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

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS000792

System Type: Standard

Situs: 5365 NW 84 ST, RURAL, NE

Issued: 8/2/2013

Expires: 8/1/2014

Description:

Owner: HERNANDEZ, BULMARO R
6312 FORT ST
OMAHA, NE 68104

Judith A Halstead
Judith A. Halstead, MS, Health Director

Dear Applicant:

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.

Judith A Halstead
Judith A. Halstead, MS
Health Director

KURT VIRGIL EXCAVATING
4620 W MARY LOUISE LN
LINCOLN, NE 68528-1936

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

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KURT VIRGIL EXCAVATING
4620 W MARY LOUISE LN
LINCOLN, NE 68528-1936

JUL 3 1 2013

A

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number H5000792

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 5365 NW 84 St (no rural route) City Malcolm, NE Zip 68402

Legal Description 3 10 S 6 PM 31 & 32 NE

1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

Geographical Location (if known): Lat/Long: _____ PID 04-03-200-003-000

B. Owner

Name ~~Ana~~ Bulmaro Hernandez Signature NA

Address 6312 Fort St City/State/Zip Omaha / NE / 68104

Home Phone _____ Work Phone 402-610-2679 (Doug)

C. Certified Installer

Name: Kurt Virgil Signature _____

Address 4620 W Mary Louise Ln City/State/Zip Lincoln / Ne / 68528

Work Phone 402-525-6601

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number: _____

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 2.91

☐ 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 8/1/13
Date frwd 8/1/13
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 _____

Business Office Use Only
Date Received 8-1-13 Amount Paid 355.-
Received By [illegible] Cash/Check No. 1020

