# Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

002233

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM-WILL INSTALL WHATEVER
PERCOLATION RETEST INDICATES

Permit # 03380263501

Issued 05/08/03
Expires 11/08/03
Revenue Code 3157

Establishment

PAUL A SCHEEL
T10N R8E SEC 2 QTR NE
PRAIRIE VISTA BLK 1 LOT 2
5300 GRACE LN

FEES: $200.00

Permittee

PAUL A SCHEEL
7912 BROADVIEW DR
LINCOLN NE 68505

TOTAL: $200.00

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: 03380263501

# Sewage Disposal System

## Request for Site Clearance and Permit

WILL INSTALL WHATEVER PERCOLATION RETEST INDICATES

**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 5300 Grace Ln (no rural route) City Lincoln NE, Zip Ne 68527

Legal Description NE 2 10N BE Prairie Vista 1 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 Paul A Scheel Signature _____

Address 7912 Broadview Dr City/State/Zip Lincoln Ne 68505

☒ Check if owner designed system Home Phone 484-6936 Work Phone 805-0121

### C. Contractor

Name ~~Steve~~ Paul A Scheel Company Name Home owner

Address 7912 Broadview Dr City/State/Zip Lincoln Ne 68505

☐ Check if contractor designed system Work Phone 805-0121

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

Designer Name _____ 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 5/8/03 Date frwd 5/9/03 ACTION ☒ Approved ☐ Disapproved Signature Jerrold E. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-9-03 Date frwd 5-5-03 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____

Line, tank, lateral - field note

### Installation Final Written Approval

By Doug Amsel

Date 7/7/03

***Business Office Use Only***

Date Rec'd 05/08/03

Amt Paid 200.00

Rec'd By _____ ~~Cash~~/Check No. 2041

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: 033802163501

# Sewage Disposal System

## Soil Absorption Test Data Report

## Annex to Application

PLEASE PRINT OR TYPE

### System Location (Indicate correct number and street)

Address 5300 Grace Ln (no rural route) City Lincoln NE, Zip 68527

Owner Paul & Deanne Scheel Address 7912 Broadview Dr

Soil Type (SCS): Sharpesburg Percolation Rate: _____ min./inch

Date of Tests 5-31 to 6-1 Weather: Precipitation none Temperature 70°'s

### 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" | 5-31 | 11:00 | 5-31 | 3:00 | 6-1 | 10:30 | 6" | 6-1 | 2:30 | 30 | 1/2" | 60 |
| #2 | | | | | | | | | | | | 5/8" | 48 |
| #3 | | | | | | | | | | | | 1 3/4" | 17 |
| #4 | | | | | | | | | | | | 3/4" | 40 |
| #5 | | | | | | | | | | | | 1/2" | 60 |
| #6 | | | | | | | | | | | | 1/2" | 60 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

### Person Conducting Percolation Tests

Name: Paul Scheel

Phone: (402) 484-6936

Address 7912 Broadview Dr
Lincoln, Ne 68505

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 60

1050 sq. ft.

