Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT

No. HS000001

System Type:	LAGOON
Situs:	No Situs
Legal Description:	T11N-R05E-S09-SW-Lot:10
Owner:	LARSEN CRAIG & JULIE 10100 NW 96TH ST MALCOLM NE 68402

Permit Fee:	$290.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$290.00
Issued:	09/07/2007
Expires:	09/06/2008

Bruce D. Dart, PhD, Health Director

On-site Waste System Permit Holder:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

Bruce D. Dart, PhD
Health Director

JAKOUBEK LLOYD
RAYMOND CONTRACTING INC

003333

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

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Bruce D. Dart

Bruce D. Dart, PhD
Health Director

JAKOUBEK LLOYD
RAYMOND CONTRACTING INC
13800 NW 70 ST
RAYMOND NE 68428

AUG 27 2007

A

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

Permit Number: HS000001

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 10660 W Waverly Rd (no rural route) City Malcolm NE, Zip 68402

Legal Description SW 1/4 1/4 Section 9 Township 11 Range 5 Subdivision Addition Block Lot 10

Geographical Location (if known): Longitude Latitude

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

B. Owner

Name Gregg + Julie Larson Signature

Address 10660 NW 96th St City/State/Zip Malcolm, NE 68402

☐ Check if owner designed system Home Phone 402-560-8624 Work Phone 402-580-2329

C. Contractor

Name Owner 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 Lloyd Jakowski Firm Raymond Construction Inc Work Phone 402-440-6669

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 8/30/07 Date frwd 8/30/07 ACTION ☑ Approved ☐ Disapproved Signature
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9/4/07 Date frwd 9/4/07 ACTION ☑ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 9-4-07 Date frwd 9-4-07 ACTION ☒ Approved ☐ Disapproved Signature Jim Young

Installation Final Written Approval

By

Date

Business Office Use Only

Date Rec'd 09/06/07

Amt Paid 290.00

Rec'd By Cash/Check No. 6507

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

C

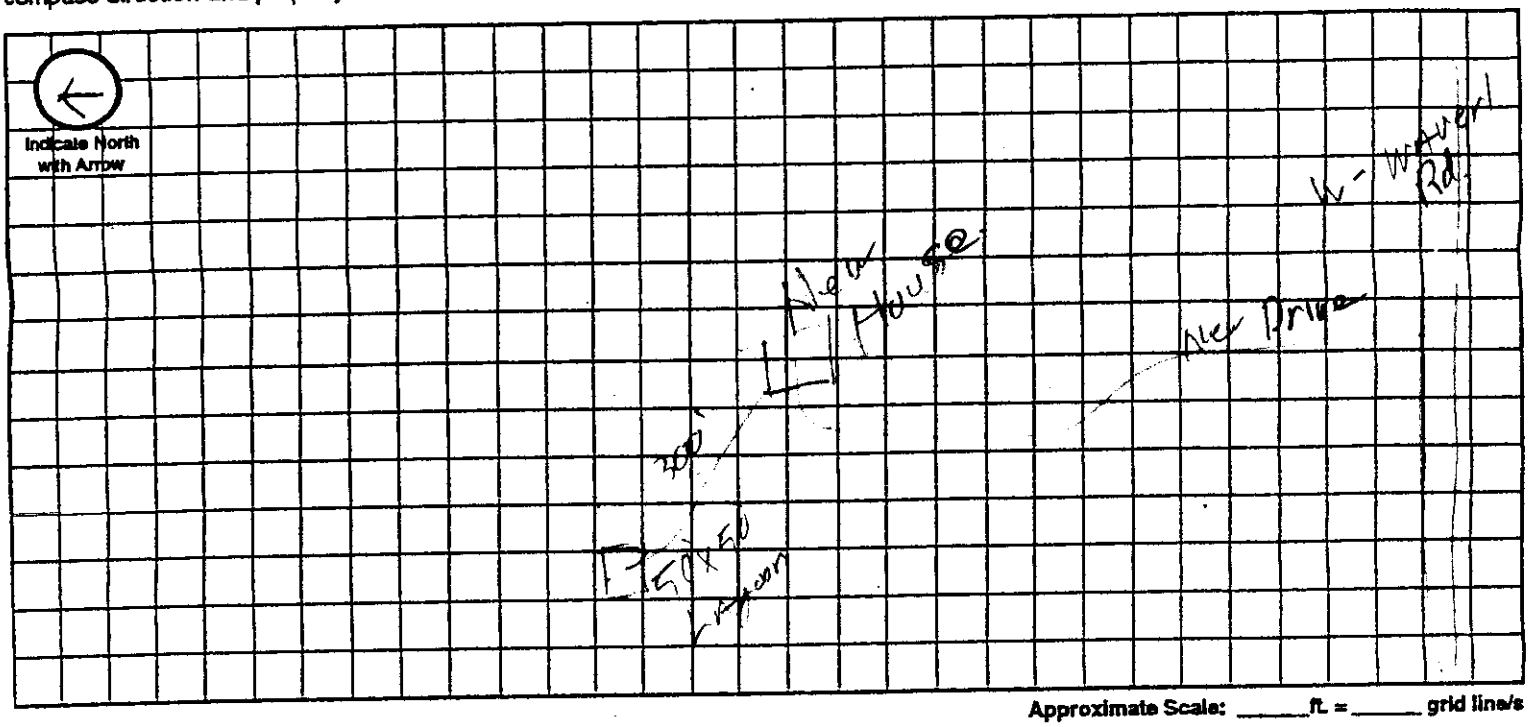
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 10660 W. Waverly Rd City Malcolm NE, Zip 68402

