Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

007653

(402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
SEWER SYSTEM REPAIR-INSTALL NEW
DISTRIBUTION BOXES & ADD LATERAL

Permit # 05390082401

Issued 05/05/05
Expires 05/05/06
Revenue Code 3157

Establishment

RONALD SCHIED
T11N R6E SEC 14 QTR NE
LOT 14IT
1301 W WAVERLY RD-RAYMOND

FEES: $100.00

Permittee

RONALD SCHIED
12300 N 14 ST
RAYMOND NE 68428

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

#0539000824

Application to Alter, Extend or Repair an Individual Sewage Disposal System

☒ Municipal Code 24.38 ☐ County Resolution Number 2832

The undersigned hereby applies for a permit to: ☐ **ALTER** ☒ **EXTEND** ☐ **REPAIR** an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. **Legal description of property:**
   Township 11N Range 6E Section 14 1/4 Section NE
   Block ____ Lot 14 Fit. Addition ____
   Parcel ID 12 - 14 - 200 - 001 - 000 (i.e. 99-99-999-999-999)
   Street Address 1301 W. Waverly Rd, Raymond, NE 68428

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 4 Describe ____

3. **Type of Present Individual Disposal System** ☒ septic tank ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** install new distribution boxes, add 330' of new lateral.

5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Jirkovsky Raymond Contracting, Inc.

6. **Estimated project:**
   a. Repair, replace or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A "construction permit" is required if the use, operation, location, or type of the system is being change.

Print Name Ron Schied Address 12300 N. 14th St, Raymond NE 68428 Phone 402-476-7192

* Applicant Signature (owner or lessee) Ronald Schied

Please include the permit fee ($100) with this application

Fee must be included before the application will be processed. Incomplete information will delay processing

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HEALTH DEPARTMENT USE ONLY

Date received 5/5/05 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

Site visits
Date ____/____/____ By ____
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date ____/____/____ By ____

Return application to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Business Office Use Only
Received: Date: 5/5/05 ✓ Amount $100.00 ✓ Check No. 5731 ✓ Initials ____

White - Division Copy Pink - Business Office Revised 9/00

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

D

Permit Number: 0539000824

Sewage Disposal System

As Built Plans & Specifications

Date 4/27/05 Schied

System Location (Indicate correct number and street)

Address 1301 W. Waverly Rd. (no rural route) City Raymond. NE, Zip 68428

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: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 26' ft.

D. Absorption Field

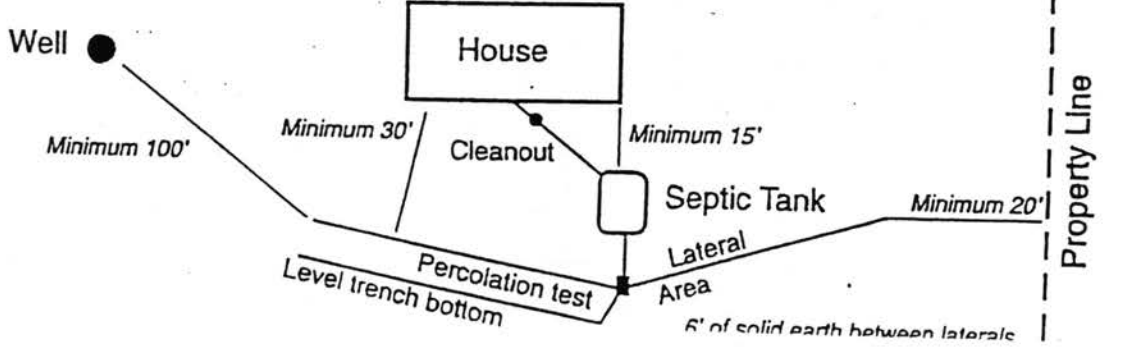
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 34" wide 12" Tall
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 5
   Length of each line: 87.5' ft. 87.5' ft.
   75' ft. 31.2' ft., 50' ft.
3. Trench dimensions: Width 4' ft.
   Slope FLAT in/100 ft.
   Average depth 32" in
4. Filter material: Dirt
   Depth of material 32" in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