DO NOT WRITE BELOW THIS LINE

### Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

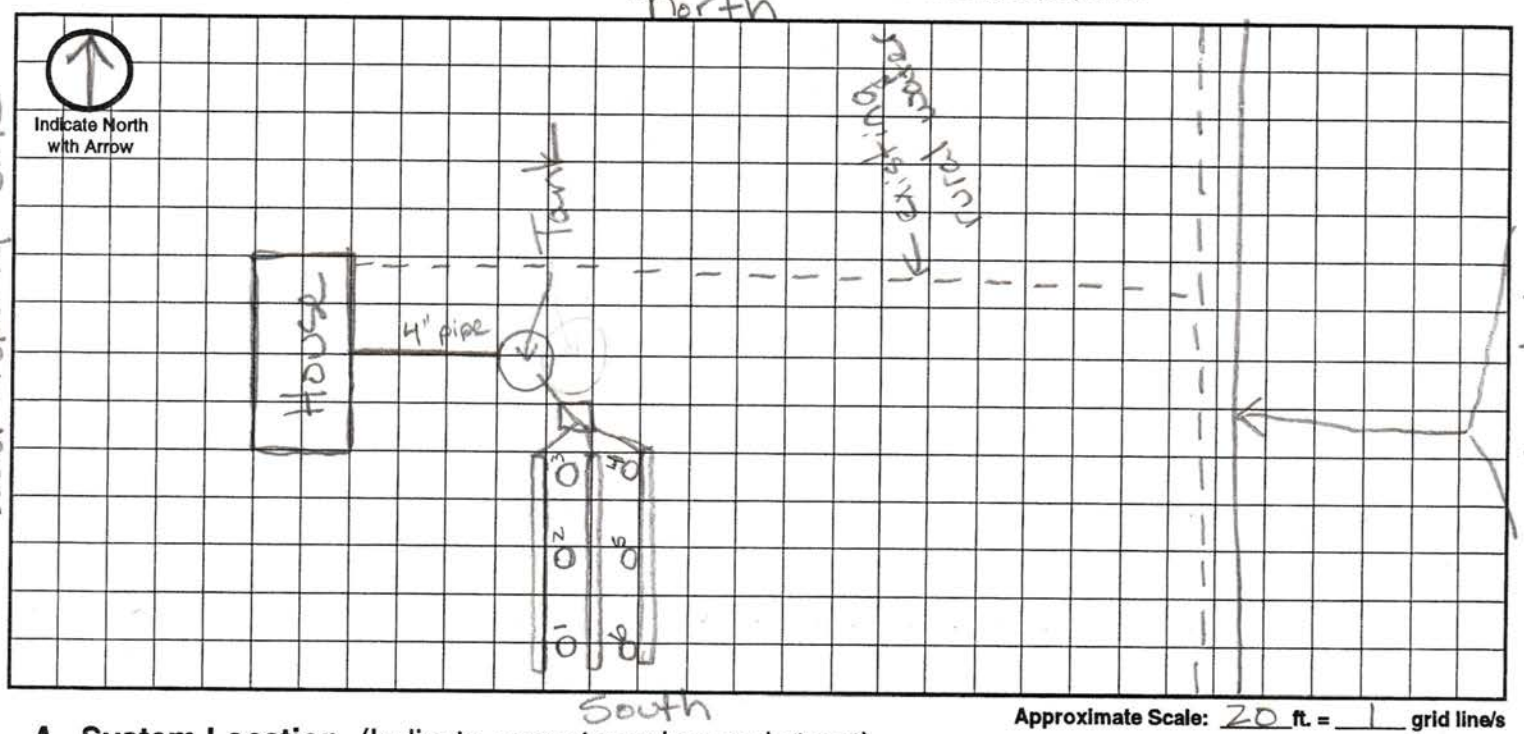
**Lincoln-Lancaster County Health Department**
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

**C**

Permit Number: 033802163501

# 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: 20 ft. = 1 grid line/s

## A. System Location (Indicate correct number and street)

Address (no rural route) 5300 Grace Lane City Lincoln NE, Zip 68527

## B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other —

## C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

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 1,000 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 _____

FORM 23-102 10-96

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

**B**

Permit Number:

# Sewage Disposal System

## Soil Absorption Test Data Report

## Annex to Application

PLEASE PRINT OR TYPE

### System Location (Indicate correct number and street)

Address 5300 Grace Ln (no rural route) City Lincoln NE, Zip Ne 68527

Owner Paul A Scheel Addresss 5300 Grace Ln.

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests May 6 to May 7 Weather: Precipitation .50 rain (5-6) Temperature 70°

### 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" | 5-6 | 11:00 | 5-6 | 3:00 | 5-7 | 11:15 | 5½" | 5-7 | 3:15 | 30 | ¾" | |
| 2 | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | 1/16" | |
| (3) | | | | | | | | | | | | ⅛" | |
| 4 | | | | | | | | | | | | 0 | |
| (5) | | | | | | | | | | | | ¼" | |
| 6 | | | | | | | | | | | | ¼" | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

*circled holes with standard/typical procedure + 5 extra gals for overnight soaking

