Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005705

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION

Permit # 04380288901

Issued 08/25/04
Expires 02/25/05
Revenue Code 3157

Establishment:
TROY SCHROEDER
T7N R7E SEC 34 QTR SE
E1/2 OF SE1/4-8.8ACR BLK C LOT 41IT
7850 GAGE RD-FIRTH

FEES: $200.00

Permittee:
TROY SCHROEDER
7850 W GAGE RD
FIRTH NE 68358

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

AUG 3 1 2004

A

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

Permit Number: 04380288901

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 7850 Gage Rd. (no rural route) City Firth NE NE, Zip

Legal Description E ½ of the SE¼ 34 T 7N, R 7E of the 6th P.M Lancaster Co 8.8 Acres
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 Troy Schroeder Signature Troy Schr

Address 7850 W Gage Rd. City/State/Zip Firth, NE 68358

☐ Check if owner designed system Home Phone (402) 791-5623 Work Phone (402) 314-1619

C. Contractor Mike Kroese

Name BNL Plumbing Company Name BNL Plumbing Inc

Address 2521 Kimco Ct. City/State/Zip Lincoln, NE 68521

☐ Check if contractor designed system Work Phone 610-0893

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

Designer Name Mike Kroese Firm BNL PLBG Work Phone 610-0893

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 8/25/04 Date frwd 8/25/04	ACTION ☒ Approved ☐ Disapproved Signature Gerald C. Hood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 8/26/04 Date frwd 8/26/04	ACTION ☒ Approved ☐ Disapproved Signature Michael A Wolfe	
3. City or County Engineer	Date rec'd 8/25/04 Date frwd 8/25/04	ACTION ☒ Approved ☐ Disapproved Signature	

Installation Final Written Approval

By Doug Amack

Date exact date of final inspection unknown, inspection likely occurred in late 2004 or early 2005

Business Office Use Only

Date Rec'd 08/25/04
Amt Paid 200.00
Rec'd By Cash/Check No. 6-3-04

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: 043802889

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

AUG 25 2004

System Location (Indicate correct number and street)

Address Gage Rd. City Firth NE, Zip 6853

(no rural route)

Owner Troy Schroeder Address P.O. Box 121 Firth Ne 68358

Soil Type (SCS): Mrd. Percolation Rate:

Date of Tests 3/24 to 3/25/04 Weather: Precipitation Tr Temperature 50s

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. 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)	Percol (M
1	30	3/24	4:30	3/25	8:00	3/25	9:22	13½	3/25	9:32	10	3/4	1
2			PM		AM			19⅛				3/4	14
3								17⅝				7/8	12
4								17				1	10
5								16⅝				7/8	12
6								14⅜				7/8	12

Person Conducting Percolation Tests NDEQ

Name: Brad Southwick # P 1178

Phone: 792-2462

Address 17201 So 72nd

Hickman, Ne 68372

Sum of Percolation Rates: 74

Average of Rates: 13

Rate Used for Calculation: 20

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official

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

0438 02 89 C

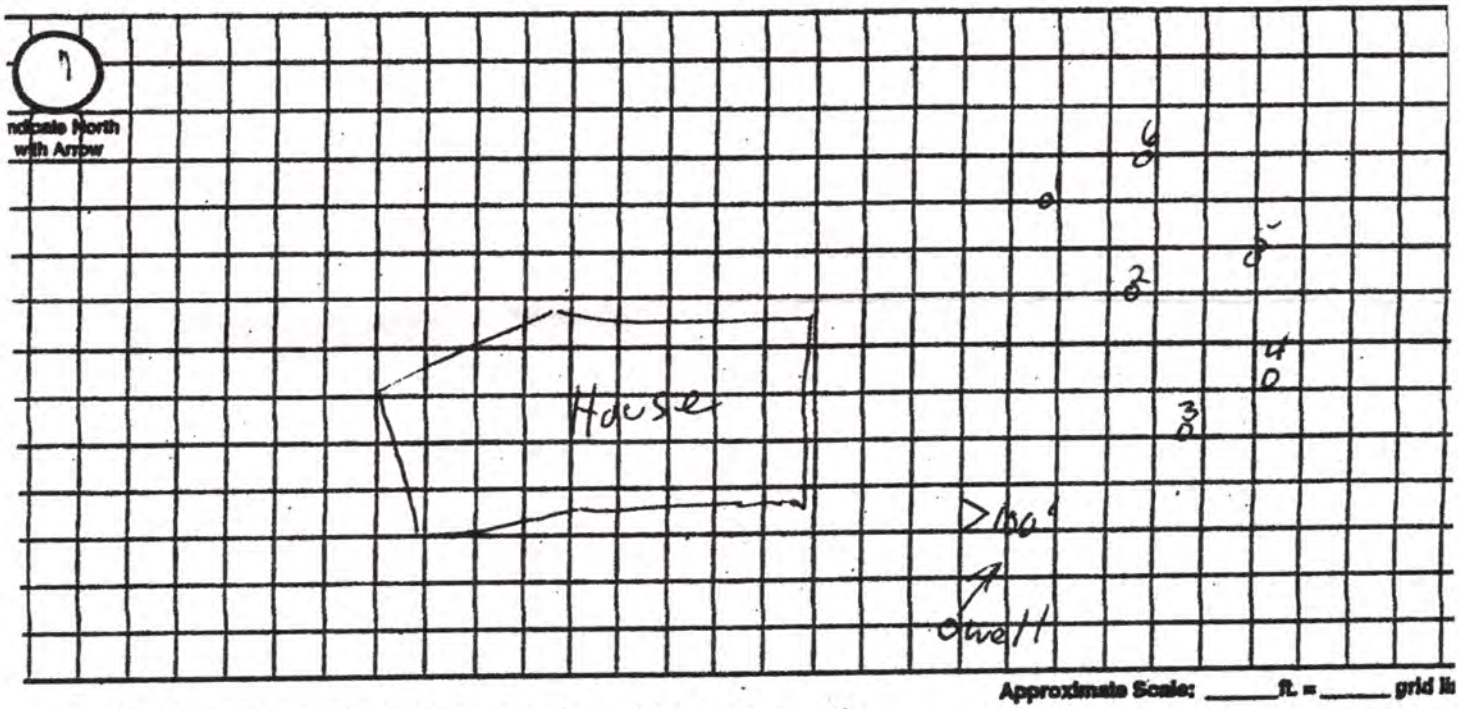
Permit Number:

RECEIVED

AUG 2 5 2004

Sewage Disposal System
Preliminary Plan Specifications

raw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, mpass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



. System Location (Indicate correct number and street)

ldress (no rural route) Gage Rd City Firth NE, Zip 68358

. Proposed Septic Tank/s

nk Material: ☐ Concrete ☐ Plastic ☐ Other

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

rcolation Rate 20 (min. per inch) Soil Type: Mrd Land Slope: 4

e of Absorption System: ☒ Trench ☐ Bed ☐ Other

al Square Feet of Field Required: 840 sq. ft. 4 Bdrm

e of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Infiltrator on ADS Biodiffuser

pacity of Septic Tank 1500 gals Number of Absorption Beds: ____ Number of Distribution Laterals per Bed ____

al Length of Laterals 210 ft. Number of Trenches ____ Trench Width ____

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
ank (ft)	50 ☒	500 ☒	50 ☒	NA ☐	25 ☒	20 ☒	15 ☒	25 ☒	☒
ield (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
poon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

Required Signatures

e Building Contractor ____ Date ____

ilder [signature] Date 3/25/04

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

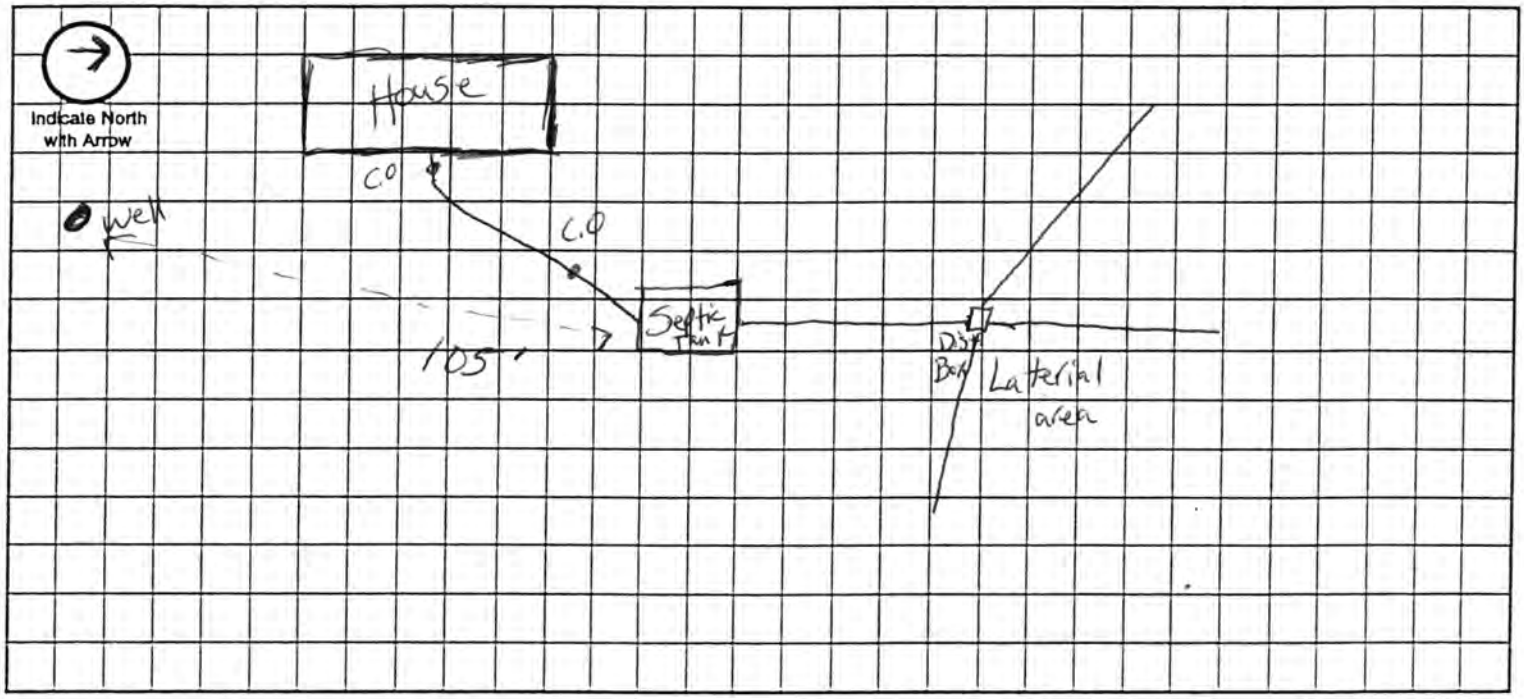
C

Permit Number: 043802889

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 _____ 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 6-3-04

Installer Mike Troen BVL PLBG _____ Date 6-3-04

FORM 23-102 10-96