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

Form A Updated: 5/10

JUL 3 1 2013

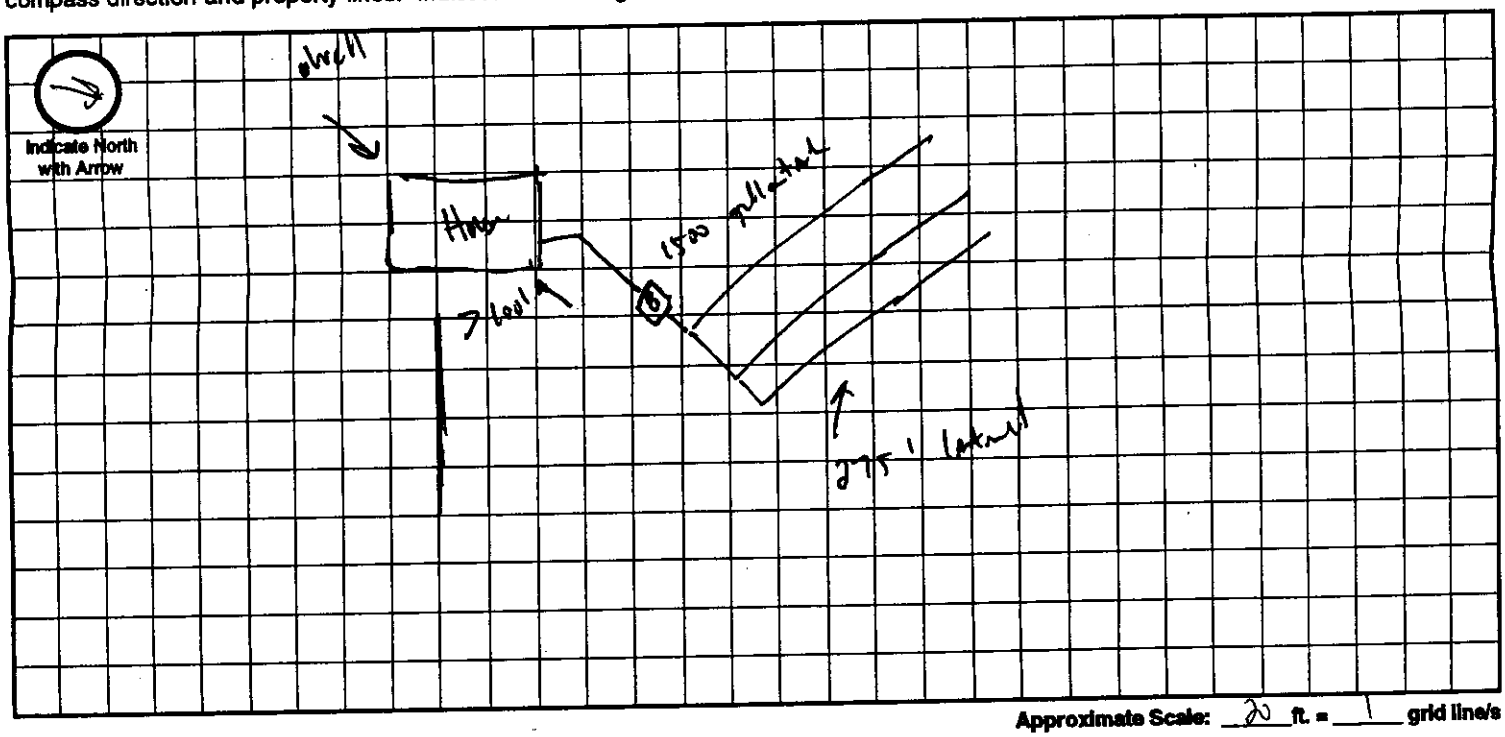
C

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 5365 NW 84 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 31-40 (min. per inch) Soil Type: Aksarben / Wymore Land Slope: 3 %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other

Total Square Feet of Field Required: 1100 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: Number of Distribution Laterals per Bed

Total Length of Laterals 375 ft. Number of Trenches 3 Trench Width 36"

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 NA Date

Installer Date 7-29-13

FORM 23-102 10-96

Percolation Test Results

JUL 3 1 2013

Location: Township: Range: 1/4 Sec. Section: 1/4 Sec. County: Area: Acres:

Performed by: Kurt Virgil

Owner of Property: 5365 NW 84 (name, address, phone)

Kurt Virgil Certification Number: (C1725)

Test Date(s): **Presoak:** 6-29-13 **Percolation:** 7-4-13

Number of Test Holes: 8 **Diameter of Test Holes:** 8"

Location of Test Holes: Center of prop field

Description of Soil: Silty Clay Loam

(Sand, Silt, Clay, Sandy Clay, Loamy Sand, Silty Clay, Silty Clay Loam, Sandy Loam, Silt Loam)

Depth to Groundwater/(or) Bedrock: 7 10'

Comments: NA

Roughen bottom/edges with: Hoe

Place 2 inches of 1/4 to 3/4 inch gravel in bottom ✓ (y) (n)

Test Data: The test holes were presoaked for 4 **Hours, or** ____ **Overnight**

(AND) were refilled with 12 inches of water as needed

Filled with 6 inches of clear water every: ✓ **30 min** ____ **10 min during test**

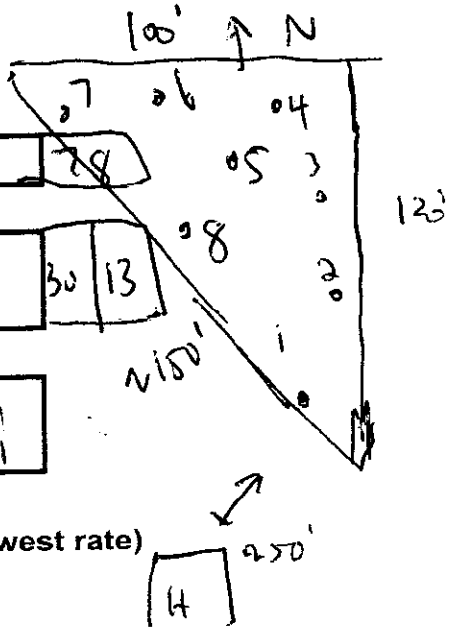
Weather: **Precipitation:** N **Temperature:** 85°

