LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1372-0

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

January 24, 1979 — THIS PERMIT EXPIRES

Larry Schmutte — ISSUED TO

Route 1, Box 142, Roca, NE 68430 — ADDRESS

T8N, R7E, Section 12 West ½ of NE¼

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH

ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

FORM 20193-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

A

FILING FEE: $ 30.00

FILE NO. 1372-C

DATE: 7-5-78

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 8N ; Range 7E ; Section 12 ; W½ OF NE¼
   Block _____ : Lot _____ : Addition _____
   Street Address Between 96 - 110th St. Bennet Road

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2 . Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: _____ ft.

Jack M. Schmutte
Signature of Applicant (Owner or Lessee)

Rt # 1 Box 142 Roca, 68430
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/21/78. Date Frwd. 7/25/78. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7-25-78. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Tom Baasch

3. City or County Engineer : Date Rec'd. 7-25-78. Date Frwd. 7-25-78. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-23-78 by: jw
Date: _____ by: _____
Date: _____ by: _____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-24-78 By: James Veverka

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
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B

FILE NO. 1372-C

PROPERTY WHERE SOIL TESTED:

Location: Township 8 ; Range 7 ; Section & ¼ Section 12 .
Property Dimensions: _____ ft. x _____ ft. Area: 80 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 7-2-78 to 7-3-78. Weather: Precip. 0 Temp. 98.

OWNER: Larry + Janet M. Schmuttz
Address: Rt #1 Box 142 Roca, Ne 68430

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36	7/2	3:00 pm	7/3	3:00	7/3	3:00	6 1/2	7:00	6 1/4"	30	1/4	
2	36	7/2	"	7/3	"	"	"	6	"	4 3/8	30	1 5/8	
3	36	7/2	"	7/3	"	"	"	6	"	4 1/4	30	1 3/4	
4	36	7/2	"	7/3	"	"	"	6	"	4 1/2	30	1 1/2	
5	36	7/2	"	7/3	"	"	"	6	"	4 5/8	"	1 3/8	
6	36	7/2	"	7/3	"	"	"	6	"	5 1/8	"	7/8	

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

Janet M. Schmuttz
Signature of Person Conducting Test

Address Roca, Ne. Phone 423-3998

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: _____

Approved Percolation Rate (a)
A. 28 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Wood
Signature of Reviewing Official

FORM 2G102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

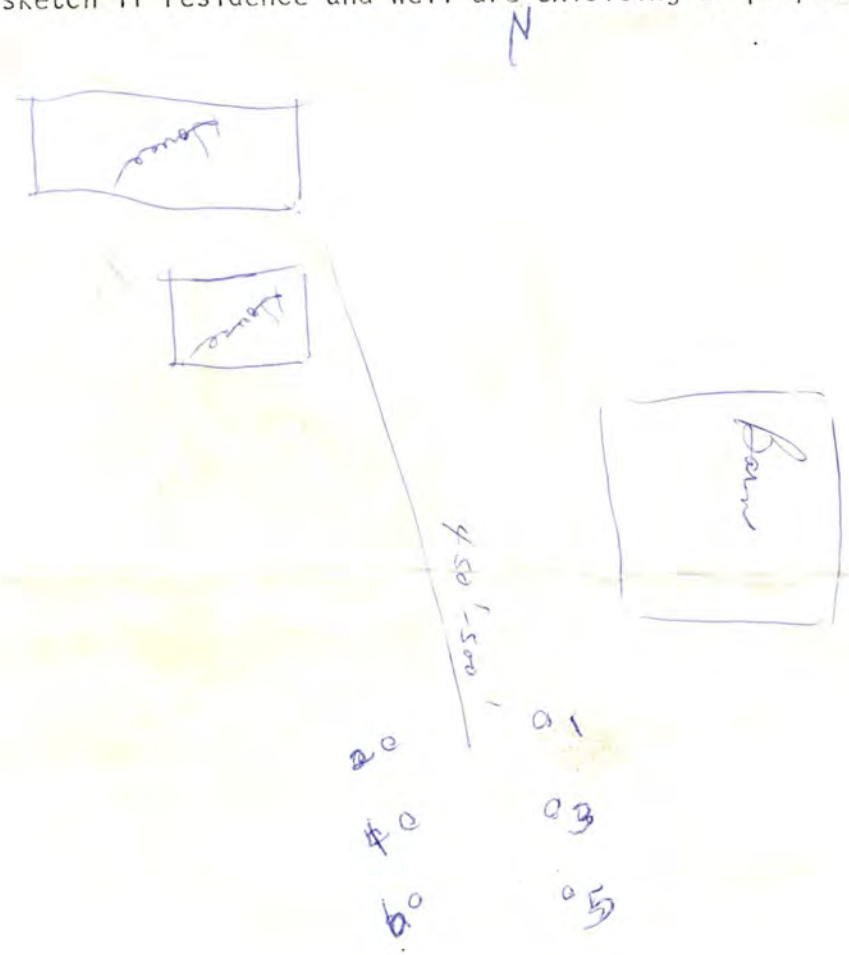
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 1372-C

