Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM-MAJOR REPAIR

Permit # 99380206001

Issued 08/12/99
Expires 02/12/00
Revenue Code 3157

Establishment

DARRELL W SCHROEPPEL
T10N R7E SEC 13
IRREGULAR TRACT LOT 18IT
10200 HOLDREGE ST

FEES: $150.00

Permitee

DARRELL W SCHROEPPEL
10200 HOLDREGE ST
LINCOLN NE 68527

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010868

Major Repair

A

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

Permit Number:

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Repair 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 10200 HOLDREGE ST City LINCOLN NE, Zip 68527
(no rural route)

Legal Description 13 10N 7E 18 2+
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 Darrell W. Schroeppel Signature Darrell W Schroeppel

Address 10200 HOLDREGE ST City/State/Zip LINCOLN NE 68527

☐ Check if owner designed system Home Phone 483-4018 Work Phone 458-7567

C. Contractor

Name GARY DEHARSH Company Name _____

Address _____ City/State/Zip GARLAND, NE

☐ Check if contractor designed system Work Phone 402-588-2408 CELL 890-3264

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

Designer Name Gary Deharsh 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 8/12/99 Date frwd 8/12/99 **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 _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

8-16-99, rec'd letter from inspection; tile probe indicated ok.

Installation Final Written Approval

By Ron Mygrant

Date 8-17-99

Business Office Use Only

Date Rec'd 08/12/99

Amt Paid 150.00

Rec'd By es ~~Cash~~/Check No. 6703

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 10200 HOLDREGE ST (no rural route) City LINCOLN NE, Zip 68527

A. Building Sewer

1. Material: _____
   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: Plastic
   Number available outlets: 7
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 4' 2" ft.

D. Absorption Field

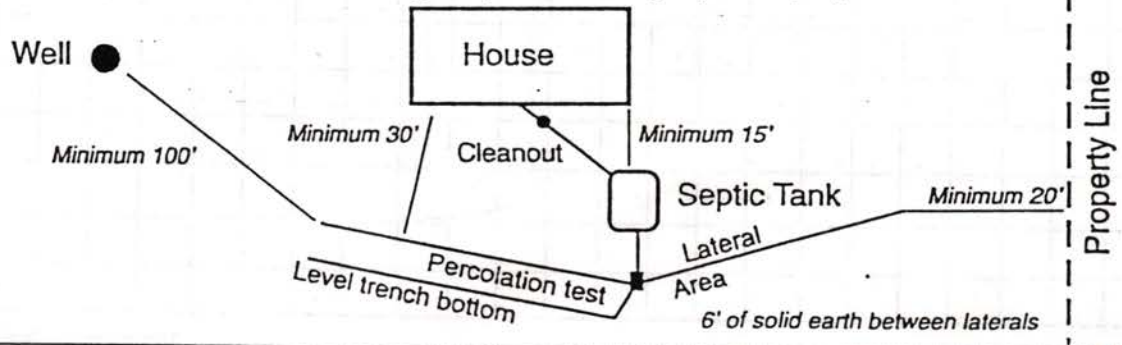
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: Infiltrator
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 100' ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3' ft.
   Slope level in/100 ft.
   Average depth 3' in
4. Filter material: Gravel
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