Final Measurements:

Test Hole:	1	2	3	4	5	6	7	8
Perc. Rate: (min/in)	~~11~~	7.5	8.6	40	30	24	30	13

7.5

Average Perc. Rate for Area: Use 31-40 mpi



(If variations > 20 mpi exist do not average; but base design on slowest rate)

JUL 3 1 2013

Test Hole	1	2	3
Depth of Test Hole (in.)	48	48	48

Interval Number	Elapsed Time		Water Level/ Drop		Water Level/ Drop		Water Level/ Drop
	Hrs		Inches		Inches		Inches
0	0	6 in	—	6 in	—	6 in	—
10'		drop	—	drop	—	drop	—
1	1/2	6 in	—	6 in	—	6 in	—
1:35		drop	4	drop	4	drop	3 1/2
2	1	6 in	—	6 in	—	6 in	—
2:05		drop	3 1/2	drop	4	drop	3 1/2
3	1 1/2	6 in	— 1/2	6 in	—	6 in	—
2:35		drop	4	drop	4	drop	4
4	2	6 in	—	6 in	—	6 in	—
3:05		drop	4	drop	11	drop	3 1/2
5	2 1/2	6 in	—	6 in	—	6 in	—
3:35		drop	4	drop	4	drop	3 1/2
6	3	6 in	—	6 in	—	6 in	—
4:05		drop	4	drop	4	drop	2 1/2
7	3 1/2	6 in	—	6 in	—	6 in	—
4:35		drop	4	drop	3 3/4	drop	3 1/2
8	4	6 in	—	6 in	—	6 in	—
5:05		drop	4	drop	4	drop	3 1/2
Final Drop (not total)			4		4		3 1/2
Perc. Rate min/inch			7.5		7.5		8.6
Show Equation Here			30/4		30/4		30/3.5

JUL 3 1 2013

Test Hole	4	5	6
Depth of Test Hole (in.)	48	48	48

Interval Number	Elapsed Time		Water Level/ Drop		Water Level/ Drop		Water Level/ Drop
	Hrs		Inches		Inches		Inches
0	0	6 in	—	6 in	—	6 in	—
10:5		drop	—	drop	—	drop	—
1	1/2	6 in	—	6 in	—	6 in	—
1:35		drop	1	drop	1	drop	1 1/2
2	1	6 in	— 1/4	6 in	—	6 in	—
2:05		drop	3/4	drop	3/4	drop	2?
3	1 1/2	6 in	—	6 in	— 1/2	6 in	—
2:35		drop	3/4	drop	1	drop	1 3/4
4	2	6 in	—	6 in	—	6 in	—
3:05		drop	3/4	drop	3/4	drop	1 3/4
5	2 1/2	6 in	— 1/4	6 in	— 1/2	6 in	—
3:35		drop	3/4	drop	1	drop	1 1/4
6	3	6 in	—	6 in	—	6 in	—
4:05		drop	3/4	drop	1	drop	1 1/4
7	3 1/2	6 in	—	6 in	—	6 in	—
4:35		drop	3/4 1/8	drop	3/4 1/4	drop	1 1/8
8	4	6 in	—	6 in	—	6 in	—
5:05		drop	3/4	drop	1	drop	1 1/4
Final Drop (not total)			3/4		1		1 1/4
Perc. Rate min/inch			40		30		24
Show Equation Here			3/1.25		3/1		3/1.25

JUL 3 1 2013

Test Hole	7	8	MA
Depth of Test Hole (in.)			

