Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET - LINCOLN, NE 68510-1514

002194

(402) 441-8000

Permit SEWAGE INSTALLATION
LAGOON

Permit # 03380263301

Issued 05/07/03
Expires 11/07/03
Revenue Code 3157

Establishment CARL SCHMIDT
T9N R7E SEC 16
SHELDON HEIGHTS BLK 1 LOT 1
6501 OLD CHENEY ROAD

FEES: $200.00

Permittee CARL SCHMIDT
7541 BOONE TRL
LINCOLN NE 68516

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 03380263301

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 5700 FRONTIER ROAD (no rural route) City Lincoln NE, Zip 68516

Legal Description 16 9N 7E Sheldon Heights N 1/2 16-1 1
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 Carl Schmidt Signature Carl Schmidt

Address 7541 Boone Trail City/State/Zip Lincoln NE 68516

☐ Check if owner designed system Home Phone (402) 421-7541 Work Phone (402) 421-7541

C. Contractor

Name Carl Schmidt Company Name CS Construction, Inc

Address 7541 Boone Trail City/State/Zip Lincoln, NE 68516

☐ Check if contractor designed system Work Phone (402) 421-7541

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

Designer Name Tricon Excavation, Inc. Work Phone 423-7016

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 5/7/03 Date frwd 5/7/03	ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 5/7/03 Date frwd 5/7/03	ACTION ☒ Approved ☐ Disapproved Signature	
3. City or County Engineer	Date rec'd 5-7-03 Date frwd 5-7-03	ACTION ☐ Approved ☐ Disapproved Signature	

5/7/04 J.C.H

Installation Final Written Approval

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

Date JUNE 28, 2005

Business Office Use Only

Date Rec'd 05/07/03

Amt Paid 200.00

Rec'd By _____ Cash/Check No. 7297

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

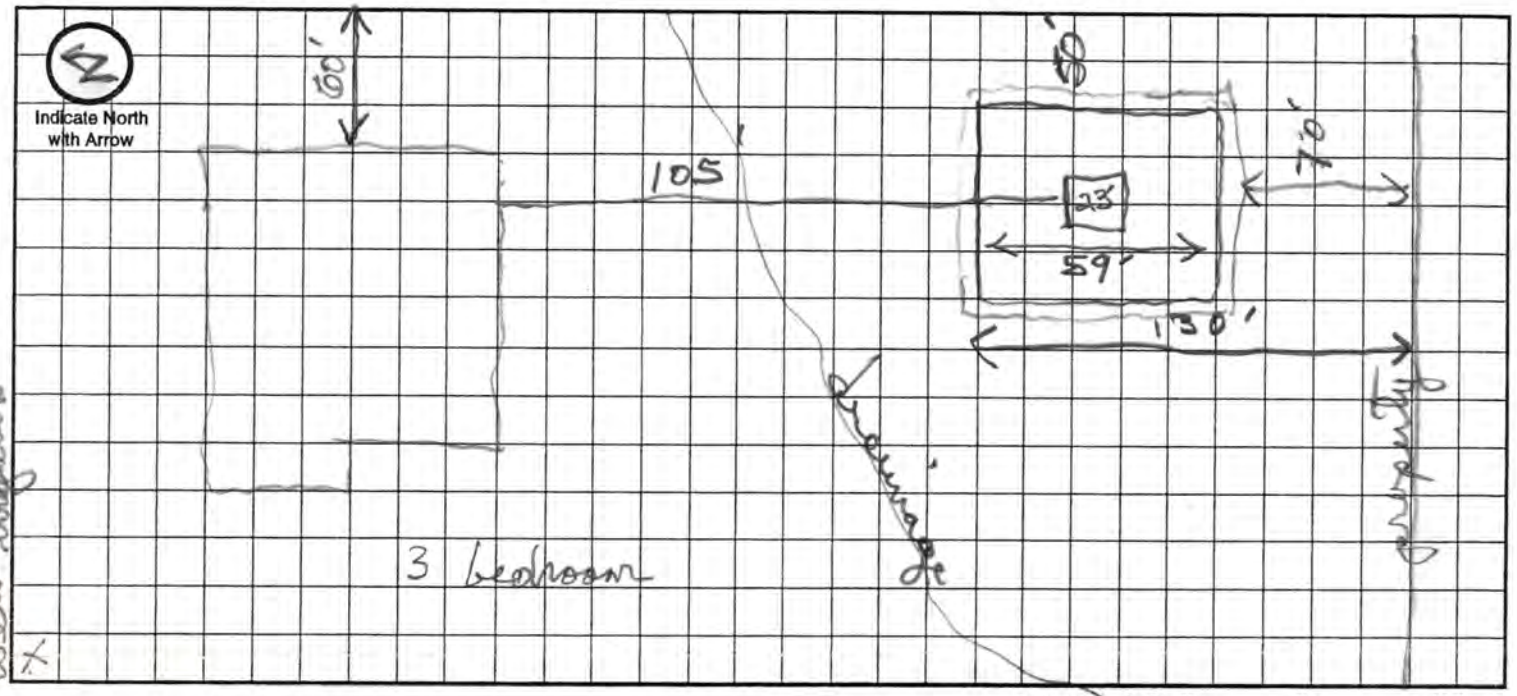
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 03802633

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) Frontier Circle City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other none

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 Lagoon

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 _____

Installer DeWayne Fries Date 5/5/03

FORM 23-102 10-96

As Built Drawing

