LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit No. 97380154101

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 02/24/97
Expires 08/24/97
Revenue Code 18754

Establishment

SCHOTT DEVELOPMENT
T9N R5E SEC 23
7501 SW 70 STREET

FEES: $150.00

TOTAL $150.00

Permittee

SCHOTT DEVELOPMENT
3737 S 27 ST
LINCOLN NE 68502

Issued By M. Jane Ford
Health Director

3353

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

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 7501 S.W. 70th Street (no rural route) City Lincoln NE, Zip

Legal Description 23 9n 5E PARCEL C
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 Schott Development Signature

Address 3737 So. 27th City/State/Zip Lincoln Ne 68502

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name Dick Schott Company Name (same) Schott Development

Address 3737 So 27th City/State/Zip Lincoln Ne 68502

☐ Check if contractor designed system Work Phone 402-430 6299

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

Designer Name Clint Presnell Firm Wellmann Plumbing Work Phone 402-434-2400

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 4 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 2/21/97 Date frwd 2/24/97	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 2/24/97 Date frwd 2/24/97	**ACTION** ☒ Approved ☐ Disapproved Signature TV Bldg Permit Req'd.	
3. **City or County Engineer**	Date rec'd 2/24/97 Date frwd 2/24/97	**ACTION** ☒ Approved ☐ Disapproved Signature	

Installation Final Written Approval

By Jerrold C. Hood R.E. H.D.

Date FEBRUARY 17, 1998

Business Office Use Only 3059

Date Rec'd 2/20/97

Amt Paid 150.00

Rec'd By Cash/Check No. 7427

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

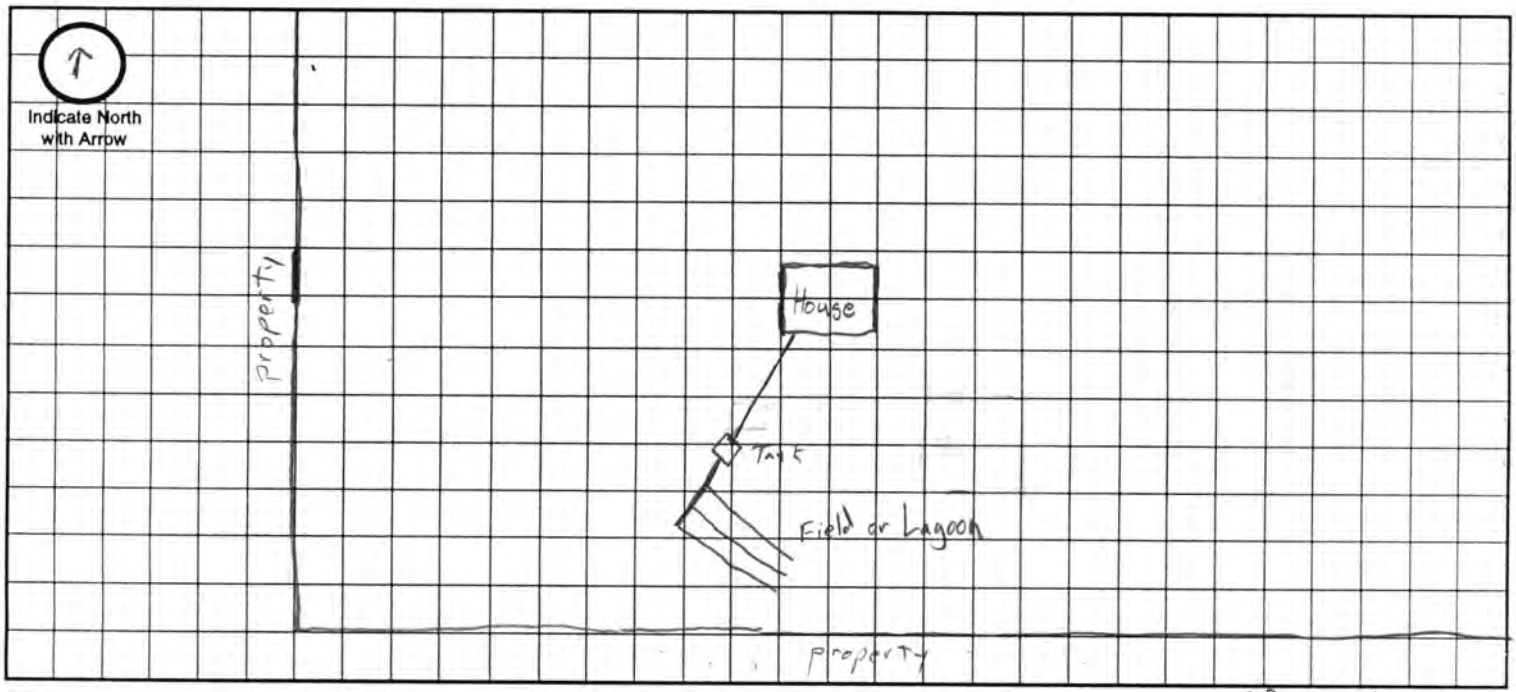
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 3059