Interval Number	Elapsed Time		Water Level/ Drop		Water Level/ Drop		Water Level/ Drop
	Hrs		Inches		Inches		Inches
0	0	6 in	—	6 in	—	6 in	
105		drop	—	drop	—	drop	
1	1/2	6 in	—	6 in	—	6 in	
135		drop	1¾	drop	2¼	drop	
2	1	6 in	—	6 in	— ¼	6 in	
205		drop	2?	drop	1½	drop	
3	1 1/2	6 in	—	6 in	—	6 in	
235		drop	¾	drop	2¼	drop	
4	2	6 in	—	6 in	—	6 in	
25		drop	1¼	drop	2¼	drop	
5	2 1/2	6 in	— ¼	6 in	—	6 in	
325		drop	1¼	drop	2¼	drop	
6	3	6 in	— ¼	6 in	—	6 in	
405		drop	1	drop	2¼	drop	
7	3 1/2	6 in	—	6 in	—	6 in	
435		drop	1¼	drop	2¼	drop	
8	4	6 in	—	6 in	—	6 in	
505		drop	1	drop	2¼	drop	
Final Drop (not total)			1		2 ¼		
Perc. Rate min/inch			30		13		
Show Equation Here			30/1		30/2.25		

SCANNED

JUL 3 1 2013

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number
H5000792

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 5365 NW 84 St (no rural route) City Malcolm, NE Zip 68402

Legal Description 3 10 5 6 PM 3 & 32 NE

1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

Geographical Location (if known): Lat/Long: _____ PID 04-03-200-003-000

B. Owner

Name ~~Same~~ Bulmaro Hernandez Signature NA

Address 6312 Fort St City/State/Zip Omaha / NE / 68104

Home Phone _____ Work Phone 402-610-2679 (Doug)

C. Certified Installer

Name: Kurt Virgil Signature _____

Address 4620 W Mary Louise Ln City/State/Zip Lincoln / Ne / 68528

Work Phone 402-525-6601

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number: _____

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 2.91

☐ 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 8/1/13
Date frwd 8/1/13
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 9/4/13

Business Office Use Only
Date Received 8-1-13 Amount Paid 355.-
Received By Bstaale Cash/Check No. 1020

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

Form A Updated: 5/10

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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 5365 NW 84 (no rural route) City MALCOLM NE, Zip 68402

Owner BULMARO HERNANDEZ Address SAME

Date of Tests 6-29-13 to 7-4-13 Weather: Precipitation NO Temperature 85°

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				Water Level Drop G. H. I. J. K. Last 30 mins of 4 hr or last 10 mins of 1 hr					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)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	48	6/29	1000	6/29	200	7/4	105	6	7/4	505	30	4	8
2								6				4	8
3								6				3½	9
4								6				1	30
5								6				1¼	24
6								6				1	30
7								6				2¼	13
								6					

Person Conducting Percolation Test

Name: KURT VIKYL

Phone: 402-525-6601

Address 4620 W MARY LOUISE LN LINCOLN, NE 68528

Soil type (NRCS Maps/Other) SHARPSBURG / WYMORE

Groundwater Depth >10'

Sum of Percolation Rates: NA

Average of Rates: NA

Rate Used for Calculation: USE 21-30 mpi

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official Date

Onsite Form B 12_06

Percolation Test Results

SCANNED JUL 31 2013

Location: Township:

Range: 1/4 Sec.

Section: 1/4 Sec.

County: Area: Acres:

Performed by: Kurt Virgil

Owner of Property: 5365 NW 84 (name, address, phone)

Kurt Virgil Certification Number: (C1725)

Test Date(s): **Presoak:** 6-29-13 **Percolation:** 7-4-13

Number of Test Holes: 8 **Diameter of Test Holes:** 8"

Location of Test Holes: Center of prop field

Description of Soil: Silty Clay Loam

(Sand, Silt, Clay, Sandy Clay, Loamy Sand, Silty Clay, Silty Clay Loam, Sandy Loam, Silt Loam)

Depth to Groundwater/(or) Bedrock: 7 10'

Comments: NA

Roughen bottom/edges with: Hoe

Place 2 inches of 1/4 to 3/4 inch gravel in bottom ✓ (y) (n)

Test Data: The test holes were presoaked for 4 **Hours, or** ____ **Overnight**

(AND) were refilled with 12 inches of water as needed

Filled with 6 inches of clear water every: ✓ **30 min** ____ **10 min during test**

