Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

000243

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380259901

Issued 02/27/03
Expires 08/27/03
Revenue Code 3157

Establishment: PRIDE HOMES
T10N R8E SEC 15 QTR NE
NW1/4 OFNE 1/4-159AC
148TH & ADAMS ST

FEES: $200.00

Permittee: PRIDE HOMES/MATT KLEINSCHMIT
1544 S 1 ST
LINCOLN NE 68502-1903

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: 03380259901

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 ~~[illegible]~~ 1540 ADAMS City _____ NE, Zip _____
(no rural route)

Legal Description ~~E/2~~ NE ¼ NW ¼ T10 - Sec 15 - R-8 +59 acres
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 Dennis Schroeder Signature _____

Address _____ City/State/Zip _____

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Matt Heinschmit Company Name Pride Homes

Address 1544 So 1ST City/State/Zip Lincoln NE 68502

☐ Check if contractor designed system Work Phone 434-3220

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

Designer Name Brad Southwick Firm _____ Work Phone 471-2462

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 2/27/03 Date frwd 3/11/03 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd 3/12/03 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 3/12/03 Date frwd 3/12/03 ACTION ☒ Approved ☐ Disapproved Signature Jim Blough

6/30/02 Tank OK 7/1/03 Line + lateral need drawing

Installation Final Written Approval

By Ron Maynard

Date 9-10-03

Business Office Use Only
Date Rec'd 2-27-03
Amt Paid 200.00
Rec'd By TW Cash/Check No. 10343

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

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B

Permit Number: 033802599

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

T10 R8 SEC 15 NE/4 159 Acres

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 148th ~~[illegible]~~ Adams (no rural route) City Lincoln NE, Zip 68527

Owner Pride Homes Address 1544 So 1st

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

Date of Tests 2-19 to 2-21-03 Weather: Precipitation _____ Temperature _____

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				
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~~	~~36~~	~~2-19~~	~~10:30~~			2/21	12:05		2/21	12:35	30	~~3 1/4~~	
2	↓		AM	2/21	10:10		PM	32		PM		3/4	40
3					AM			32 1/8				3/4	40
4								30 1/4				5/8	48
5								30 1/2				5/8	48
6								32				3/4	40
7								31 1/8				3/4	40
8	↓							29 5/8				5/8	48

Sum of Percolation Rates: 304

Average of Rates: 47 43 mpi

Rate Used for Calculation: ~~50~~ 43 mpi

7 | 304 (43.4) 28 / 24 / 20

Person Conducting Percolation Tests

Name: Brad Southwick

Phone: 421-2462

Address 17201 So 72nd St Hickman, Nebr.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Shampsburg soil

Signature of Reviewing Official: Ron Magnuson Date 2-27-03

FORM 23-101 10-96

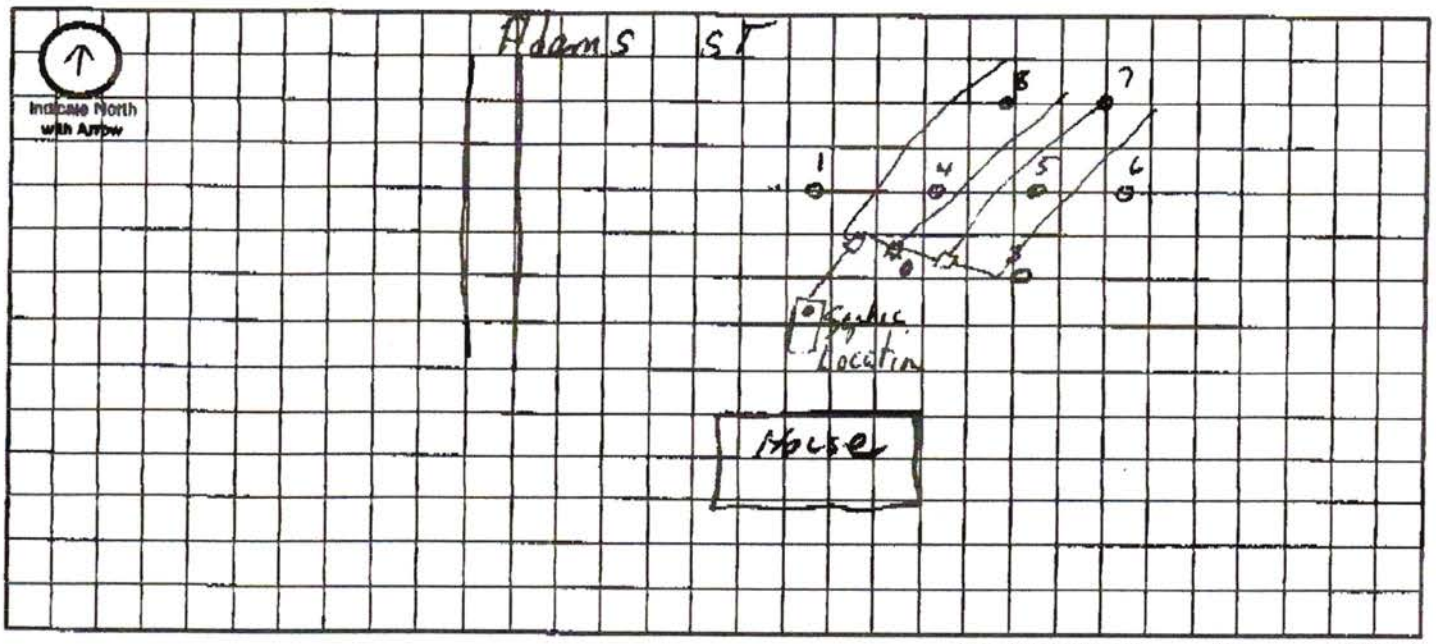
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C

