LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514
PERMIT

(402) 441-8000

Permit
SEWAGE INSTALLATION

No. 96380142601

Issued 05/03/96
Expires 10/03/96
Revenue Code 18754

Establishment
CHUCK SCHMIDT
T12N R6E SEC 20
18950 NW 40 STREET

FEES: $150.00

Permittee
CHUCK SCHMIDT
18950 NW 40 ST
LINCOLN NE 68524

TOTAL $150.00

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

901740

ck 9805

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

A

FILING FEE: $ 150 00

FILE NO. _____

DATE: 12-26-95

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. 12N ; Range 6E ; Section PART OF NW ¼ OF SEC. 20 ;
   Block _____ : Lot _____ : Addition 40 AC.
   Street Address 18950 N.W 40TH

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

3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒
   LAGOON ~~POSSIBLY~~ AERATED

4. Distance to public sewer: NONE NEAR ft.

Signature of Applicant (Owner or Lessee)

18950 N.W. 40TH
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/1/96 . Date Frwd. 4/29/96 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nobb
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4-29-96 . Date Frwd. 4-29-96 . ACTION: Approved ☒ Disapproved ☐ Signature:
3. City or County Engineer : Date Rec'd. 04/29/96 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 3-22-96 by:
Date: 4-9-96 by: P.D
Date: 4-10-96 by: ~~rm need~~ OK need
10-16-97 JB
Cover

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/16/97 By: Jim Rare

FORM 23-43

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. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 12 ; Range 6 ; Section & ¼ Section SW 1/4 OF PART OF Sec 20
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: 12-22-95 to 12-23-95 . Weather: Precip. 0 Temp. 20's.

OWNER: DON & BEV HAMILL

Address: 18850 W W 40TH

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./ Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	24"	12-22	12:00PM	12-23	12:00PM	12-23	12:00PM	6"	12:30	5½	30 MIN	½"	60MIN/IN
2	24"	12-22	12:00PM	12-23	12:00PM	12-23	12:00PM	6"	12:30	5½	30 MIN	½"	60MIN/IN
3	24"	12-22	12:00PM	12-23	12:00PM	12-23	12:00PM	6"	12:30	5	30 MIN	1"	30MIN/IN
4	24"	12-22	12:00PM	12-23	12:00PM	12-23	12:00PM	6"	12:30	5½	30 MIN	½"	60MIN/IN
5	24"	12-22	12:00PM	12-23	12:00PM	12-23	12:00PM	6"	12:30	5¾	30 MIN	¼	120MIN/IN
6	24"	12-22	12:00PM	12-23	12:00PM	12-23	12:00PM	6"	12:30	5½	30 MIN	½	60MIN/IN

Signature of Person Conducting Test

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

Address BOX 164 DAVEY NEB 68336 Phone 797-0555

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Pawnee Clay Loam
Date: _____

Approved Percolation Rate (a)
A. 65 min./inch
B. _____ min./inch
C. _____ min./inch

Signature of Reviewing Official

12/05/1995 14:03

=== COVER PAGE ===

18950 NW 48th
#8 Pa

TO: _____

FAX: 4418323

FROM: CHUCK SCHMIDT CONST 477-0555

FAX: 7853852

TEL: 4770555

COMMENT:

CHUCK SCHMIDT CONSTRUCTION, INC.

FACSIMILE TRANSMISSION COVER SHEET

DATE: 12/5/95 TIME: _____

TO: Jerry Hood

FAX#: 441-8323 PHONE#: _____

FROM: Chuck Schmidt Const, Inc.

COMMENTS: Here are the test results on 18950 N.W. 40th. If you have any questions, please let us know.

COVER SHEET + 1 PAGE(S).

IF YOU DO NOT RECEIVE ALL PAGES OF THIS TRANSMISSION, PLEASE CALL US AT 402-785-3355.

RETURN FACSIMILE NUMBER: 402-785-3852

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

Chuck Schmidt Const. FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 12 ; Range 6 ; Section & ¼ Section Part of NW¼ of Section 20
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: 12-03-95 to 12-4-95 . Weather: Precip. 0 Temp. 40 .

