LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 92380082301

Issued 04/15/92
Expires 10/15/92

ESTABLISHMENT

MIKE SCHMADERER
T9N R7E SEC 1
LOT 12
10400 PIONEERS BLVD

FEES: Permit

Total $.00

PERMITTEE

MIKE SCHMADERER
4100 HOLLY RD
LINCOLN NE 68502

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
4/17/92	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM 20103-0477
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: 471-7800

A

FILING FEE: $ 150.00

FILE NO. 9238000823

DATE: 4-14-92

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. 9 N ; Range 7 E ; Section 1 ;
   Block _____ : Lot 12 I.T. : Addition _____
   Street Address 10400 Pioneers

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

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

4. Distance to public sewer: _____ ft.

Mike Schmaderer
Signature of Applicant (Owner or Lessee)

4100 Holly Rd 421-2653
Address pager 479-1169

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/14/92. Date Frwd. 4/15/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: Amy Spie

3. City or County Engineer: Date Rec'd. 4-15-92. Date Frwd. 4-15-92. ACTION: Approved ☒ Disapproved ☐ Signature: KD Mahrt

REMARKS OR REASONS ~~FOR DISAPPROVAL~~ System is experimental, thus only a provisional approval is granted

Site Visits:
Date: 8-7-92 by: PD
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-3-92 By: Pat Dy

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

FORM 23-43

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
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9N ; Range 7E ; Section & ¼ Section _____.
Property Dimensions: 230 ft. x 927.00 ft. Area: 5 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐
Dates of Tests: 4-7 to 4-8. Weather: Precip. 0 Temp. 65

OWNER: Mike Schmaderer

Address: 4100 Holly Rd

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	4-7	3:45	4-8	10:00	4-8	10:00	6"	10:30	5 3/4	30	1/4	
2	36	4-7	3:46	4-8	10:00	4-8	10:05	6"	10:35	5 3/4	30	1/4	
3	36	4-7	3:47	4-8	10:00	4-8	10:10	6"	10:40	5 5/8	30	3/8	
4	36	4-7	3:48	4-8	10:00	4-8	10:15	6"	10:45	5 1/2	30	1/2	
5	36	4-7	3:49	4-8	10:00	4-8	10:20	6"	10:50	5 1/2	30	1/2	
6	36	4-7	3:50	4-8	10:00	4-8	10:25	6"	10:55	5 5/8	30	3/8	

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

Signature of Person Conducting Test

Address Elmwood, NE 68349 Phone 994-2225

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

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

Signature of Reviewing Official

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

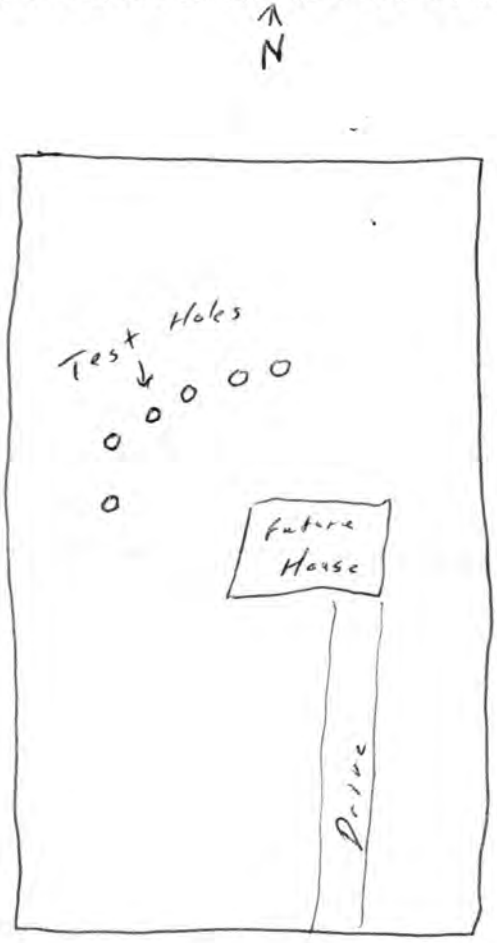
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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_____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: 471-7800

