LLCHD HS000067

MAR 03 2008

A

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

Permit Number: 4S000067

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 9155 NW 112th St (no rural route) City Malcolm NE, Zip 68402

Legal Description SE 1/4 20 Section 11 Township 5 Range Barbara Heights Subdivision 8 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 Don & Pat Underwood Signature _____

Address 9155 NW 112 City/State/Zip Malcolm, Ne. 68402

☐ Check if owner designed system Home Phone 402-796-2560 Work Phone N/A

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 Jakowbek Firm Raymond Contracting Inc Work Phone 402-783-2663

E. This System Will Serve a * may put a bedroom in the basement in the future

☑ Residential Dwelling * Number of Bedrooms 2 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 3/4/08 Date frwd 3/4/08
   ACTION ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/4/08 Date frwd 3/4/08
   ACTION ☑ Approved ☐ Disapproved Signature R. Lunk
3. **City or County Engineer** Date rec'd _____ Date frwd _____
   ACTION ☐ Approved ☐ Disapproved Signature _____

Line to lagoon - 3/5/08 DJ

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 3/3/08
Amt Paid 305.00
Rec'd By JR Cash/Check No. 6663

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

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

B

Permit Number: HS000067

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 9155 NW 112th St (no rural route) City Malcolm NE, Zip 68402

Owner Dan Underwood Address same as above

Soil Type (SCS): Pawnee Percolation Rate: Failed min./inch

Date of Tests 10-5-07 to 10-6-07 Weather: Precipitation 0 Temperature 82°

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	34	10-5	2:30p	10-5	6:30p	10-6	12:15p	6	10-6	12:45p	30	1/16	500
2	33	"	"	"	"	"	"	"	"	"	"	1/8	231
3	26	"	"	"	"	"	"	"	"	"	"	1/8	231
4	36	"	"	"	"	"	"	"	"	"	"	3/16	158
5	36	"	"	"	"	"	"	"	"	"	"	1/16	500
6	35	"	"	"	"	"	"	"	"	"	"	1/16	500

Sum of Percolation Rates: 2,120
Average of Rates: 353
Rate Used for Calculation: failed

Person Conducting Percolation Tests

Name: Terri Jakoubek, Raymond Contracting, Inc
Phone: 402-783-2663 or 402-890-3870
Address 13860 NW 70th St
Raymond NE 68428 # C1198

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96
3-17-2008 16: 4: 2

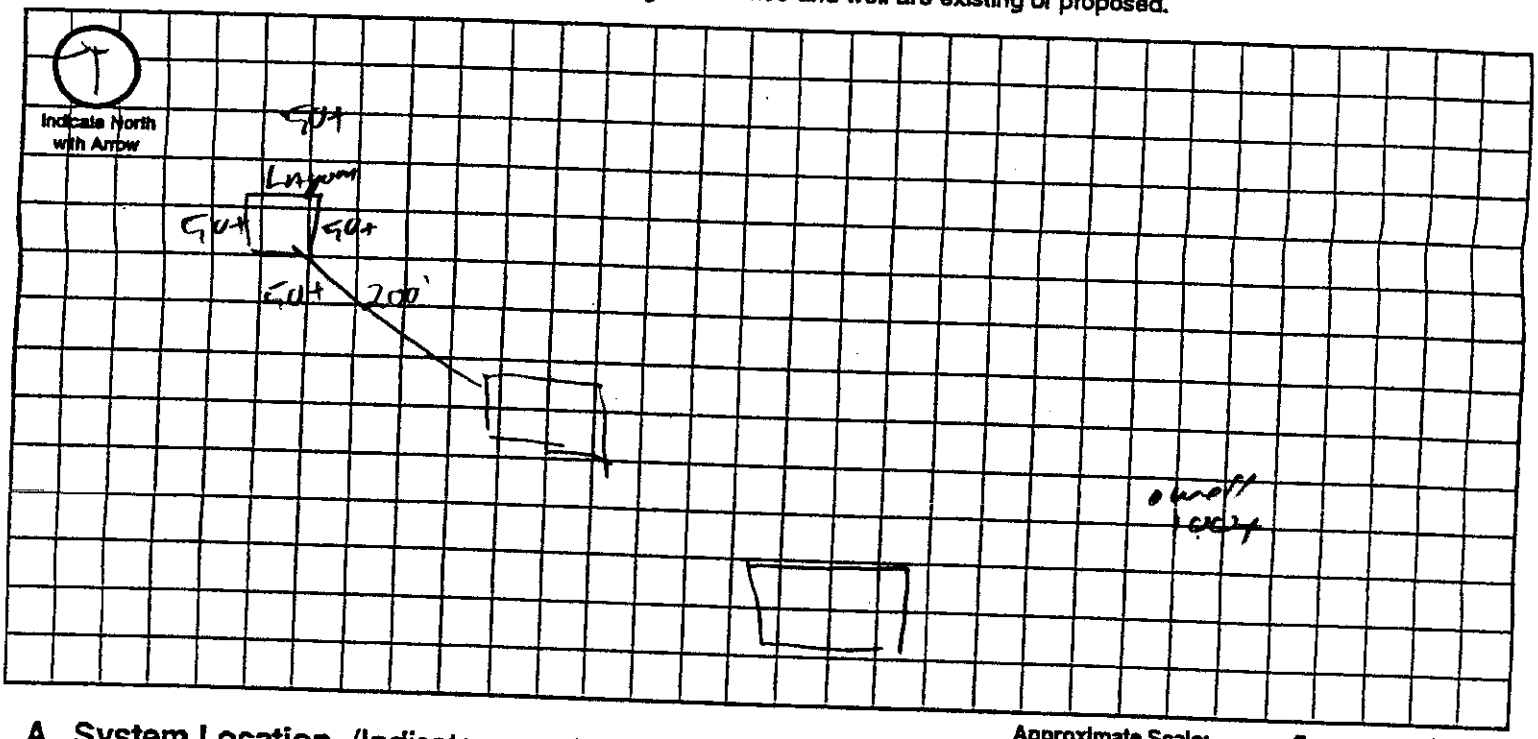
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000067