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: 50 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 7501 SW. 70th City Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information) To be done after thaw

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 ☐	☐

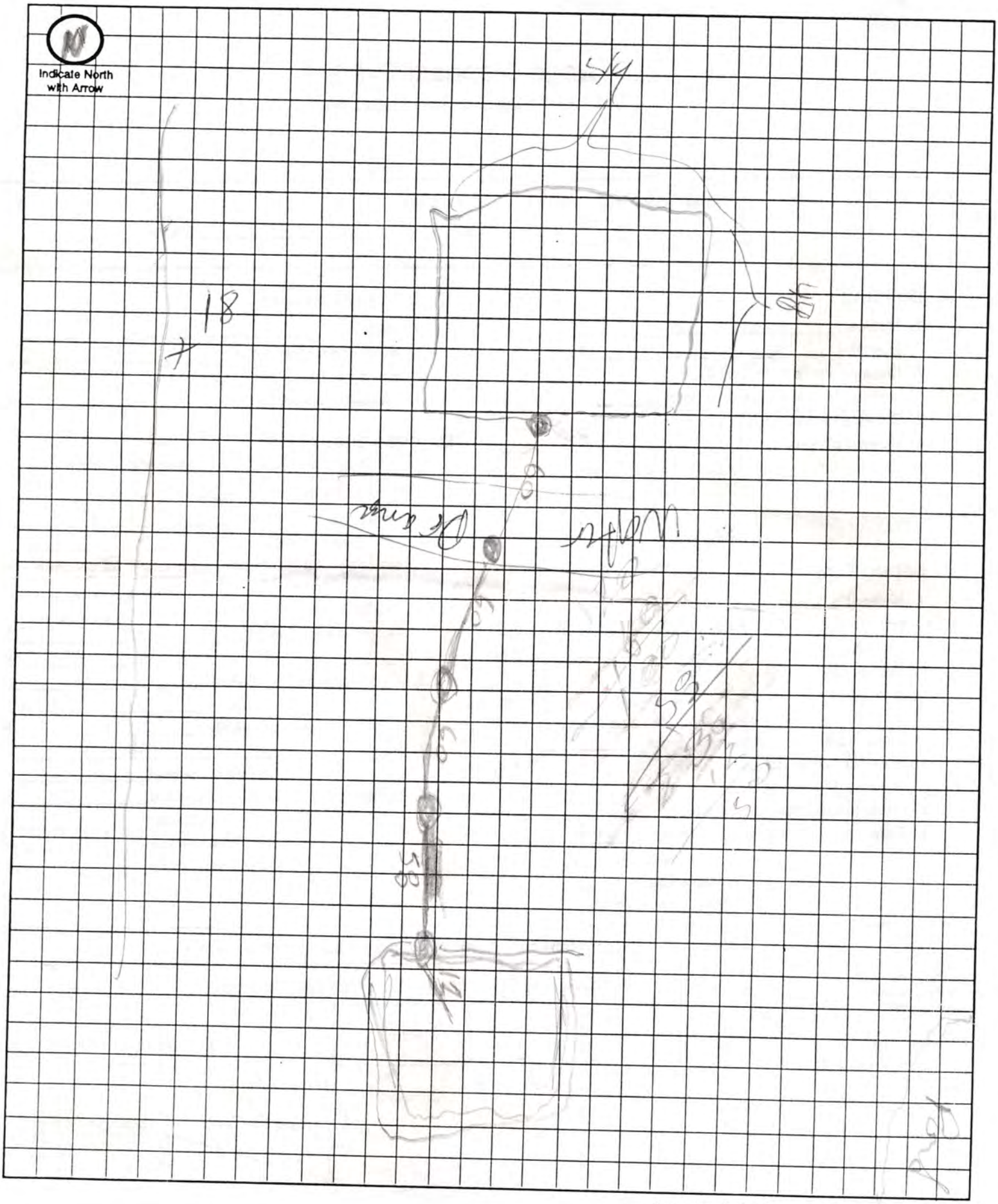
E. Required Signatures

Home Building Contractor R.E. Schott Dev. Richard E. Schott Pres. Date 2-20-98

Installer Wellmann Plumbing Chet Pruitt Date 2-20-98

FORM 23-102 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s

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

Legal Description of Property: Street Address 7501 SW 70th ST.

Twp 9N Range 5E Section 23 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property W. Denton Rd to SW 70th – South ½ mi. on west side 2nd lot

Location of Well 1476.68' No. of Sect Line Tap Location: Inside ☐ Outside ☐

Location of Sewage System on property Year Installed 1997

	NAME	ADDRESS	PHONE
Present Owner:	BOB MOLINE		797-8878 OFC 434-3700
	"		
Tenant/Buyer:			
Return to:	SCHOTT DEV. CO. DICK SCHOTT	RT. 1 BOX 58 WALTON, NE 68461	430-6299 FAX 434-3510

Signature of Applicant Linda Schaal for Schaal Homes Address RT. 1 Box 58 Walton NE 68461 Date 1/27/98

HEALTH DEPARTMENT USE ONLY

Date Received 2/2/98 Received $150.00 Check ☒ #1681 Cash ☐

PRELIMINARY STATUS--By Gerald Hood R.E.H. **DATE:** 2/3/98

CHLORIDE 110 p.p.m.