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other New Lagoon

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 Doug Lyon Vice Pres. Paint Mfg. Date 8-23-07

Installer Lloyd J. Gabbert Date 8/23/07

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 11-20-07

Larson Lagoon

System Location (Indicate correct number and street)

Address 10600 W University Rd (no rural route) City Malcolm NE, Zip 68402

A. Building Sewer

1. Material: SDR 26
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: 270 ft.
4. Number of clean-outs: 4
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: _____
   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

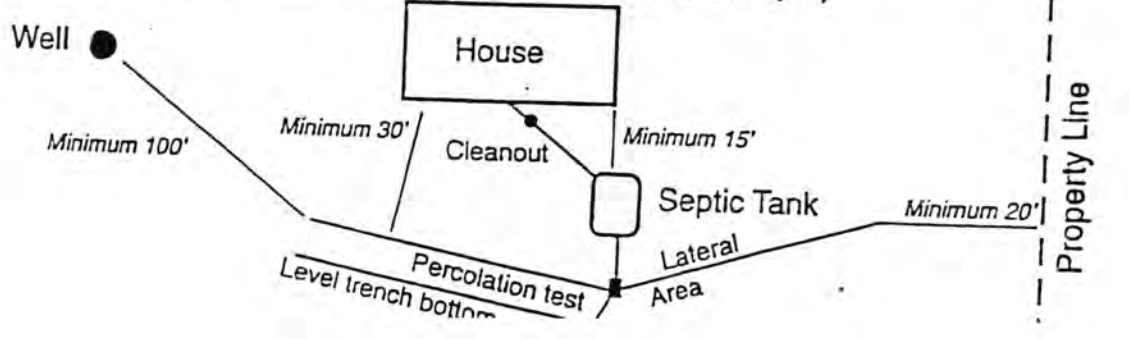
(Provide as-built drawings on back of this form)

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.

