Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

000120

(402) 441-8000

Permit SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380259101

Issued 01/29/03
Expires 07/29/03
Revenue Code 3157

Establishment DOUG SCHMIDT
T11N R7E SEC 20 QTR NE
LOT 7IT
5005 BLUFF RD

FEES: $200.00

TOTAL: $200.00

Permittee DOUG SCHMIDT
6100 N 56 ST
LINCOLN NE 68504

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 03380259101

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 5005 Bluff Rd (no rural route) City Lincoln NE NE, Zip 685

Legal Description NE (1/4) 1/4 30 (Section) 11N (Township) 7E (Range) — (Subdivision) — (Addition) — (Block) 7 (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Doug Schmidt Signature _____

Address 6100 N 56th City/State/Zip Lincoln NE 68504

☐ Check if owner designed system Home Phone _____ Work Phone 466-5626

C. Contractor

Name Schmidt Construction Company Name _____

Address 6100 N. 56th City/State/Zip Lincoln NE 68504

☐ Check if contractor designed system Work Phone 466-5626

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

Designer Name Scott Haes Firm HAES CONTRACTING Work Phone 402-499-1166

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 1/29/03 Date frwd 1/29/03 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 1-29-03 Date frwd 1-29-03 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 1/29/03 Date frwd 1/29/03 **ACTION** ☒ Approved ☐ Disapproved Signature Chase Bak

3-17-03, need bearing

Installation Final Written Approval

By _____

Date 3-19-03

Business Office Use Only
Date Rec'd 1/29/03
Amt Paid $200.00
Rec'd By _____ Cash/Check No. 3008

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: 03302591

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): SHARPSBURG SILTY CLAY LOAM Percolation Rate: _____ min./inch

Date of Tests 10 JAN 03 to 11 JAN 03 Weather: Precipitation SUN / NONE Temperature 47°

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	3'	1-10	1300	1-11	1100	1-11	0900	13	1-11	1130	30	1/4	120 MIN/IN
2	3'	1-10	1300	1-11	1100	1-11	0902	13	1-11	1135	30	1/2	60 MIN/IN
3	3'	1-10	1300	1-11	1100	1-11	0904	13	1-11	1135	30	1/4	24 MIN/IN
4	3'	1-10	1300	1-11	1100	1-11	0908	22	1-11	1140	30	1/4	13 MIN/IN
5	3'	1-10	1300	1-11	1100	1-11	0912	13	1-11	1145	30	1/2	60 MIN/IN
6	3'	1-10	1300	1-11	1100	1-11	0922	22	1-11	1145	30	1/8	34 MIN/IN

Person Conducting Percolation Tests

Name: HAES CONTRACTING INC.
Phone: 402 499 1166
Address: 10600 S 40
ROCA NE 68430

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 60 MIN/IN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks: AVOID AREA OF HOLE #1

