Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

007964

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 05380305401

Issued 07/01/05
Expires 07/01/06
Revenue Code 3157

Establishment: JEFFREY SCHUMACHER
T10N R8E SEC 24 QTR SW
LOT 24IT

FEES: $200.00

Permittee: JEFFREY SCHUMACHER
2920 S 91 ST
LINCOLN NE 68520

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: 05380305401

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 _____ (no rural route) City _____ NE, Zip _____

Legal Description [redacted], SW¼ Sec 24 T10N R8E Lot 24 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 Jeffrey Schumacher Signature Jeffrey Schumacher

Address 2920 S. 91st City/State/Zip Lincoln, NE 68520

☐ Check if owner designed system Home Phone 483-1062 Work Phone 438-3838

C. Contractor

Name _____ Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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.** 9-27-05, Perfect Septic Line
   Date rec'd 7/1/05 Date frwd 7/1/05
   ACTION ☒ Approved ☐ Disapproved
   Signature Jerrold C. Hood

2. **Supt. Bldg. Insp. or Village Clerk**
   Date rec'd 7-1-05 Date frwd 7-1-05
   ACTION ☒ Approved ☐ Disapproved
   Signature [signature]

3. **City or County Engineer**
   Date rec'd 7-1-05 Date frwd 7-1-05
   ACTION ☒ Approved ☐ Disapproved
   Signature Jim Blazek

Installation Final Written Approval

By Ron Mayfield

Date 11-3-05

Business Office Use Only
Date Rec'd 07/01/05
Amt Paid 200.00
Rec'd By L ~~Cash~~/Check No. 16513

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

Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

B

Permit Number: 05380305A

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address Lot 24 - [redacted], SW¼, 24, 10, 8 (no rural route) City _____ NE, Zip _____

Owner _____ Addresss _____

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

Date of Tests 6/14 to 6/15 Weather: Precipitation None Temperature 85

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	38	6/14	4:00	6/15	4:45	6/15	8:15	35 1/2	6/15	8:45	30	1 1/4	24
2	39	6/14	4:00	6/15	4:45	6/15	8:15	33 7/16	6/15	8:45	30	1	30
3	38	6/14	4:00	6/15	4:45	6/15	8:15	31 1/16	6/15	8:45	30	1 1/16	28
4	36	6/14	4:00	6/15	4:45	6/15	8:15	34 3/8	6/15	8:45	30	1 1/4	24
5	39	6/14	4:00	6/15	4:45	6/15	8:15	33 1/16	6/15	8:45	30	1 3/16	25
6	37	6/14	4:00	6/15	4:45	6/15	8:15	32 7/8	6/15	8:45	30	1 1/16	28

