Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

004965

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 04380282601

Issued 05/04/04
Expires 11/04/04
Revenue Code 3157

Establishment: FRED & VIRGINIA SCHELERT
T11N R6E SEC 11 QTR NW
LOT 26IT

FEES: $200.00

Permittee: FRED & VIRGINIA SCHELERT
2500 S 74 ST
LINCOLN NE 68506

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

A MAY 4 2004

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

Permit Number: 043802826 01

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 12960 NORTH 1ST STREET (no rural route) City _____ NE, Zip _____

Legal Description NW 11 11N 6E 260 F.T.
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 Fred + Virginia Schelert Signature Fred Schelert

Address 2500 S. 74th St City/State/Zip Lincoln, NE 68506

☐ Check if owner designed system Home Phone 488-8023 Work Phone 489-2000

C. Contractor

Name Owner Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name Lloyd JAKOUBEK Firm Raymond Contracting, Inc Work Phone 402-890-6009

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 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 5/4/04 Date frwd 5/5/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5/5/04 Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5/5/04 Date frwd 5/5/04 ACTION ☒ Approved ☐ Disapproved Signature _____

7/20/04 NEED DRAWING J.Ott

Installation Final Written Approval

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

Date JULY 23, 2004

Business Office Use Only MAIL

Date Rec'd 05/04/04

Amt Paid 200.00

Rec'd By _____ ~~Cash~~/Check No. 5322

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: 043802826

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 Fred & Virginia Schelert Addresss 2500 S. 74th St Lincoln, NE 68506

Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM Percolation Rate: 31 min./inch

Date of Tests 5-1-04 to 5-2-04 Weather: Precipitation 0 Temperature 51°

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	24	5-1	12:30p	5-1	4:30p	5-2	10:30a	6	5-2	2:30p	30	7/8	0.88/30 = 34
2	25	"	"	"	"	"	"	"	"	"	"	7/8	0.88/30 = 34
3	25	"	"	"	"	"	"	"	"	"	"	1 1/4	1.25/30 = 24
4	24	"	"	"	"	"	"	"	"	"	"	1	1.00/30 = 30
5	25	"	"	"	"	"	"	"	"	"	"	7/8	0.88/30 = 34
6	26	"	"	"	"	"	"	"	"	"	"	1 1/8	1.13/30 = 27

Sum of Percolation Rates: 183
Average of Rates: 31
Rate Used for Calculation: 31

Person Conducting Percolation Tests

Name: Terri Jakowbek, Raymond Contracting, Inc.
Phone: 402-783-2643 or 402-890-3870
Address: 13800 NW 70th St
Raymond, NE 68428