Hole # 6 Had water from Pre-Sat Period

OWNER: Don & Bev Hamill

Address: 18950 NW 40th

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"	12-3	1:20 Pm	12-4	7:30 Pm	12-4	7:30 Pm	6"	7:30 PM	5	30 min	1	
2	36"	12-3	1:20 Pm	12-4	7:00 Pm	12-4	7:00 PM	6"	7:30 PM	3 3/4	30 min	2 1/4	
3	36"	12-3	1:20 Pm	12-4	7:00 PM	12-4	7:00 PM	6"	7:30 PM	4 1/2	30 min	1 1/2	
4	36"	12-3	1:20 Pm	12-4	7:00 PM	12-4	7:00 PM	6"	7:30 PM	6	30 min	1	
5	36"	12-3	1:20 Pm	12-4	7:00 PM	12-4	7:00 PM	6"	7:30 PM	5 1/2	30 min	1/2	
6	36"	12-3	1:20 Pm	12-4	7:00 PM	12-4	7:00 PM	6"	7:30 PM	5 1/2	30 min	1/2	

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

Signature of Person Conducting Test

Address 9750 Nan Ave Phone 464-0638
Lincoln, NE 68504

(Do not write below this line)

REVIEWING ACTION

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

Remarks: _____

Soil Type (SCS): _____

Date: _____

3 BEDROOM
2 1/2 BATHS

Signature of Reviewing Official

01/05/1996 11:38

=== COVER PAGE ===

TO: _____

FAX: 4416219

FROM: CHUCK SCHMIDT CONST

FAX: 7853852

TEL: 4770555

COMMENT:

CHUCK SCHMIDT CONSTRUCTION, INC.

FACSIMILE TRANSMISSION COVER SHEET

DATE: 1/5/96 TIME: _____

TO: Jerry Hood

FAX#: ~~441-8323~~ 441-6219 PHONE#: 441-8029

FROM: Chuck Schmidt Const., Inc.

