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. HS000112

System Type: LAGOON

Situs: 13800 W BLUFF RD RUR

Legal Description: T11N-R05E-S18-Lot 4@6

Owner: SAVICKY, JOHN A & DIANE K
13800 W BLUFF RD
MALCOLM NE
68402

Permit Fee:	$305.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$305.00
Issued:	06/16/2008
Expires:	06/16/2009

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
RAYMOND NE 68428

LLCHD HS000112

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

A

Permit Number H5000112

Onsite Wastewater Treatment System Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☐ Septic System ☑ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 13800 West Bluff Rd City Malcolm, NE Zip 68402
(no rural route)

Legal Description S18, T11, R5, 6th Principal Meridian, Lot 4 & 6 SW
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Longitude: _____ Latitude: _____

☐ Check if system mail address is not the same as the owner's address Total Acres: 7

B. Owner

Name Doug Savicky Signature Doug Savicky

Address 158 N Lincoln St. / P.O. Box 2 City/State/Zip Malcolm, NE 68402

☐ Check if owner designed system Home Phone 796-2165 Work Phone 416-9720

C. Contractor

Name: Mike Beach Company Name Beach Construction

Address 3134 S. 48th St City/State/Zip Lincoln, NE 68506

☐ Check if contractor designed system Work Phone 402-440-4973

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

Designer Name Lloyd Jakubek 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 Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☑ County Resolution No. 02-30

1. Health Department
Site visits _____
Date rec'd 6/9/08
Date frwd 6/9/08
ACTION ☑ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd _____
Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd _____
Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

Installation Final Written Approval
By _____
Date _____

JUN 06 2008
Inc # 6744
DO

Business Office Use Only
Date Received 6/9/08 Amount Paid 305.00
Received By _____ Cash/Check No. 6744