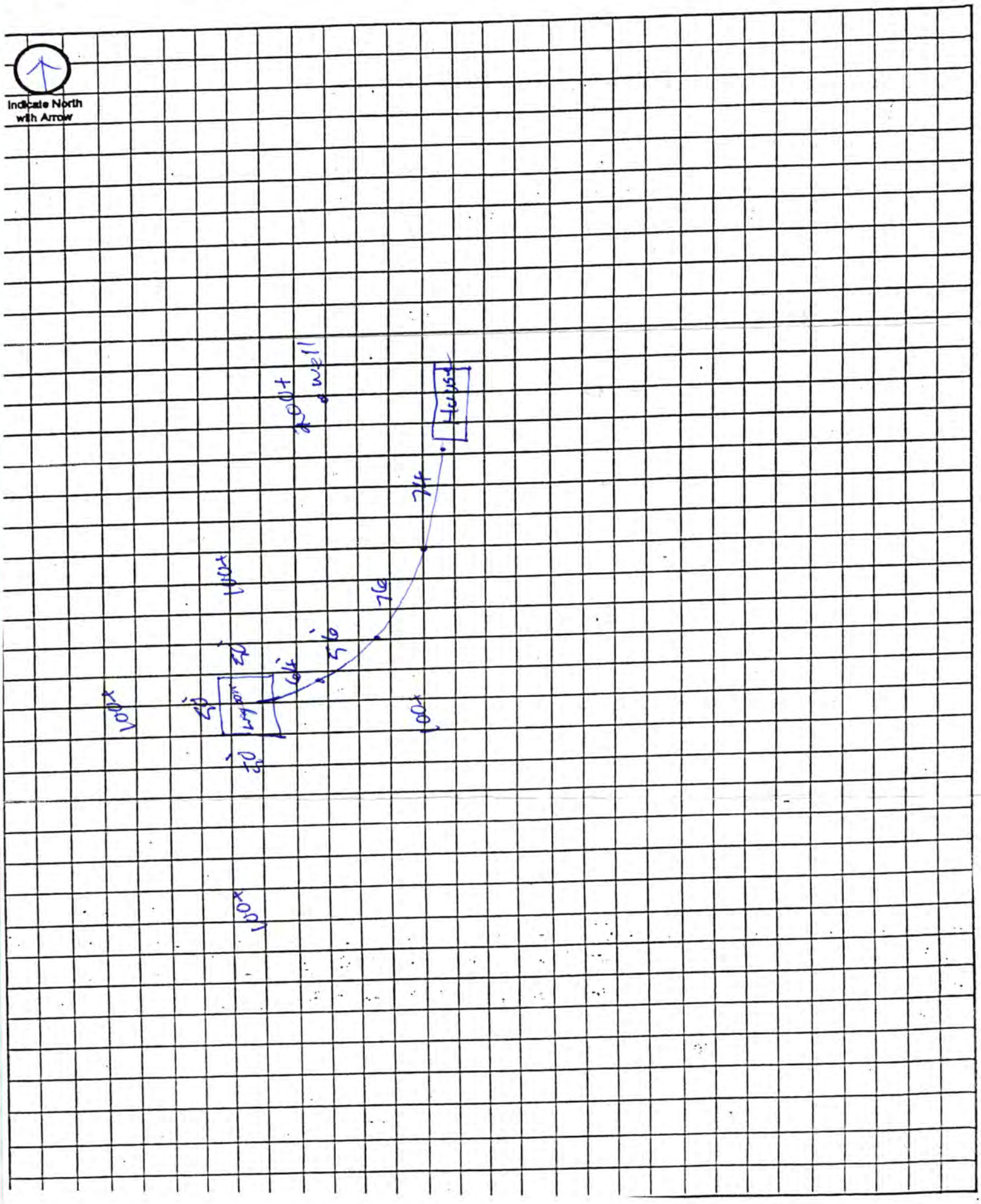
Indicate North with Arrow

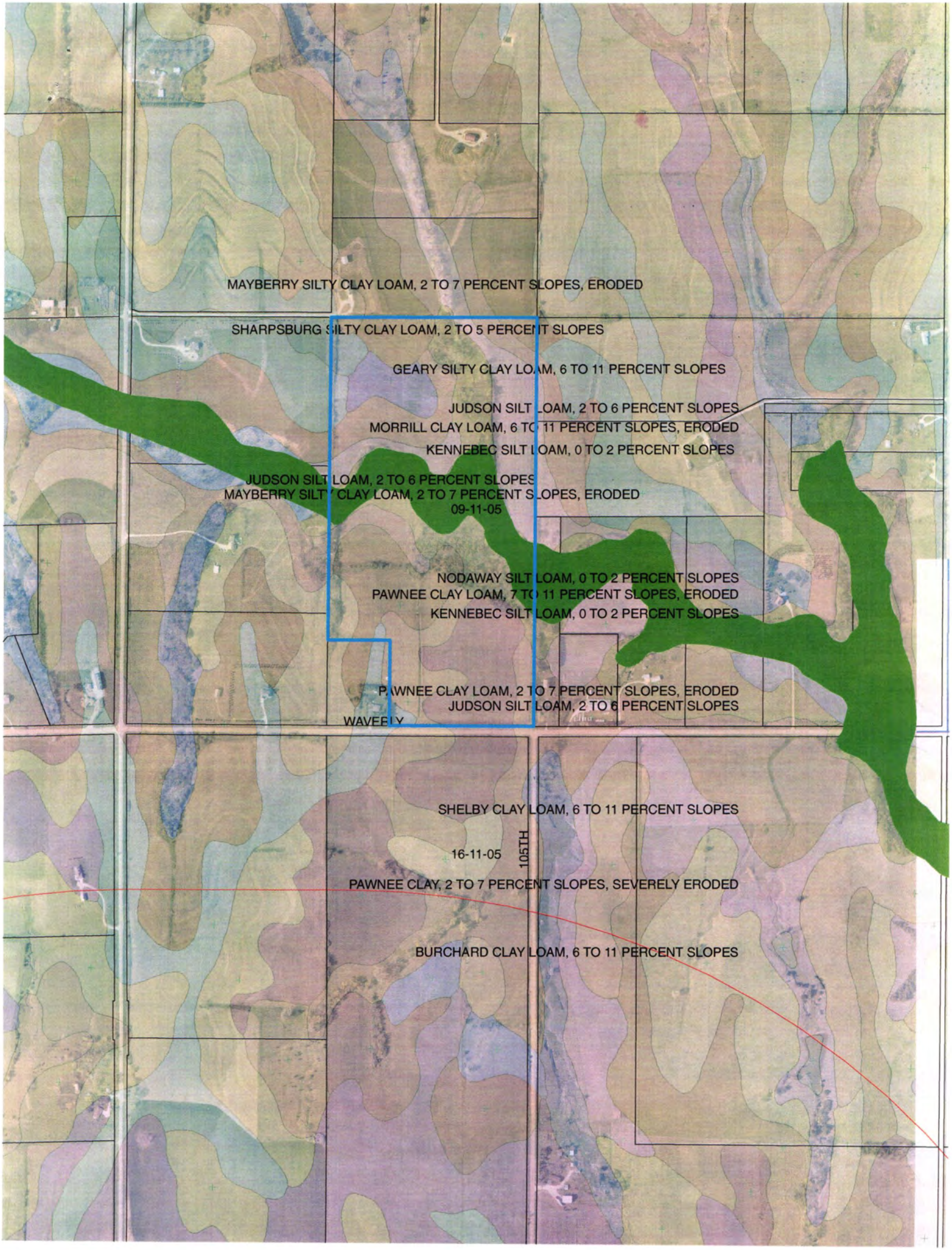
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



As Built Drawing




MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
GEARY SILTY CLAY LOAM, 6 TO 11 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
09-11-05
NODAWAY SILT LOAM, 0 TO 2 PERCENT SLOPES
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
WAVERLY
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
16-11-05
105TH
PAWNEE CLAY, 2 TO 7 PERCENT SLOPES, SEVERELY ERODED
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES

