Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 02380253601

Issued 09/20/02
Expires 03/20/03
Revenue Code 3157

Establishment

RICKY L SCHNEIDER
T10N R5E SEC 31 QTR NE
LOT 19IT
12900 W A ST

FEES: $200.00

TOTAL: $200.00

Permittee

RICKY L SCHNEIDER
12900 W A ST
LINCOLN NE 68532

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002927

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

REPLACEMENT

A

Permit Number: 023802536

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 12900 W. "A" St. (no rural route) City Lincoln NE, Zip 68532

Legal Description NE 31 10N 5E 1/4 1/4 Section Township Range Subdivision Addition Block 19 Lot T.

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Ricky L. Schneider Signature Ricky L. Schneider

Address 12900 W. "A" St. City/State/Zip Lincoln NE 68532

☐ Check if owner designed system Home Phone 402-295-5550 Work Phone 402-441-8965

C. Contractor

Name Dale Anderson Company Name Milford Digging Service

Address 3257 Van Dorn Rd City/State/Zip Milford NE 68405

☒ Check if contractor designed system Work Phone 761-3241

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 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 9/20/02 Date frwd 9/20/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
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 need drawing ACTION ☐ Approved ☐ Disapproved Signature _____

9/30/02 Distribution box & one lateral J.C.H.
Two additional laterals 10/16/02 DS.

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date OCTOBER 14, 2002

Business Office Use Only

Date Rec'd 09/20/02
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 3397

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

Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

B

Permit Number: 02380253G

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 12900 W. "A" St. (no rural route) City Lincoln NE, Zip 68532

Owner Rick Schneider Addresss 12900 W. "A" St.

Soil Type (SCS): SHELBY CLAY LOAM Percolation Rate: 60 min./inch

Date of Tests 9-18-02 to 9-19-02 Weather: Precipitation None Temperature 70°

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"	9-18	1:57	9-19	1:00	9-19	4:30	12"	9-19	5:00	30	1/2"	60/1
2								12 5/8				1/2"	60/1
3								16 5/8				1/2"	60/1
4								16 5/8				1/2"	60/1
5								13 3/4				1"	30/1
6								14 3/4				1/4"	120/1
7								15 7/8				3/8"	80/1

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Rick Schneider

Phone: 795-5550

Address 12900 W. "A" St.
Lincoln, NE 68532

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Avoid area of holes 6 and 7.