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

_____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank _____ gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed _____ sq.ft.

_____
Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

D

DATE: _____

FILE NO. _____

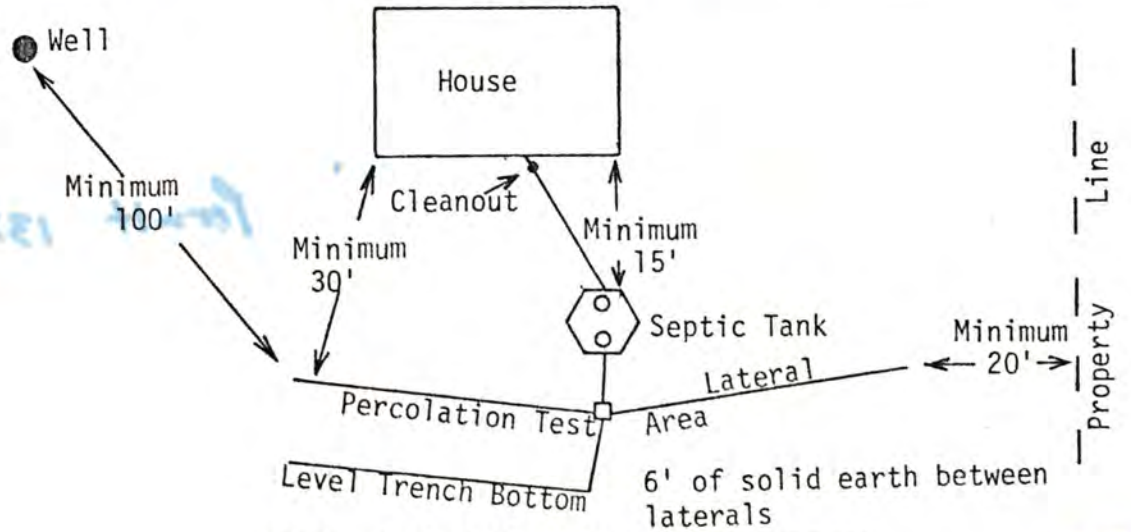
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material plastic; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 150 ft.
4. Number of clean-outs 3.
5. Distances to:
Well or Suction Line 1500 ft.; Stream - o - ft.; Pressure Line _____ ft.; Property Line _____ ft.
2 blocks W
1/4 mile E

B. SEPTIC TANK:
1. Material Cement; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Pre-Cast)
4. Manholes: Over Inlet; diam. 24 in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☑ Grade _____ in.
5. Inlet: Baffle ☑ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade 18 in.
8. Distances to:
Well or Suction Line 500 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 2 blk W ~~ft.~~ or 1/4 mile E

C. DISTRIBUTION BOX:
1. Material Cement; Number - available outlets 2.
2. Factory Built: Yes ☑ No ☐
(Company Pre Cast)
3. Distance from Septic Tank 10 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☑ Perforated Pipe ☐
Diameter of Half Round 24" or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☑ ; other _____.
2. Lateral Lines:
Number 2; Length of each line 100, 100, _____, _____, _____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines 20 ft.
3. Trench dimensions: Width 4 ft.;
Slope _____ in/100 ft.; Average Depth 36 in.
4. Filter Material: gravel
Depth of Material 18" in.
5. Distances to:
Well or Suction Line 700 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 1000 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