Permit Number: 033802599

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) 148th & Adams 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 43 (min. per inch) Soil Type: Sharpsburg Land Slope: < 3 % %

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

Total Square Feet of Field Required: 1,320 sq. ft. Bedroom 4 440 / 3 | 1320 (12, 12, 12, 12) 33 / 4 | 1320 (12, 12, 12, 12)

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 440 / 330 ft Number of Trenches 5 / 4 Trench Width 3ft / 4ft

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 [signature] Pride Homes Date 2-28-03

Installer [signature] Date 2-21-03

FORM 23-102 10-99

4505632c
4343220h

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RECEIVED
SEP 9 - 2003

D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date 7-03 15-10-8

System Location (Indicate correct number and street)

Address 15401 Adams (no rural route) 15401 City Lincoln NE, Zip 68527

A. Building Sewer

1. Material: PVC Sch 40
   Diameter: 4 in.
2. Distance above basement floor: ~~4~~ in.
   or distance below basement floor: 11 in.
3. Distance between dwelling and septic tank: 80 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line ____ ft.
   stream ____ ft.
   pressure line ____ ft.
   property line ____ ft.

B. Septic Tank

1. Material: Plastic (Snyder)
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 18 in.
   Over outlet, diameter 18 in.
   Riser: ☐ above ☐ below grade ____ in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 10 in.
8. Distances to: Well or suction line ____ ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 10 ft.

D. Absorption Field

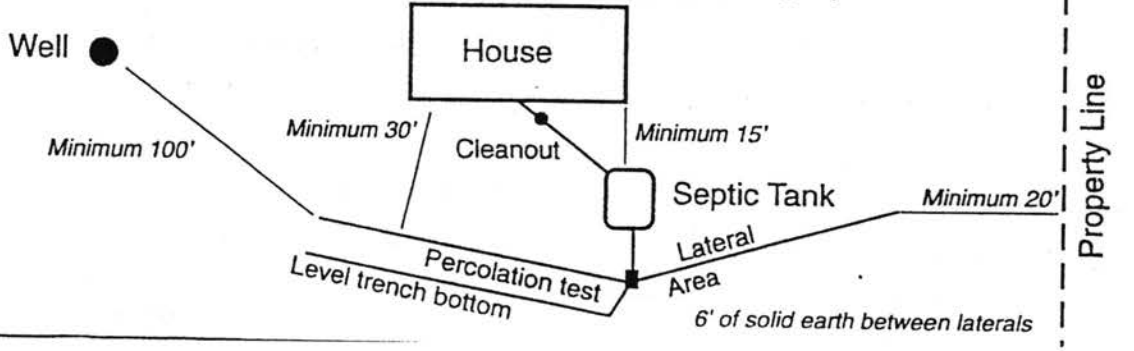
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: ____
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other Infiltrator
2. Lateral lines: Number ____
   Length of each line: 100 ft. 100 ft.
   ____ ft. ____ ft., ____ ft.
3. Trench dimensions: Width 3 - 4 ft.
   Slope 4 in/100 ft.
   Average depth 30 in
4. Filter material: Gravelless w/ Filter Cover
   Depth of material 18 in.
5. Distances to: Well or suction line ____ ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