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) 9155 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 _____ (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 _____

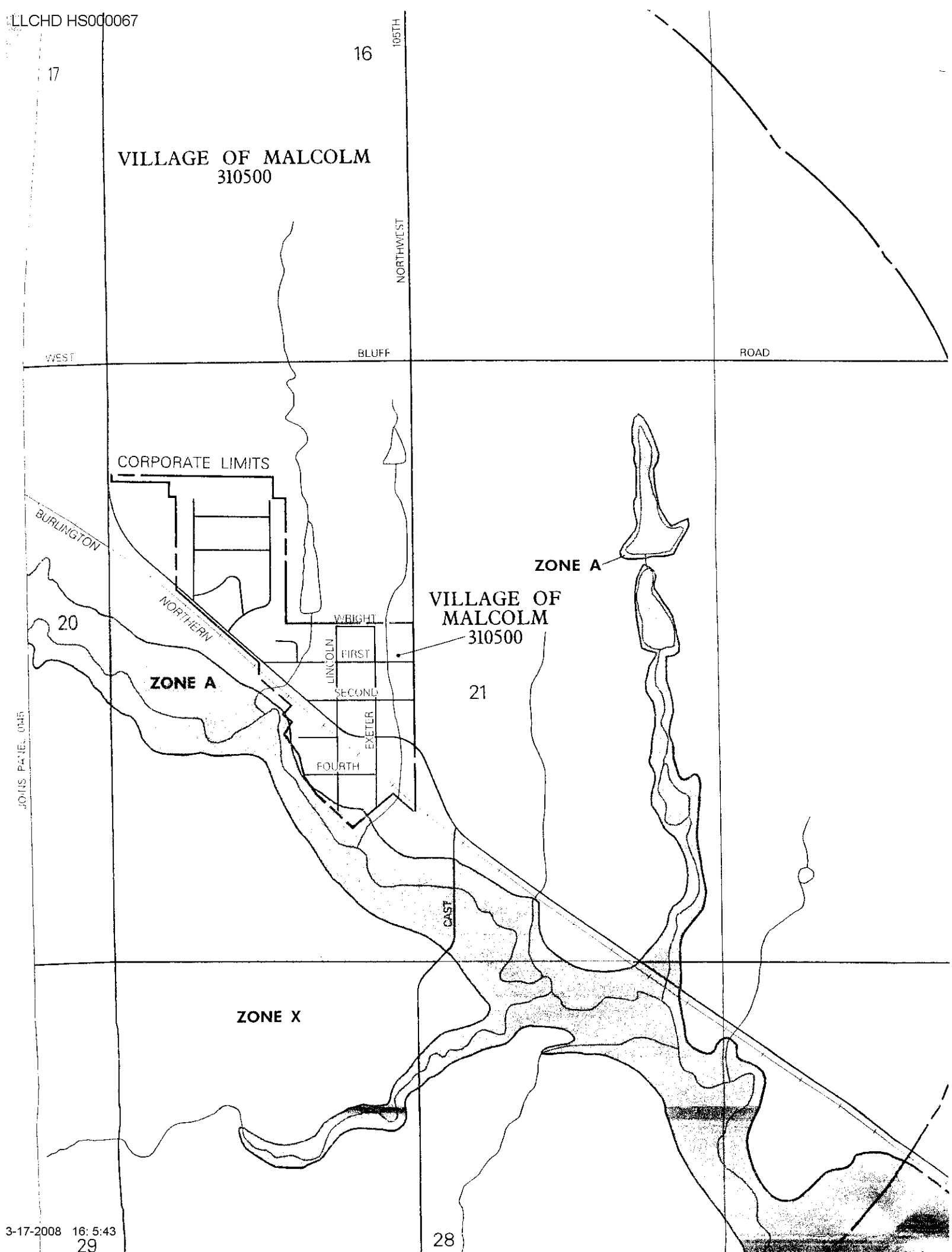
D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 Max Underwood by Kevin Johnson Date 2-21-08

