Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

KATHY TSCHETTER
T9N R5E SEC 19 QTR SE
CEDAR HAVEN ESTATES
13301 W SPRING RD--DENTON

Permitee

KATHY TSCHETTER
2245 S 11 ST
LINCOLN NE 68502

Permit # 00380214001

Issued 01/21/00
Expires 07/12/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011624

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

A

Permit Number:

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 13301 W. Spring Road (no rural route) City Denton NE, Zip 68339

Legal Description SE 1/4 1/4 19 Section 9N Township 5E Range ~~Cedar Haven Estates~~ Subdivision Addition 6 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 Jay & Kathy Tschetter Signature Kathy Tschetter

Address 2245 So. 11th St. City/State/Zip Lincoln, NE 68502

☐ Check if owner designed system Home Phone 477-2898 Work Phone 890-4556

C. Contractor

729-L

Name Bill Ormson Company Name S&R Pump

Address 4937 Madison Ave. City/State/Zip Lincoln, NE 68504

☐ Check if contractor designed system Work Phone 434-1745

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 21 JAN 00 Date frwd 1/24/00	**ACTION** ☑ Approved ☐ Disapproved Signature [signature]	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 1/24 Date frwd 1/24	**ACTION** ☒ Approved ☐ Disapproved Signature [signature]	
3. **City or County Engineer**	Date rec'd 1/24/00 Date frwd 1/24/00	**ACTION** ☒ Approved ☐ Disapproved Signature [signature]	

1/24/00 ~~NEED PLANS + DRAWING~~ OK A

Installation Final Written Approval

By Jerrold C. Wood R.E.H.S.

Date APRIL 13, 2000

Business Office Use Only

Date Rec'd 1/21/2000

Amt Paid #150.00

Rec'd By [signature] Cash/Check No. 1094

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:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 13301 W. Spring Road (no rural route) City Denton NE, Zip 68339

Owner Jay & Kathy Tschetter Addresss 2245 So. 11th Lincoln, NE 68502

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

Date of Tests 1-7-00 to 1-8-00 Weather: Precipitation 0 Temperature 50°

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	1-7	9:30	1-8	9:30	1-8	9:30	6	1-8	1:30	30	1/4	120
2	36	1-7	9:30	1-8	9:30	1-8	9:30	6	1-8	1:30	30	3/4	40
3	36	1-7	9:30	1-8	9:30	1-8	9:30	6	1-8	1:30	30	3/4	40
4	36	1-7	9:30	1-8	9:30	1-8	9:30	6	1-8	1:30	30	7/8	34
5	36	1-7	9:30	1-8	9:30	1-8	9:30	6	1-8	1:30	30	3/8	80
6	36	1-7	9:30	1-8	9:30	1-8	9:30	6	1-8	1:30	30	1/2	60

Person Conducting Percolation Tests

Name: Kathy Tschetter
Phone: 477-2898
Address 2245 So. 11th
Lincoln, NE 68502

Sum of Percolation Rates: 374
Average of Rates: 62.3
Rate Used for Calculation: min/in

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Probably will be installed in Steiner soil, or Pawnee Clay loam