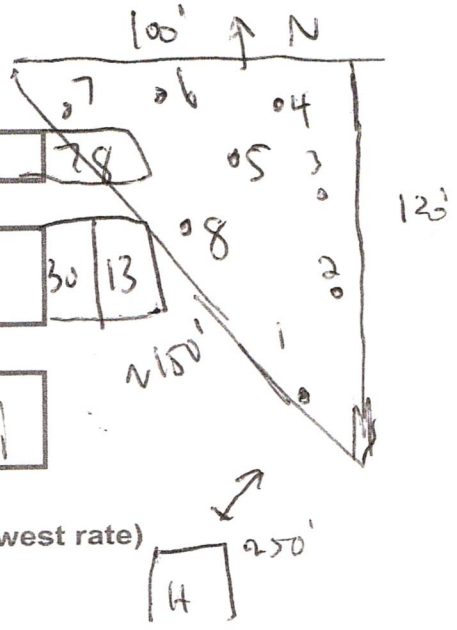
Weather: **Precipitation:** N **Temperature:** 85°

Final Measurements:

Test Hole:	1	2	3	4	5	6	7	8
Perc. Rate: (min/in)	~~7.5~~	7.5	8.6	40	30	24	30	13

7.5

Average Perc. Rate for Area: Use 31-40 mpi



(If variations > 20 mpi exist do not average; but base design on slowest rate)

JUL 3 1 2013

Test Hole	1	2	3
Depth of Test Hole (in.)	48	48	48

Interval Number	Elapsed Time		Water Level/ Drop		Water Level/ Drop		Water Level/ Drop
	Hrs		Inches		Inches		Inches
0	0	6 in	—	6 in	—	6 in	—
10'		drop	—	drop	—	drop	—
1	1/2	6 in	—	6 in	—	6 in	—
135		drop	4	drop	4	drop	3½
2	1	6 in	—	6 in	—	6 in	—
205		drop	3½	drop	4	drop	3½
3	1 1/2	6 in	— ½	6 in	—	6 in	—
235		drop	4	drop	4	drop	4
4	2	6 in	—	6 in	—	6 in	—
305		drop	4	drop	10	drop	3½
5	2 1/2	6 in	—	6 in	—	6 in	—
335		drop	4	drop	4	drop	3½
6	3	6 in	—	6 in	—	6 in	—
405		drop	4	drop	4	drop	2½
7	3 1/2	6 in	—	6 in	—	6 in	—
435		drop	4	drop	3¾	drop	3½
8	4	6 in	—	6 in	—	6 in	—
505		drop	4	drop	4	drop	3½

Final Drop (not total)	4	4	3½
Perc. Rate min/inch	7.5	7.5	8.6
Show Equation Here	30/4	30/4	30/3.5

JUL 3 1 2013

Test Hole	4	5	6
Depth of Test Hole (in.)	48	48	48

Interval Number	Elapsed Time		Water Level/ Drop		Water Level/ Drop		Water Level/ Drop
	Hrs		Inches		Inches		Inches
0	0	6 in	—	6 in	—	6 in	—
105		drop	—	drop	—	drop	—
1	1/2	6 in	—	6 in	—	6 in	—
135		drop	1	drop	1	drop	2 1/2
2	1	6 in	— 1/4	6 in	—	6 in	—
205		drop	3/4	drop	3/4	drop	?
3	1 1/2	6 in	—	6 in	— 1/2	6 in	—
235		drop	3/4	drop	1	drop	1 3/4
4	2	6 in	—	6 in	—	6 in	—
305		drop	3/4	drop	3/4	drop	1 3/4
5	2 1/2	6 in	— 1/4	6 in	— 1/2	6 in	—
335		drop	3/4	drop	1	drop	1 1/4
6	3	6 in	—	6 in	—	6 in	—
405		drop	3/4	drop	1	drop	1 1/4
7	3 1/2	6 in	—	6 in	—	6 in	—
435		drop	3/4 1/8	drop	3/4 1/2	drop	1 1/8
8	4	6 in	—	6 in	—	6 in	—
505		drop	3/4	drop	1	drop	1 1/4

Final Drop (not total)	3/4	1	1 1/4
Perc. Rate min/inch	40	30	24
Show Equation Here	30/.75	30/1	30/1.25

JUL 3 1 2013

Test Hole	7	8	MA
Depth of Test Hole (in.)			

