Lincoln-Lancaster County Health Department

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

rmit

SEWAGE INSTALLATION
LAGOON

Permit # 99380210701

Issued 11/02/99
Expires 05/02/00
Revenue Code 3157

tablishment

SUSAN M SCHULTZ
T10N R5E SEC 23 QTR SE
7240 W O ST

FEES: $150.00

ermitee

SUSAN M SCHULTZ
911 W CUSTER ST
LINCOLN NE 68521

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011128

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

A

Permit Number: #9938 02107

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 7240 W "O" Street (no rural route) City Lincoln NE, Zip [redacted]

Legal Description SE 1/4 SW 1/4 Section 23 Township 10 Range 5 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 Susan Schultz Signature Susan M. Schultz

*Address 911 W. Custer City/State/Zip Lincoln, Ne. 68521

☐ Check if owner designed system Home Phone 476-2915 Work Phone 580-8836

C. Contractor

Name Wes Reil Company Name Pleasant Dale Lumber

Address P.O. Box 7 City/State/Zip Pleasant Dale Ne 68423

☐ Check if contractor designed system Work Phone 402-795-3290

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

Designer Name Ben Eamer Firm Eamer Well Drilling Work Phone 402-761-2281

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 2 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 10-25-99 Date frwd 10/8/99	ACTION ☒ Approved ☐ Disapproved Signature Paul Dotzman	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 11/2/99 Date frwd 11/2/99	ACTION ☐ Approved ☐ Disapproved Signature	
3. City or County Engineer	Date rec'd 11/2/99 Date frwd 11/2/99	ACTION ☒ Approved ☐ Disapproved Signature	

Installation Final Written Approval

By Paul Dwyer

Date 8-10-01

Business Office Use Only

Date Rec'd 10/26/99

Amt Paid 150 ck

Rec'd By _____ Cash/Check No. 4664

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

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

B

FILE NO. # 993802107

PROPERTY WHERE SOIL TESTED:

Location: Township 10 ; Range 5 ; Section & ¼ Section SE 23 .
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 ☐ . Ke
Dates of Tests: 10-9-99 to 10-10-99 . Weather: Precip. 0 Temp. 68°

OWNER: Susan Schultz

(site) Address: 7400 West O ST, Lincoln, NE

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	10-9	4:30pm	10-9	8:30pm	10-10	10:20am	11 1/2	10:50am	9 1/2	30	2	
2	36	10-9	4:30pm	10-9	8:30pm	10-10	10:25am	11 1/4	10:55am	9	30	2 1/4	
3	36	10-9	4:30pm	10-9	8:30pm	10-10	10:30am	10 3/4	11:00am	8 1/2	30	2 1/4	
4	36	10-9	4:30pm	10-9	8:30pm	10-10	10:35am	12	11:05am	10 1/4	30	1 3/4	
5	36	10-9	4:30pm	10-9	8:30pm	10-10	10:40am	11 3/4	11:10am	10	30	1 3/4	
6	36	10-9	4:30pm	10-9	8:30pm	10-10	10:45am	10 1/2	11:15am	8 1/2	30	2	

