FILE #2409

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

APRIL 13, 1987 — THIS LICENSE OR PERMIT EXPIRES

LARRY SCHMIEDING — LICENSEE OR PERMITTEE

4210 NO. 14 STREET, LINCOLN, NE 68521 — ADDRESS

T11N; R6E; Sec ¼ 27; 8101 No. 1 Street — 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. 2409

DATE: 10-7-86

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. 11 N ; Range 6E ; Section SE/4 27 ;
   Block _____ : Lot _____ : Addition _____
   Street Address 8101 NO 1st 160 acres

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: 2 mi ft.

Larry Schmeeckle
4210 NORTH 14TH

Larry Linder
Signature of Applicant (Owner or Lessee)

68710 NO7
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/10/86. Date Frwd. 10/13/86. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Head

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 10/13/86. Date Frwd. 10/13/86. ACTION: Approved ☒ Disapproved ☐ Signature: Gary M. Sherwood

3. City or County Engineer: Date Rec'd. 10-13-86. Date Frwd. 10-13-86. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL No WELL PERMIT RECIEVED.

Site Visits:
Date: 4-16-98 by: Tom Conrad W/D Inspection
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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
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B

FILE NO. 2409

PROPERTY WHERE SOIL TESTED:

Location: Township 11N; Range 6E; Section & ¼ Section 27.
Property Dimensions: _____ ft. x _____ ft. Area: 160 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 10-6 to 10-7. Weather: Precip. _____ Temp. 75.

OWNER: Tom Schmieding
Address: 4748 N 014th

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	18	10-6	8	10-6	12	10-7	11	6	11:10	5	10	1	
2							11	4	11:10	5	10 min	1	
3							11	[illegible]	[illegible]	[illegible]	10 min	1	
4							11	[illegible]	[illegible]	5	10 min	1	
5							11	6	11:10	5	10 min	1	
6							11	6	11:10	5	10 min		

Smith Sewer Co.
Signature of Person Conducting Test
Address 4710 N 07 Phone 475-1486

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

(Do not write below this line)

REVIEWING ACTION

Remarks: Investigation shows sand
Soil Type (SCS): Morrill Clay Loam
Date: October 10, 1986

Approved Percolation Rate (a)
A. 10 min./inch
B. _____ min./inch
C. _____ min./inch

Gerald 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 ☐

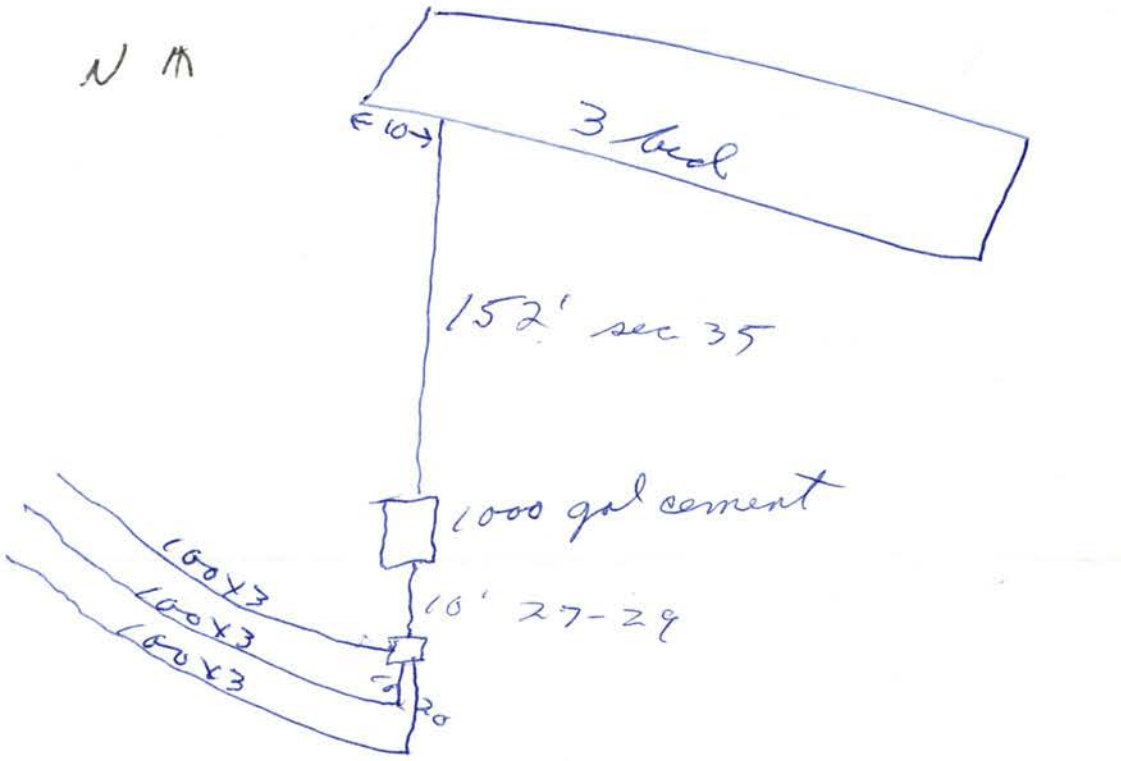
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 2407