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 5-07

6-11-2008 15:11: 1

LLCHD HS000112

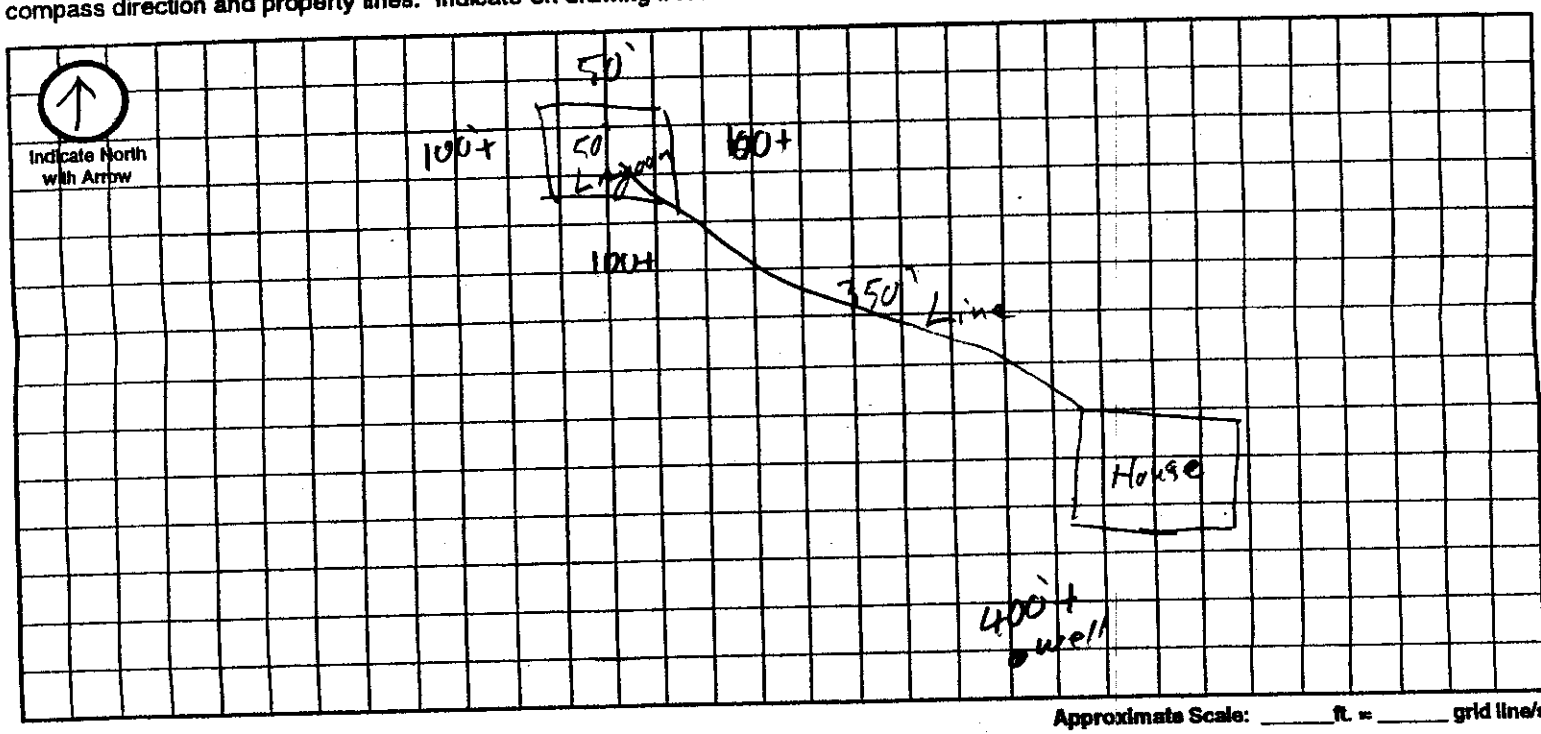
C

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

Permit Number: HS000112

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) 13800 W Bluff Rd 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 ☑	☐

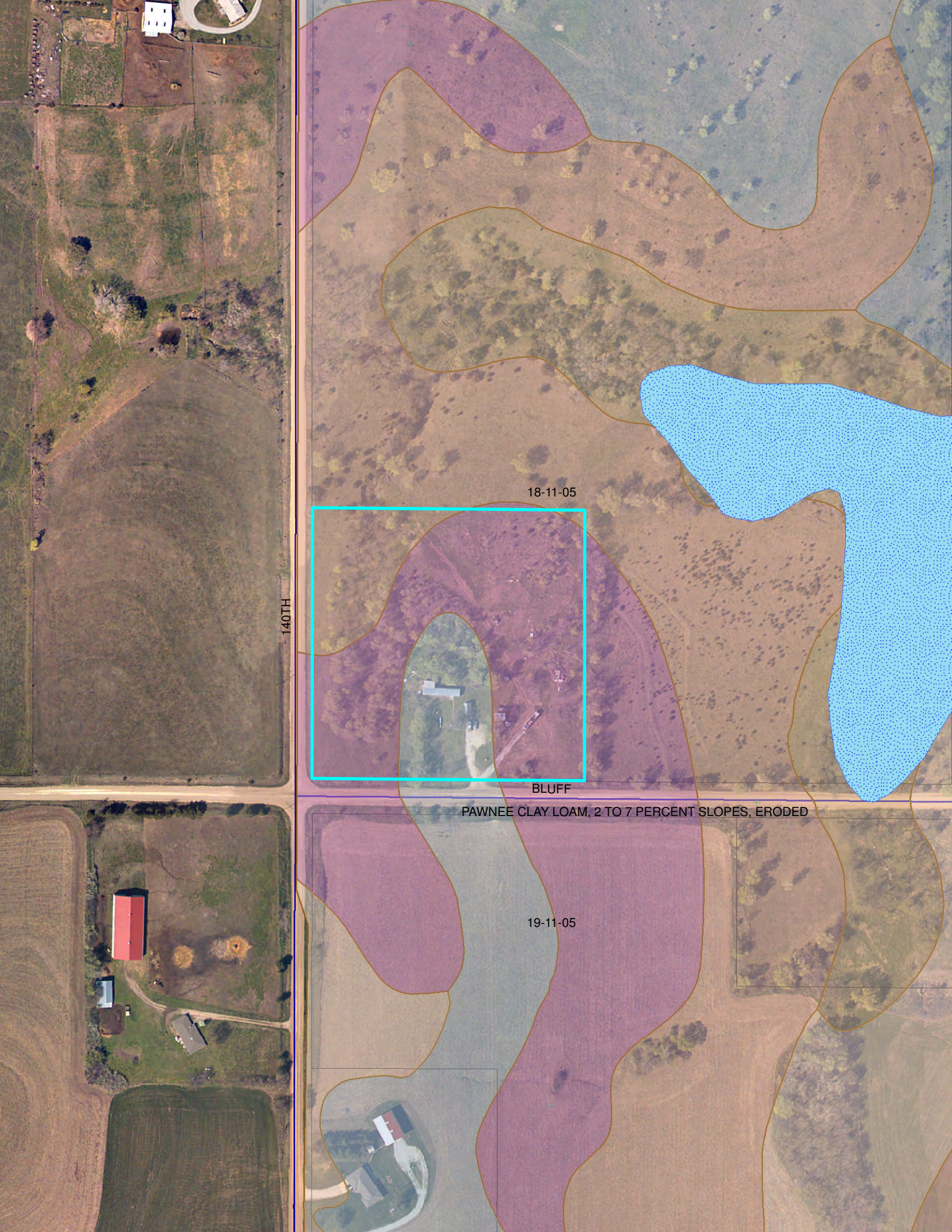
E. Required Signatures

Home Building Contractor Mike Beach by Ron Johnson Date 6-5-08

Installer Ron R. Johnson Date 6-5-08

FORM 23-102 10-96

6-11-2008 15:11: 6


18-11-05
140TH
BLUFF
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
19-11-05

