Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

ROBERT FIEDLER
T10N R5E SEC 7 QTR NW
LOT 21
13501 W SUPERIOR ST-PLSNT DALE

Permittee

ROBERT FIEDLER
244 S 30 ST
LINCOLN NE 68510

Permit # 01380232101

Issued 05/25/01
Expires 11/25/01
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

[redacted] Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

015725

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

A

Permit Number: 013802321

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 13501 NW. SUPERIOR (no rural route) City PLEASANT DALE NE, Zip 68423

Legal Description NW 7 - 10North - 5EAST 21
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 Robert Fiedler Signature Robert Fiedler

Address 244 S. 30 City/State/Zip Lincoln NE 68510

☐ Check if owner designed system Home Phone 4024763448 Work Phone 4024653753

C. Contractor (digger)

Name Marlon Mathes Company Name Schenck Trenching

Address 2183 Vandorn Rd City/State/Zip Milford NE 68405

☐ Check if contractor designed system Work Phone 641-4756

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

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms ~~4~~ CHANGE TO 3 8/10/01 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 5-25-01 Date frwd 5/29/01 ACTION ☒ Approved ☐ Disapproved Signature Paul D
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5/29-01 Date frwd 5/29-01 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 05/29/01 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature

Installation Final Written Approval

By Paul D

Date 12-21-01

Business Office Use Only

Date Rec'd 05/25/01

Amt Paid 200.00

Rec'd By _____ ~~Cash~~/Check No. 4160

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

B

Permit Number: 013802321

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

Owner _____ Addresss _____

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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)

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

_____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Lagoon shall be sealed with bentonite

_____

_____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

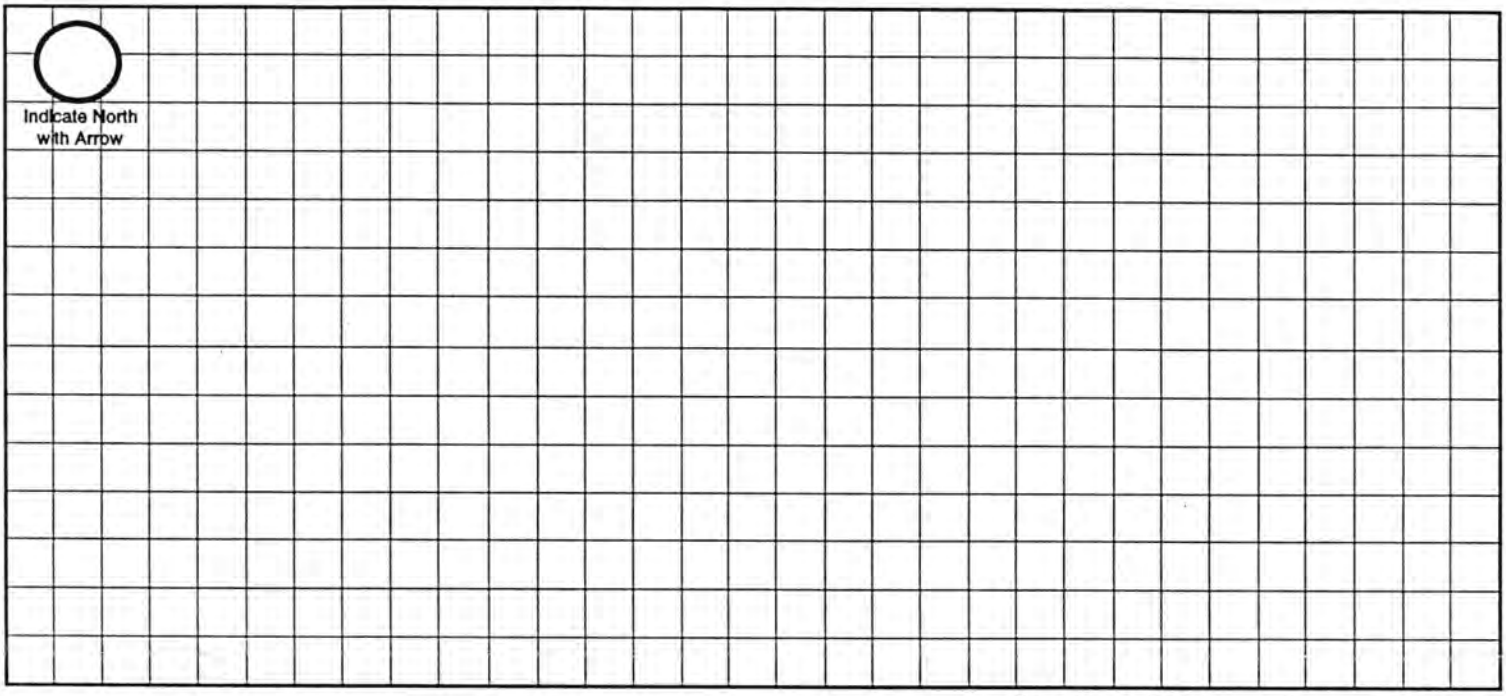
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 01380232 1

