LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-9000

NON TRANSFERABLE

PERMIT

Permit No. 97380154001

SEWAGE INSTALLATION
SEPTIC SYSTEM

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

Establishment
DICK SCHOTT
T9N R8E SEC 16
LOT 11
6601 S 148 STREET

FEES: $150.00

TOTAL $150.00

Permittee
DICK SCHOTT
3737 S 27 ST
LINCOLN NE 68502

Issued By M. Jane Ford
Health Director

3354

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: 9738015 40

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 6601 S. 148th Street (no rural route) City Lincoln NE, Zip

Legal Description 1/4 1/4 Section 16 Township 9N Range 8E Subdivision Addition Block Lot 11

Geographical Location (if known): Longitude Latitude

☑ Check if system mail address is not the same as the owner's address

B. Owner

Name Dick Schott Signature Richard E. Schott

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

☐ Check if owner designed system Home Phone Work Phone 430-6299

C. Contractor

Name Dick Schott Company Name Schott

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

☐ Check if contractor designed system Work Phone 430-6299

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

Designer Name Clint Poesnell Firm Wellmann Plumbing Work Phone 434-2400

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 2/21/97 Date frwd 2/24/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 2/28/97 Date frwd ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 2/24/97 Date frwd 2/24/97 ACTION ☒ Approved ☐ Disapproved Signature

6/19/97 Need fence, signed.

Installation Final Written Approval

By Paul D. Thomas

Date 9-15-97

Business Office Use Only 3060

Date Rec'd 2/20/97

Amt Paid 150 cc

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
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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 6601 S. 14th (no rural route) City Lincoln NE, Zip

Owner Dick Shott Address 3737 S. 27th

Soil Type (SCS): Silty clay Loam Percolation Rate: min./inch

Date of Tests 5-6-97 to 5-7-97 Weather: Precipitation Dry 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	5-6	9 am	5-7	9:00 am	5-7	9:00	6	5-7	12:30 pm	30	1/8	240
2	36	5-6	9 am	"	"	"	"	6	"	"	30	0	X
3	36	5-6	9 am	"	"	"	"	6	"	"	30	1/8	240
4	36	5-6	9 am	"	"	"	"	6	"	"	30	1/8	240
5	36	5-6	9 am	"	"	"	"	6	"	"	30	1/4	120
6	36	5-6	9 am	"	"	"	"	6	"	"	30	1/8	240
X													

Sum of Percolation Rates: 1080
Average of Rates: 216
Rate Used for Calculation: 216

Person Conducting Percolation Tests

Name: Clint Presnell
Phone: 402-434-2400
Address 3301 So 6th Lincoln
Wellmann Plumbing Inc