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

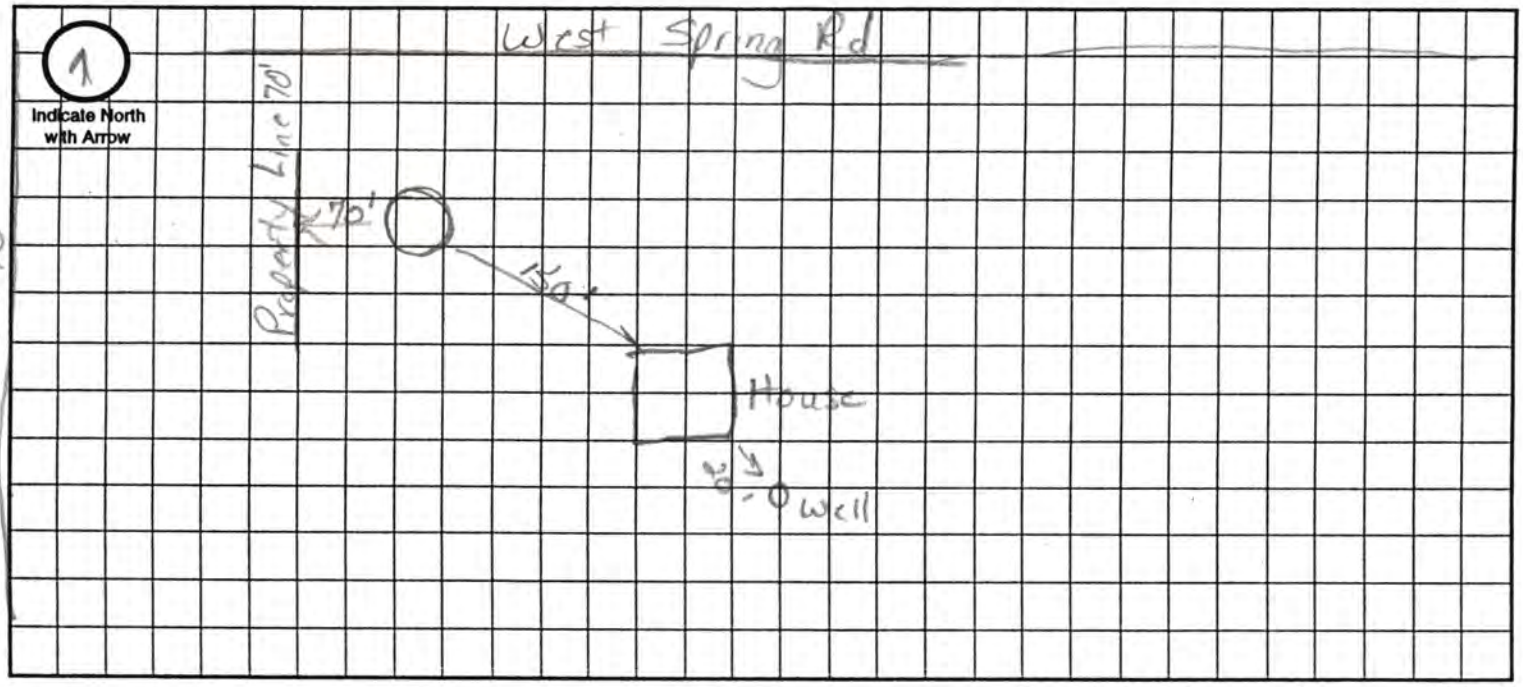
C

Permit Number:

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) 13301 W. Spring Rd. City Denton NE, Zip NE 68339

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 Jan 20 2000

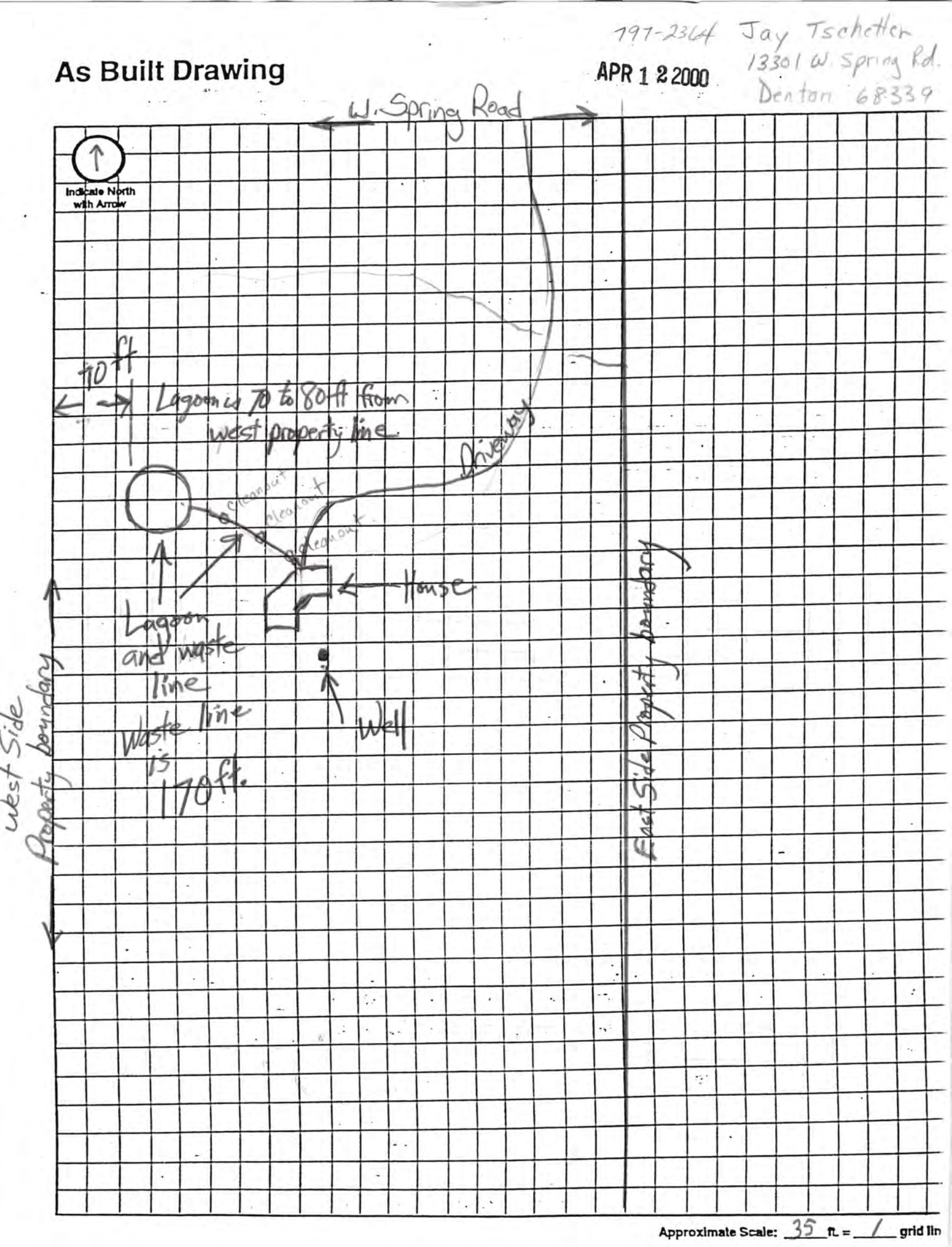
Installer H.L. Muhlbach Nancy J. Muhlbach Date 1-20-00

FORM 23-102 10-96

197-2364 Jay Tschetter
13301 W. Spring Rd.
Denton 68339

As Built Drawing

APR 1 2 2000



Approximate Scale: 35 ft. = 1 grid lin

Official Survey Record

LANCASTER County, Nebraska

Phone (402) 434-2686
Fax (402) 434-2687

ALLIED SURVEYING AND MAPPING, INC.

6120 South 58th Street – Suite "A" – Lincoln, Nebraska 68516

Survey of a 23.74 acre tract of land located in the South One-Half of the Southwest Quarter and the South One-Half of the Southeast Quarter of Section 19 T. 9 N., R. 5E of the 6th P.M.

Job No. 25856

April, 1998