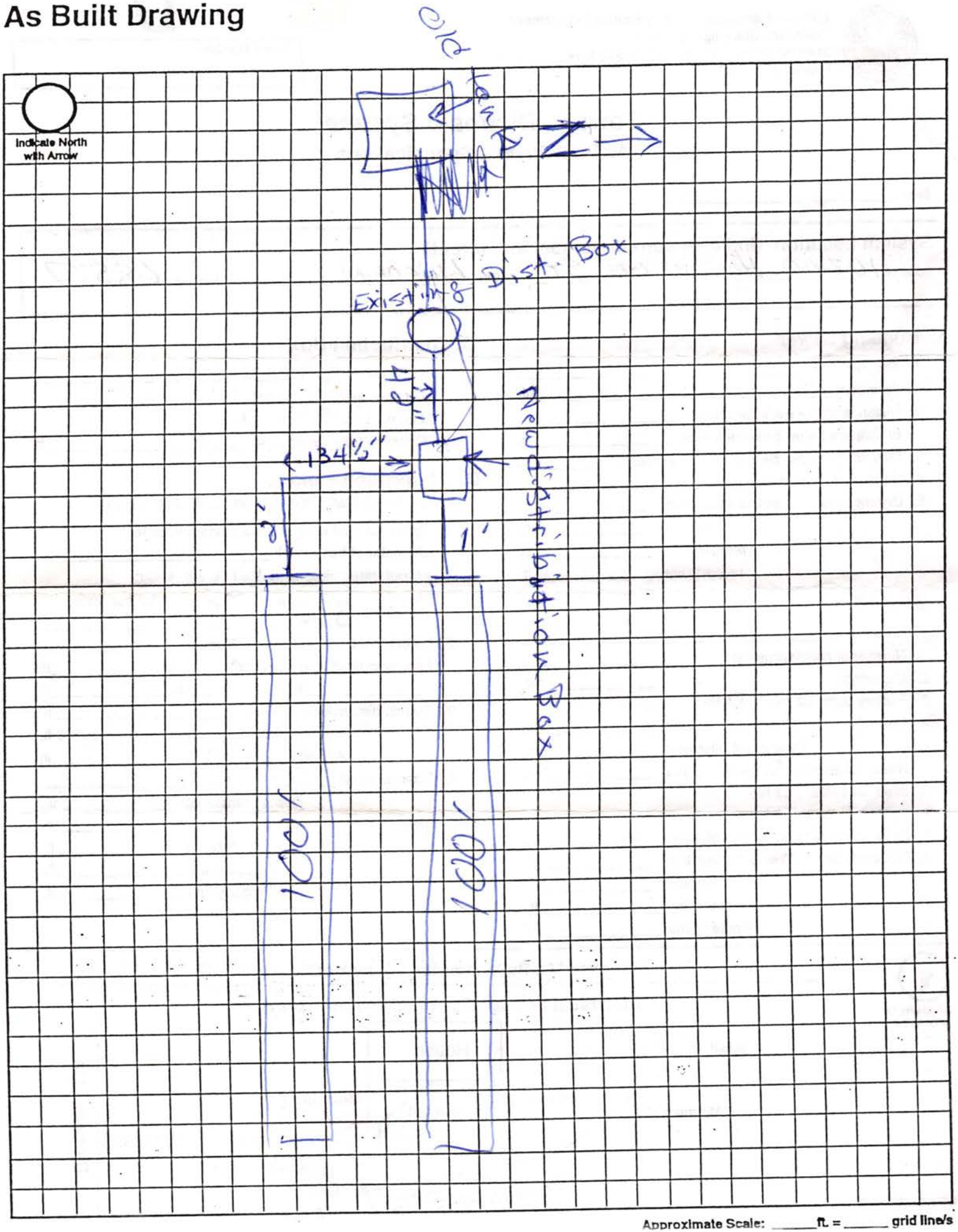
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE # 2829

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — 6 MONTHS

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

DARRELL W. SCHROEPPEL 14450 Castlewood St., Waverly, NE 68462

LICENSEE OR PERMITTEE — ADDRESS

TION: R7E; Sec. 13 SW 4; Lot 18 I.T.

NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NON TRANSFERABLE

NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 60.00	018754	$ 60.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. — Date and Amount

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

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
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: ~~471-7800~~

A ✓

FILING FEE: $ 60.00

FILE NO. 2829

DATE: 4-26-89

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. T10N ; Range R7E ; Section 13 SW1/4;
   Block _____ : Lot 18 I.T. ; Addition _____
   Street Address 10200 HOLDREGE, LINCOLN, NE 68527

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: ESTIMATED 2 MI ft.

Darrell W Schroeppel
Signature of Applicant (Owner or Lessee)

Darrell W. Schroeppel
14450 Castlewood
Waverly, NE 68462
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/1/89 . Date Frwd. 5/1/89 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 5/1/89 . Date Frwd. 5/1/89 . ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

3. City or County Engineer: Date Rec'd. 5-1-89 . Date Frwd. 5-1-89 . ACTION: Approved ☐ Disapproved ☐ Signature: Dennis Bakels

REMARKS OR REASONS FOR DISAPPROVAL NO WELL PERMIT YET

Site Visits:
Date: 08-4-89 by: [initials]
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-4-89 By: [signature]

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

FORM 23-43

RECEIVED APR 2 8 1989

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

FILE NO. _____

PROPERTY WHERE SOIL TESTED: 10200 HOLDREGE ST, LINCOLN, NE

Location: Township T10N ; Range R7E ; Section & ¼ Section SEC. 13 SW¼
Property Dimensions: 366 ft. x 612 ft. Area: 5.16 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☒ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; ~~Clay Loam ☒~~ .
Dates of Tests: 3-24-89 to 3-25-89. Weather: Precip. 0 Temp. 65°.