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

Timothy Pozehl
Signature of Person Conducting Test

Address 936 Jackson Ave Seward Phone 402/643-4834

(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

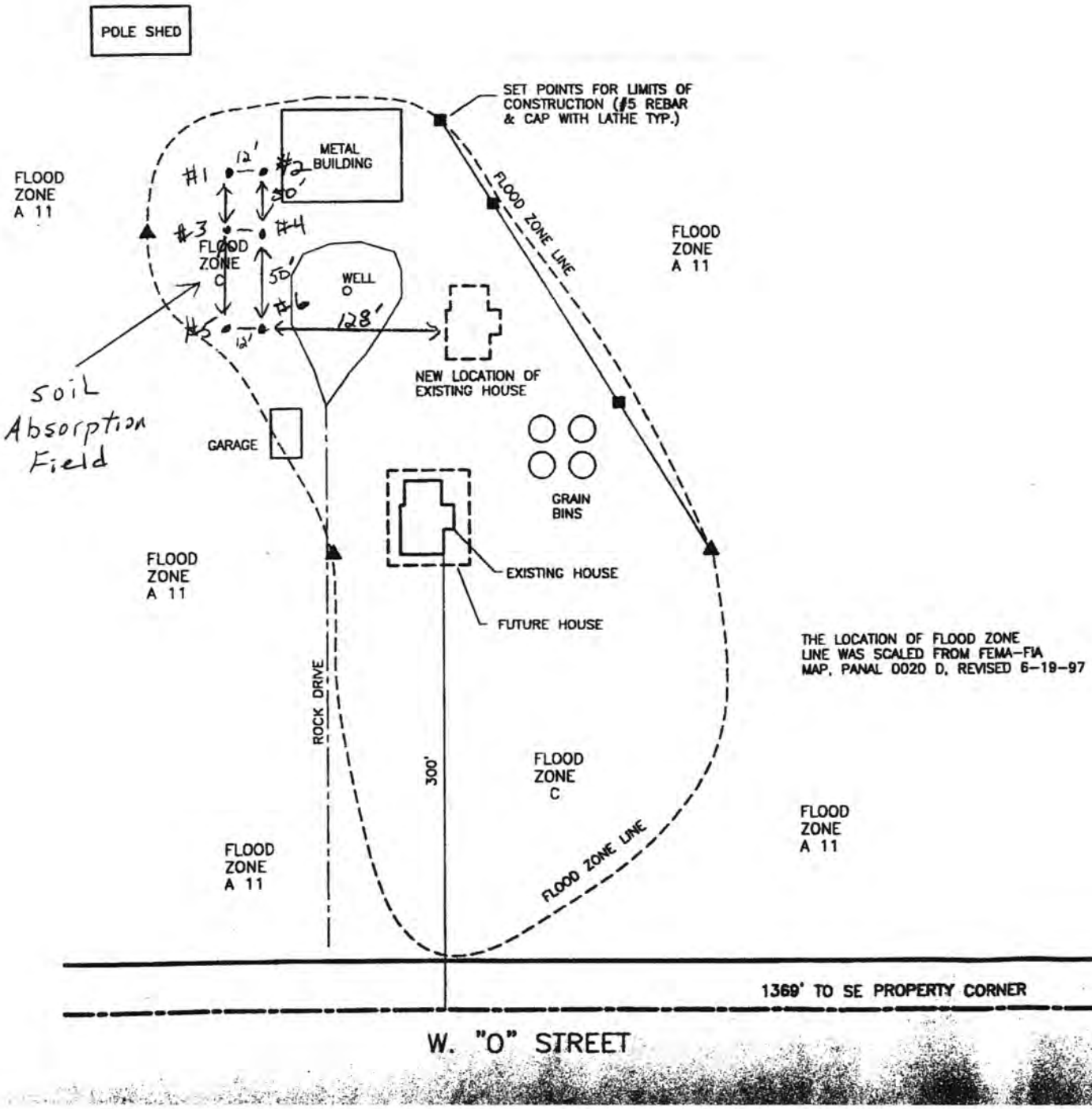
Signature of Reviewing Official

IMPROVEMENT LOCATION CERTI

7300 W. "O" STREET
LANCASTER COUNTY, NEBRASKA

SCALE: 1" = 100'