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☐	Date 2/17/98 by J.C.H.
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ Cal ppm	☐ ___ ppm	Disapproved ☒	Date ___/___/___ by ___

Comments: SEWAGE LAGOON NEEDS LOCK ON GATE AND WARNING SIGNS ON FENCE. GH. 2/17/98 J.C.H.

See Attached Letter ☐

FINAL STATUS

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

Approved by Gerald C. Hood R.E.H.S. Date 2/17/98

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.

WATER CHEMISTRY

STATE LAB NO. 15 617

COMPLETE INFORMATION BELOW:

DATE COLLECTED 2 (Mo.) 3 (Day) 98 (Yr.) 11:25 AM (Hour)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION BOB MOLINE

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QUARTER NE SECTION 23 TOWNSHIP 9 N RANGE 5 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
3140 "N" STREET
LINCOLN, NEBRASKA 68510

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

CHECK TESTS REQUESTED

- ☐ ALL TESTS BELOW
- ☐ pH _____
- ☐ CALCIUM _____ mg/l
- ☐ MANGANESE _____ mg/l
- ☒ CHLORIDE 110. mg/l
- ☒ NITRATE-N Less than 0.1 mg/l
- ☐ FLUORIDE _____ mg/l
- ☐ SODIUM _____ mg/l
- ☐ IRON _____ mg/l
- ☐ SULFATE _____ mg/l
- ☐ TOTAL ALKALINITY _____ mg/l as $CaCO_3$
- ☐ TOTAL HARDNESS _____ mg/l as $CaCO_3$
- ☐ TOTAL DISSOLVED SOLIDS BY CONDUCTANCE _____ mg/l

NOT TESTED BECAUSE OF:

- ☐ DAMAGE
- ☐ INSUFFICIENT AMOUNT
- ☐ IMPROPER CONTAINER

☐ NITRATE AND BACTERIOLOGICAL PURITY COMBINATION TEST

TEST(S) BY: [signature]

FOR ACCOUNTING USE ONLY

LRWC 85

REP. REC. 98 FEB 3 PM 12 07 98 FEB 8

'98 FEB 4 PM 12 47

REPORTED

RECEIVED

WATER MICROBIOLOGY

STATE LAB NO 14 2141

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

DATE COLLECTED 2 (MO.) 3 (DAY) 98 (YEAR) 11:27 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION BOB MOLINE

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 23 TWNSHP 9 N RANGE 5 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
3140 "N" STREET
LINCOLN, NEBRASKA 68510

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

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: NTPDWR 141.27

TEST(S) BY CC

FOR ACCOUNTING USE ONLY

LWB 91

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address SW 70th 7501 City _____ NE, Zip _____
(no rural route)

A. Building Sewer

1. Material: Sch 40
   Diameter: 4" in.
2. Distance above basement floor: 0 in.
   or distance below basement floor: 0 in.
3. Distance between dwelling and septic tank: ~~250~~ ft.
4. Number of clean-outs: 5
5. Distances to: well or suction line — ft.
   stream — ft.
   pressure line 20 ft.
   property line 200 + 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)

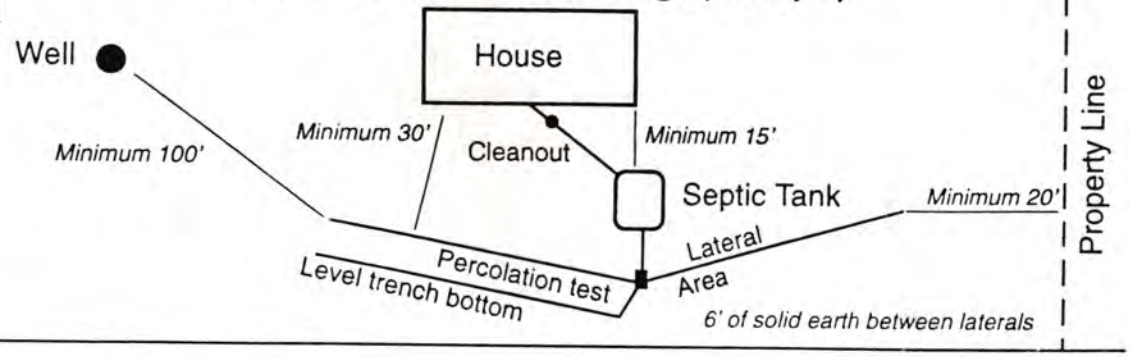
1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ 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

NO Well

Individual Sewage System Design (Example)



FORM 23-103 10-96