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) 13501 NW SUPERIOR City PLEASANTDALE NE, Zip NE 68423

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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 _____

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

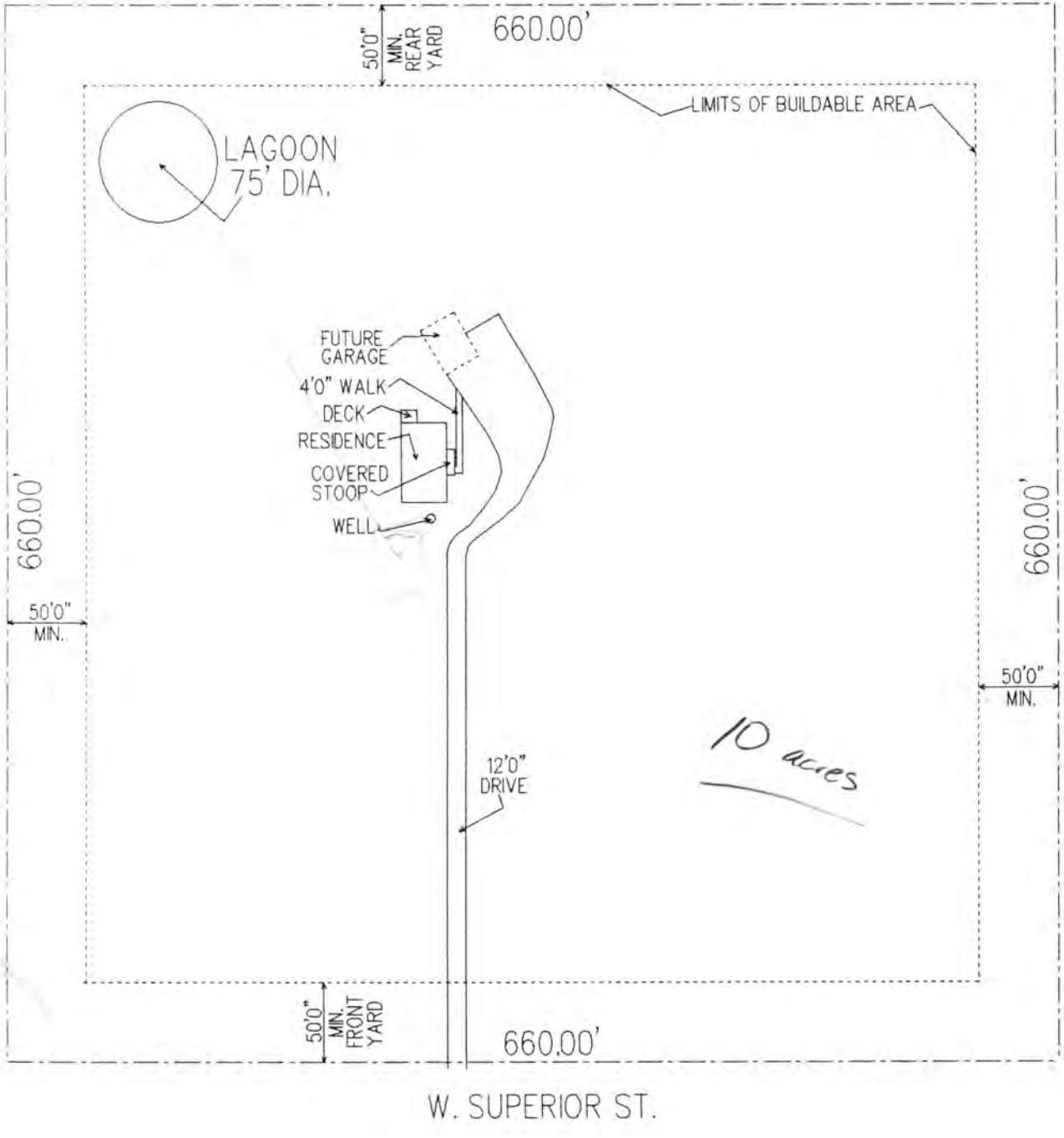
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor Robert Neille Date 5/24/01

Installer Matt Mueller Date 5/24/01

FORM 23-102 10-96



NOTE:
BUILDING MAY BE LOCATED ANYWHERE WITHIN BUILDABLE AREA OF LOT.