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

SEP 22 2008

D

Permit Number: HS010112

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 9-18-08 Legal Description SW (1/4) 1/4 18-11-5 Lot 476 Section Township Range

Onsite System Location

Address (no rural route) 13800 W Bluff Rd City Malcolm NE, Zip 68402

Owner Doug Savicky Address 158 N Lincoln/PO Box 2 Malcolm 68402

A. Sewer Pipe

1. Material: SDR26
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12" in.
3. Distance between dwelling and septic tank: 242 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 50 ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

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" dia. inspection pipe
6. Outlet: ☐ baffle ☐ tee ☐ 6" dia. inspection pipe
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 ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Drainfield Absorption

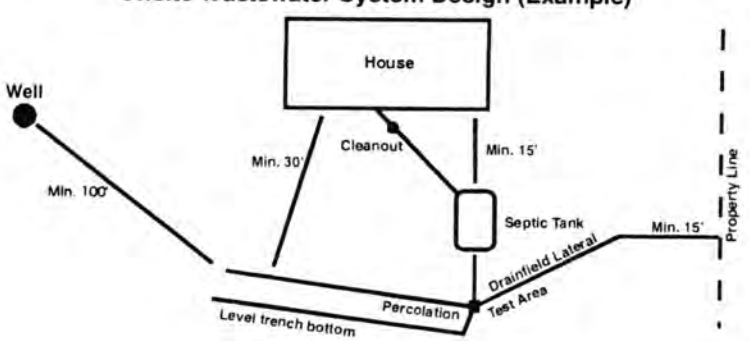
☐ Trench ☐ Bed ☐ Level Bottom

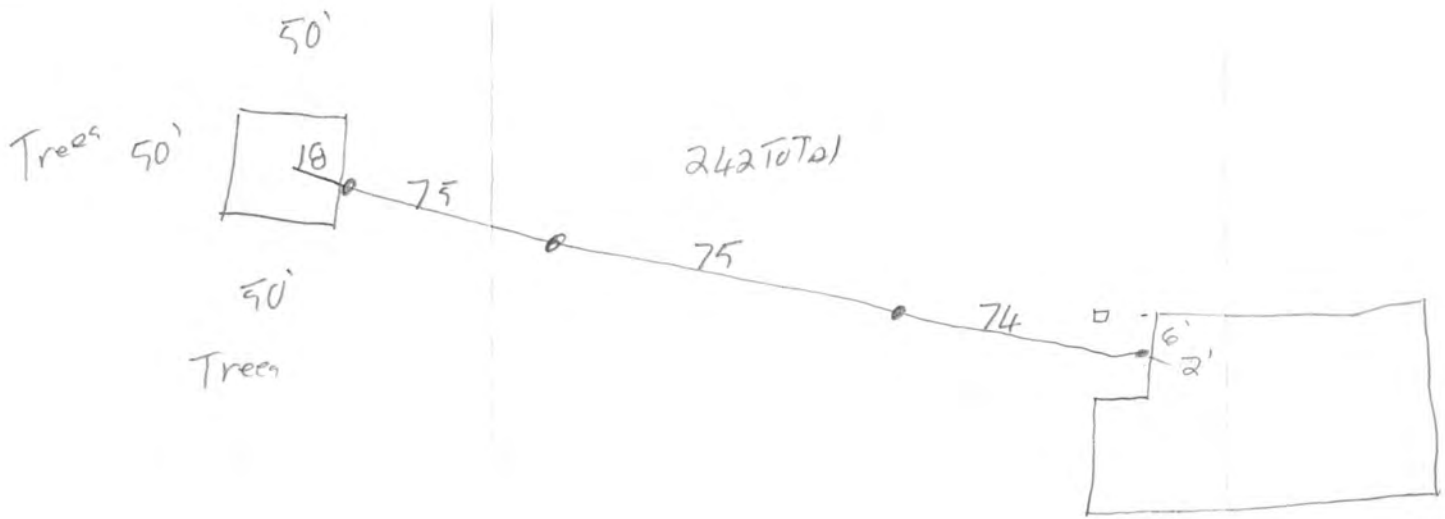
1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width _____ ft.
   Distribution Pipe Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   House or building _____ ft.
   Lake or Stream _____ ft.

Complete As-Built drawing on the back fo this form.

Onsite Wastewater System Design (Example)

Indicate North with Arrow




50'
Trees 50'
18
75
242 TOTAL
75
74
50'
Trees
6'
2'

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
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SCANNED

A

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Date frwd _____
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Signature _____

3. City or County Engineer
Comments _____
Date rec'd _____
Date frwd _____
ACTION ❑ Approved ❑ Disapproved
Signature _____

Line & tags - need fence 9/18/08

Installation Final Written Approval
By _____
Date 3/26/09
* Not Today

JUN 06 2008
CK#6744
DC

Business Office Use Only
Date Received 6/9/08 Amount Paid 305.00
Received By DAF Cash/Check No. 6744

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 5-07