Signature of Reviewing Official: Jerrold C. Hood Date: JANUARY 29, 2003

FORM 23-101 10-96

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

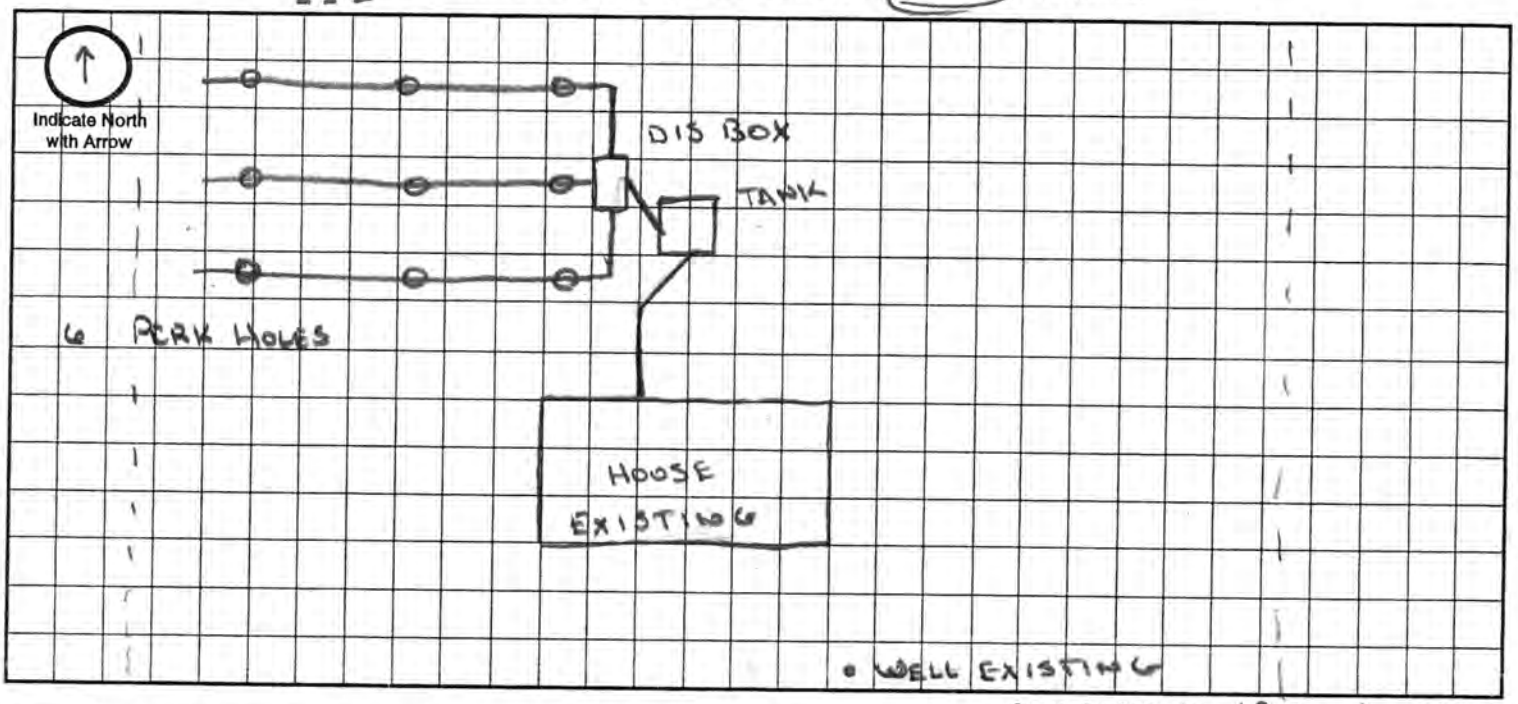
C

Permit Number: 033807591

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: 12 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

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

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: SHARPSBURG SILTY CLAY LOAM Land Slope: 1 %

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: _____

Capacity of Septic Tank 1250 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 _____ Date _____

Installer _____ Date 1-28-03

FORM 23-102 10-96

MAR 1 9 2003

D

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 3-17-03

System Location (Indicate correct number and street)

Address 5005 BLUFF Rd (no rural route) City ~~Lincoln~~ Davey NE, Zip 68336

A. Building Sewer

1. Material: SDR-26
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 48 in.
3. Distance between dwelling and septic tank: 25' ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100' Plus ft.
   stream N/A ft.
   pressure line 50 ft.
   property line 80 ft.

B. Septic Tank

1. Material: concrete
   Number of compartments: _____
2. Capacity: 1750 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 8 in.
   Over outlet, diameter 8 in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 10 in.
8. Distances to: Well or suction line 100' Plus ft.
   Stream N/A ft.
   Pressure line 90 ft.
   Property line 80 ft.

C. Distribution Box

1. Material: concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No FROM SEC.
3. Distance from septic tank: 17' 44' ft.

D. Absorption Field

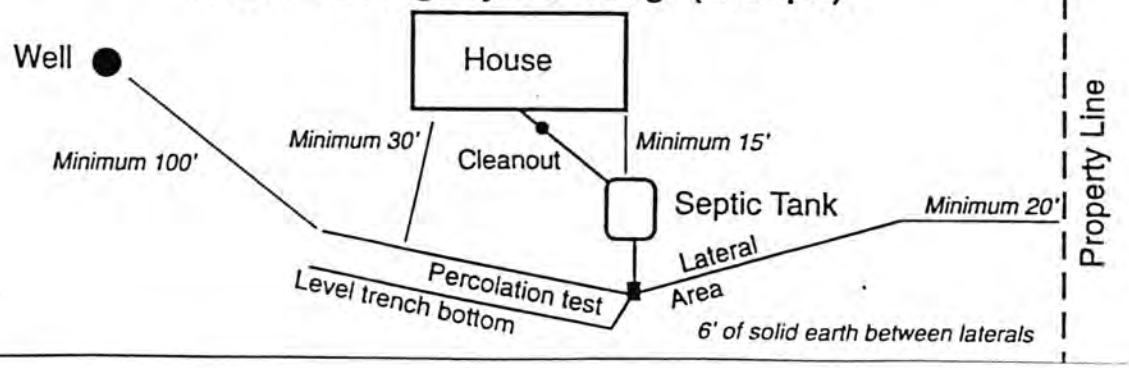
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltrator -273'
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other Infiltrator
2. Lateral lines: Number 5
   Length of each line: 58 ft. 41 ft.
   58 ft. 58 ft., 58 ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 24 in
4. Filter material: gravel
   Depth of material 18' in.
5. Distances to: Well or suction line 100' Plus ft.
   Stream N/A ft.
   Pressure line 117' ft.
   Property line 25 ft.