RECD OCT 2 1978

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks:_____

_____

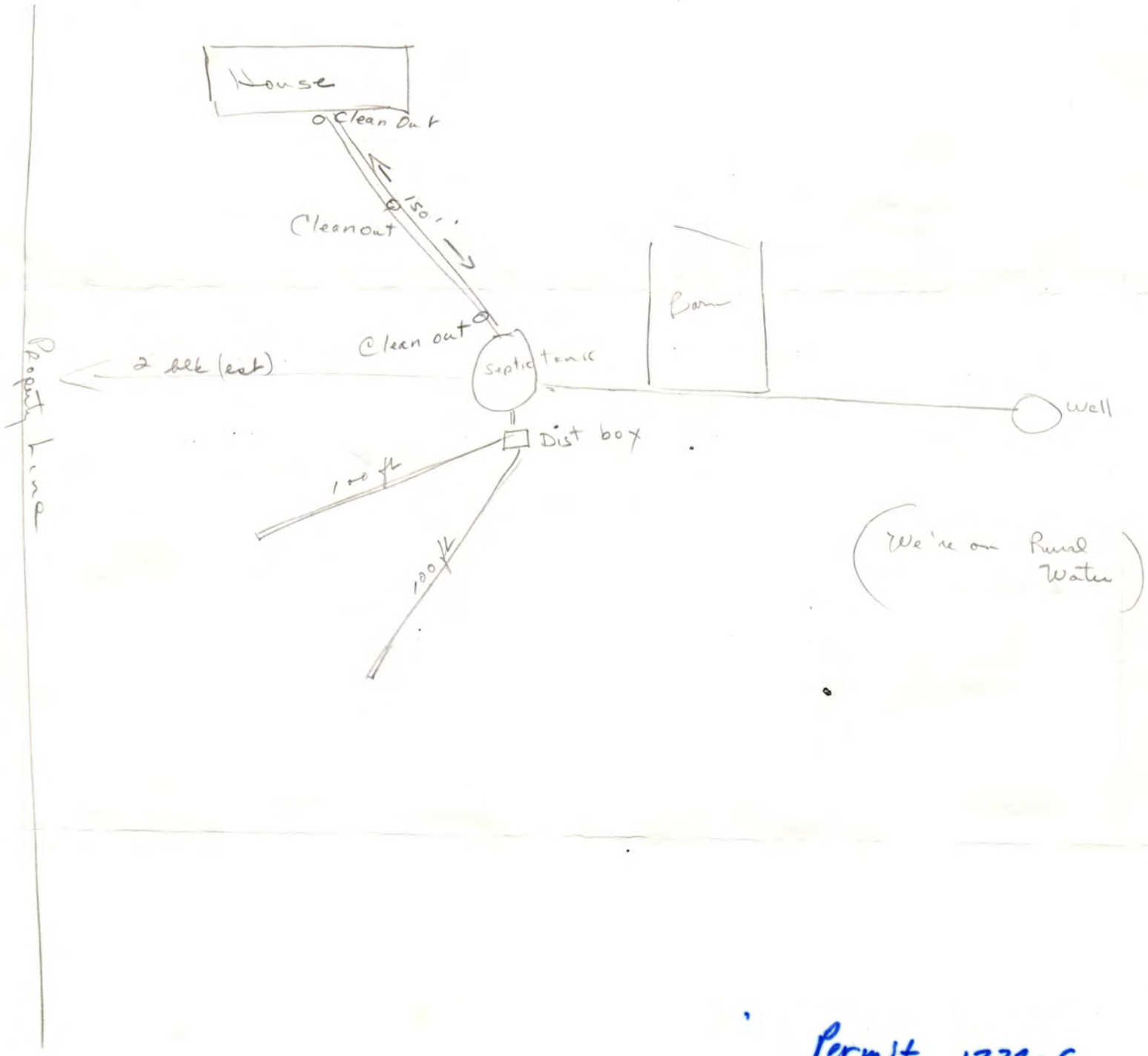
Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed 181 sq.ft.

_____
Signature of Reviewing Official

AS BUILT DRAWING OF SYSTEM

DATE 9-24-78 INSTALLER We did it ourselves



Permit 1372-C

80 acres