D

DATE: _____

FILE NO: _____

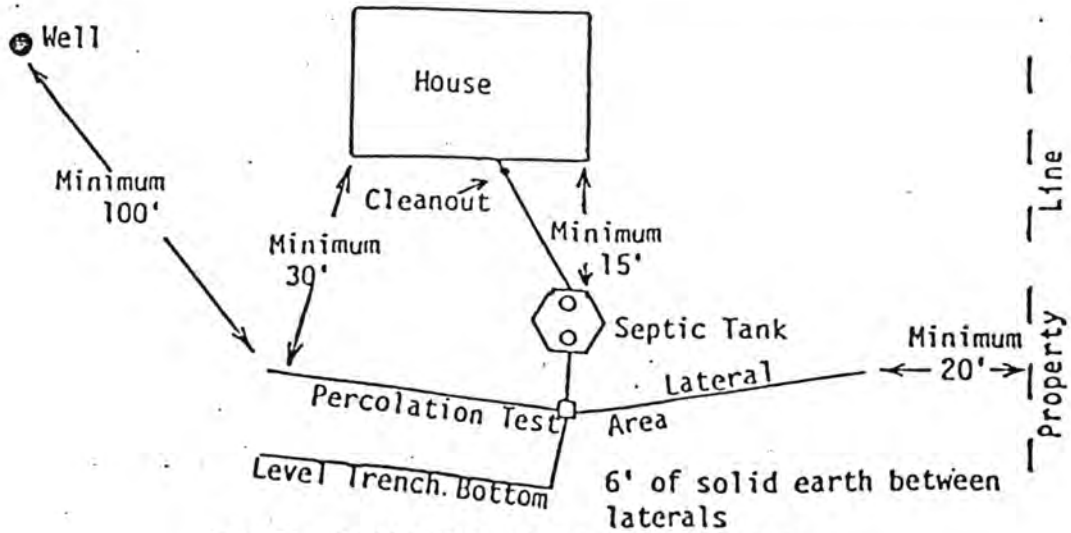
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 18 in.
3. Distance between dwelling and septic tank ____ ft.
4. Number of clean-outs None .
5. Distances to:
Well or Suction Line NA ft.; Stream NA ft.; Pressure Line 10+ ft.; Property Line 50+ ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments 1 .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company American Concrete)
4. Manholes: Over Inlet; diam. 18 in.
Over Outlet; diam. 10 in.
Riser Above ☒ Below ☐ Grade 1 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 NA ft.; Stream NA ft.; Pressure Line 30+ ft.; Property Line 50+ ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number available outlets 5 .
2. Factory Built: Yes ☒ No ☐
(Company American Concrete)
3. Distance from Septic Tank 3 ft.

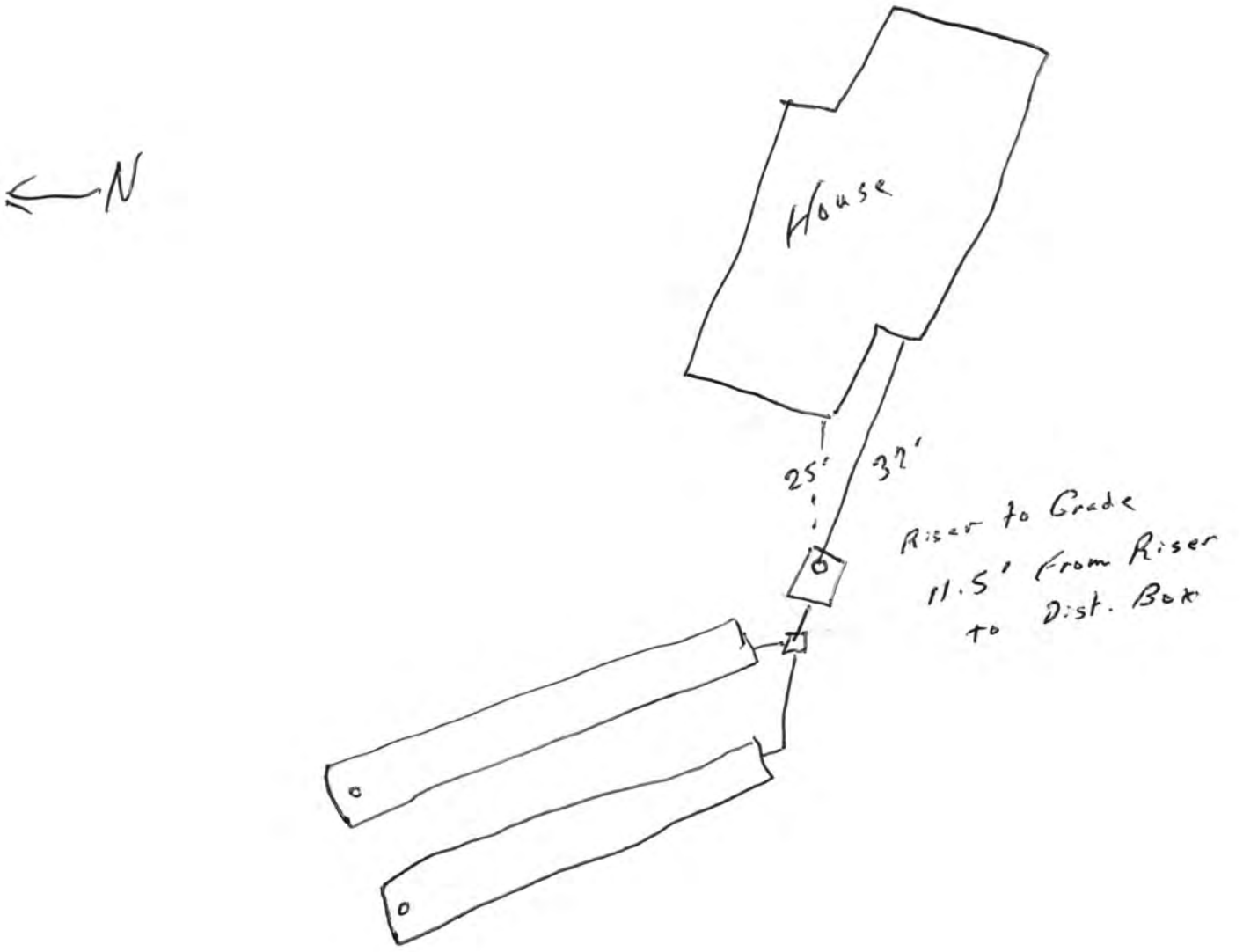
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒
Diameter of Half Round ____ or Perforated Pipe 4" .
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other ____ .
2. Lateral Lines:
Number 2 ; Length of each line 100', 100', ____, ____, ____ ft.;
Total length of laterals 200' ft.;
Distance between lateral lines 12 ft.
3. Trench dimensions: Width 8' ft.;
Slope 4 in/100 ft.; Average Depth 36" in.
4. Filter Material: Gravel
Depth of Material 30" in.
5. Distances to:
Well or Suction Line NA ft.; Stream NA ft.; Pressure Line 50+ ft.; Property Line 30+ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Mike Schneberer
10400 Pioneer Blvd

