Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

MILAN SCHWEITZER
T11N R5E SEC 15
IRREGULAR TRACT LOT 2&9
11711 NW 84 ST-MALCOLM

Permittee

MILAN SCHWEITZER
1527 140TH ST
PLEASANT DALE NE 68423

Permit # 01380238401

Issued 10/15/01
Expires 04/15/02
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000211

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

A

Permit Number: 01380238401

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 11711 NW 84th St. (no rural route) City Malcolm NE, Zip 68402

Legal Description NE¼ NW¼ 15 11N 5E 2nd 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 Milan Schweitzer Signature _____

Address 1527 140th City/State/Zip Pleasant Dale, NE 68423

☒ Check if owner designed system Home Phone 402/796-2336 Work Phone 402/467-1071 wife-Marjean

C. Contractor

Name Jeff Milan Schweitzer Company Name N/A - Owner

Address 1527 140th City/State/Zip Pleasant Dale, NE 68423

☒ Check if contractor designed system Work Phone _____

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

Designer Name Same as above Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 1 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 6/15/01 Date frwd 6/15/01 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10/17/01 Date frwd 10/17/01 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10/17/01 Date frwd 10/17/01 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 10/15/01

Amt Paid 200.00

Rec'd By LO Cash/Check No. 3457

FORM 23-100 9-00 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Lincoln-Lancaster County Health Department
Environmental Health Division
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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 11711 NW 84th St (no rural route) City Malcolm NE, Zip 68402

Owner Milan Schweitzer Addresss 1527 140th, Pleasant Dale, NE 68423

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

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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)
		N/A					N/A					N/A	

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

_____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

_____

_____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

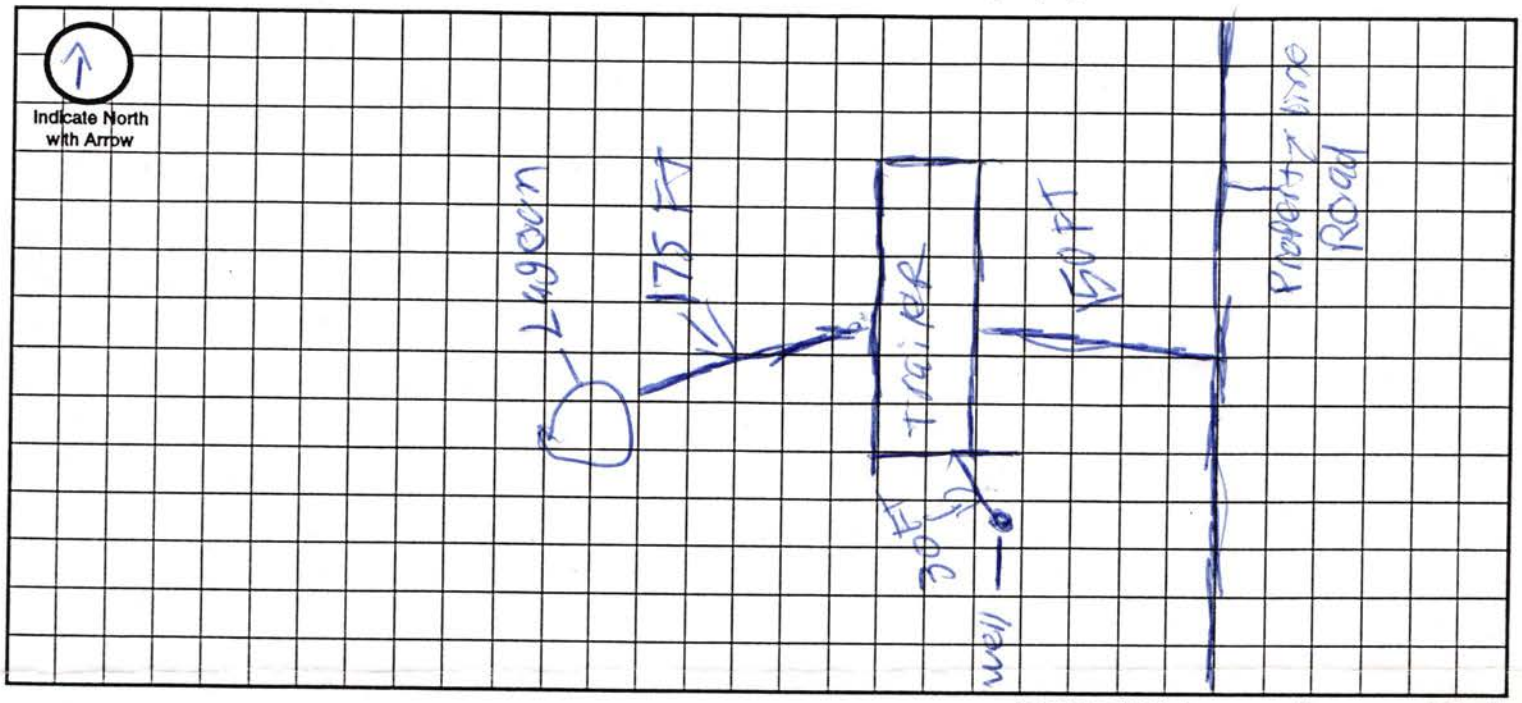
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C

Permit Number:

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) 11711 NW 84th 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 _____ (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 _____ Date _____

Installer Jeff Schmeltzer Date _____

FORM 23-102 10-96

Lagoon to be Installed — Installer will seal. JBS