Sum of Percolation Rates: 159

Average of Rates: 26.5

Rate Used for Calculation: 30

Person Conducting Percolation Tests

Name: Claude Ide, PE-3939

Phone: 402-423-0614

Address: 5910 So 52nd St. Ct.
Lincoln Ne. 68516

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date July 1, 2005

FORM 23-101 10-96

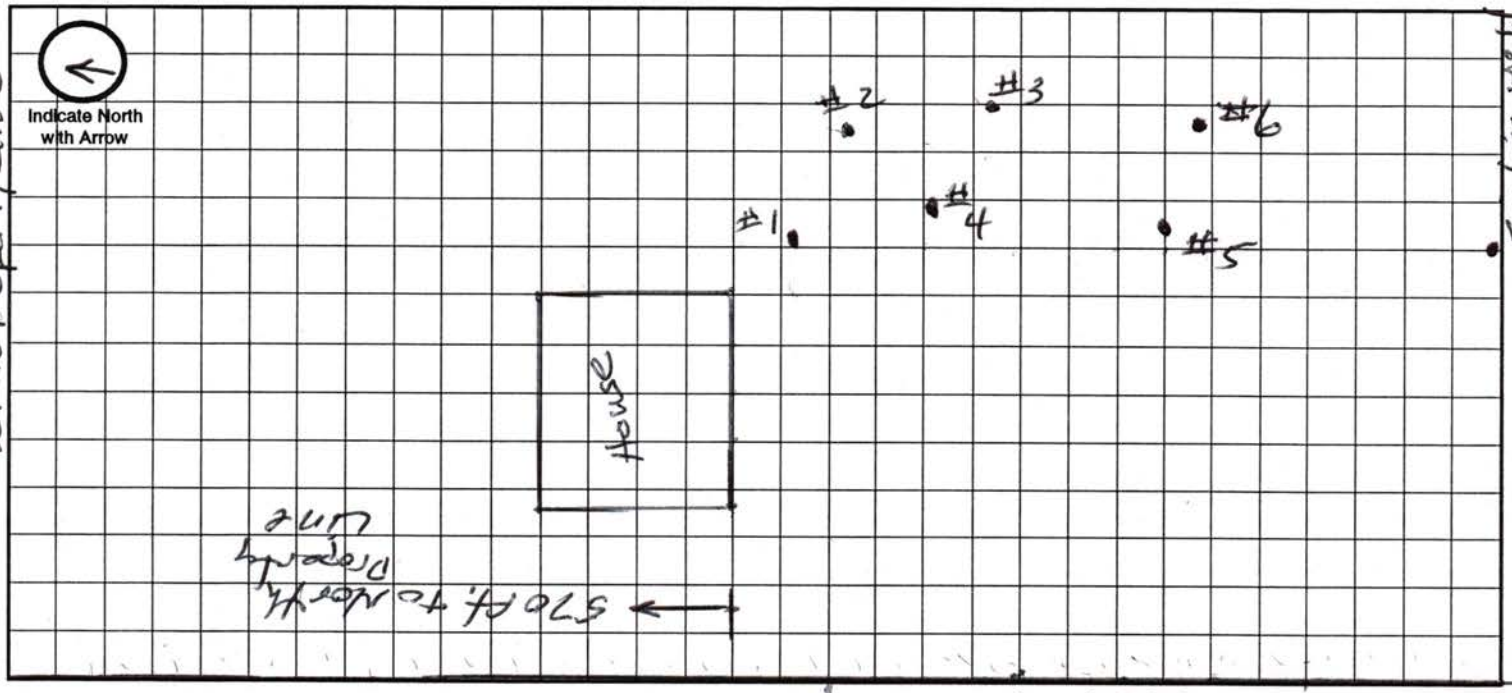
Lincoln-Lancaster County Health Department
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C

Permit Number: 053803054

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) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 30 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 630 sq. ft.