DETAIL AREA



THE LOCATION OF FLOOD ZONE LINE WAS SCALED FROM FEMA-FIA MAP, PANAL 0020 D, REVISED 6-19-97

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

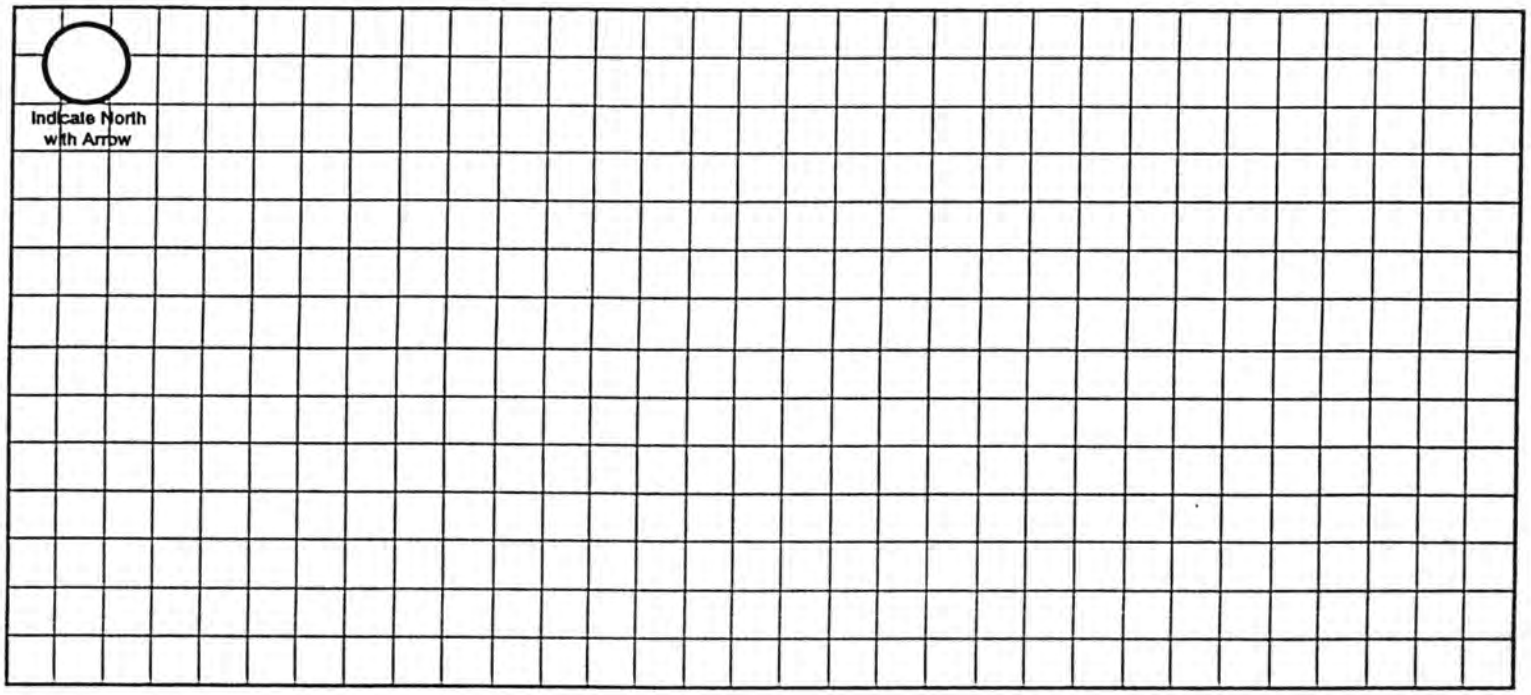
C

Permit Number: #993802/07

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) 7240 W "O" ST City Lincoln NE, Zip _____

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 _____ Date _____

Installer _____ Date _____

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

NOV 1 8 1999

D

Permit Number: 993802107

Sewage Disposal System

As Built Plans & Specifications

Date 11/12/99

Susan Schultz

System Location (Indicate correct number and street)

Address 7240 W. 'O' St (no rural route) City Lincoln NE, Zip 68521

A. Building Sewer

1. Material: 4" SDR 26
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ 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

