURVEY RECORD


LINCOLN OFFICE
1701 VAN DORN ST.
LINCOLN, NE 68502
(402) 423-1077

SEWARD OFFICE
143 SOUTH 6TH ST.
SEWARD, NE 68434
(402) 643-6531

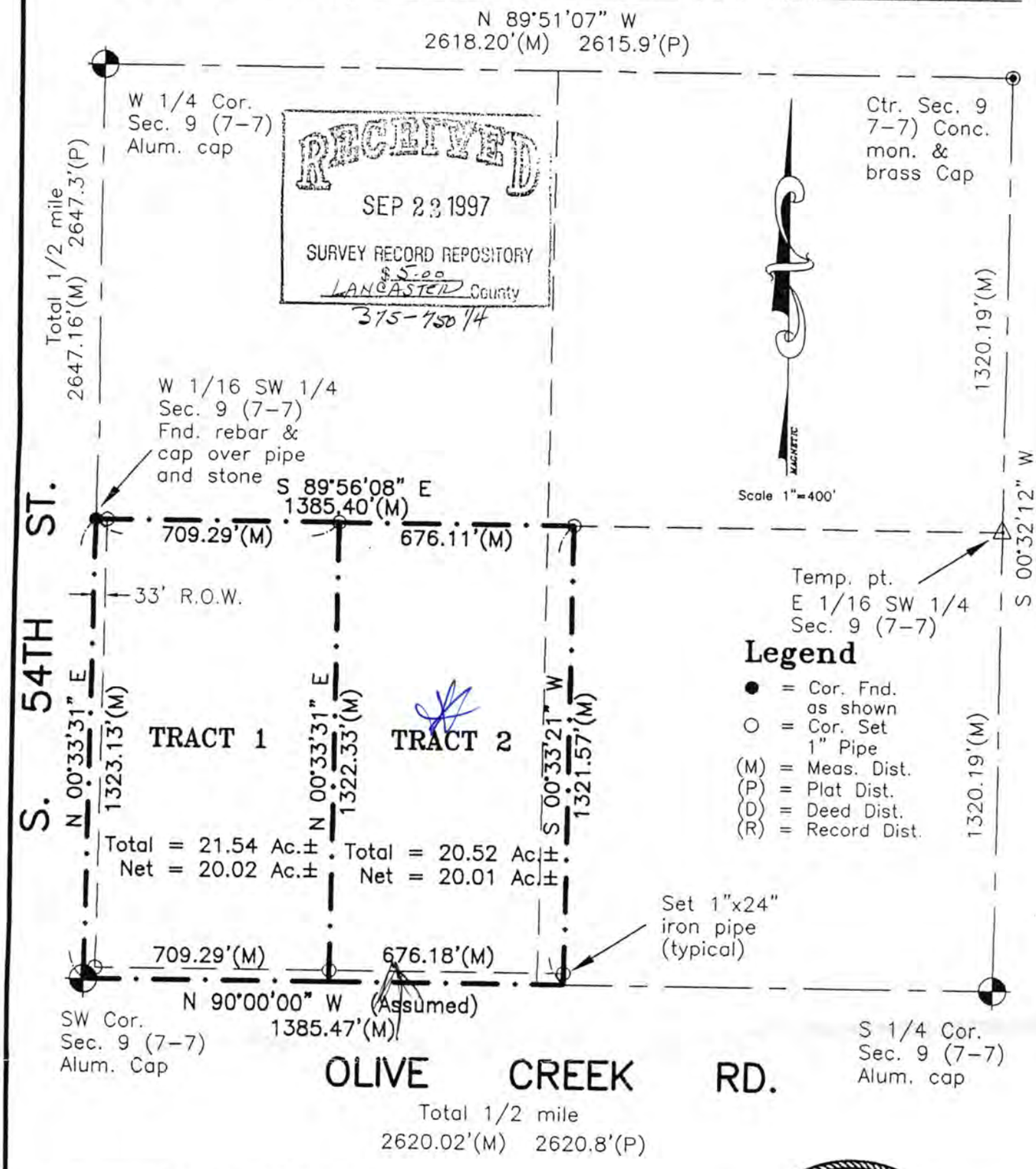

RECEIVED
OCT 09 1997
LANCASTER COUNTY ENGINEERING DEPT.

Survey of Subdivision in the S 1/2, SW 1/4,

Section 9 T. 7 N. R. 7 E. of the 6th P.M.

Lancaster County, Nebraska

Date of Survey 3-29-97 Job No. 2355-97B




## Surveyor's Certificate

I, Jayme M. Malone, a Professional Registered Land Surveyor under the laws of the State of Nebraska, certify the above survey was executed by me, on the date shown. Permanent monument corners as described in the survey drawing were placed at all missing or remonumented corners. Distances shown are measured in feet and decimals of a foot.

Signed this 2nd day of April, 1997.

NEBRASKA REGISTERED LS-440 LAND SURVEYOR JAYME M. MALONE

Jayme M. Malone

Nebraska L.S. # 440
Iowa L.S. # 11807
Kansas L.S. # 1113

S½ of SWly SEC 9 T7N-R7E

980720005

# Lincoln-Lancaster County Health Department

**2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022**

## REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned to request a real estate transfer inspection.

**MAKE CHECK PAYABLE TO:** Lincoln-Lancaster County Health Department or LLCHD

☐ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☐ Evaluation of the Individual Water System ☐ Evaluation of the Sewage Disposal System

LCR 3700

Legal Description of Property: Street Address 5600 OLIVE CREEK Rd

Twp 7N Range 7E Section 9 1/4 ___ 1/4 ___ Block ___ Lot 2 Addition ___

Directions to Property SOUTH TO OLIVE CR Rd - WEST ¾ mi N/S Side of Road.