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

### Person Conducting Percolation Tests

Name: Paul Scheel & Ron Margvart

Phone: 484-6936 805-0121

Address 7912 Broadview Dr

** Bottom ½ of holes exceeded the plastic limit for soil wetness

DO NOT WRITE BELOW THIS LINE

### Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

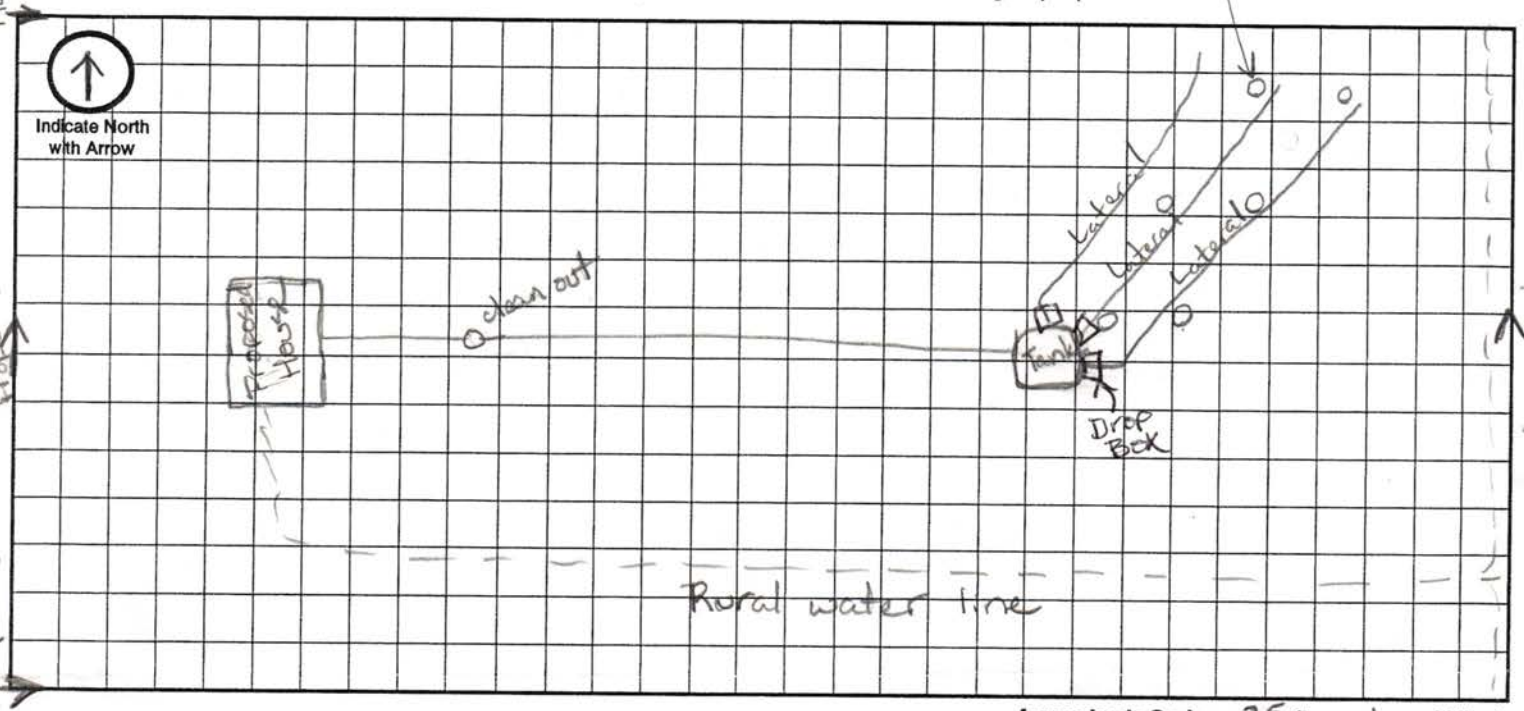
**Lincoln-Lancaster County Health Department**
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