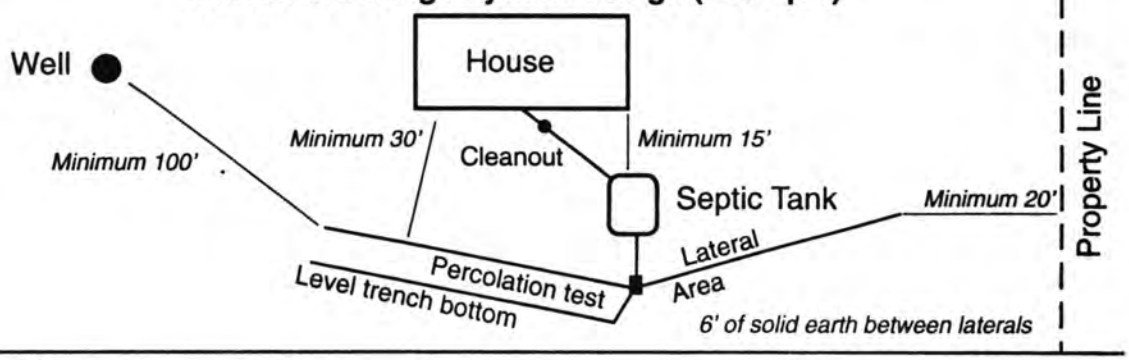
(Provide as-built drawings on back of this form)

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.

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

Indicate North with Arrow

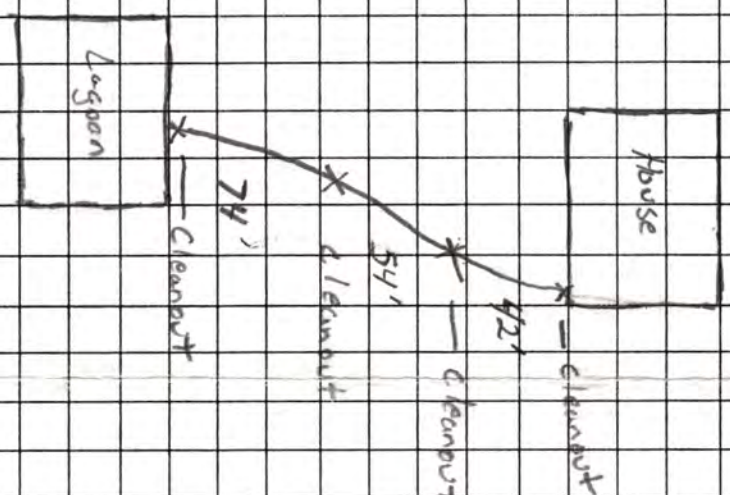
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing 42