003333

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT

No. HS000001

System Type:	LAGOON
Situs:	No Situs
Legal Description:	T11N-R05E-S09-SW-Lot:10
Owner:	LARSEN CRAIG & JULIE 10100 NW 96TH ST MALCOLM NE 68402

Permit Fee:	$290.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$290.00
Issued:	09/07/2007
Expires:	09/06/2008

Bruce D. Dart

Bruce D. Dart, PhD, Health Director

On-site Waste System Permit Holder:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

Bruce D. Dart

Bruce D. Dart, PhD
Health Director

JAKOUBEK LLOYD
RAYMOND CONTRACTING INC
13800 NW 70 ST
RAYMOND NE 68428

AUG 27 2007

SCANNED

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

Permit Number: HS000001

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 10660 W Waverly Rd (no rural route) City Malcolm NE, Zip 68402

Legal Description SW 9 11 5 ____ ____ 10
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 Gregg + Julie Larsen Signature Gregg Larsen

Address 10100 NW 96th St City/State/Zip Malcolm, NE 68402

☐ Check if owner designed system Home Phone 402-560-8624 Work Phone 402-580-2329

C. Contractor

Name Owner 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 Lloyd Jakoubek Firm Raymond Contracting Inc Work Phone 402-890-6009

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 8/30/07 Date frwd 8/30/07 ACTION ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9/4/07 Date frwd 9/4/07 ACTION ☑ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 9-4-07 Date frwd 9-4-07 ACTION ☒ Approved ☐ Disapproved Signature Jim Clough

Line + letter 11/27/07

Installation Final Written Approval

By _____

Date 6/5/08

Business Office Use Only
Date Rec'd 09/06/07
Amt Paid 290.00
Rec'd By _____ Cash/Check No. 6507