Interval Number	Elapsed Time		Water Level/ Drop		Water Level/ Drop		Water Level/ Drop
	Hrs		Inches		Inches		Inches
0	0	6 in	—	6 in	—	6 in	
105		drop	—	drop	—	drop	
1	1/2	6 in	—	6 in	—	6 in	
135		drop	1¾	drop	2¼	drop	
2	1	6 in	—	6 in	— ¼	6 in	
205		drop	2?	drop	2 ½	drop	
3	1 1/2	6 in	—	6 in	—	6 in	
235		drop	¾	drop	2¼	drop	
4	2	6 in	—	6 in	—	6 in	
25		drop	1¼	drop	2¼	drop	
5	2 1/2	6 in	— ¼	6 in	—	6 in	
35		drop	1¼	drop	2¼	drop	
6	3	6 in	— ¼	6 in	—	6 in	
405		drop	1 ¾	drop	2¼	drop	
7	3 1/2	6 in	—	6 in	—	6 in	
435		drop	1¼	drop	2¼	drop	
8	4	6 in	—	6 in	—	6 in	
505		drop	1	drop	2¼	drop	

Final Drop (not total)	1	2 ¼	
Perc. Rate min/inch	30	13	
Show Equation Here	30/1	30/2.25	

SCANNED JUL 3 1 2013

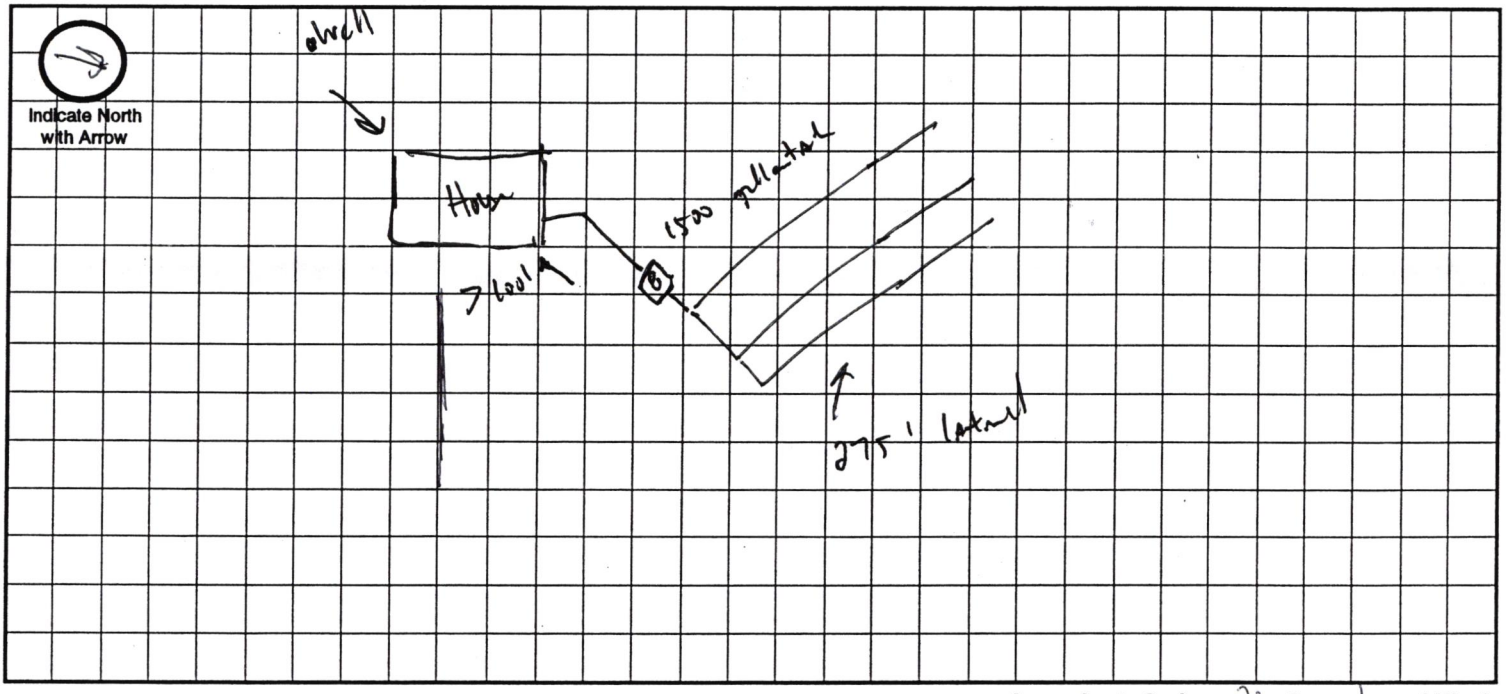
C

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 5365 NW 84 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 31-40 (min. per inch) Soil Type: Aksarben / Wymore Land Slope: 3 %

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

Total Square Feet of Field Required: 1100 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 275 ft. Number of Trenches 3 Trench Width 36"

