LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2006-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

JANUARY 1, 1984
THIS PERMIT EXPIRES

FRANK W. SCHMIDT
ISSUED TO

Bennet, NE 68317
ADDRESS

NW¼ T9N; R8E; Sec 25
LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY: EB
DATE: 7/11/83
AMOUNT:
VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

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: 474-1541

A

FILING FEE: $ 60.00

FILE NO. 2006-C

DATE: July 20, 1983

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. 9N ; Range 8E ; Section NW¼ 25;
   Block _____ : Lot _____ : Addition _____
   Street Address _____

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

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

4. Distance to public sewer: _____ ft.

Frank W. Schmidt
Signature of Applicant (Owner or Lessee)

Bennet, NE 68317
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____

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

3. City or County Engineer: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5/25/83 by: JM
Date: _____ by: _____
Date: 5/26/83 by: JM

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/20/83 By: J. Nelson

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

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 8E ; Section & ¼ Section NW ¼ 25
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ■ .
Dates of Tests: 5-9-83 to 5-10-83 . Weather: Precip. 0 Temp. 75° .

Test taken by Customer's Location

OWNER: Contractor Gartner 3230 -828-
Address: So. 176th & Hwy J

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"	5-9	5:00 pm	5-10	4:00 pm	5-10	4:00 pm	6"	8:00 pm	5 7/8	30m	1/8	
2	"	"	"	"	"	"	"	"	"	4 7/8	"	1 1/8	
3	"	"	"	"	"	"	"	"	"	5	"	1	
4	"	"	"	"	"	"	"	"	"	4 1/2	"	1 1/2	
5	"	"	"	"	"	"	"	"	"	5 1/2	"	1/2	
6	"	"	"	"	"	"	"	"	"	5 7/8	"	1/2	
		Test Holes 1 + 6 Still Water in From Pre-Test											

William M. Hoagland
Signature of Person Conducting Test
Address 2701 N 27th Lot 22 Phone _____

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

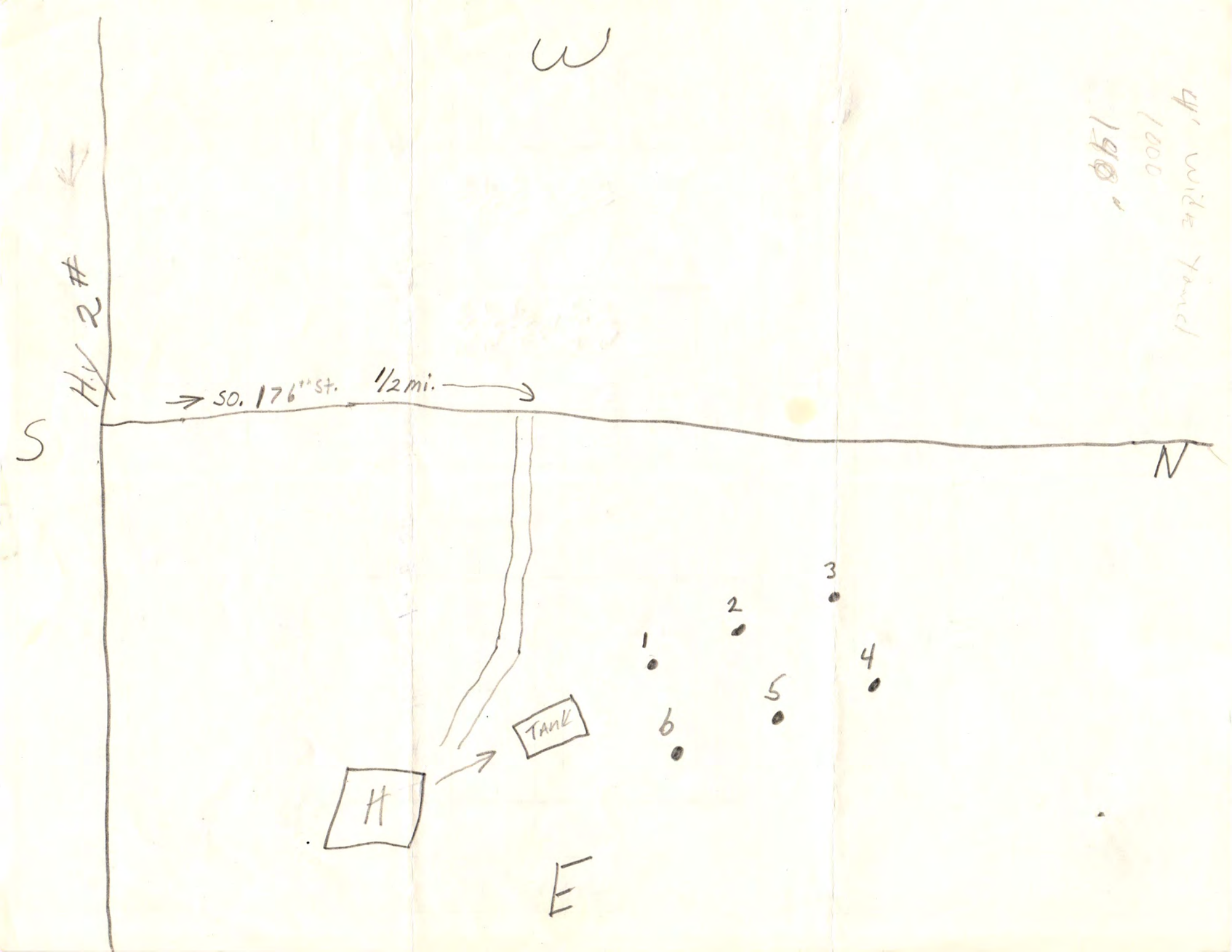
(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. 37 min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official