LEGAL:

LOT #21 – NORTHWEST 1/4 OF SEC. 7, TOWNSHIP 10, RANGE 5, LANCASTER COUNTY, NEBRASKA.

INC.
NEW VENTURES
Custom home design

Lincolnshire Square
1610 South 70th Street, Suite 101
Lincoln, NE 68506
483-1988

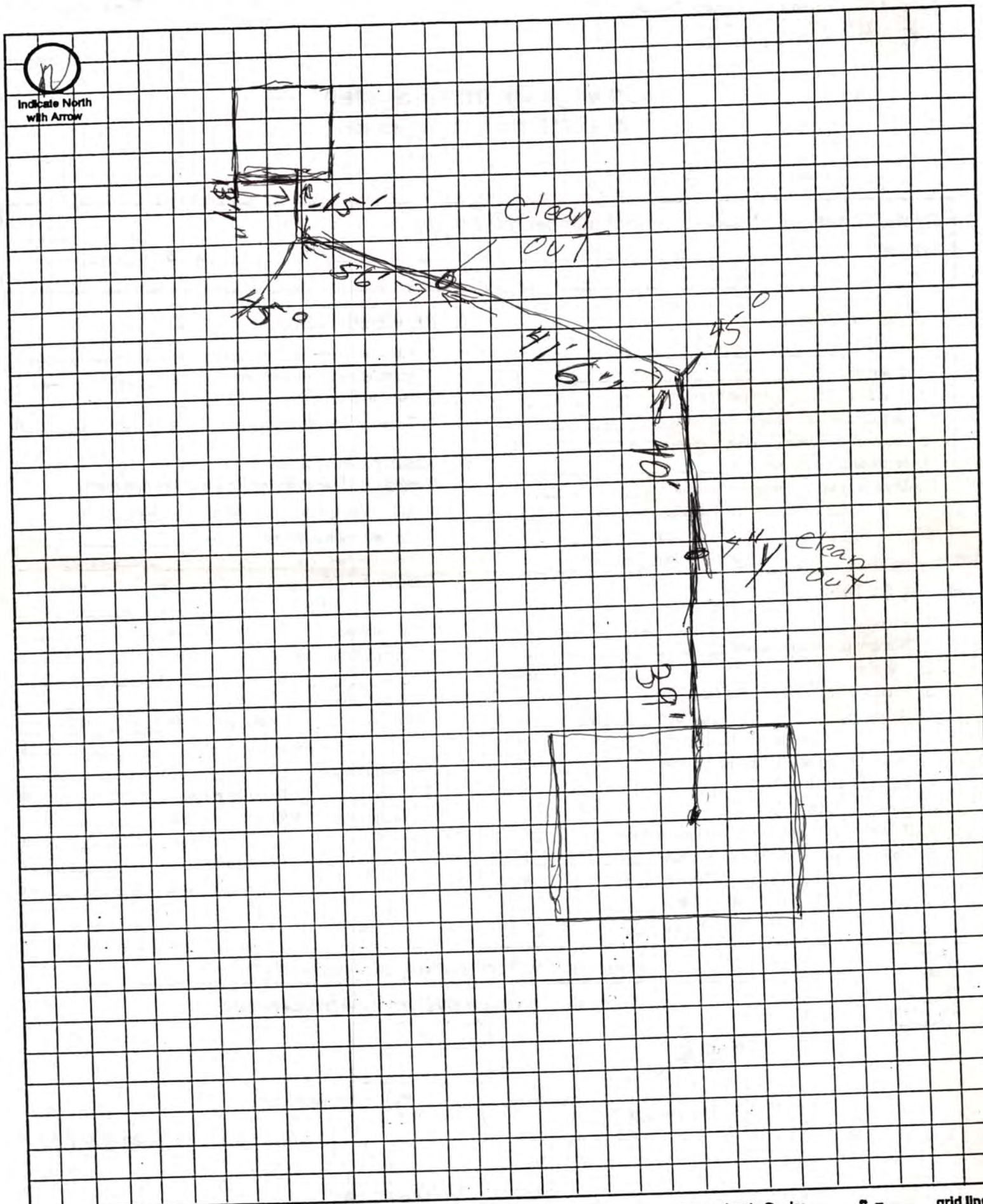
NV14301

PLOT PLAN

SCALE: 1" = 100'-0"

FIEDLER RESID.

As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s