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 NA Date _____

Installer _____ Date 7-29-13

FORM 23-102 10-96

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

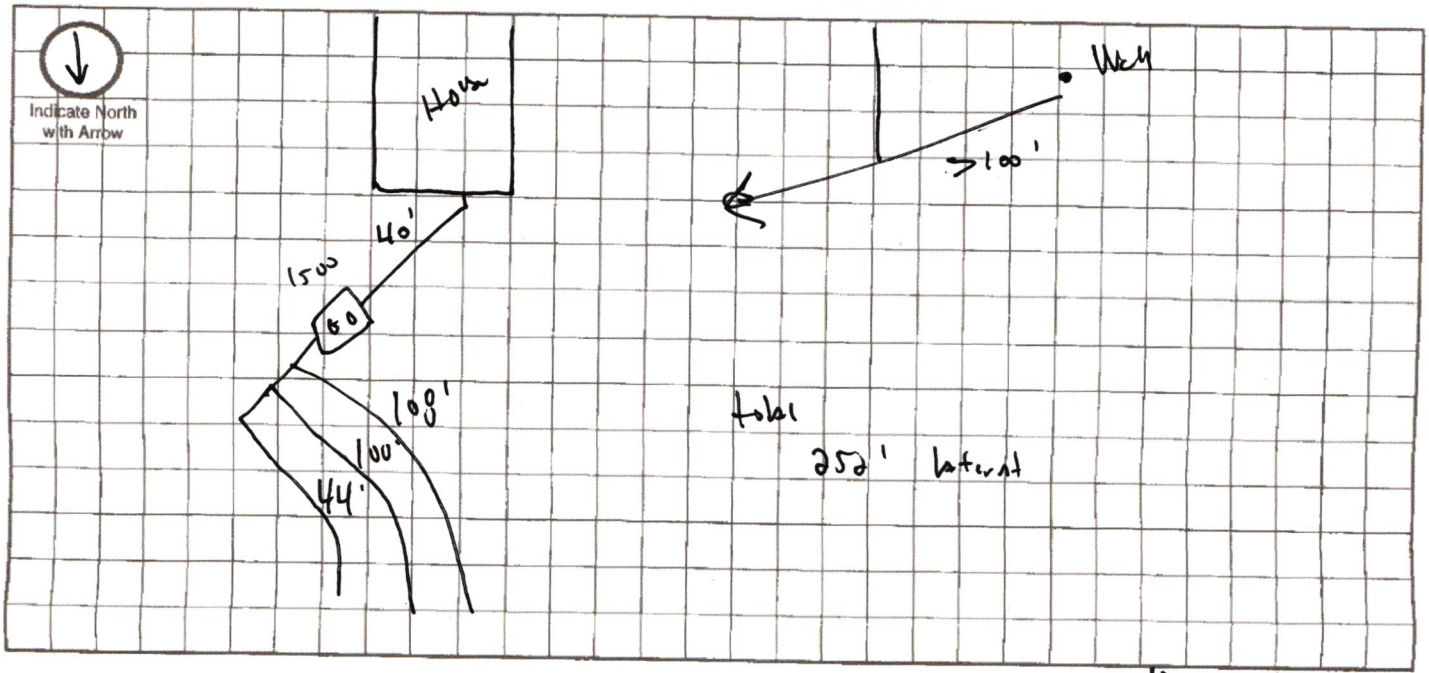
C

Permit Number:

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: 10 ft. = 1 grid line/s

A. Onsite System Location

Address (no rural route) 5365 NW 84 City MALCOLM NE, Zip 68402

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☒ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 21-30 (min/inch = mpi) No. of Bedrooms 4 Soil Type Sharpsburg / Wymore Land Slope 7 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1008 sq.ft.

Total length of laterals_____ Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches 3 Width 36 No. of drop boxes – Distrubtion Box –

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

E. 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 ☐	☐

F. Required Signatures

Home Building Contractor _____ Date 9-4-13

Installer _____ Date _____

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

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 9-3-13 Legal Description 31 & 32 NE (1/4) (1/4) 3-10-5 (Section Township Range)

Onsite System Location

Address (no rural route) 5365 NW 84 City Malcolm NE, Zip 68402

Owner Bulmaro Hernandez Address Same

A. Sewer Pipe

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: — in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 40 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 7100 ft.
