Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

WAYNE SCHILDT
T11N R5E SEC 30 QTR SE
LOT 18
7909 NW 126 ST-MALCOLM

Permitee

WAYNE SCHILDT
7909 NW 126 ST
MALCOLM NE 68402

Permit # 00380224701

Issued 10/10/00
Expires 04/10/01
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013795

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

A

Permit Number: 00380224701

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 7909 NW 126TH (no rural route) City MALCOLM NE, Zip 68402

Legal Description SE (1/4) 30 (Section) 11N (Township) 5 (Range) ____ (Subdivision) ____ (Addition) 1 (Block) 8 (Lot)

Geographical Location (if known): Longitude ____ Latitude ____

☐ Check if system mail address is not the same as the owner's address 5 acres

B. Owner

Name WAYNE + PAT SCHILDT Signature Pat Schildt

Address 7909 NW 126TH City/State/Zip MALCOLM NE 68402

☐ Check if owner designed system Home Phone 796-2172 Work Phone ____

C. Contractor

Name STAN KROESE Company Name DIRT WORKS PLUS, INC

Address 7324 BALLARD City/State/Zip LNK NE 68507

☑ Check if contractor designed system Work Phone 560-1708

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 2 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 10-4-00 Date frwd ____	ACTION ☒ Approved ☐ Disapproved Signature Paul Dyer	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 10-4-00 Date frwd 10-4-00	ACTION ☒ Approved ☐ Disapproved Signature ____	
3. City or County Engineer	Date rec'd 10/06/00 Date frwd ____	ACTION ☒ Approved ☐ Disapproved Signature ____	

10-23-02, new road Fence
10-17-02 Fence ok

Installation Final Written Approval

By Ron Mangum

Date 10-17-02

Business Office Use Only

Date Rec'd 10/04/00

Amt Paid 200.00

Rec'd By ____ ~~Cash~~/Check No. 1062

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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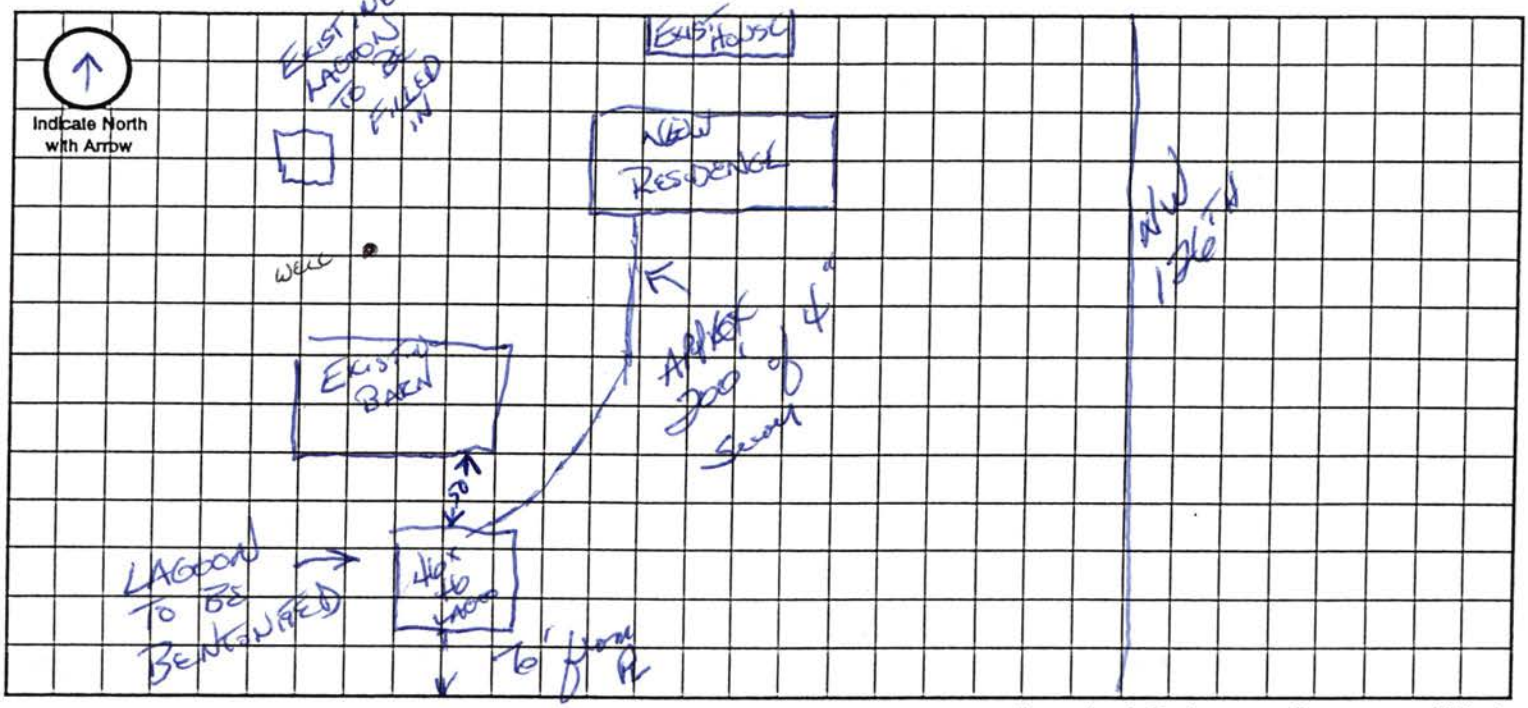
C

