Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 00380227401

Issued 12/11/00
Expires 06/11/01
Revenue Code 3157

Establishment

SAM SCHUTTE
T11N R5E SEC 17 QTR NE
LOT 16IT
11701 NW 112 ST-MALCOLM

FEES: $200.00

TOTAL: $200.00

Permitee

SAM SCHUTTE
2915 FLETCHER AVE
APT 139
LINCOLN NE 68504

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

014150

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

A

Permit Number: 003802274

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 11701 NW 112th ST. (no rural route) City Malcolm NE, Zip 68402

Legal Description Northeast¼ 17 T11N R5E 16 I.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 Sam Schutte Signature Sam Schutte

Address 3915 Fletcher Ave #139 City/State/Zip Lincoln, NE 68504

☐ Check if owner designed system Home Phone 742-5869 Work Phone N/A

C. Contractor

Name Lloyd J. Jakoubek Company Name Raymond Contracting. ~~Ne 68428~~

Address 12800 NW 70 City/State/Zip Raymond Ne 68428

☒ Check if contractor designed system Work Phone 890-6009

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

Designer Name Lloyd J. Jakoubek Firm Raymond Contracting Work Phone 890-6009.

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 12/11/00 Date frwd 12/11/00	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 12/11/00 Date frwd _____	**ACTION** ☒ Approved ☐ Disapproved Signature MWS	
3. **City or County Engineer**	Date rec'd 12/11/00 Date frwd 12/11/00	**ACTION** ☒ Approved ☐ Disapproved Signature _____	

Installation Final Written Approval

By Paul Dryfuss

Date 12-13-00

Business Office Use Only
Date Rec'd 12/11/00
Amt Paid $200.00
Rec'd By CW Cash/Check No. 3869

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: 00 3802274

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 11701 NW 112th ST. (no rural route) City Malcolm NE, Zip 68402

Owner Sam Schutte Addresss 2915 Fletcher Ave #139, Lincoln, NE 68504

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

Date of Tests 12-6-00 to 12-7-00 Weather: Precipitation None Temperature 30°-45° Range

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	3'	12-6	1PM	12-6	5PM	12-7	1PM	6"	12-7	5PM	4hr	3/4	30 min
2	3'	12-6	1PM	12-6	5PM	12-7	1PM	6"	12-7	5PM	4hr	1	30 min
3	3'	12-6	1PM	12-6	5PM	12-7	1PM	6"	12-7	5PM	4hr	1/2	30min
4	3'	12-6	1PM	12-6	5PM	12-7	1PM	6"	12-7	5PM	4hr	1	30min
5	3'	12-6	1PM	12-6	5PM	12-7	1PM	6"	12-7	5PM	4hr	3/4	30min
6	3'	12-6	1PM	12-6	5PM	12-7	1PM	6"	12-7	5PM	4hr	1/2	30min

40 30 60 30 40 60

Sum of Percolation Rates: 260
Average of Rates: 44
Rate Used for Calculation: 60 min/in

Person Conducting Percolation Tests

Name: Sam Schutte
Phone: 742-5869
Address 11701 NW 112th ST
~~City~~ Malcolm, NE 68402

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks USE 60 min/in DUE TO VARIABLE SOILS.