Indicate North with Arrow



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

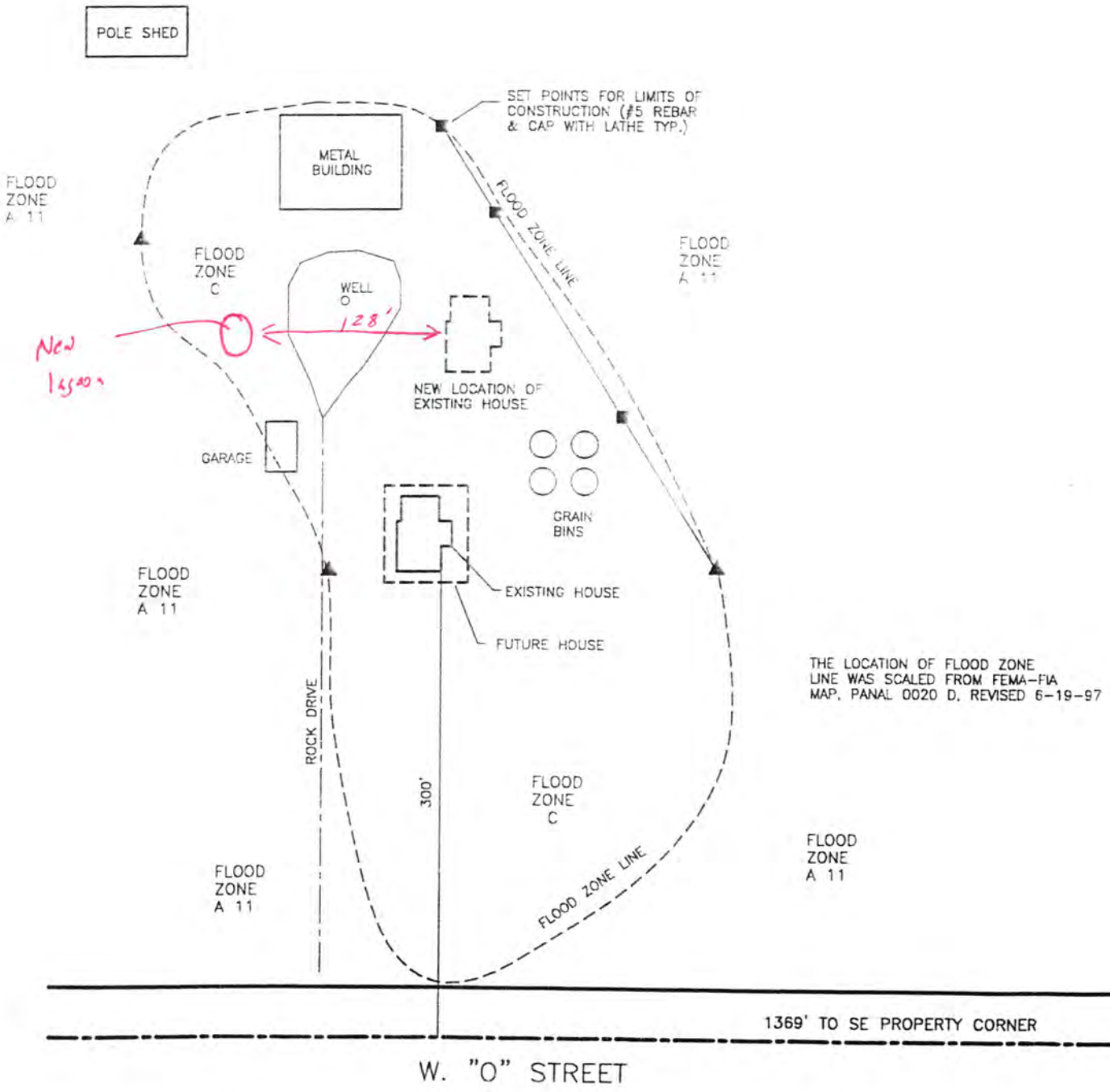
7240 W. "O" ST.

IMPROVEMENT LOCATION CERTIFI

7300 W. "O" STREET
LANCASTER COUNTY, NEBRASKA

SCALE: 1" = 100'

DETAIL AREA



THE LOCATION OF FLOOD ZONE LINE WAS SCALED FROM FEMA-FIA MAP, PANAL 0020 D, REVISED 6-19-97

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Legal Description 10-5-23 Location 7240 W. O St

Owner/Requestor S Schultz

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

___ New system, initial
X New system, followup
___ Existing system, repair
___ Existing system, followup
___ Loan approval
___ Consultation
___ Other (Specify)

REMARKS This system has not received final approval. Inspection found waste water in the lagoon. This lagoon must be fenced within 10 days of approval by LLCHD. Also, remove tall weeds, provide a locked gate and attach warning signs as required by Law. Seed lagoon berm with a ~~[illegible]~~ densely rooted, short stemmed grass.

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   A. Leach Field
   B. Septic Tank
   C. Sewer Line
   D. Frost-Proof Hydrant
   E. Lagoon
   F. Accumulated Manure
   G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System ___ Septic X Lagoon

(1.) Approved Permit; (Permit not applicable)
(2.) Visible ~~Discharge or Seepage~~
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + Installation
7. Distribution box
(8.) Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: Paul Drotzmann Received by: placed in door

Date: 9-13-00

WA1002

Also, I noticed a depression around the new well. Fill in depression and slightly mound so surface water drains away from the well.