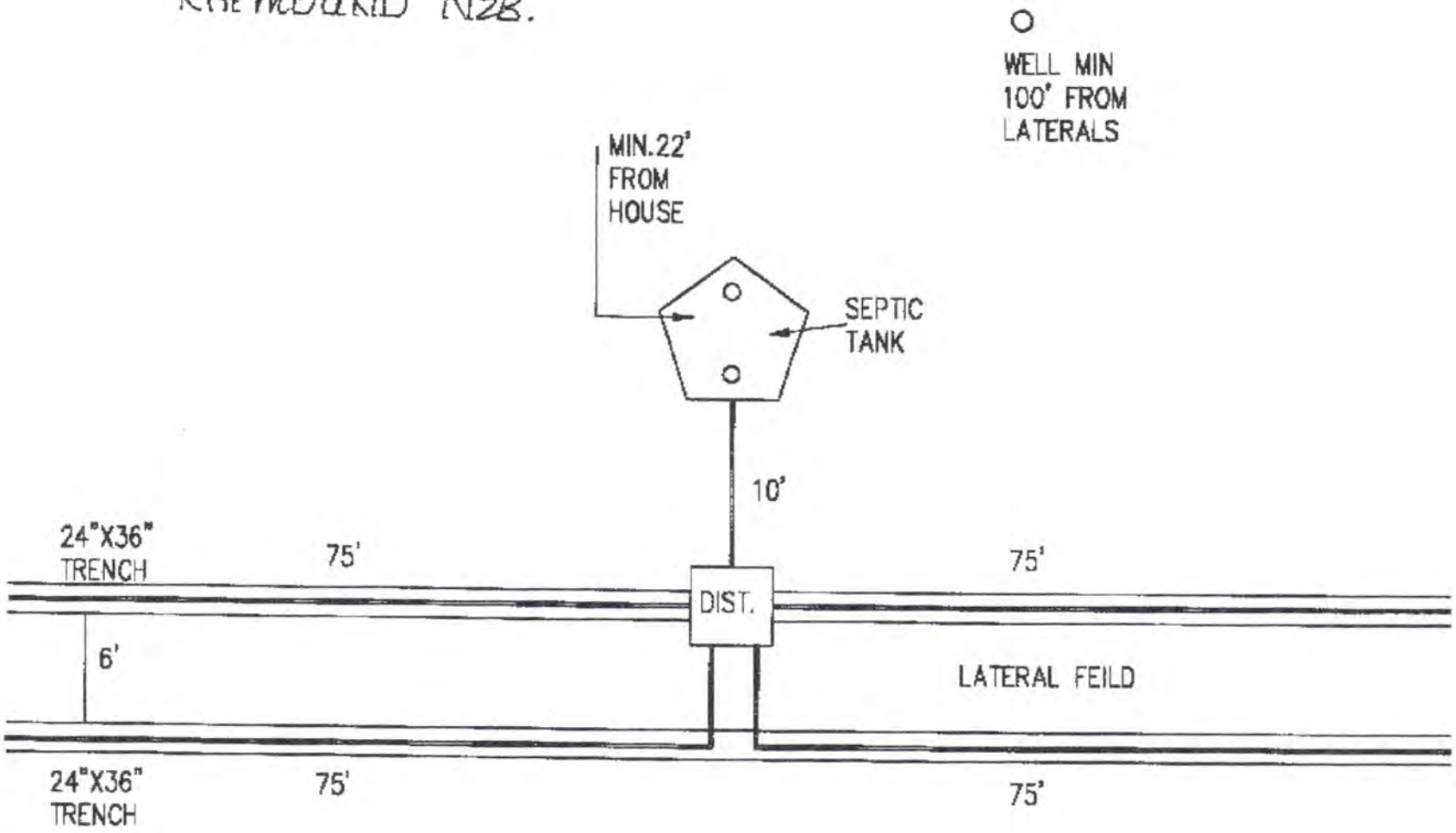
COMMENTS: _____

COVER SHEET + 2 PAGE(S).

IF YOU DO NOT RECEIVE ALL PAGES OF THIS TRANSMISSION, PLEASE CALL US AT 402-785-3355. or 477-0555

RETURN FACSIMILE NUMBER: 402-785-3852

HAMIL RES.
18950 NW 40TH
RAYMOND NEB.