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

* Next week or two - Currently living there 5/27

SCANNED

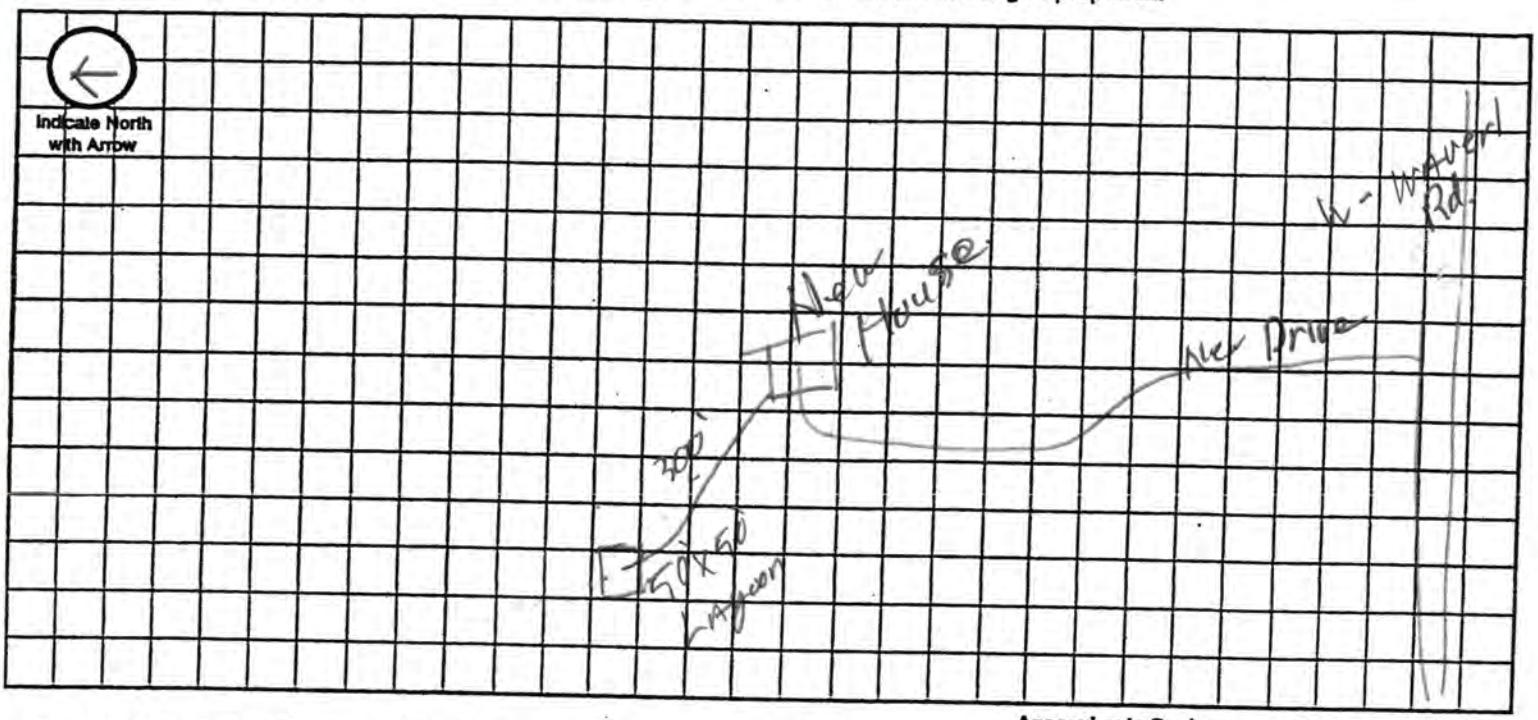
C

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

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) 10660 W. Waverly Rd. City Malcolm NE, Zip 68402

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other New Lagoon

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
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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 Steve Lyon / Vintage Point Homes Date 8-23-07

Installer Lloyd J. Jabaut Date 8/24/07

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 11-20-07

Larson Lagoon

System Location (Indicate correct number and street)

Address 10060 W University Rd (no rural route) City Malcolm NE, Zip 68402

A. Building Sewer

1. Material: SDR 26
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: 270 ft.
4. Number of clean-outs: 4
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: _____
   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

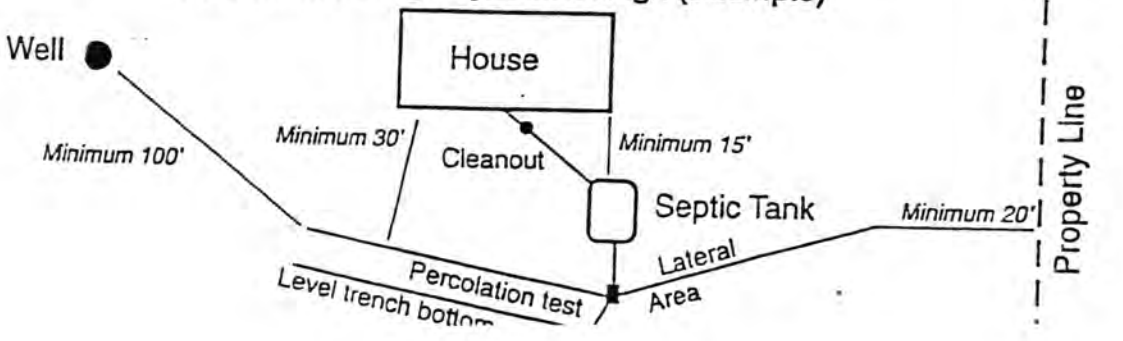
(Provide as-built drawings on back of this form)

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.
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   Property line _____ ft.