Permit Number: 00380224701

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) 7909 NW 126TH City MALCOLM NE, Zip 68402

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: _____ sq. ft.

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

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 Pat Schildt Date 10-3-00

Installer Steve Krause Date 10-3-00

FORM 23-102 10-96

ATTEN: RON

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

2 Bedroom house

Date 10-20-00 Wayne Schildt Lagoon 47'x47'

System Location (Indicate correct number and street)

Address 7909 N-W. 126th (no rural route) City Malcolm NE, Zip 68402

A. Building Sewer

1. Material: class 160 plastic
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 24 in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line 100'+ ft.
   stream N.A. ft.
   pressure line _____ ft.
   property line 100'+ 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: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

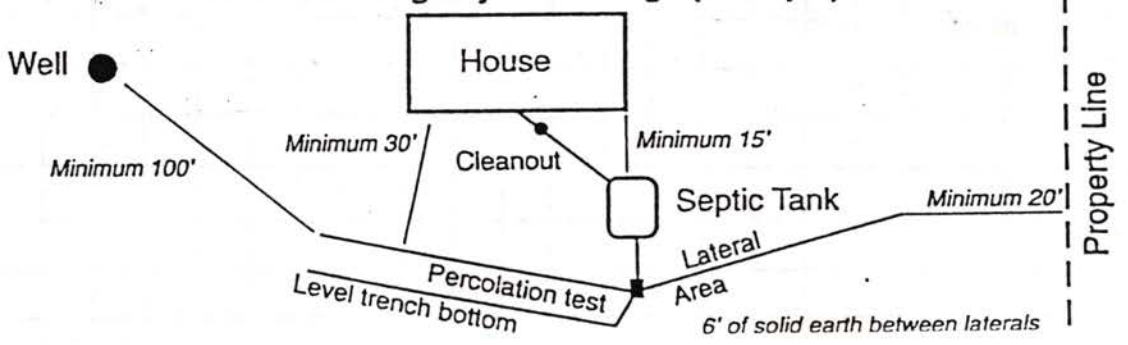
(Provide as-built drawings on back of this form)