Installed By Vogt TeT



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit
WATER WELL

No. 96400058701

Issued 09/26/96
Expires 03/26/97
Revenue Code 19851

Establishment
MICHAEL SCHMADERER
T9N R7E SEC 1
LOT 12
10400 PIONEERS BLVD

FEES: $75.00

TOTAL $75.00

Permittee
MICHAEL SCHMADERER
10400 PIONEERS BLVD
LINCOLN NE 68520

Issued By M. Jane Ford
Health Director

2625

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

FORM: 20222-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL

RECEIVED SEP 2 4 1996

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502
PHONE: 471-8000

10400 Pioneers

FILING FEE $75.00 #1978

FILE NO. _____

DATE: _____

The undersigned hereby requests: Site Clearance and Permit to construct a new individual water well ☐ ; Permit existing well ☐ ; well repair or alteration involving opening of well ☐ ; in conformance with appropriate ordinance, as described herein:

1. Legal description of property: Twp. 9N : Range 7E : Section 1
   Block _____ : Lot 12IT : Addition _____
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: _____ Ft.
4. Intended use of well Home

Michael J Schmaderer
Signature of Applicant (owner or lessee)

10400 Pioneers BLVD 68520
Address

City Water Yes ☐ No ☒

Day # 432 3643

Sewage Permit Applied For Yes ☐ No ☐ Not Applicable ☒

1. Health Department: Date Rec'd 9-24-96. Action: Approved ☒ Disapproved ☐
   Date Frwd. 9/24/96. Signature: Jerrold C. Pool
2. Supt. Bldg. Insp.: Date Rec'd 9-24-96. Action: Approved ☒ Disapproved ☐
   Date Frwd. 9-24-96. Signature: [illegible]
3. City or County Engineers: Date Rec'd 9/24/96. Action: Approved ☒ Disapproved ☐
   Date Frwd. 9/24/96. Signature: Bill Pe

REMARKS OR REASONS FOR DISAPPROVAL 4-16-97 No well drilled yet

Site Visits:
Date: 4-16-97 by P.D.
Date: _____ by _____
Date: _____ by _____

Nitrate Level _____ PPM
Bacteriological Analysis Satisfactory
Yes ☐ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

Health Department copy: White
Engineers Copy: Light Green
Building Inspectors Copy: Light Blue

FORM 23-13

Mike Schneberer
10400 Pioneer Blvd

Installed By Vogt TeT

Day # 432-3d3