Location of Well 24 FT SO OF HOUSE Tap Location: Inside ☑ Outside ☐

Location of Sewage System 34 [redacted] FT NE OF HOUSE Year Installed NEW - 1998

18FT FROM SE CORNER OF HOUSE

CR 29743

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | SCHOTT DEVEL. CORP | LR 72752 RR-1 BOX 58 WAITON NE | 430-6299 |
| Tenant/Buyer: | ARIANE ETZLING | | Fax 472-9024 472-9008 |
| Return to: | SCHOTT DEV. | RR-1 BOX 58 WAITON NE 68461-9774 | 430-6299 |

Signature of Applicant Richard L. Schott Address RR-1 BOX 58 WAITON NE. Date 7/7/98

---

**HEALTH DEPARTMENT USE ONLY**

Date Received 7/8/98 Received $150.00 Check ☑ Cash ☐ #1301

**PRELIMINARY STATUS--By** Paul Drotzmann **DATE:** 7/9/98

| WATER SYSTEM: | Approved | Disapproved | SEWAGE SYSTEM | Additional Site Visits |
|---|---|---|---|---|
| Construction | ☑ | ☐ | Approved ☐ | Date 7/15/98 by PD |
| Bacteria | ☑ 0 /ml | ☐ ___ /ml | Provisional ☐ | Date ___/___/___ by ___ |
| Nitrate | ☑ 1.1 ppm | ☐ ___ ppm | Disapproved ☑ | Date ___/___/___ by ___ |

**Comments:** No measured drawing for HD files. Collected water samples 7-15 98 Pipe extended further into lagoon. Fill lagoon as soon as possible

See Attached Letter ☐

**FINAL STATUS**

**WATER SYSTEM:** Approved: ☑ **SEWAGE DISPOSAL SYSTEM** Approved: ☑ Provisional Approval: ☐

Approved by Paul Drotzmann Date 7/15/98

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

'98 JUL 10 AM 11 52

REPORTED

# WATER MICROBIOLOGY

STATE LAB NO 145-13300

COMPLETE INFORMATION BELOW

DATE COLLECTED 7-9-98 2:45
MO DAY YEAR HOUR

SAMPLE COLLECTED BY P. DROTZMANN

SAMPLE LOCATION Ething; 5600 Olive Creek Rd.

PROPERTY LEGAL DESCRIPTION: COUNTY LANC.

QRTR SW SECT 9 TWNSHP 7 S RANGE 7 W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:

Lincoln-Lancaster County Health Dept.
3140 "N" Street
Lincoln, NE 68510

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

RECEIVED JUL 13 '98

FOR LABORATORY USE ONLY

TEST METHOD: ☐ MEMBRANE FILTER ☐ MPN

## COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS 0 PER 100 ML.

☒ THE WATER MEETS BACTERIOLOGICAL STANDARD
☐ WATER DOES NOT MEET BACTERIOLOGICAL STANDARD
☐ RESULTS MAY BE INVALID DUE TO EXCESSIVE AGE*
*SAMPLES RECEIVED BETWEEN 30-48 HRS. AFTER COLLECTION

SAMPLE NOT ANALYZED BECAUSE OF:
☐ EXCESSIVE AGE ☐ INSUFFICIENT AMOUNT
☐ DAMAGE ☐ IMPROPER CONTAINER

TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY AB
FOR ACCOUNTING USE ONLY

LWB 91

# WATER CHEMISTRY

STATE LAB NO. 158-5981

COMPLETE INFORMATION BELOW

DATE COLLECTED 7-9-98 2:45
MO DAY YEAR HOUR

SAMPLE COLLECTED BY P. DROTZMANN

SAMPLE LOCATION Ething; 5600 Olive Creek Rd

PROPERTY LEGAL DESCRIPTION: COUNTY LANC

QRTR SW SECT 9 TWNSHP 7 S RANGE 7 W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:

Lincoln-Lancaster County Health Dept.
3140 "N" Street
Lincoln, NE 68510

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

## NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N 1.1 mg/l

NOT TESTED BECAUSE OF:
☐ INSUFFICIENT AMOUNT ☐ DAMAGE ☐ IMPROPER CONTAINER

TEST(S) BY JS
FOR ACCOUNTING USE ONLY

LWN 86

REPORTED 98 JUL 14 PM 2 42

RECEIVED JUL 9 98 4 PM 4

# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

## PERMIT

Permit

SEWAGE INSTALLATION
LAGOON

No. 98380178601

Issued 06/24/98
Expires 12/24/98
Revenue Code 3157

FEES: $150.00

PAID

Establishment

SCHOTT DEVELOPMENT
T7N R7E SEC 9 QTR SW
S 1/2 OF SW QTR
5400 OLIVE CRK RD-HICKMAN

TOTAL $150.00

Permittee

SCHOTT DEVELOPMENT
BOX 00058
WALTON NE 68461-9774

Issued By Health Director
Lincoln-Lancaster County Health Department

007684

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