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

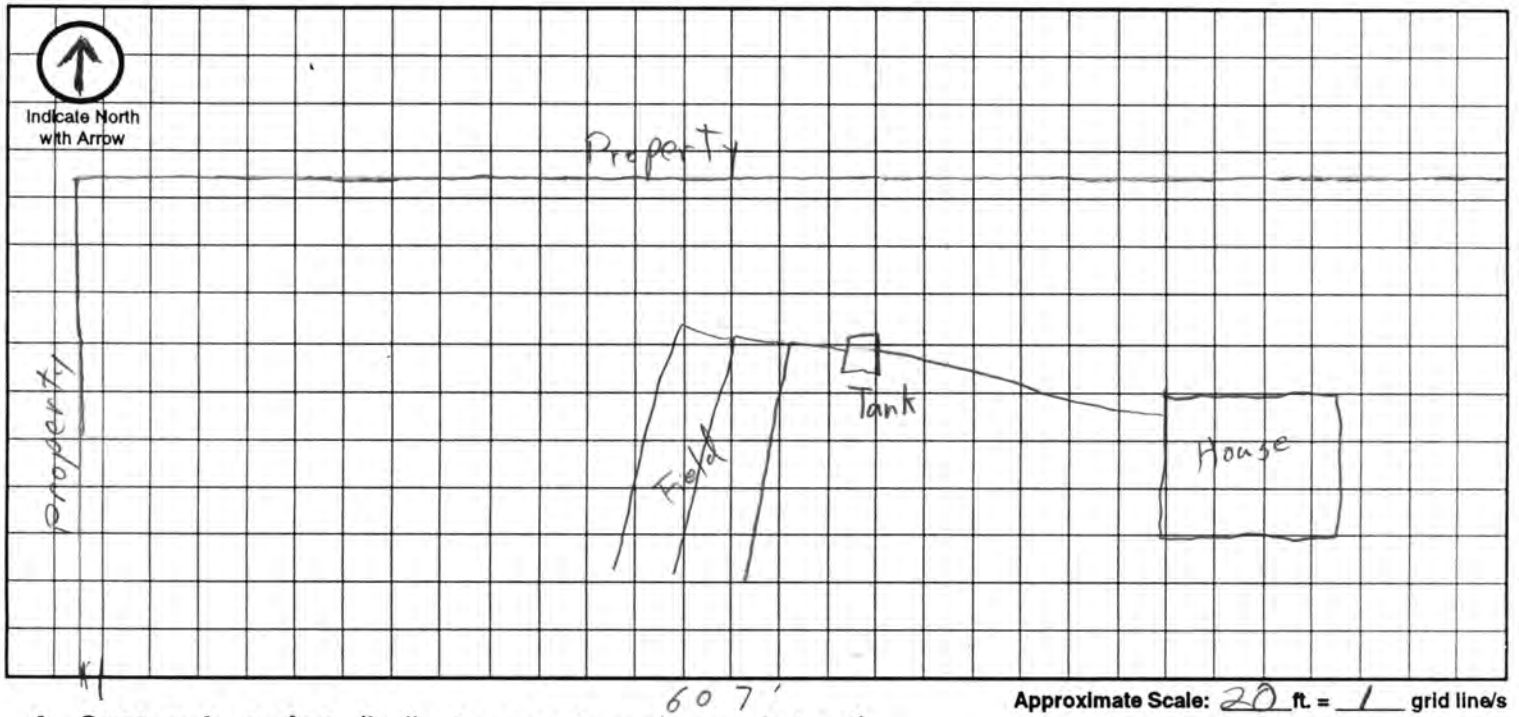
Lincoln-Lancaster County Health Department
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C

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 6601 So 148th 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 Date 2-20-97

Installer Clint Pauli Wellmann Plumbing Date 2-20-97

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
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D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 6601 148th (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: 4" Sch 40.
   Diameter: 4" in.
2. Distance above basement floor: 0 in.
   or distance below basement floor: 2 feet in.
3. Distance between dwelling and septic tank: 240 ft.
4. Number of clean-outs: 5
5. Distances to: well or suction line — ft.
   stream — ft.
   pressure line — ft.
   property line over 50 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

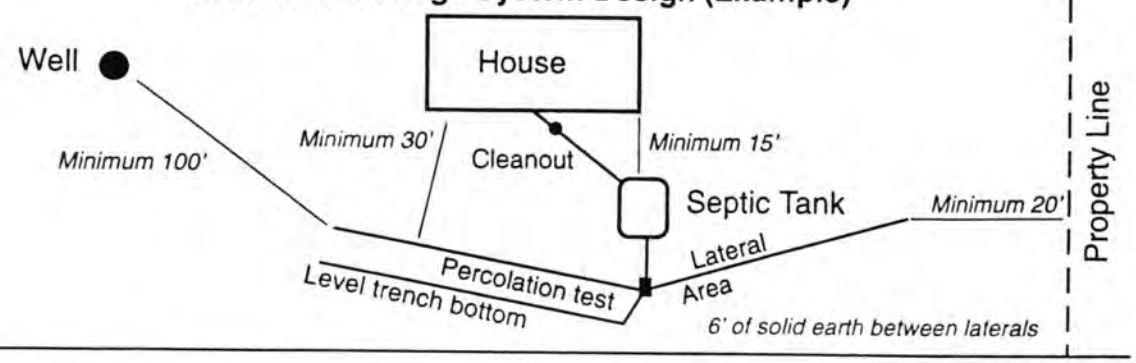
(Provide as-built drawings on back of this form)

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.