Indicate North with Arrow

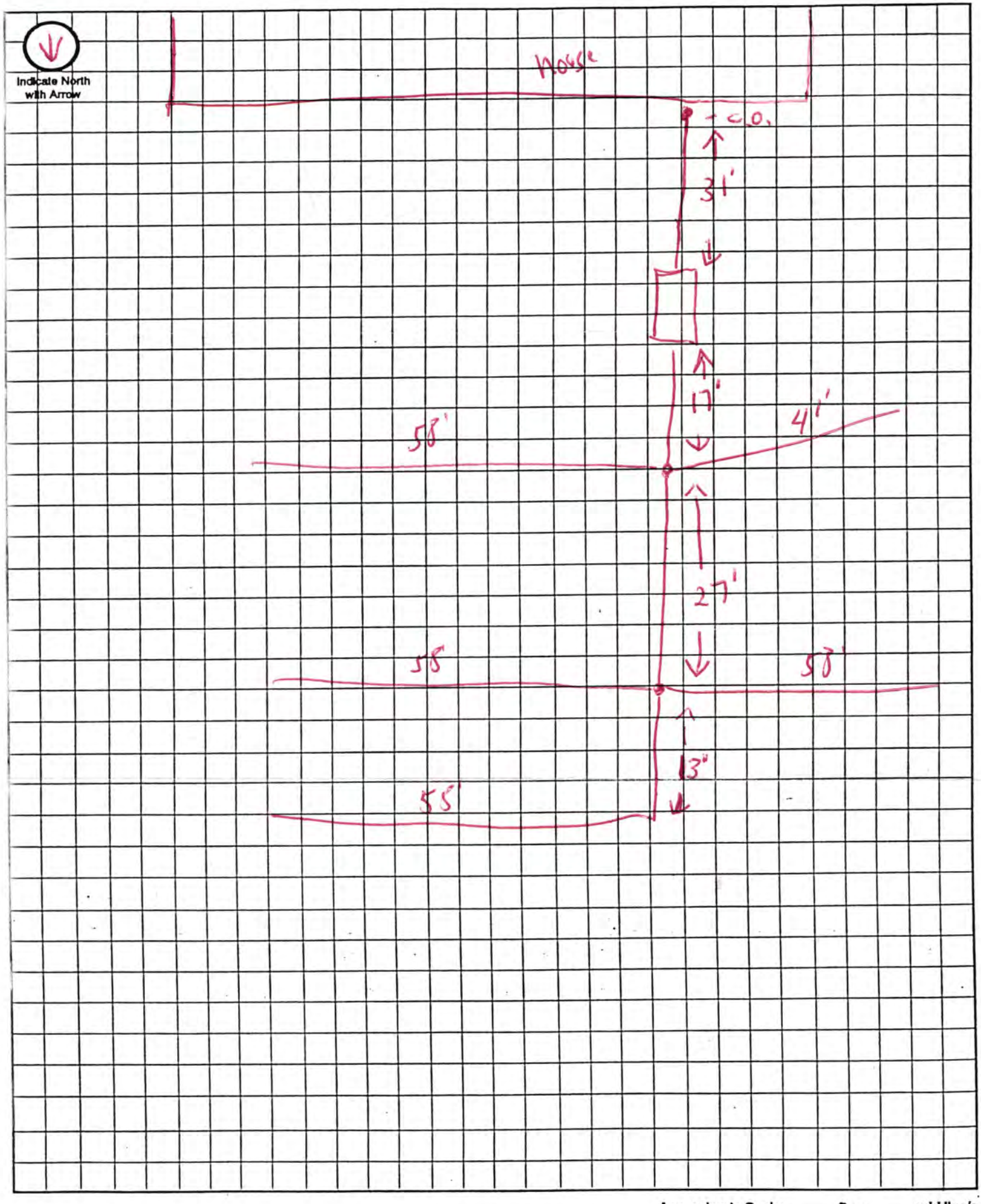
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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