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

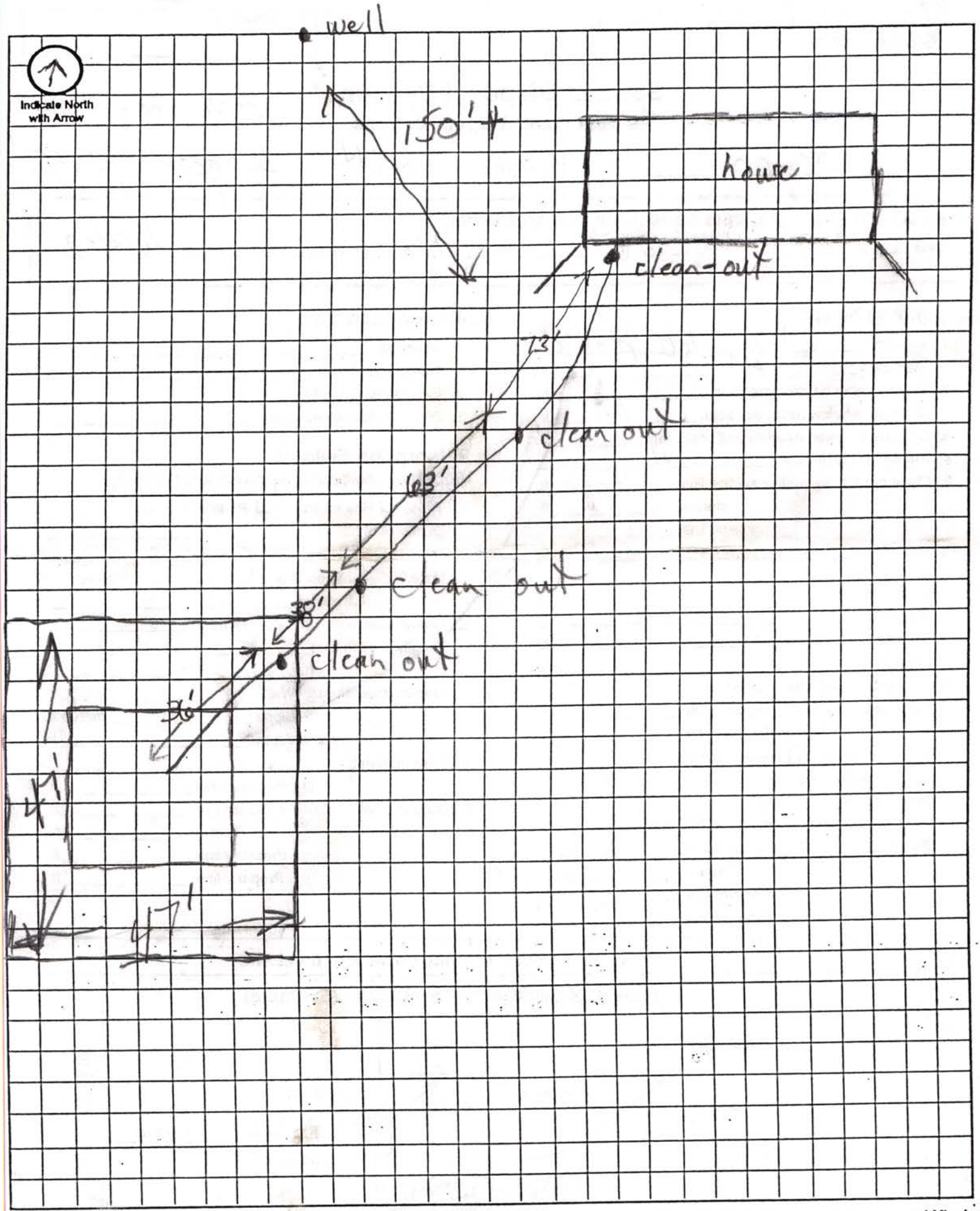
Complete "As Built" drawing on back of this form.