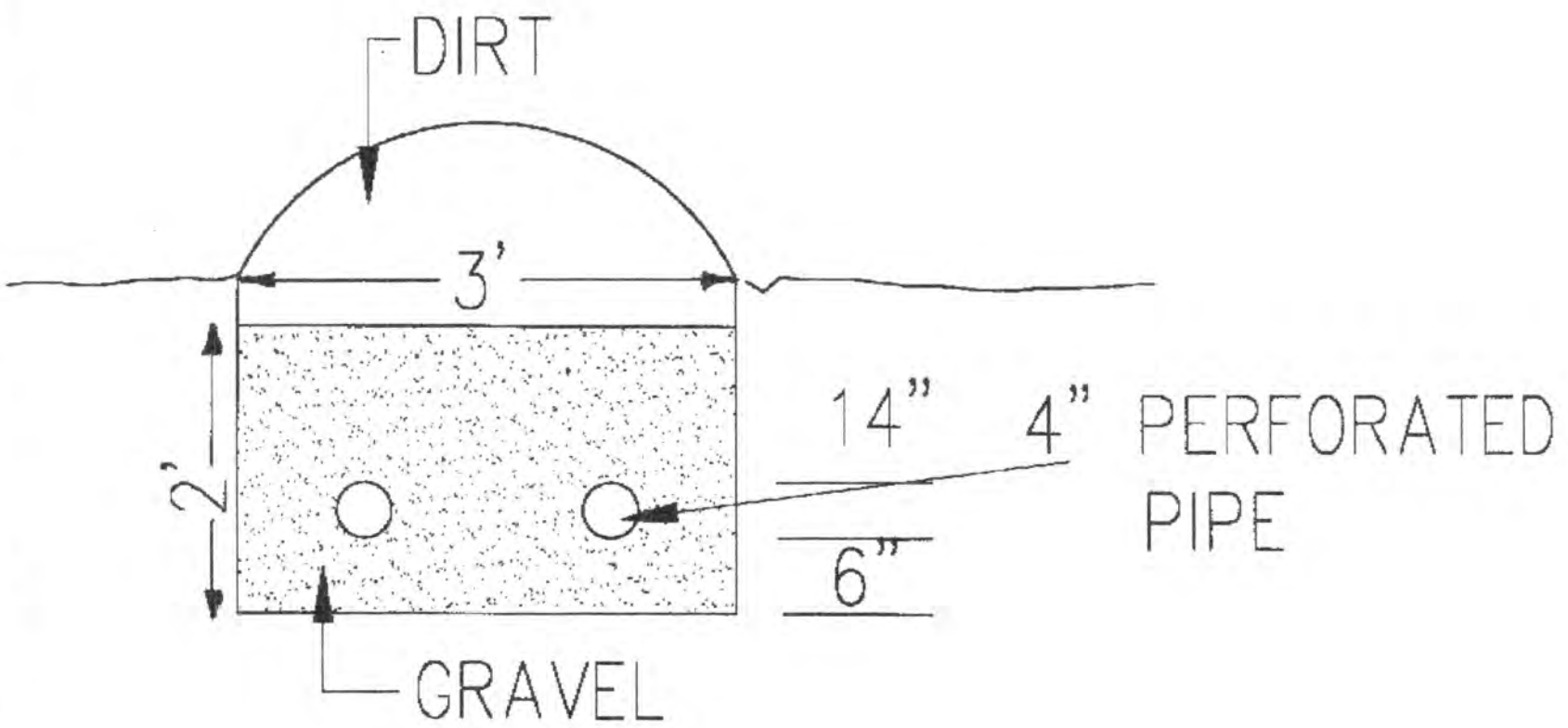


CHUCK SCHMIDT CONST

01/05/1996 11:38 7853852

CROSS SECTION OF LATERAL FEILD

HAMIL RES.
18950 N.W 40TH



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
Phone: 471-7800

D

DATE: _____

FILE NO. _____

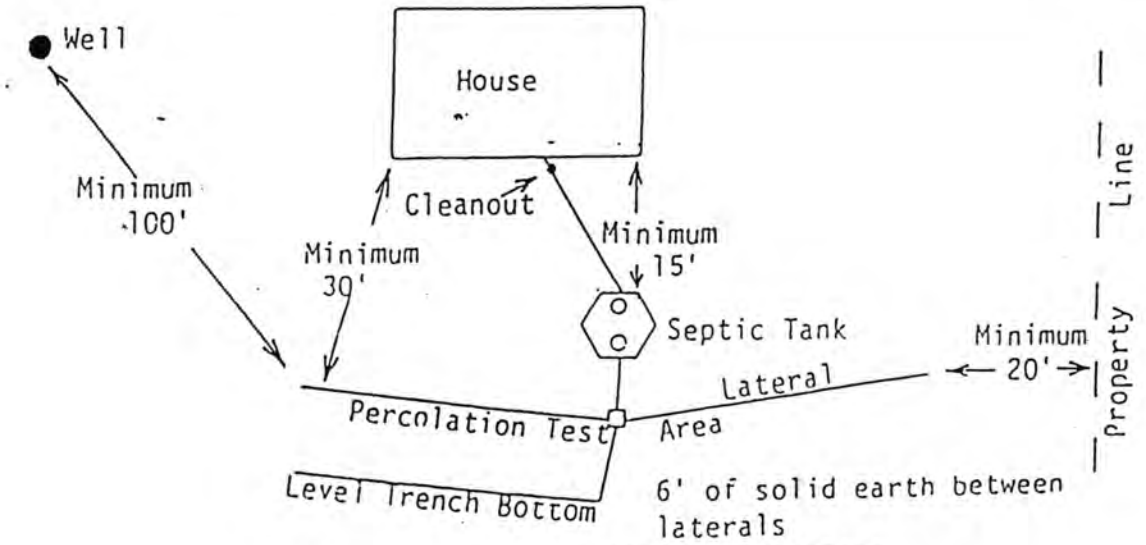
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PLASTIC; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank NA ft.
4. Number of clean-outs 8.
5. Distances to:
Well or Suction Line 120 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