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-95

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

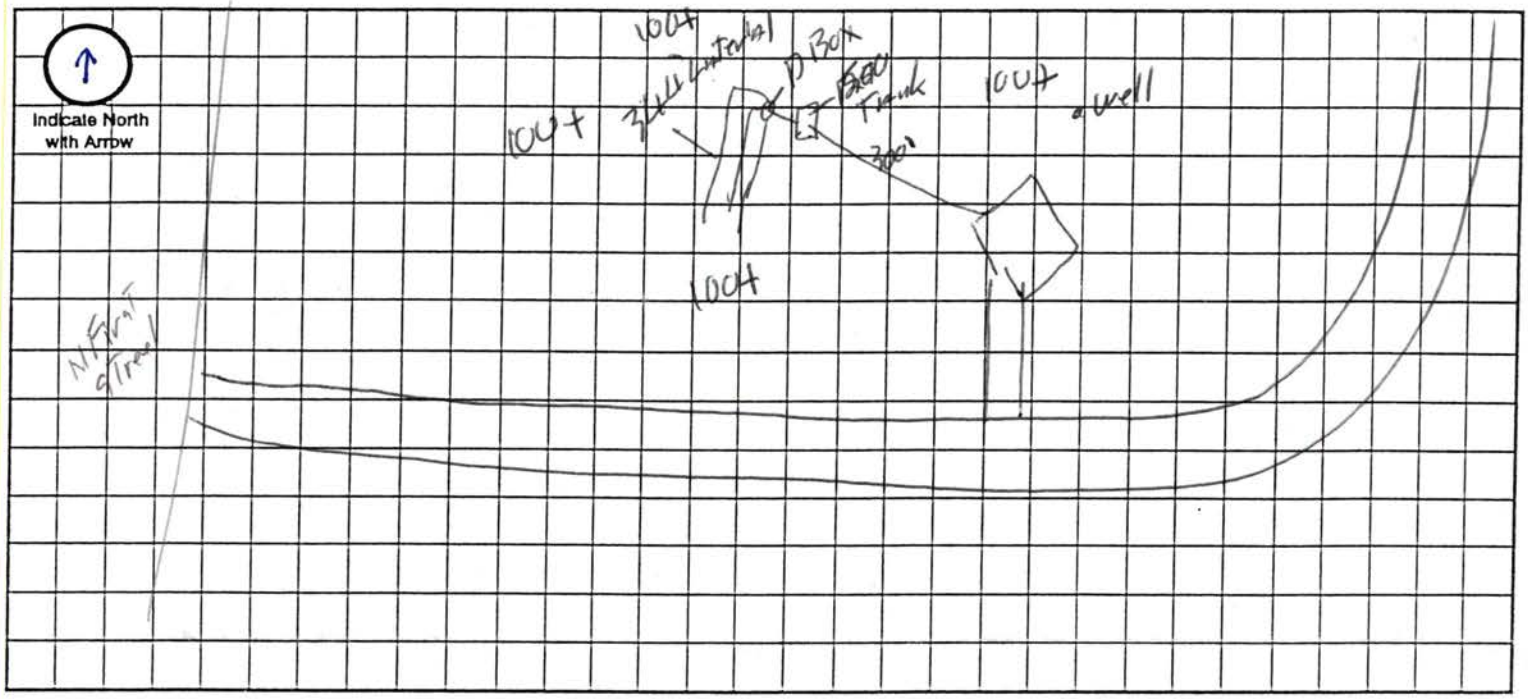
C

Permit Number: 043802826

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: _____ ft. = _____ 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 31 (min. per inch) Soil Type: Sharpsburg Land Slope: _____ %

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

Total Square Feet of Field Required: ~~1,375~~ 1100 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: ADS H-10

Capacity of Septic Tank 1,500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals ~~344~~ 275 ft. Number of Trenches 3 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 Fred Schildt Date 5-1-04

Installer Mark L. Johnson Date 5-1-04

FORM 23-102 10-96

JUL 2 3 2004

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 7-22-04 Schelert

System Location (Indicate correct number and street)

Address 12970 N. 1st St (no rural route) City Raymond NE, Zip 68428

A. Building Sewer

1. Material: class 160
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 12" in.
3. Distance between dwelling and septic tank: ____ ft.
4. Number of clean-outs: 5
5. Distances to: well or suction line 100 ft.
   stream 100 ft.
   pressure line 100 ft.
   property line 100 ft.

B. Septic Tank

1. Material: concrete
   Number of compartments: one
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☐ below grade at in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 20 in.
8. Distances to: Well or suction line 100 ft.
   Stream 100 ft.
   Pressure line 100 ft.
   Property line 100 ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 19' center ft.

D. Absorption Field

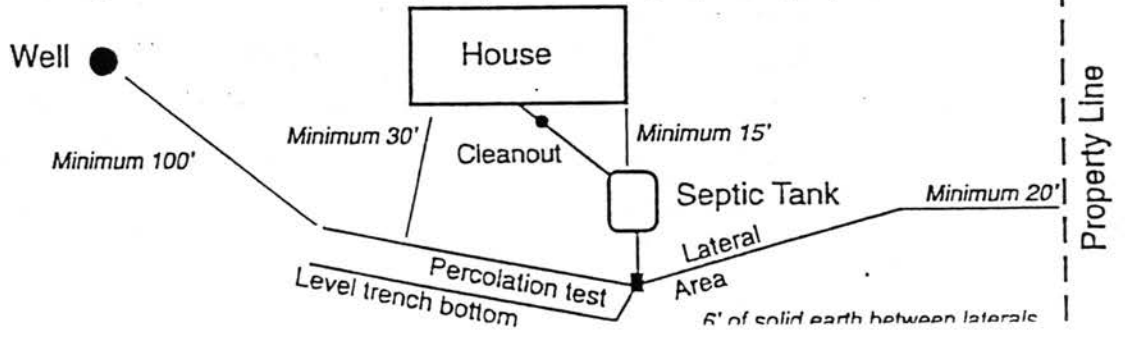
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: ADS H-10
   or perforated pipe: ____
   Material: ☒ fiberglass ☐ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 3
   Length of each line: 118.75 ft. 125 ft.
   ____ ft. ____ ft., 100 ft.
3. Trench dimensions: Width 4 ft.
   Slope Flat in/100 ft.
   Average depth 24" in
4. Filter material: Dirt.
   Depth of material ____ in.
5. Distances to: Well or suction line 100 ft.
   Stream 100 ft.
   Pressure line 100 ft.
   Property line 100 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