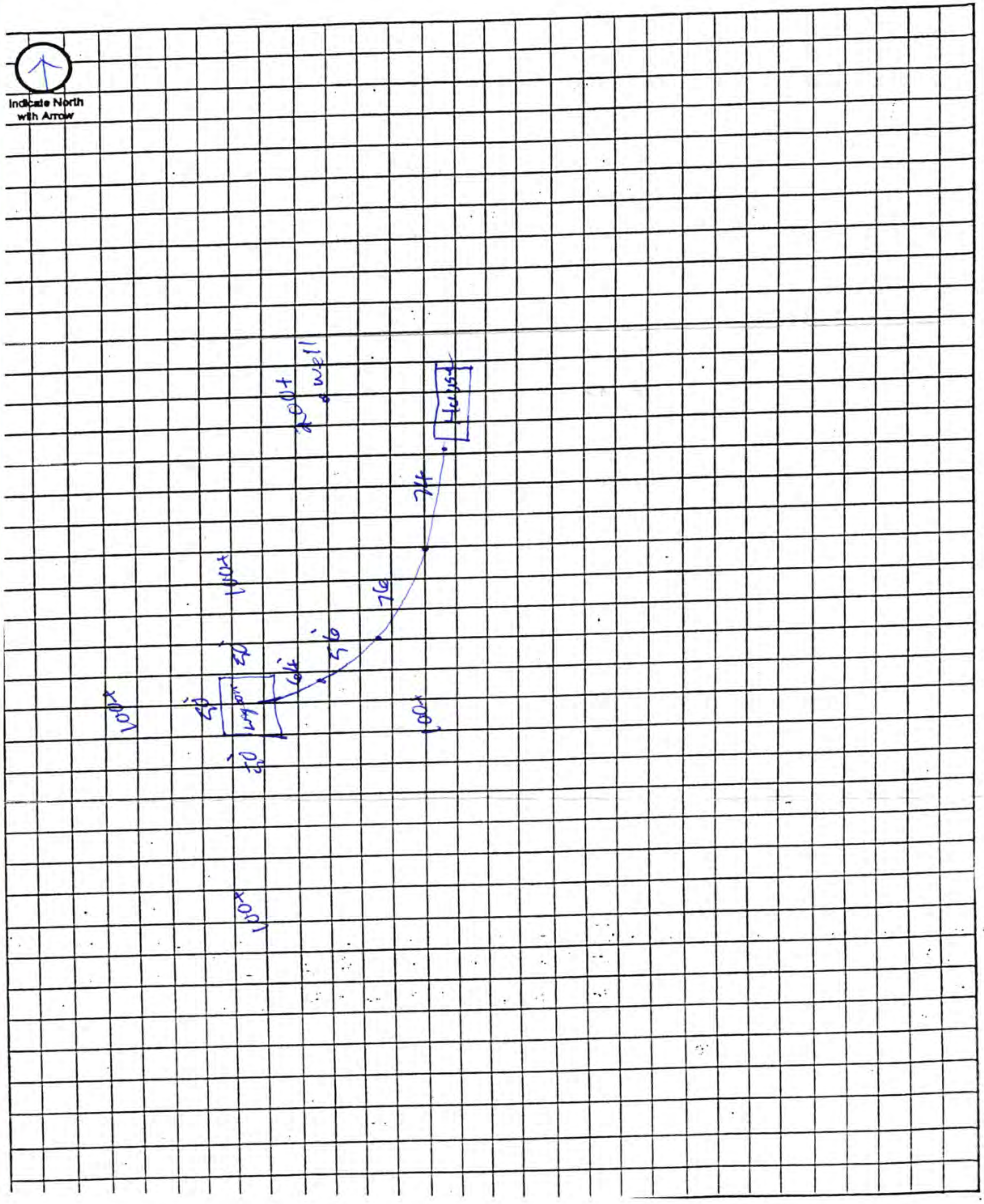
Indicate North with Arrow

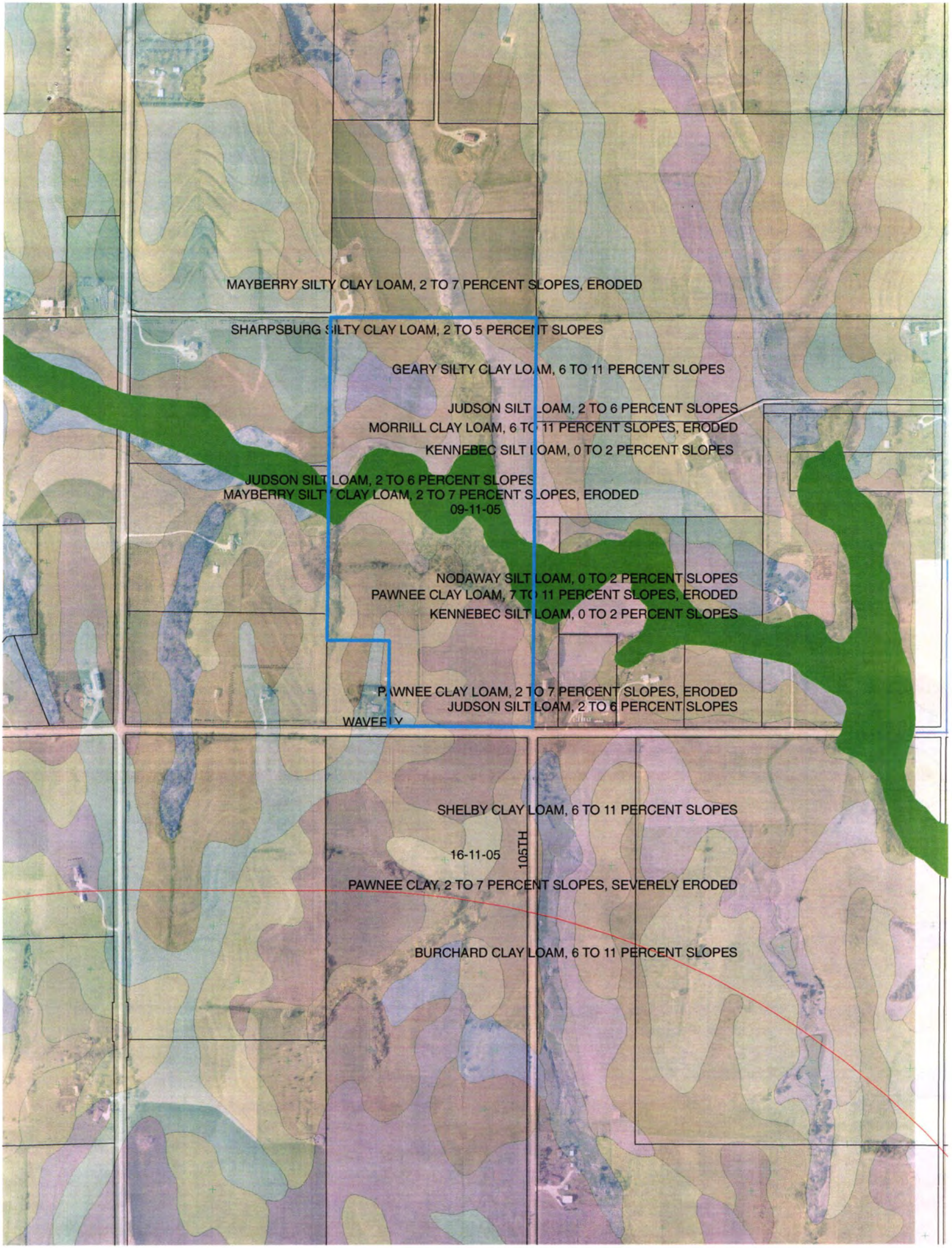
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



As Built Drawing




MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
GEARY SILTY CLAY LOAM, 6 TO 11 PERCENT SLOPES
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MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
09-11-05
NODAWAY SILT LOAM, 0 TO 2 PERCENT SLOPES
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SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
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