Indicate North with Arrow

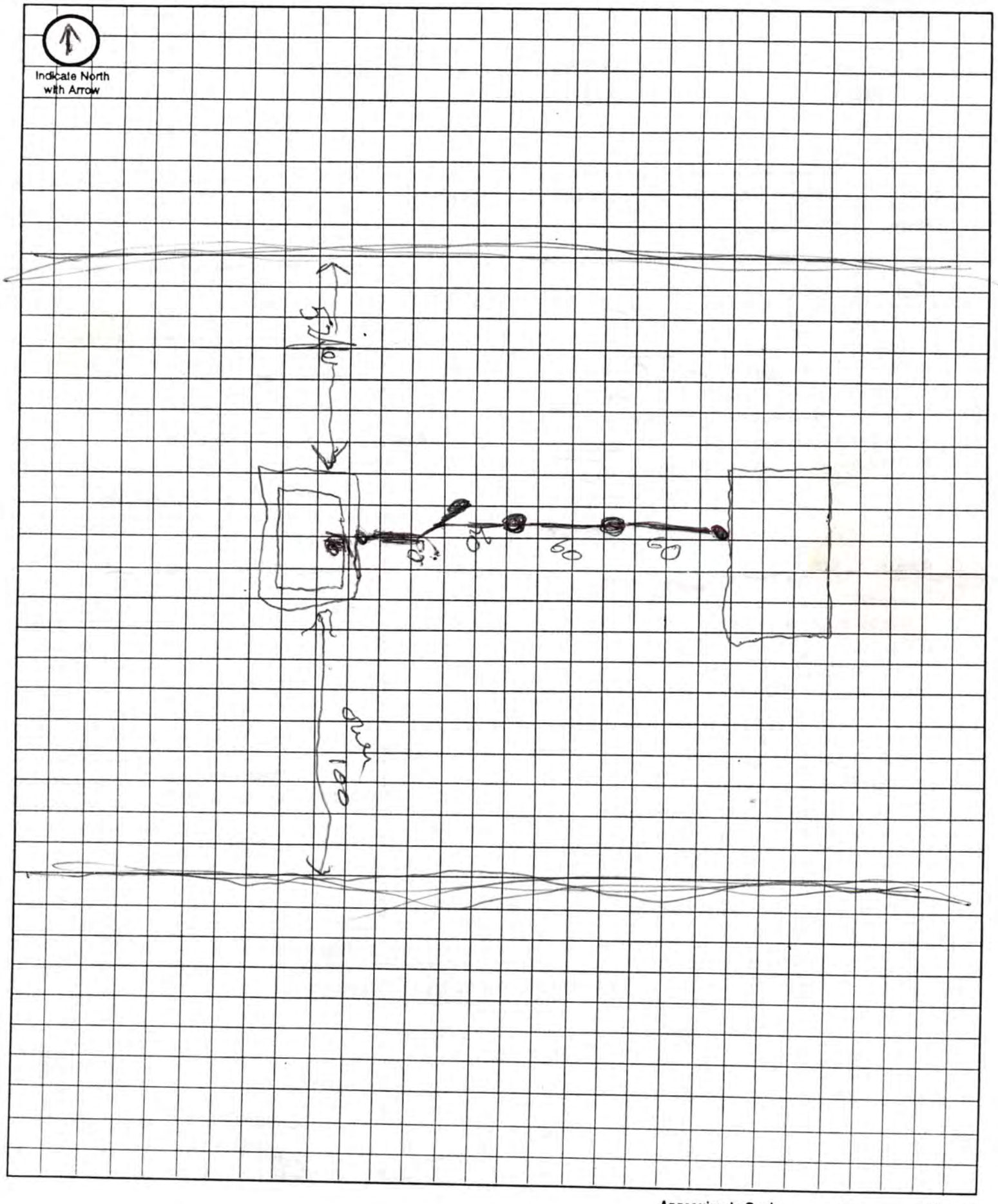
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s