**C**

Permit Number: 033802635

# 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: 25 ft. = 1 grid line/s

## A. System Location (Indicate correct number and street)

Address (no rural route) 5300 Grace Ln City Lincoln NE, Zip Ne 68527

## B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☑ Plastic ☐ Other _____

## C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: Sharpesburg Land Slope: >3 % %

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

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: infiltrator

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

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

## D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

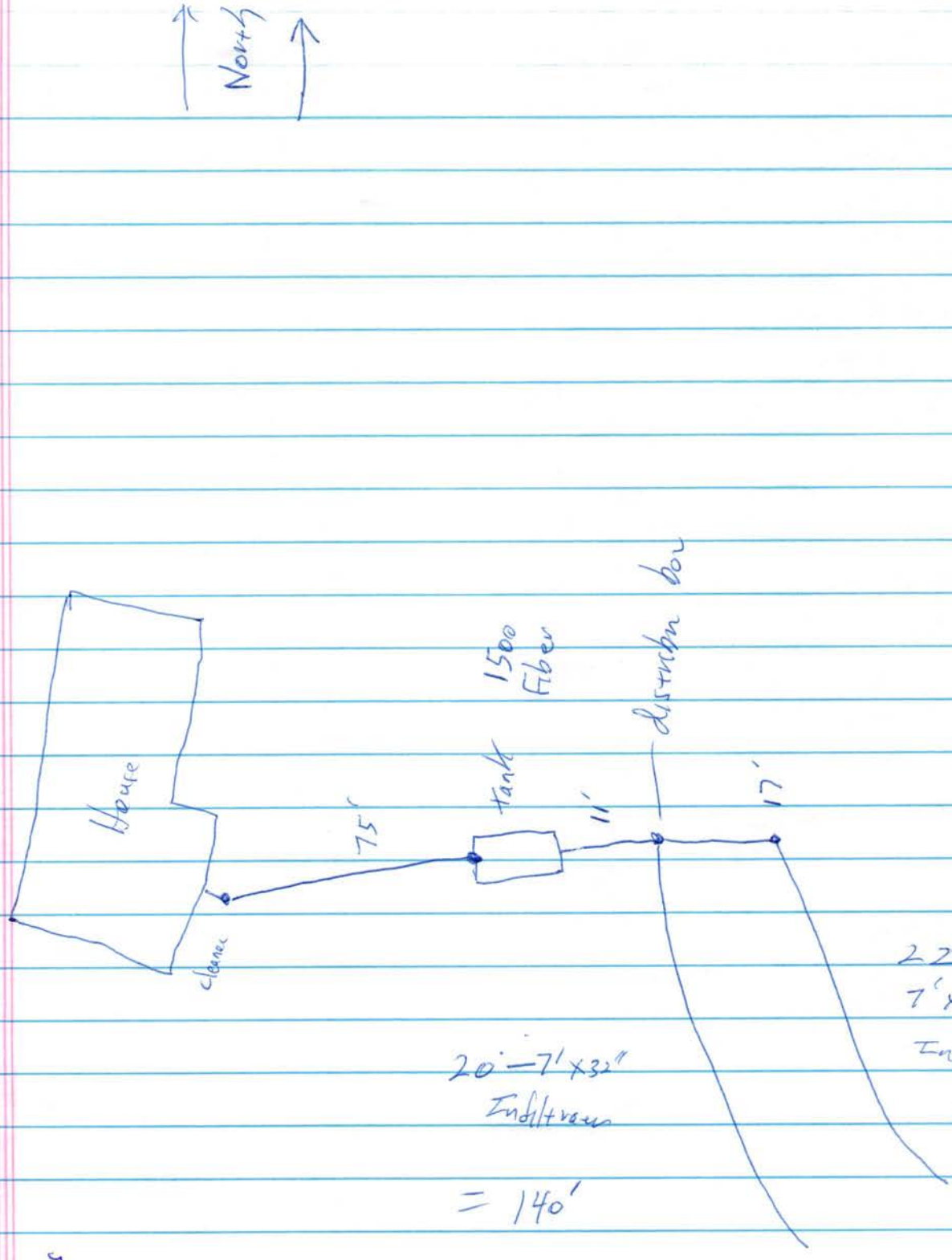
| Distance From | Private Well | Public Well | Surface Water | Gound Water | Pressure Water Lines | Property Lines | Foundations Yours | Foundations Neighbors | All Other Setbacks |
|---|---|---|---|---|---|---|---|---|---|
| Tank (ft) | 50 ☐ | 500 ☒ | 50 ☒ | NA ☒ | 25 ☒ | 20 ☒ | 15 ☒ | 25 ☒ | ☒ |
| 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 S.D. M.D.M Date 5-7-03