Indicate North with Arrow

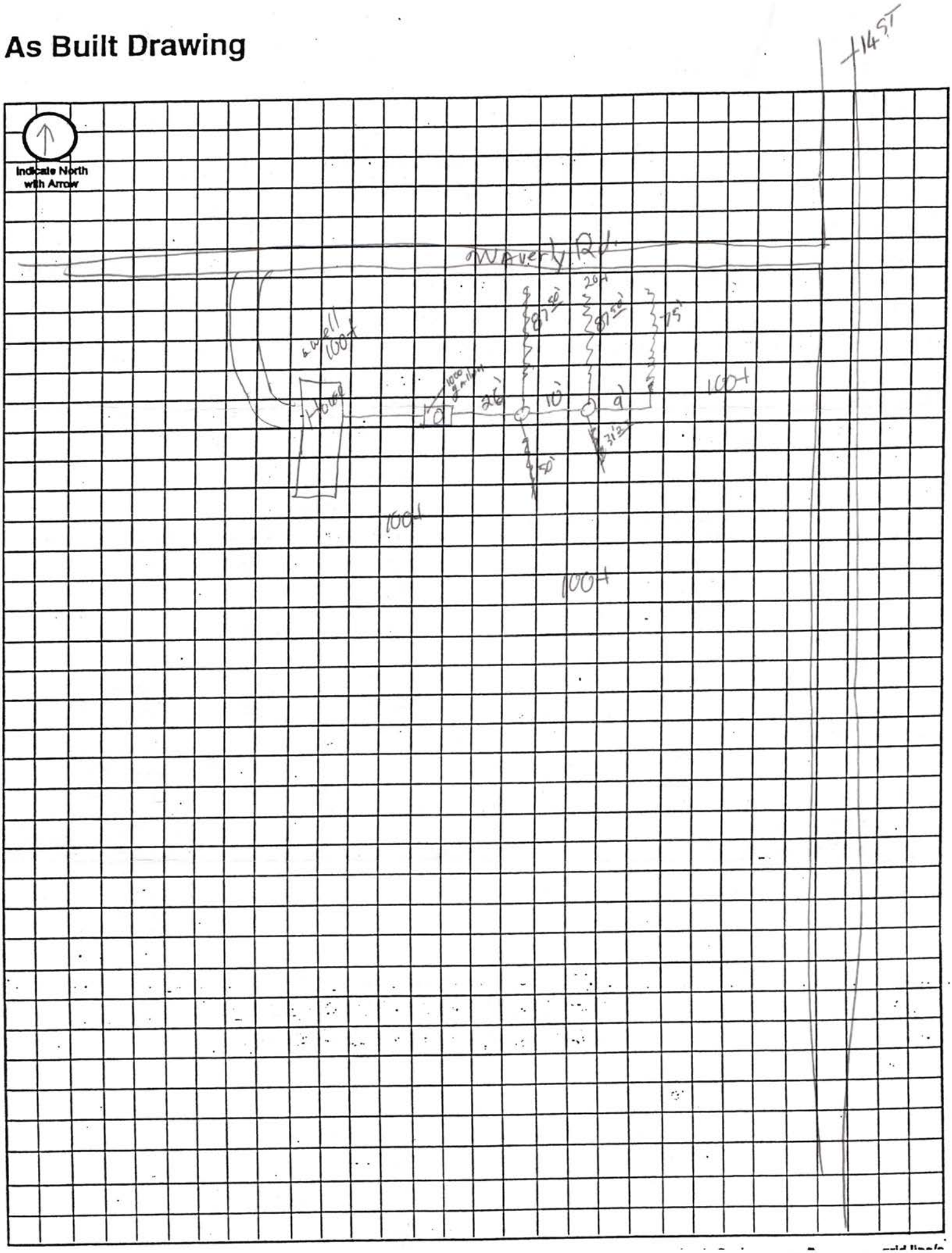
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 89380007801

Issued 12/08/89
Expires 06/08/90

ESTABLISHMENT

DEAN SCHIED
T11N R6E SEC 14 QTR NE
NE 1/4 - N 1/2

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

DEAN SCHIED
RRC001
BOX 00148
RAYMOND NE 68428

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

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

89380078

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: $_____

FILE NO._____

DATE:_____

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. 11N ; Range 6E ; Section 14 ; EXCLUDE PITTMANS N½ OF NE¼
   Block_____: Lot_____: Addition_____
   Street Address_____

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

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

4. Distance to public sewer: _____ft.

Dean Schiel
Signature of Applicant (Owner or Lessee)

Rt 1 Box 148 - Raymond, Nebr 68428
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 12/8/89. Date Frwd. 12/12/89. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 12-12-89. Date Frwd. 12-13-89. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bouma

3. City or County Engineer: Date Rec'd. 12/12/89. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Virgil Chapman

REMARKS OR REASONS FOR DISAPPROVAL_____

House will be between Pittma House + No 14th Per phone call 12-13-89

Site Visits:
Date:_____by:_____
Date:_____by:_____
Date:_____by:_____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date:_____By:_____

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
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800 4718000

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: 80 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 11-8 to 11-10. Weather: Precip. None Temp. 65°.

OWNER: Dean Schied
Address: Box 148 Raymond Ne. 68428

final 30 min.