Signature of Reviewing Official John F Mc Date 12-11-00

FORM 23-101 10-96

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

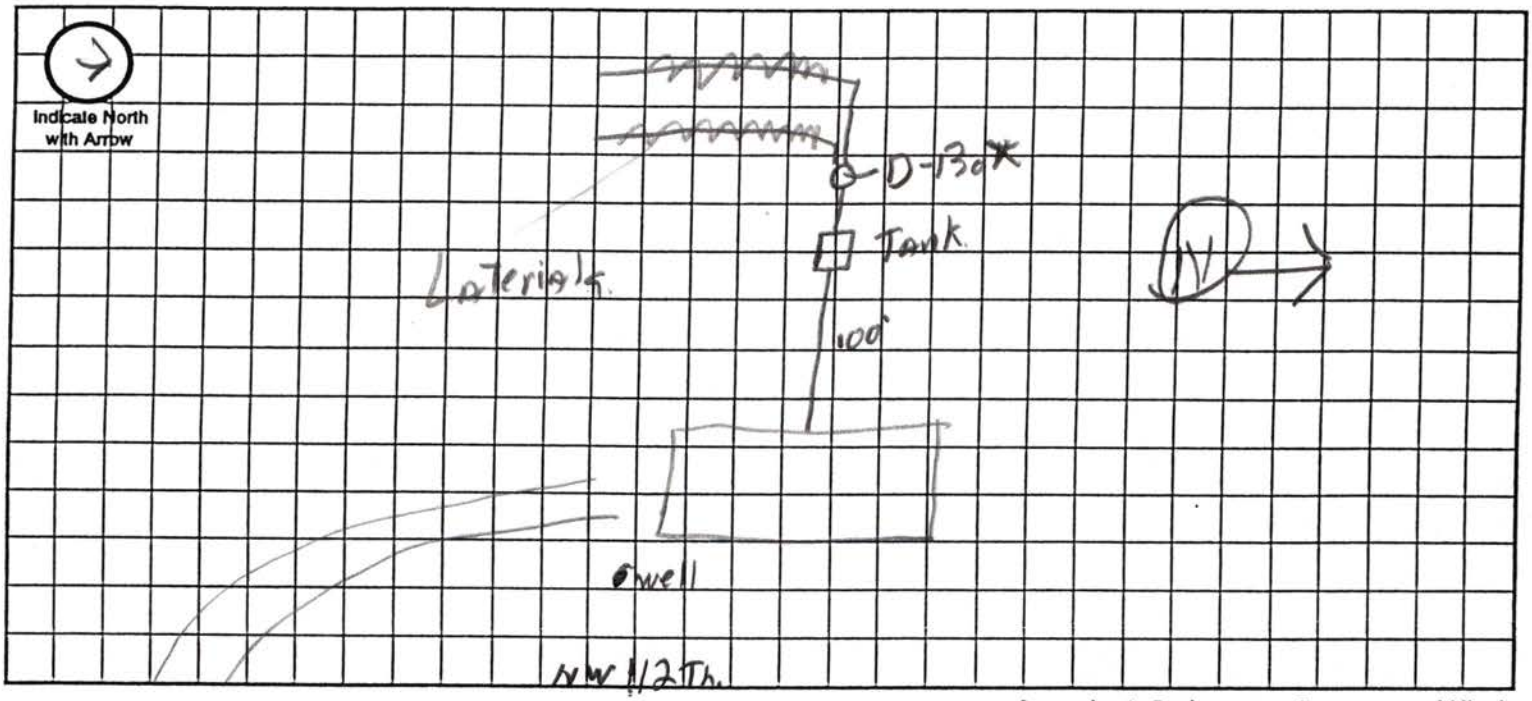
C

Permit Number: 00 38022 74

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) 11701 NW 112TH ST. 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 60 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 700 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 175 ft. Number of Trenches 2+ Trench Width 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 Kevin Wolfe Date _____

Installer [signature] Date 12/11/00

FORM 23-102 10-96

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

D

Permit Number: 00380274

Sewage Disposal System

As Built Plans & Specifications

Date 12-7-00

System Location (Indicate correct number and street)

Address 11701 NW 112TH ST. (no rural route) City Malcolm NE, Zip 68402

A. Building Sewer

1. Material: 4" Plastic
   Diameter: 4" in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 12" in.
3. Distance between dwelling and septic tank: 100+ ft.
4. Number of clean-outs: 2
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: 2
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 2' in.
   Over outlet, diameter ____ in.
   Riser: ☐ above ☐ below grade grade in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 8" 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: concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 20' ft.

D. Absorption Field

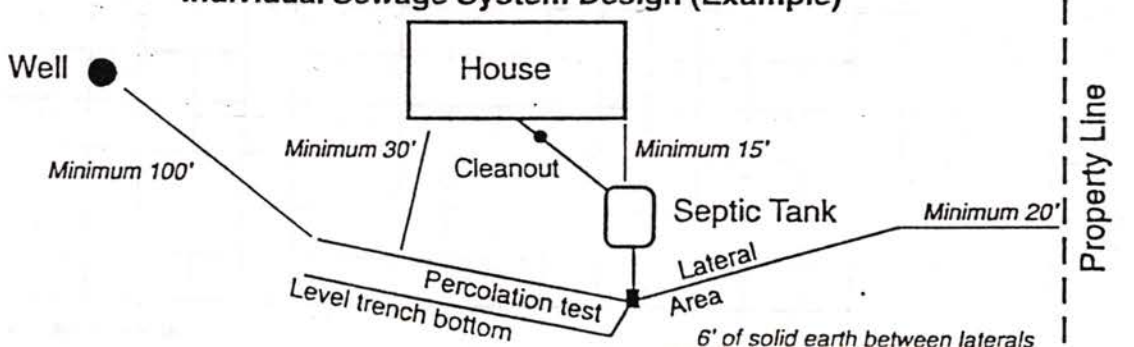
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: InFiltrator
   or perforated pipe: ____
   Material: ☒ fiberglass ☐ plastic ☐ concrete
   ☐ other Plastic.
2. Lateral lines: 2 Number 2
   Length of each line: 100 ft. 75 ft.
   ____ ft. ____ ft., ____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 3" in/100 ft.
   Average depth 30" in
4. Filter material: Gravel
   Depth of material 14" 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.