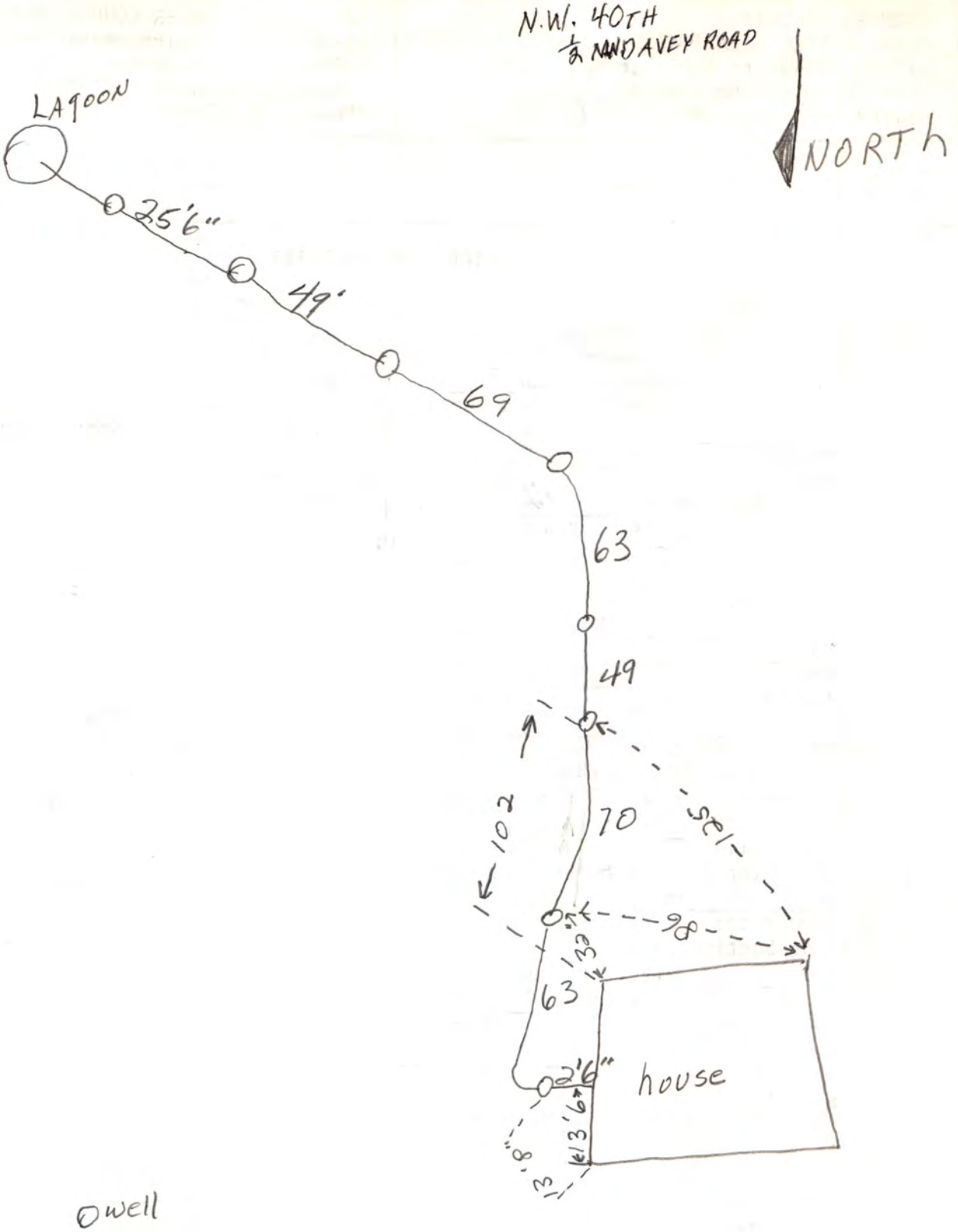
B. SEPTIC TANK: NA
1. Material ____; No. of compartments ____.
2. Capacity ____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company ____)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade ____ 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 ☐
(Company ____)
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.;
Total length of laterals ____ ft.;
Distance between lateral lines ____ 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.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N.W. 40TH
½ NANDAVEY ROAD
NORTH
LAGOON
25'6"
49'
69
63
49
70
102
135
98
63
33'
house
2'6"
13'6"
8"
13
well
NORTH

04/22/1996 12:22

=== COVER PAGE ===

TO: _____

FAX: 4418323

FROM: CHUCK SCHMIDT CONST

FAX: 7853852

TEL: 4770555

COMMENT:

4-22-96

FROM: Chuck Schmidt

FOR: HAMILL Residence
18950 N.W. 40TH

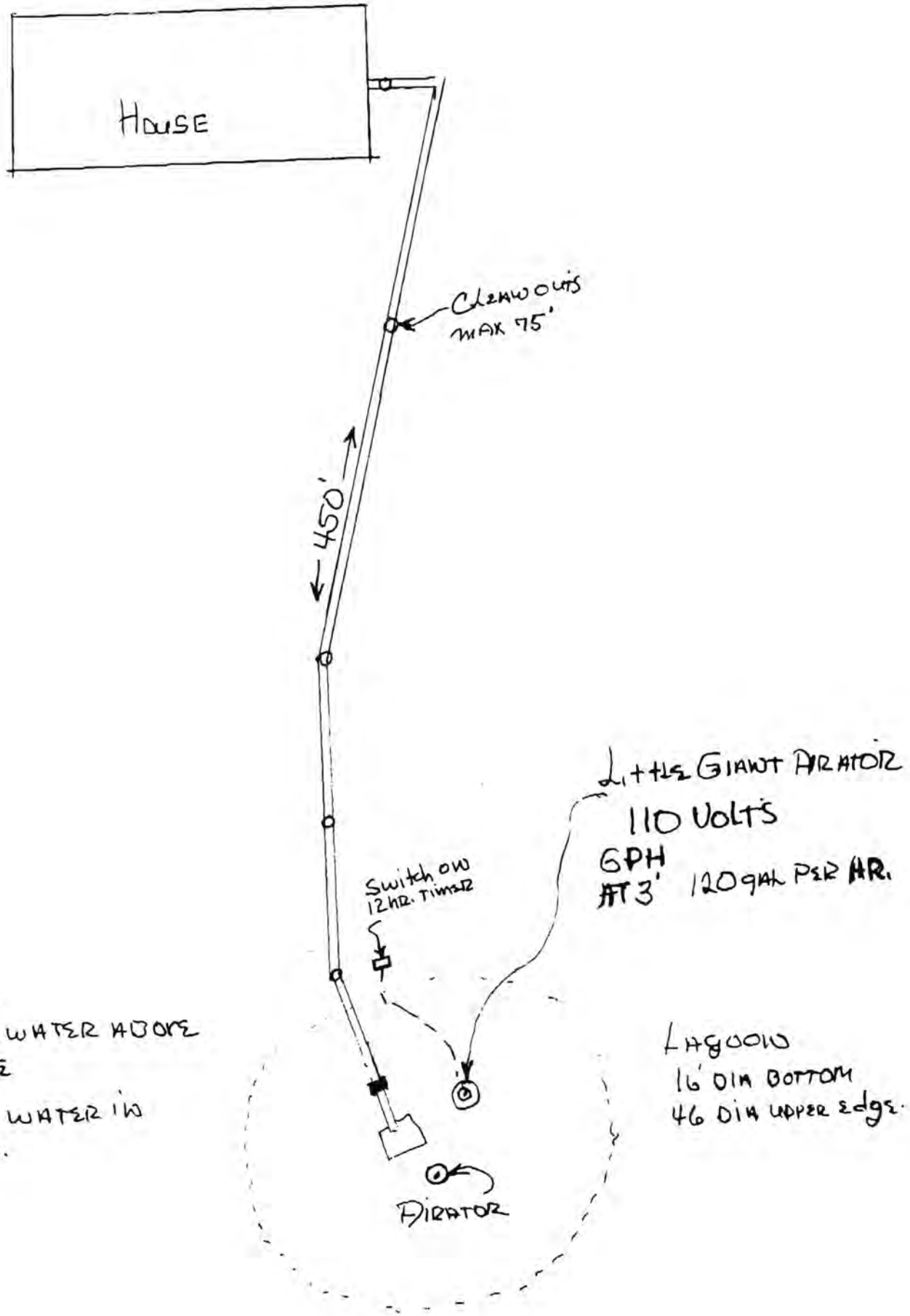
ROW This is the LAGOON AS Built.