Indicate North with Arrow

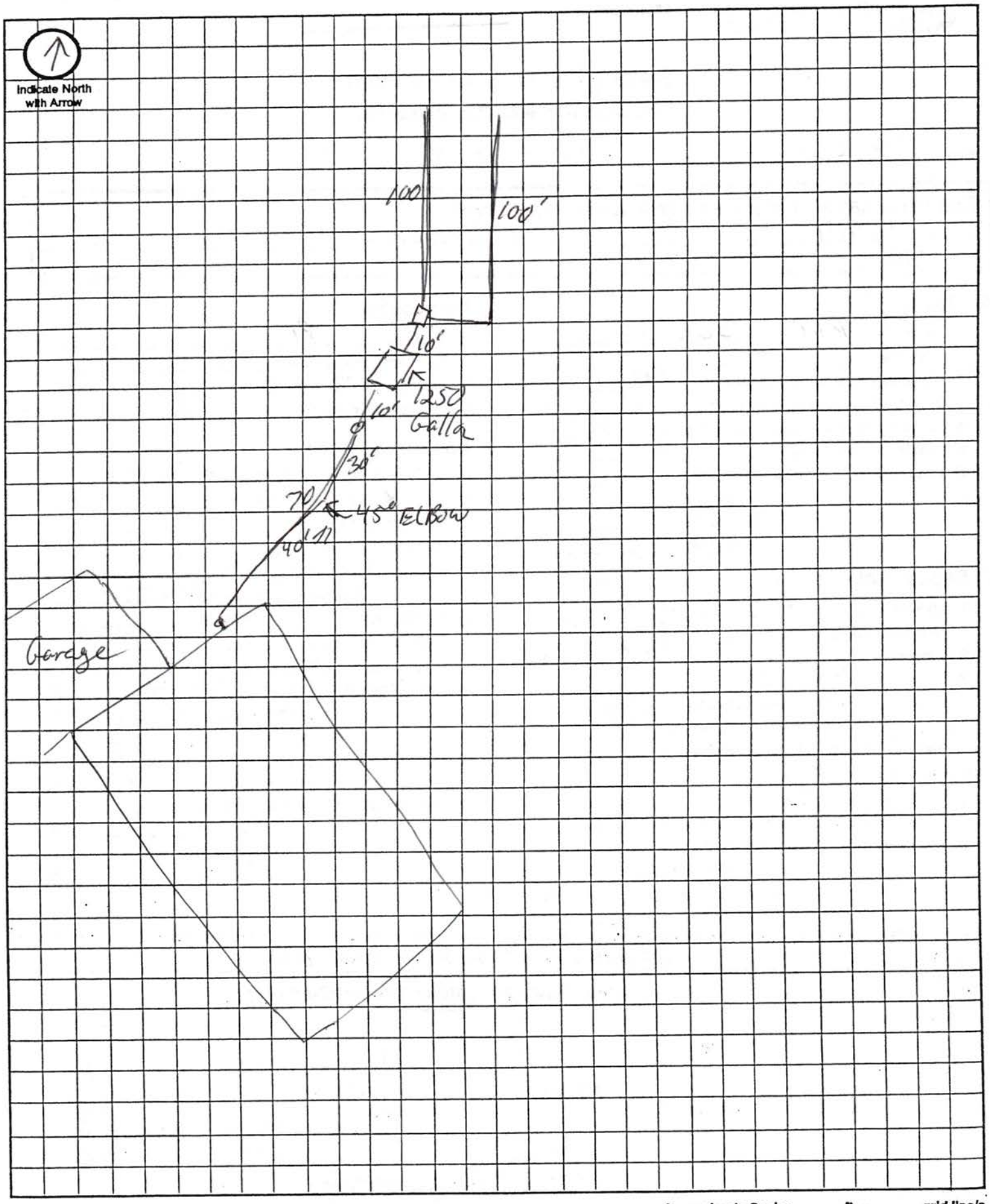
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s


R. 8 E.
2 830 000 FEET
450 000 FEET
T. 10 N.
Prairie Home
ROCK
ISLAND
3
2
10
11
15
14
(Joins sheet 27)
Septic location
R. Adams ct
N. 48th