Signature of Reviewing Official Jerrold C. Hood Date 9/20/02

FORM 23-101 10-96

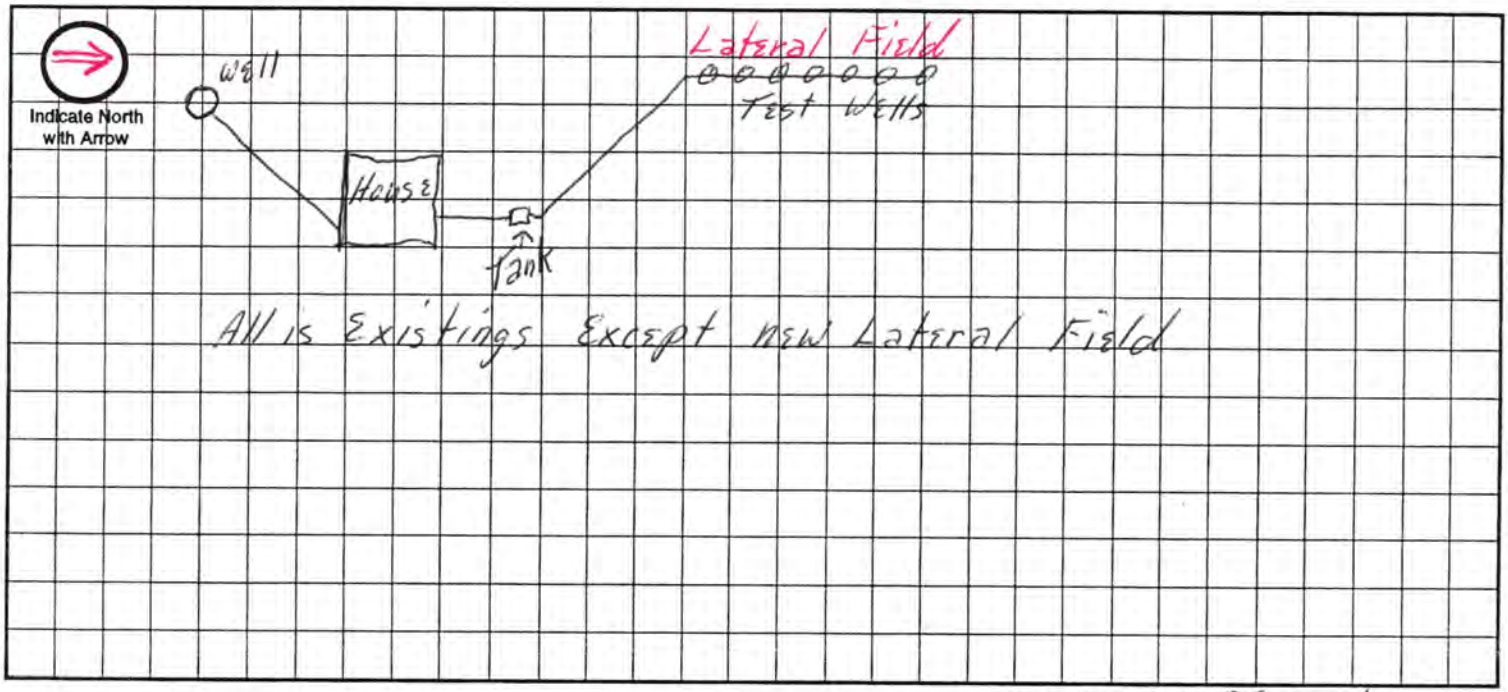
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 023802536

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) 12900 W. "A" St. City Lincoln NE, Zip 68532

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 60 (min. per inch) Soil Type: SHELBY CLAY LOAM Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 1050 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☑ Other Lateral Material: Chamber System

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 263 ft. Number of Trenches _____ Trench Width 4

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 PRE-EXISTING Date _____

Installer OWNER Date _____

FORM 23-102 10-96

Rick Schneider - 795-5550 Home
441-8965 - Work

D

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

Permit Number: 002927

Sewage Disposal System
As Built Plans & Specifications

RECEIVED OCT 15 2002

Date 10.14.02

System Location (Indicate correct number and street)

Address 12900 W. "A" St. (no rural route) City Lincoln NE, Zip 68532

A. Building Sewer (Existing)

1. Material: Existing
   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 (Existing)

1. Material: Existing Concrete
   Number of compartments: _____
2. Capacity: 1000 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: Concrete
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 51 ft.

D. Absorption Field

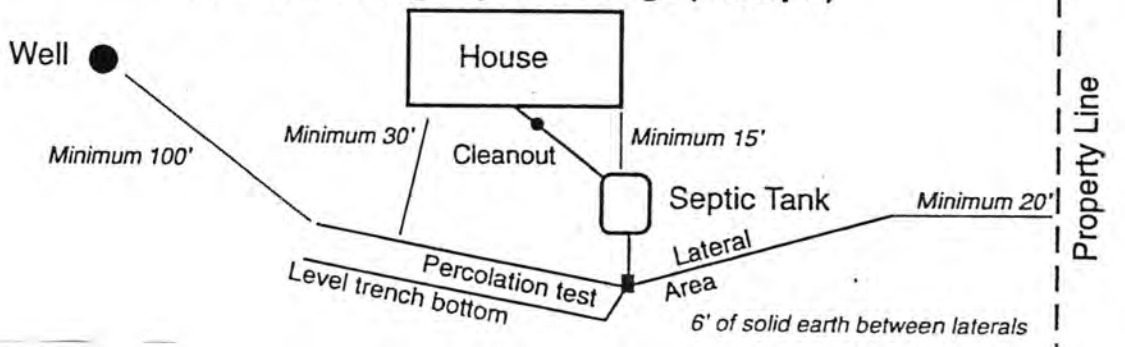
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: High Capacity
   or perforated pipe: Infiltrator
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 63 ft. 100 ft.
   100 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope Level in/100 ft.
   Average depth 18 in
4. Filter material: Native Soil
   Depth of material _____ in.
5. Distances to: Well or suction line 150 ft.
   Stream NA ft.
   Pressure line 150 ft.
   Property line 30 ft.