OWNER: Darrell W. Schroeppel
14450 Castlewood
Waverly, NE 68462

Address: _____

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	3/24	10⁰⁰/A	3/24	2⁰⁰/P	3/25	1³⁰/P	28"	2⁰⁰/P	29½"	30	1½"	.050
2	36	3/24	10⁰⁰/A	3/24	2⁰⁰/P	3/25	1³⁰/P	28"	2⁰⁰/P	29½"	30	1½"	.050
3	36	3/24	10⁰⁰/A	3/24	2⁰⁰/P	3/25	1³⁰/P	28"	2⁰⁰/P	30¼"	30	2¼"	.075
4	36	3/24	10⁰⁰/A	3/24	2⁰⁰/P	3/25	1³⁰/P	28"	2⁰⁰/P	29⅞"	30	1⅞"	.063
5	36	3/24	10⁰⁰/A	3/24	2⁰⁰/P	3/25	1³⁰/P	28"	2⁰⁰/P	30"	30	2"	.067
6	36	3/24	10⁰⁰/A	3/24	2⁰⁰/P	3/25	1³⁰/P	28"	2⁰⁰/P	31½"	30	3½"	.118

Darrell W Schroeppel
Signature of Person Conducting Test

Sum of Percolation Rates: .423
Average of Rates: .071
Mean of Rates: _____

Address: Darrell W. Schroeppel, 14450 Castlewood, Waverly, NE 68462 HOME 786-3933 Phone BUS 473-7569

(DO not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: May 1, 1989

Approved Percolation Rate (a)
A. 14 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

FORM 20102-0477 PRELIMINARY 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 **C**
Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.	FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.

REVIEWING ACTION

Remarks :_____

_____

Date:_____

Minimum Design Requirement

1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals_____ ft.
3. With a Trench Width of_____ in.
4. Total Area of Lateral needed 557 sq.ft.

Gerrold C. Hood

Signature of Reviewing Official

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. _____

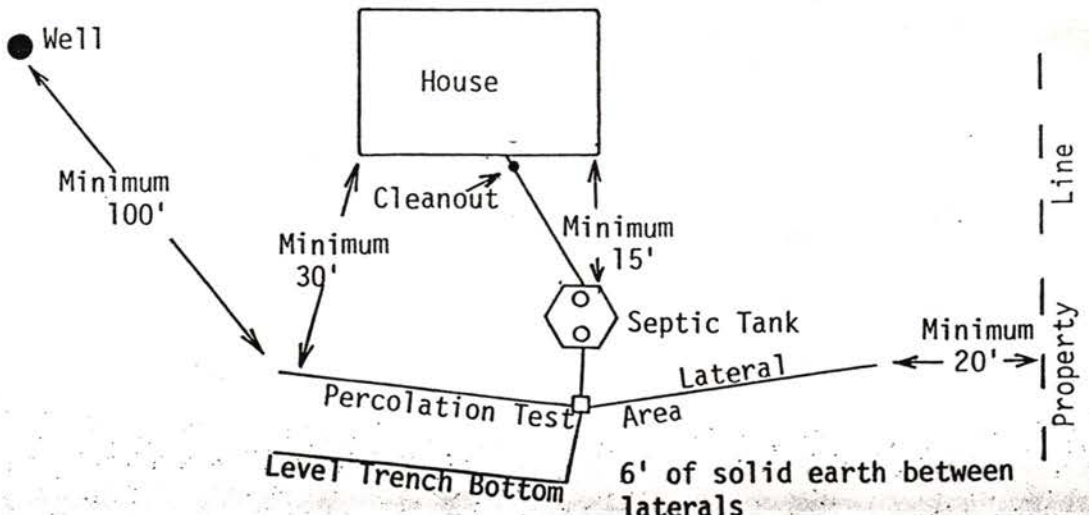
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material #160; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor 20" in.
3. Distance between dwelling and septic tank 149' ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Pre Cast; No. of compartments _____.
2. Capacity 1000 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 10 in.
8. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Pre Cast; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 10 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 4".
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 2; Length of each line 100, 100, _____, _____, _____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines 10 ft.
3. Trench dimensions: Width _____ ft.;
Slope 6 in/100 ft.; Average Depth 30 in.
4. Filter Material: Road Gravel
Depth of Material 18" in.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Larry Schwarck Aug 4 - 89