W
Hy 2 #
→ So. 176th St. 1/2 mi. →
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6

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

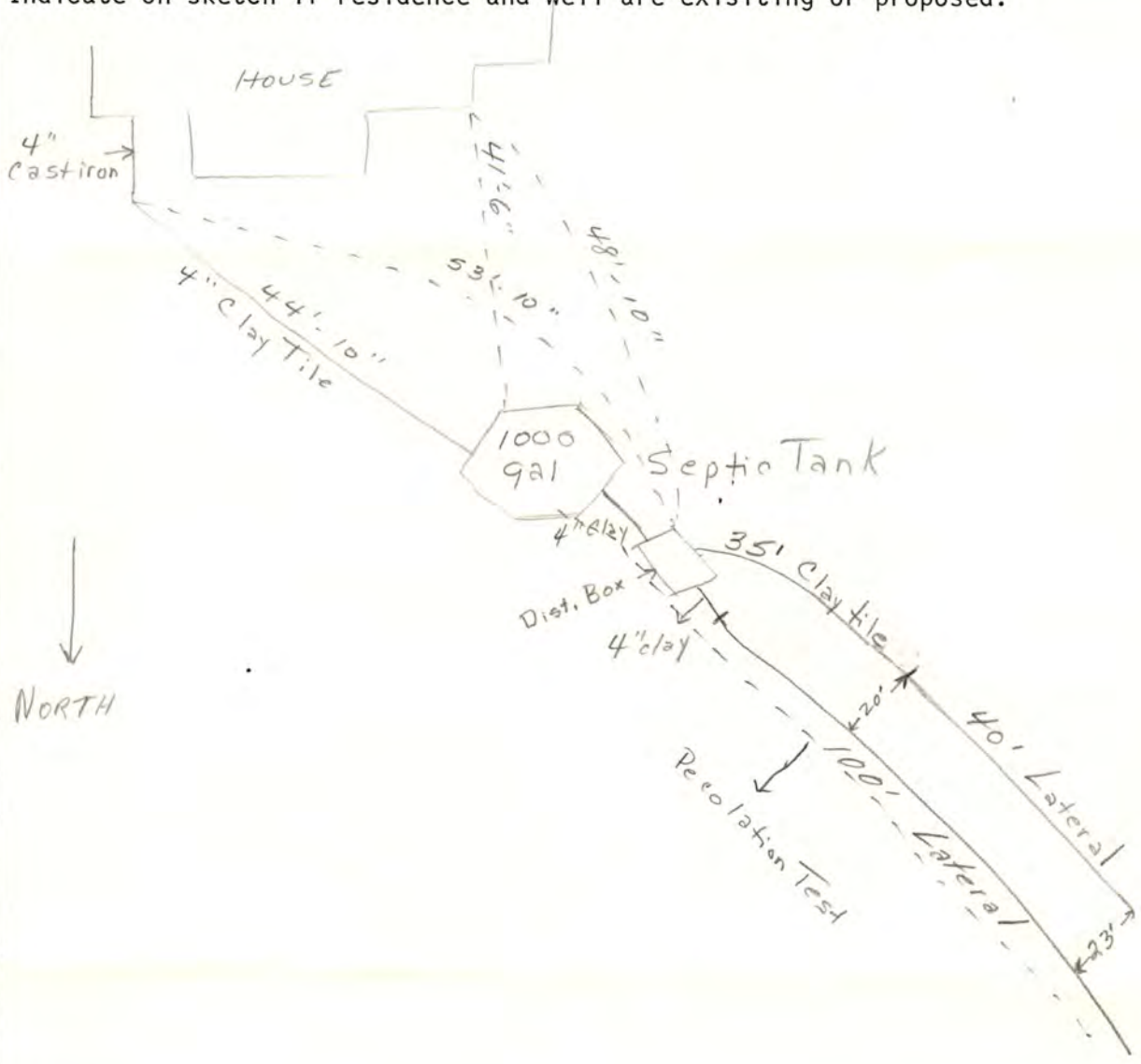
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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 1000 gals.
2. Total Length of Laterals 140 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 560 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
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D