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

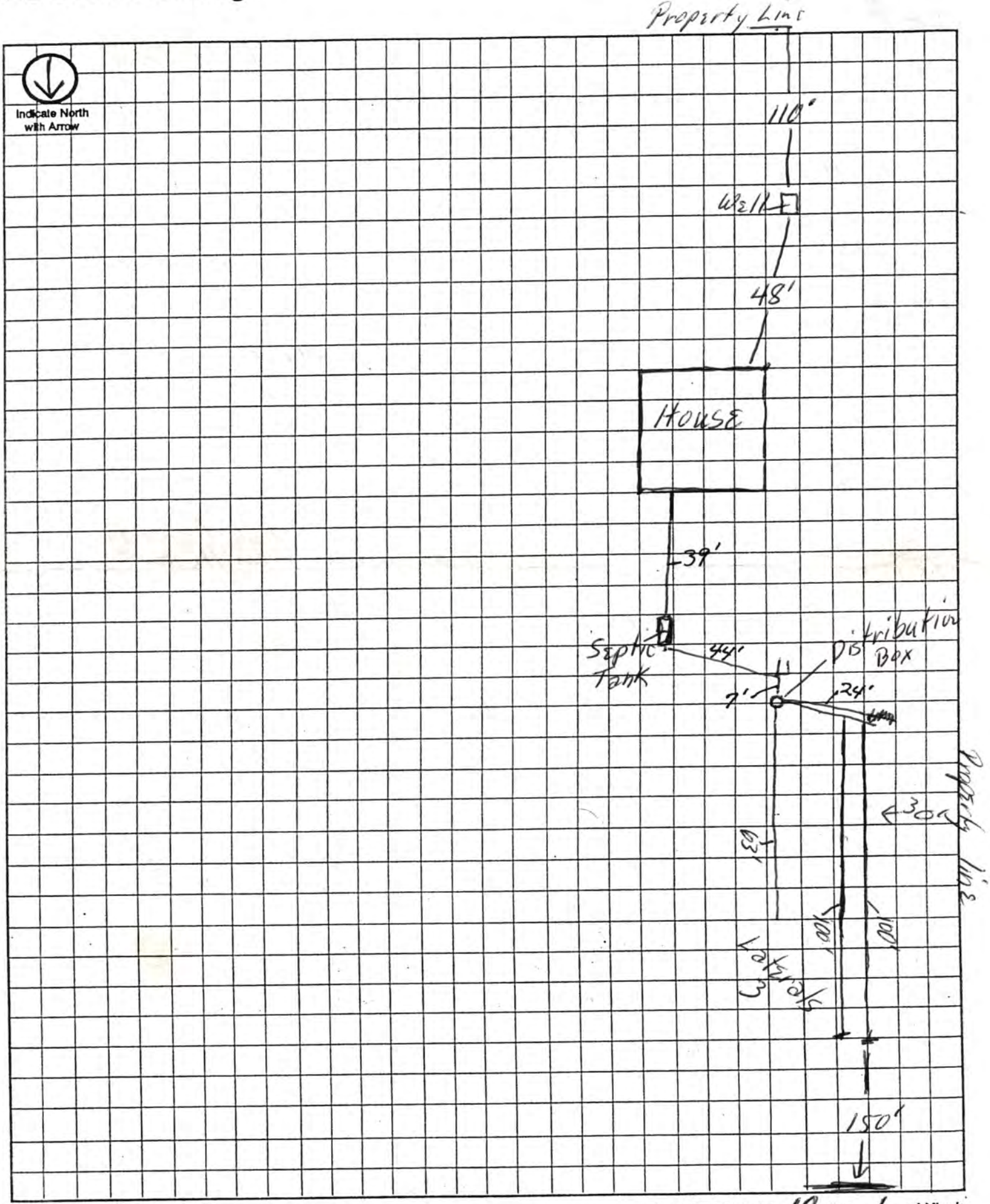
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: 10 ft. = 1 grid line/s