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	11-24	5:00PM	11-8	8:00AM	11-25	9:30	8"	1:30	4½	240min	1⅛"	2¼"/hr.
2	36	↓	↓	↓	↓	↓	↓	↓	↓	4	↓	¼	½"/hr.
3	36	↓	↓	↓	↓	↓	↓	↓	↓	7	↓	1	2"/hr.
4	36	↓	↓	↓	↓	↓	↓	↓	↓	7	↓	1	2"/hr.
5	36	↓	↓	↓	↓	↓	↓	↓	↓	4¼	↓	⅜	¾"/hr.
6	36	↓	↓	↓	↓	↓	↓	↓	↓	5½	↓	¼	½"/hr.

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

Dean Schied
Signature of Person Conducting Test

Address RH Box 148 Raymond, Neb 68428 Phone 476-7192

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: December 8, 1989

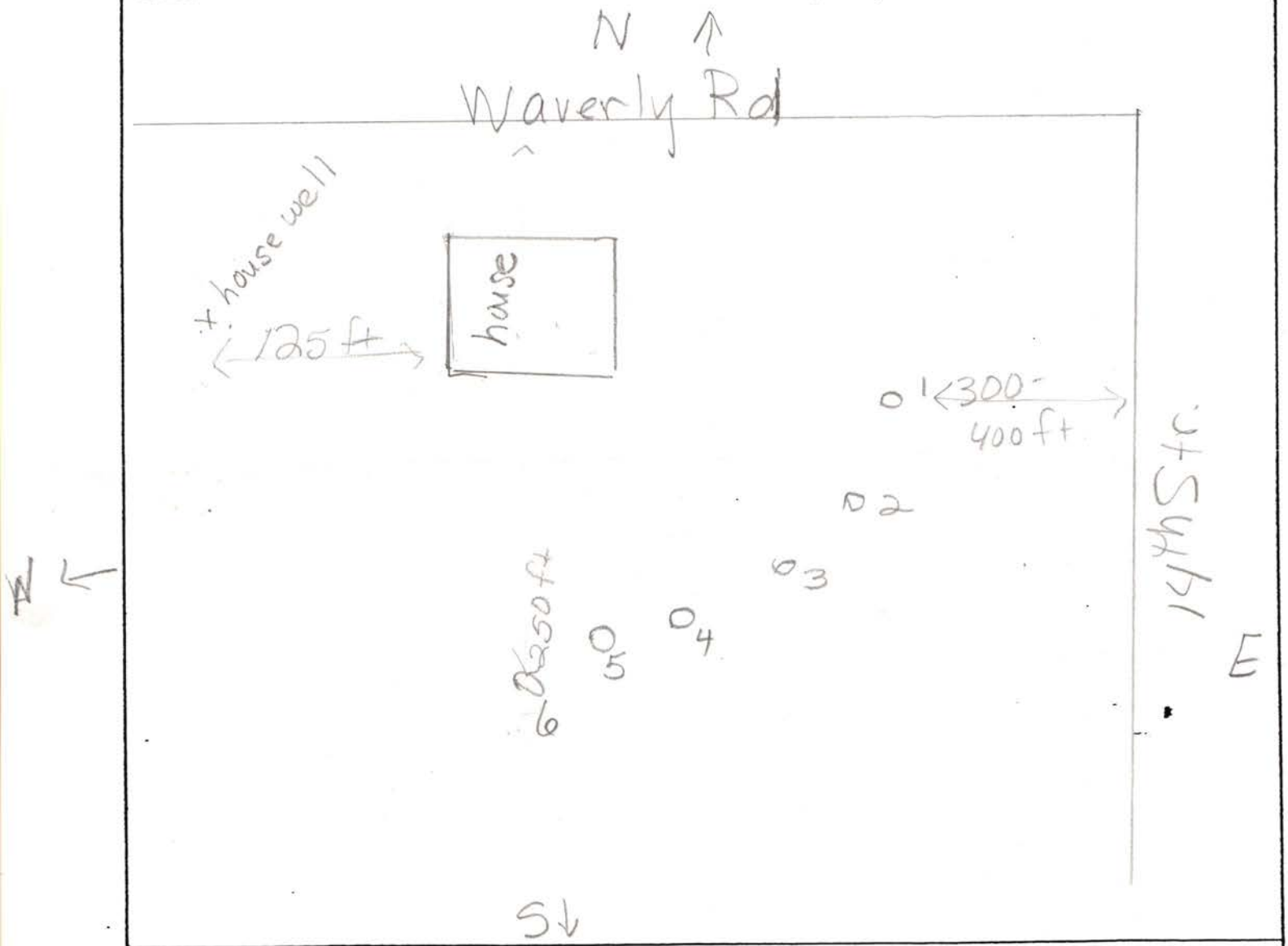
Approved Percolation Rate (a)
A. 44 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

Sched C

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: DECEMBER 8, 1989

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 596 sq.ft.

Gerrold C. Hood
Signature of Reviewing Official