DATE: 6-23-83

FILE NO. _____

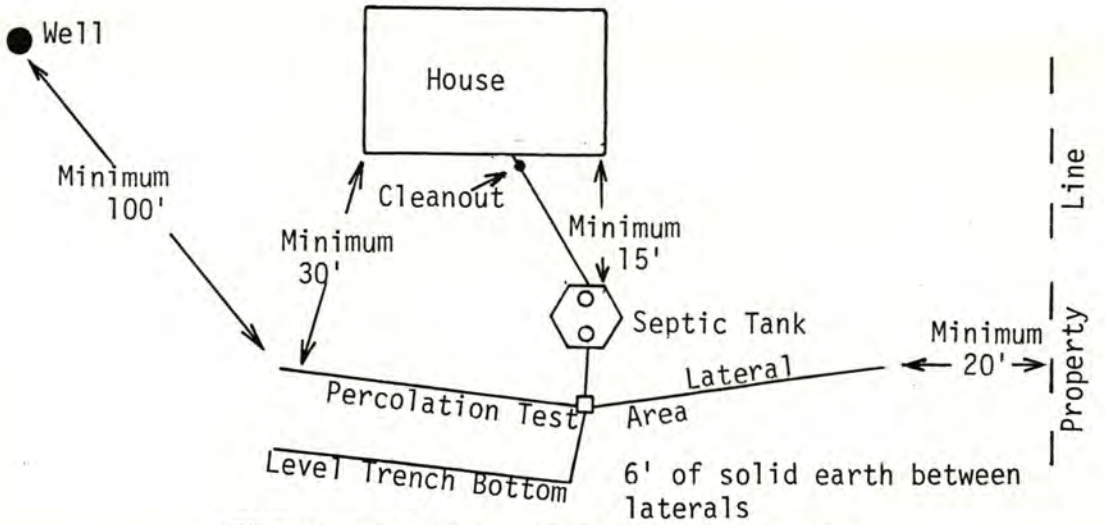
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material castiron; Diameter 4 in.
2. Distance above basement floor NA in., or below basement floor ____ in.
3. Distance between dwelling and septic tank 41'6" ~~ft.~~
4. Number of clean-outs one.
5. Distances to: Rural water
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

B. SEPTIC TANK:
1. Material concrete; No. of compartments one.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Pre-Cast)
4. Manholes: Over Inlet; diam. 8 in.
Over Outlet; diam. 8 in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☑ ; or Tee ☐
7. Depth of top of tank below finished grade 24 in.
8. Distances to: NA
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

C. DISTRIBUTION BOX:
1. Material concrete; Number - available outlets 4.
2. Factory Built: Yes ☑ No ☐
(Company precast)
3. Distance from Septic Tank 12 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☑ Perforated Pipe ☐
Diameter of Half Round 24" or Perforated Pipe ____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☑ ; other ____.
2. Lateral Lines:
Number 2; Length of each line 100', 40', ____, ____, ____ ft.;
Total length of laterals 140 ft.;
Distance between lateral lines 20 ft.
3. Trench dimensions: Width 4 ft.;
Slope 4 in/100 ft.; Average Depth 36 in.
4. Filter Material: Sand
Depth of Material 26 in.
5. Distances to: NA
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Installation

AS BUILT DRAWING OF SYSTEM

DATE 5-26-83 INSTALLER Gartner Const Co