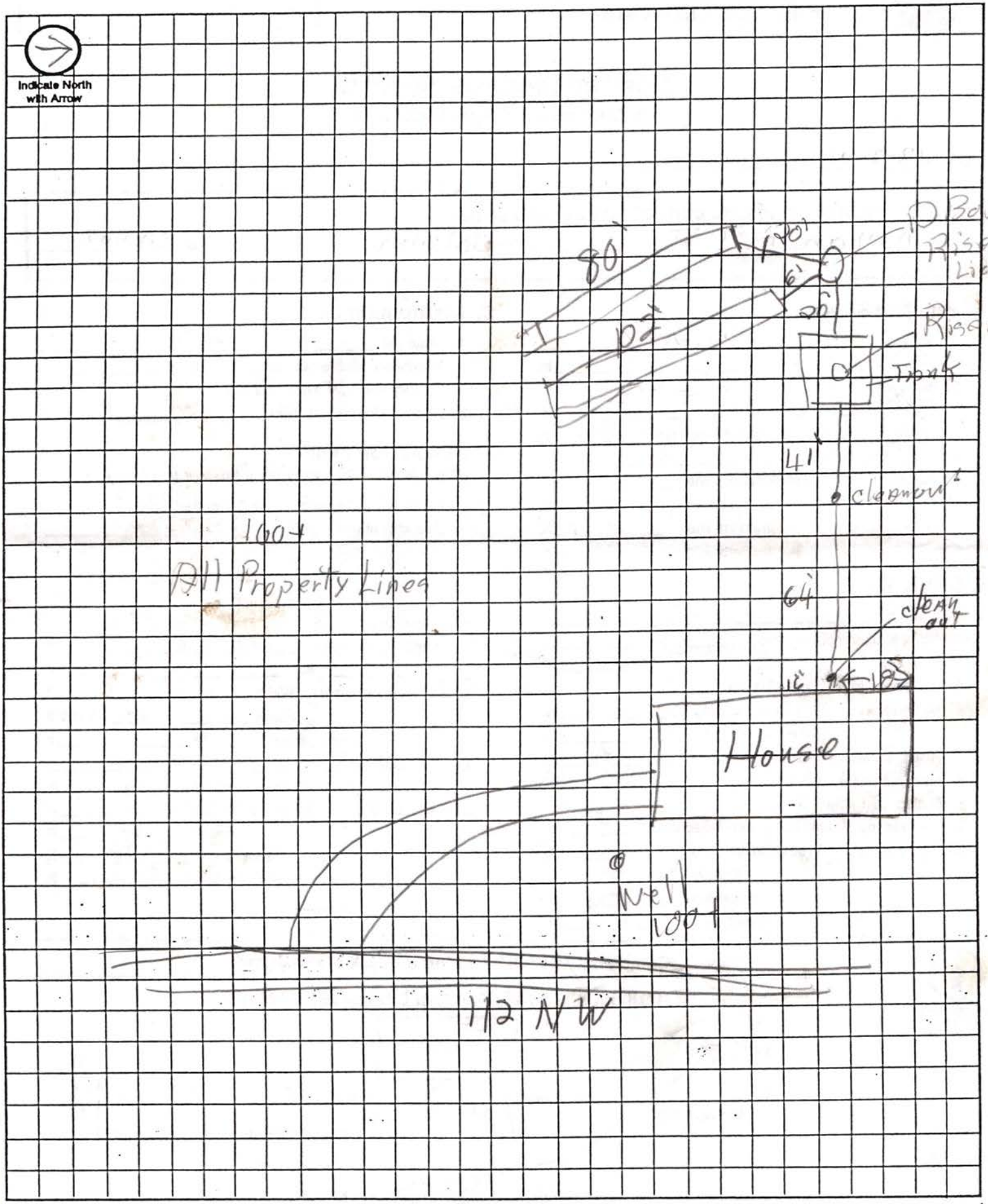
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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