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



Larry Schieding

REVIEWING ACTION

Remarks: _____

Date: OCTOBER 10, 1986

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 165 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 495 sq.ft.

Jerrold C. Hook
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
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D

DATE: _____

FILE NO. _____

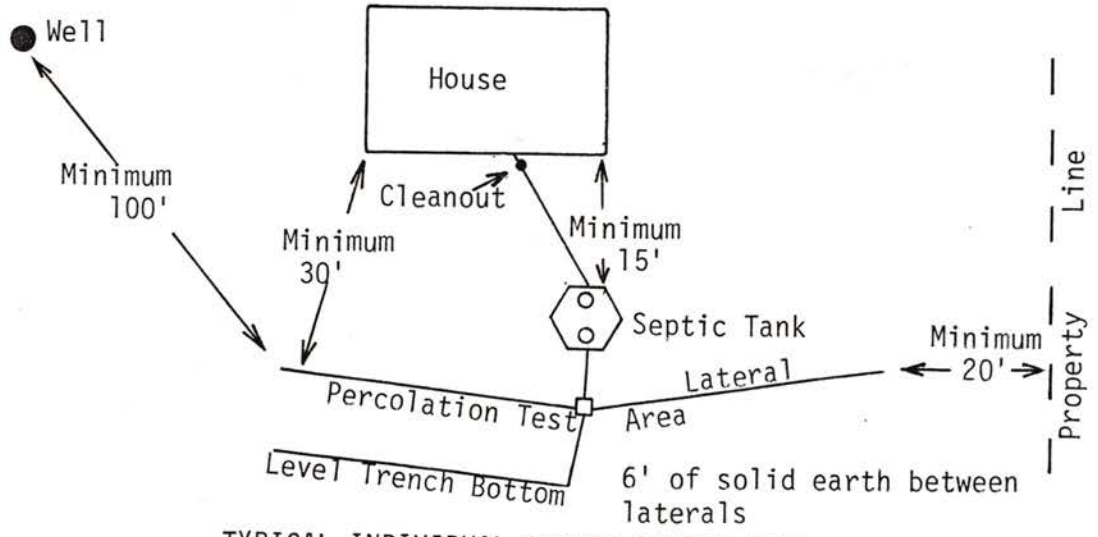
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Pla ; Diameter 4 in.
2. Distance above basement floor none in., or below basement floor none in.
3. Distance between dwelling and septic tank 152 ft.
4. Number of clean-outs 2 .
5. Distances to:
Well or Suction Line 200 ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Conc ; No. of compartments 1 .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
4. Manholes: Over Inlet; diam. 4 in.
Over Outlet; diam. 6 in.
Riser Above ☐ Below ☐ Grade ~~8~~ 8" in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 8 in.
8. Distances to:
Well or Suction Line 150 ft.;
Stream Lake 200 ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Conc ; Number - available outlets 5 .
2. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
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 3 ; Length of each line 100, 100, 100, _____, _____ ft.;
Total length of laterals 300 ft.;
Distance between lateral lines 6 ft.
3. Trench dimensions: Width 3 ft.;
Slope 4 in/100 ft.; Average Depth 30 in.
4. Filter Material: Road Gravel
Depth of Material 12" in.
5. Distances to:
Well or Suction Line 200 ft.;
Stream Lake 150 ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

2407

AS BUILT DRAWING OF SYSTEM

DATE_____ INSTALLER_____