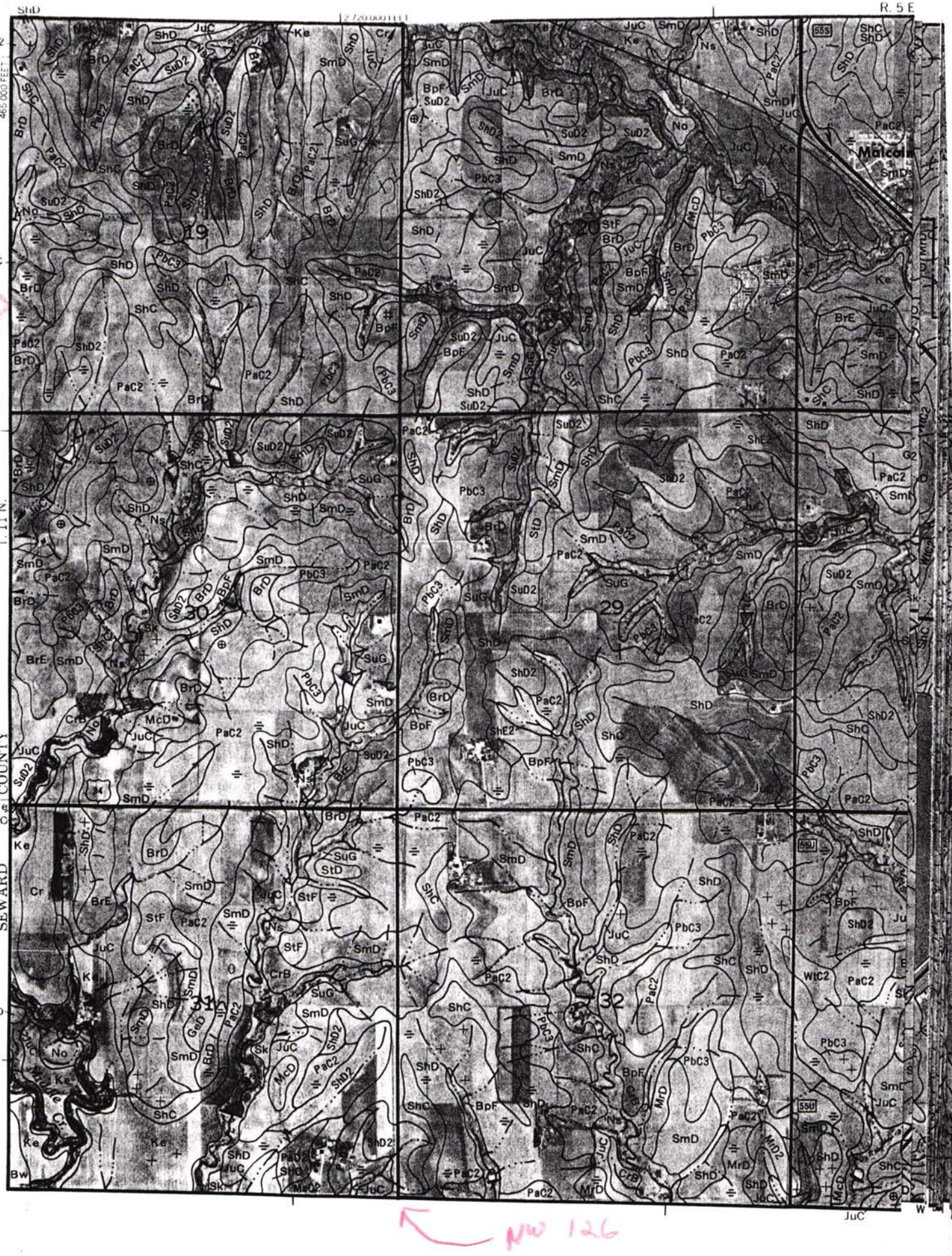
Indicate North with Arrow

Individual Sewage System Design (Example)



As Built Drawing




R. 5 E
T. 11 N.
SEWARD COUNTY
Malcolm
19
20
29
30
31
32
34
555
550
W. McKelvie
NW 126