I HAVE SPECS FOR AIRATOR ON the BACK OF FORM D.

Thanks, Chuck Schmidt

TOO:

RON MARQUART


HOUSE
CLEAN OUTS
MAX 75'
450'
LITTLE GIANT AIRATOR
110 VOLTS
6PH
AT 3' 120 GAL PER HR.
SWITCH ON
12HR. TIMER
MIN 2' WATER MORE
4" PIPE
MAX 5' WATER IN
LAGOON.
LAGOON
16' DIA BOTTOM
46 DIA UPPER EDGE.
DIRATOR

441- 8323

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

Lincoln-Lancaster County Health Dept.
3140 "N" Street
Lincoln, NE 68510

D

DATE: 4-10-96

FILE NO. _____

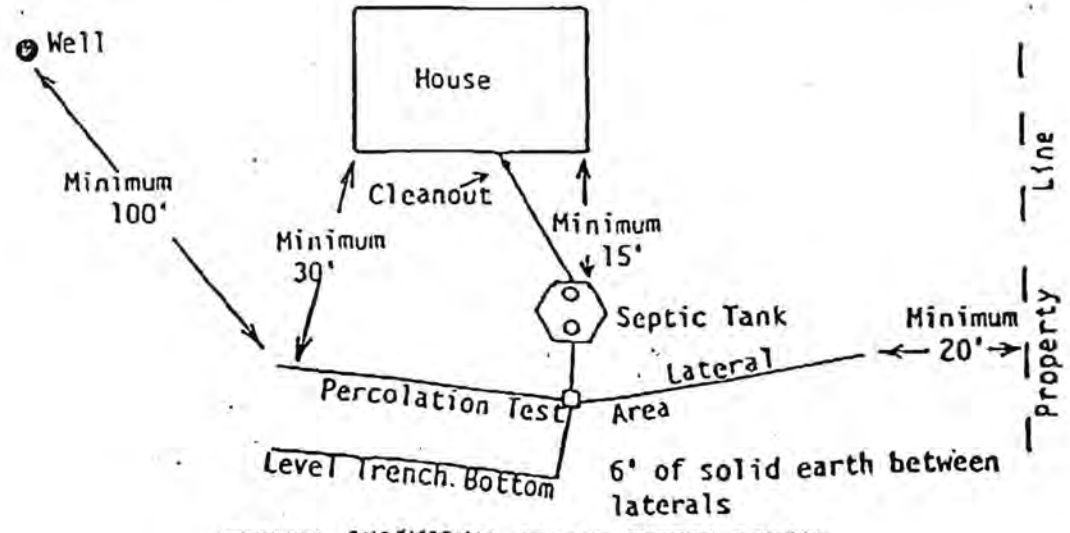
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Sch 40; Diameter 4" in.
2. Distance above basement floor ____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank ____ ft.
4. Number of clean-outs 10.
5. Distances to: Well or Suction Line 100 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line 200 ft.

B. SEPTIC TANK:
1. Material ____; No. of compartments ____.
2. Capacity ____ gals.;
3. Factory Built: Yes ☐ No ☐ (Company ____)
4. Manholes: Over Inlet; diam. ____ in. Over Outlet; diam. ____ 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 ____ 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 ☐ (Company ____)
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.; Total length of laterals ____ ft.; Distance between lateral lines ____ 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.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Legal Description T12 R6 S20 Location 18950 NW 40th Raymond

Owner/Requestor _____

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 Follow-up inspection to verify installation of Fence, gate and sign. Installation complete. Sides of lagoon interiors have high growth of weeds.

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: Jon Bare Received by: _____

Date: 10/16/97

WA1002

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
2200 St. Mary's Avenue
Lincoln, NE 68502-3785
(402) 471-8000

Legal Description T 12N R6E Sec 20 Location 18950 NW 40

Owner/Requestor Chuck Schmidt

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 Round Lagoon only 40 feet across at inside edge of dike. Contacted Mr. Schmidt by telephone (Enlarged to 46 ft). Asked Melvin Gagner to place a cleanout outside of house

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. Leech 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. (9) Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: PAUL DROTZMANN

Date: 4-9-96

Received by: _____

WA1002

NEBRASKA — SHEET NUMBER 8