   stream 750 ft.
   pressure line 725 ft.
   property line 725 ft.

B. Septic Tank

☑ Label with Manufacturer, address and gallon capacity

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☑ above ☐ below grade 2 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: 24 in.
8. Distances to: Well or suction line 7100 ft.
   Stream 750 ft.
   Pressure line 725 ft.
   Property line 725 ft.

C. ☐ Distribution Box ☐ Drop Boxes

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

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

D. Drainfield Absorption

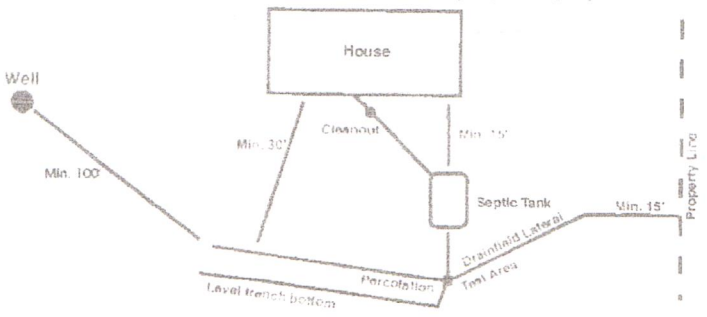
☒ Trench ☐ Bed ☐ Level Bottom

1. Type: ☒ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: 34
   Number of distribution lines in bed
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other
2. Drainfield Laterals: Number 3
   Length of each line: 108 ft. 100 ft.
   44 ft. ft., ft.
3. Drainfield dimensions: Width 3 ft.
   Distribution Pipe Slope 0 in/100 ft.
   Average depth 48 in
4. Filter material: NA
   Depth of material — in.
5. Distances to: Well or suction line > 100 ft.
   Pressure line > 50 ft.
   Property line > 25 ft.
   House or building > 30 ft.
   Lake or Stream > 50 ft.

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

Indicate North with Arrow

Onsite Wastewater System Design (Example)



↑ N

5365 NW 84 St
Septic Info
Complete 9-3-13

⊢⊣ = 10'

total 252' lateral
4' deep w/ 3'
Soil cover