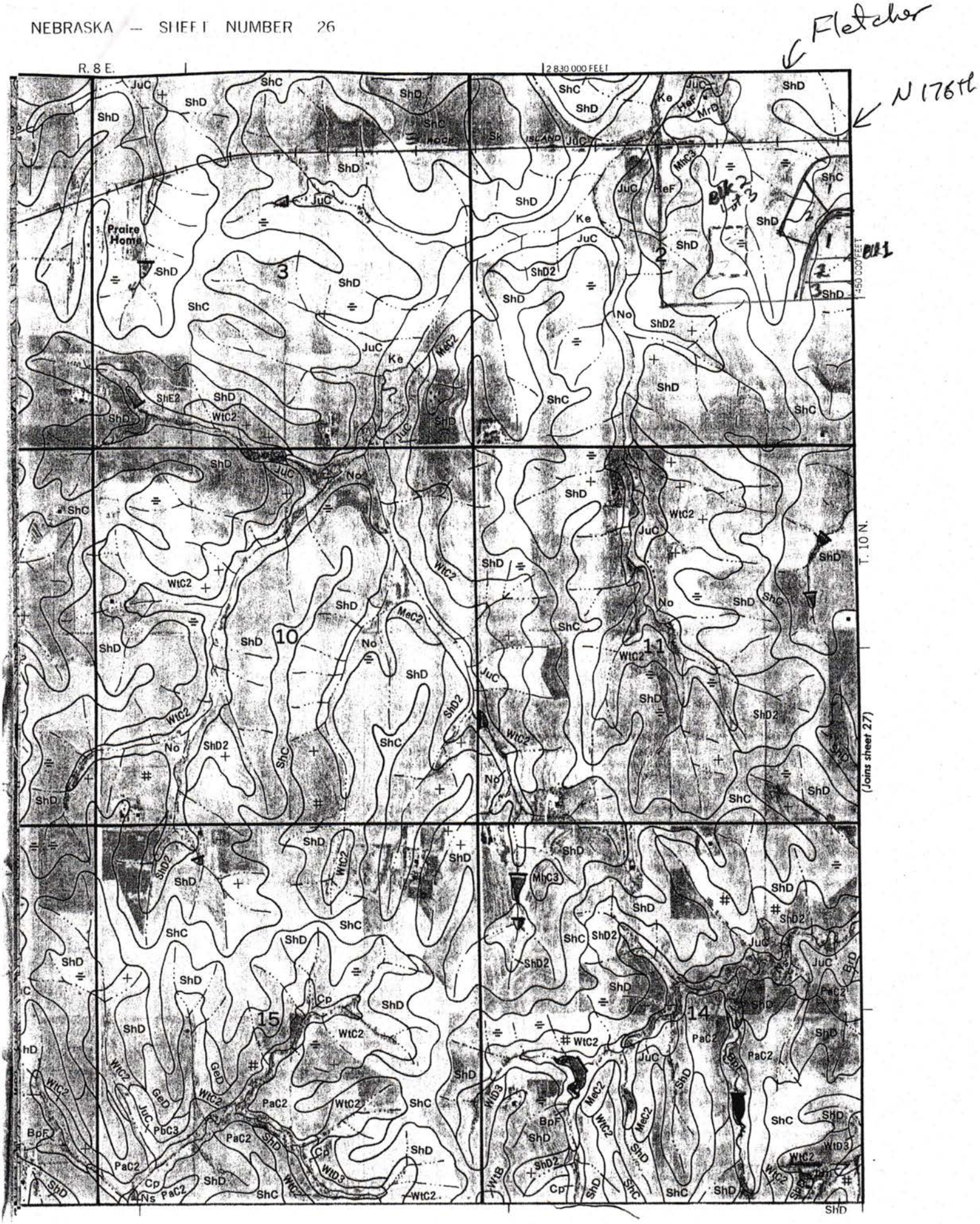
Installer _____ Date _____

FORM 23-102 10-96




Field Notes
7/7/07 DB

Total 290
x 4
1160 Sq ft


Fletcher
N 176th
R. 8 E.
2 830 000 FEET
450 000 FEET
Blk 1
Blk 2
Lot 3
Prairie Home
ISLAND
Sk
T. 10 N.
(Joins sheet 27)
3
10
11
14
15
ShD
ShC
ShD2
JuC
Ke
HeF
MrD
MhC3
No
MeC2
ShE2
WtC2
Cp
Ns
PaC2
PbC3
GeD
BpF
WtB
WtD3
BrD