Installer Kevin L. Johnson Date 2-21-08


16
17
105TH
NORTHWEST
VILLAGE OF MALCOLM
310500
WEST
BLUFF
ROAD
CORPORATE LIMITS
BURLINGTON
NORTHERN
ZONE A
VILLAGE OF
MALCOLM
310500
20
WRIGHT
LINCOLN
FIRST
SECOND
EXETER
FOURTH
ZONE A
21
JOHNS PAVE. 0045
CAST
ZONE X
3-17-2008 16: 5:43
29
28

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. HS000067

System Type:	LAGOON
Situs:	9155 NW 112 ST RUR
Legal Description:	T11N-R05E-S20-Lot 8
Owner:	UNDERWOOD, DAN G & PATRICIA A 9155 NW 112 ST MALCOLM NE 68402

Permit Fee:	$305.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$305.00
Issued:	03/10/2008
Expires:	03/10/2009

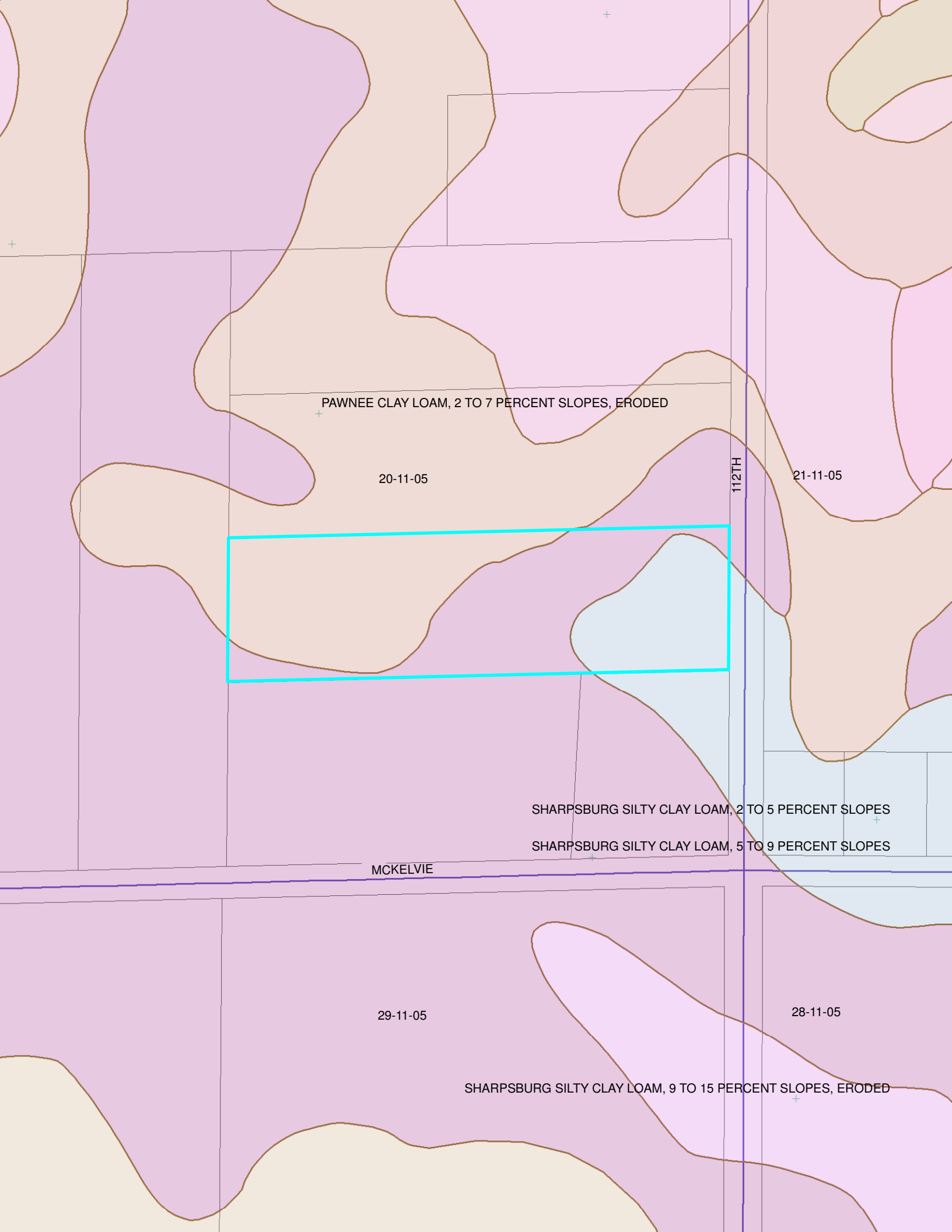
Bruce D. Dart, PhD, Health Director

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

RAYMOND CONTRACTING
13800 NW 70TH ST
RAYMOND NE 68428


PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
20-11-05
112TH
21-11-05
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
MCKELVIE
29-11-05
28-11-05
SHARPSBURG SILTY CLAY LOAM, 9 TO 15 PERCENT SLOPES, ERODED