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

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

Total Length of Laterals 158 ft. Number of Trenches _____ Trench Width _____

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

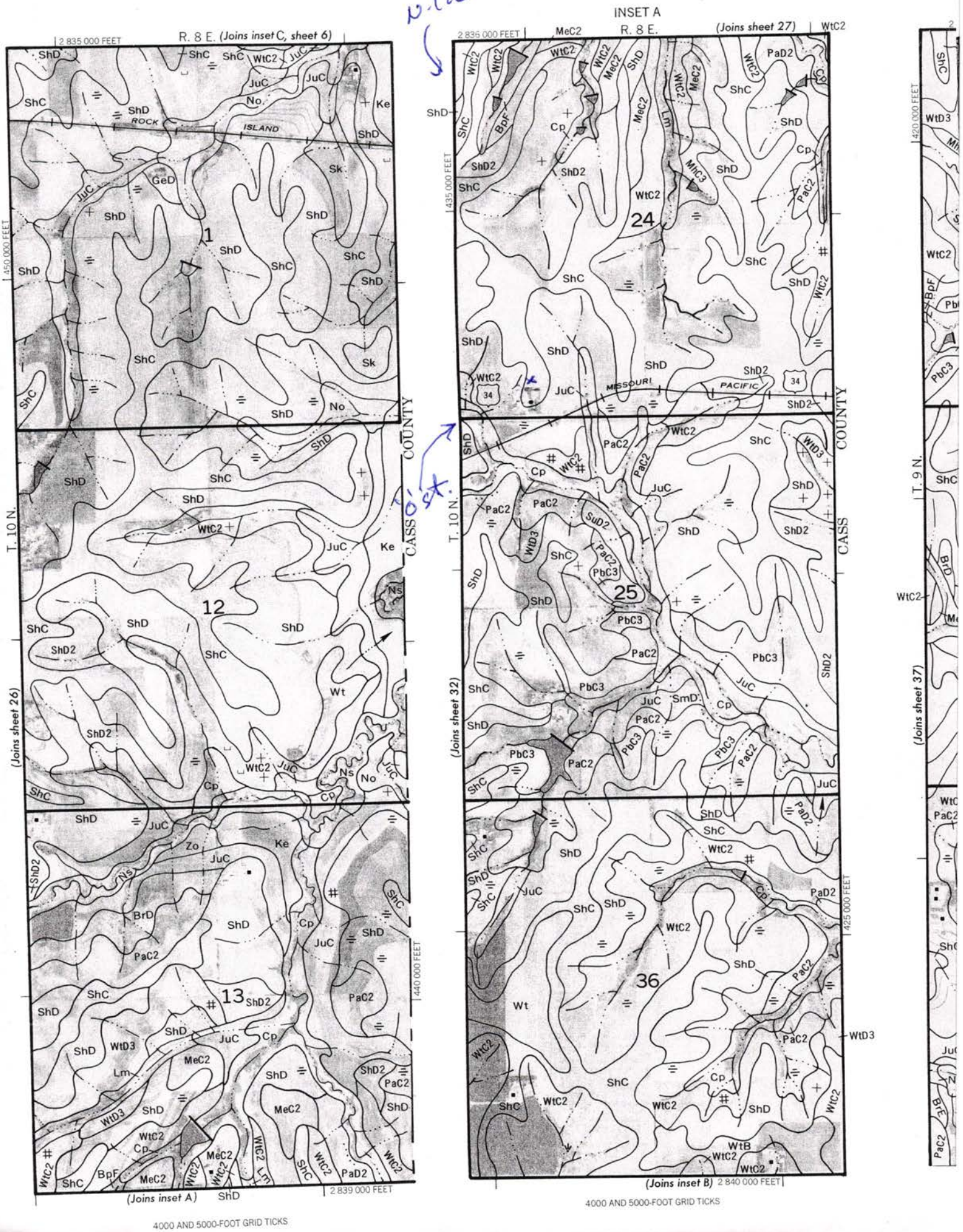
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date _____

Installer Mitchell R Cusenbary, Capital City Trenching Date 7-1-05

FORM 23-102 10-96


INSET A
R. 8 E. (Joins inset C, sheet 6)
R. 8 E.
(Joins sheet 27)
2 835 000 FEET
2 836 000 FEET
2 839 000 FEET
2 840 000 FEET
450 000 FEET
435 000 FEET
425 000 FEET
440 000 FEET
420 000 FEET
T. 10 N.
T. 9 N.
CASS COUNTY
ROCK ISLAND
MISSOURI PACIFIC
(Joins sheet 26)
(Joins sheet 32)
(Joins sheet 37)
(Joins inset A)
(Joins inset B)
1
12
13
24
25
36
34
ShD
ShC
WtC2
JuC
Ke
No
Sk
GeD
ShD2
Cp
Ns
Wt
Zo
BrD
PaC2
WtD3
MeC2
Lm
BpF
PaD2
MnC3
PbC3
SmD
SuD2
WtB
4000 AND 5000-FOOT GRID TICKS
4000 AND 5000-FOOT GRID TICKS