MAY 07 2015

Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

The undersigned hereby applies for a permit to: ☐ ALTER ☐ EXTEND ☒ REPAIR an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

1. **Legal description of property:**
   Township 11N Range 5E ¼ ¼ SE Section 16
   Block _____ Lot 14 & 15 Addition _____
   Parcel ID 05 - 16 - 400 - 004 - 000 (i.e. 99-99-999-999-999)

   Street Address (no rural route) 9800 W Bluff Rd, Malcolm, NE 68402

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe No garbage disposal or oversized tub

3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** Replace existing drop box & drainfield, percolation rate of 40 mpi. Adding 240' of lateral (960 sqft).

5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Jakoubek, Raymond Contracting Inc

6. **Estimated project:** a. Repair, replace, or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name KIM Vanderkolk Address 9800 W Bluff Rd, Malcolm, NE 68402 Phone: 402-890-3325

Applicant Signature (owner or lessee) Kim Vanderkolk

Please contact LLCHD for the permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing

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HEALTH DEPARTMENT USE ONLY

Date received ___/___/___ REVIEW: ☐ Approved ☐ Disapproved By: _____

Site visits
Date ___/___/___ By _____
Date ___/___/___ By _____
Date ___/___/___ By _____

Installation final written approval
Date ___/___/___ By _____

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8045

Business Office Use Only

Receipt: Date: 5 8 15 Amount: $205.00 Check No. 8433 Initials: SB

HS 001063

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 9800 W Bluff Rd (no rural route) City Malcolm NE, Zip 68402

Owner Ken Vanderkolk Address Same

Date of Tests 4/20/15 to 4/21/15 Weather: Precipitation 0 Temperature 64

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					L. M. N. Results		
		Start		End		Start		Initial	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 Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	30	4/20	1:00p	4/20	5:00p	4/21	5:00p	6	4/21	5:30p	30	1	30
2	24	"	"	"	"	"	1:45p	6	4/21	1:55p	10	1-3/4	6
3	24	"	"	"	"	"	5:00p	6	"	5:30p	30	3/4	40
4	24	"	"	"	"	"	"	6	"	"	"	1-3/4	17
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Terri L Jakoubek, Raymond Contracting, Inc.

Phone: 402-783-2663 or 402-890-6009

Address 13800 NW 70th St

Raymond, NE 68428 Cert #1198

Sum of Percolation Rates: 93

Average of Rates: 23

Rate Used for Calculation: 40 (20 mpi variance)

Soil type (NRCS Maps/Other) CL - Some Sand

Groundwater Depth >6'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

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

ON-SITE WASTE WATER SYSTEM
ALTERATION PERMIT
No. HS001063

System Type: Standard

Situs: 9800 W BLUFF RD, RURAL, NE

Issued: 5/14/2015

Expires: 5/14/2016

Description: S16, T11, R5, 6th Principal Meridian, LOTS 14 & 15 SE

Owner: VANDERKOLK, KIM G & SUSAN L
9800 W BLUFF RD
MALCOLM, NE 68402

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

Dear Applicant:

The above document is your permit to alter an existing On-site Waste Water System at the location listed. Please contact this office once the alteration is complete to obtain final approval before use.

Judith A Halstead
Judith A. Halstead, MS
Health Director

RAYMOND CONTRACTING
13800 NW 70TH ST
RAYMOND, NE 68428

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

D

Permit Number: HS001062

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 6/1/2015 Legal Description SE (1/4) 1/4) 16 - 11N - 5E (Section Township Range)

Onsite System Location

Address (no rural route) 9800 W Bluff Rd City Malcolm NE, Zip 68402

Owner Kim Vanderkolk Address same

A. Sewer Pipe

1. Material: old pipe
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: old Septic concrete
   Number of compartments: one (good shape)
2. Capacity: 1000 ? gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: ~~Over inlet~~ Septic, diameter 24" in.
   Over outlet, diameter 12" 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: old plastic
   Number available outlets: New Switching Box
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 30' 60" ft.

D. Drainfield Absorption

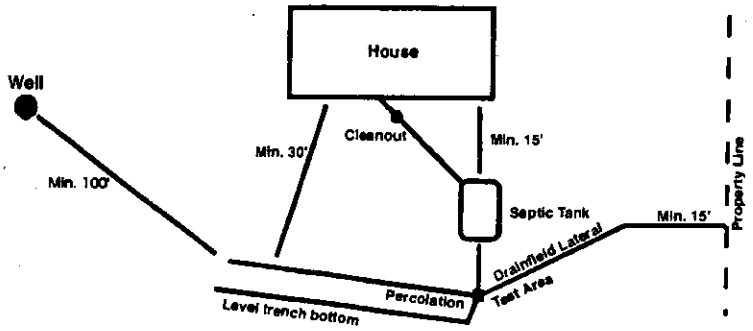
☑ Trench ☐ Bed ☐ Level Bottom

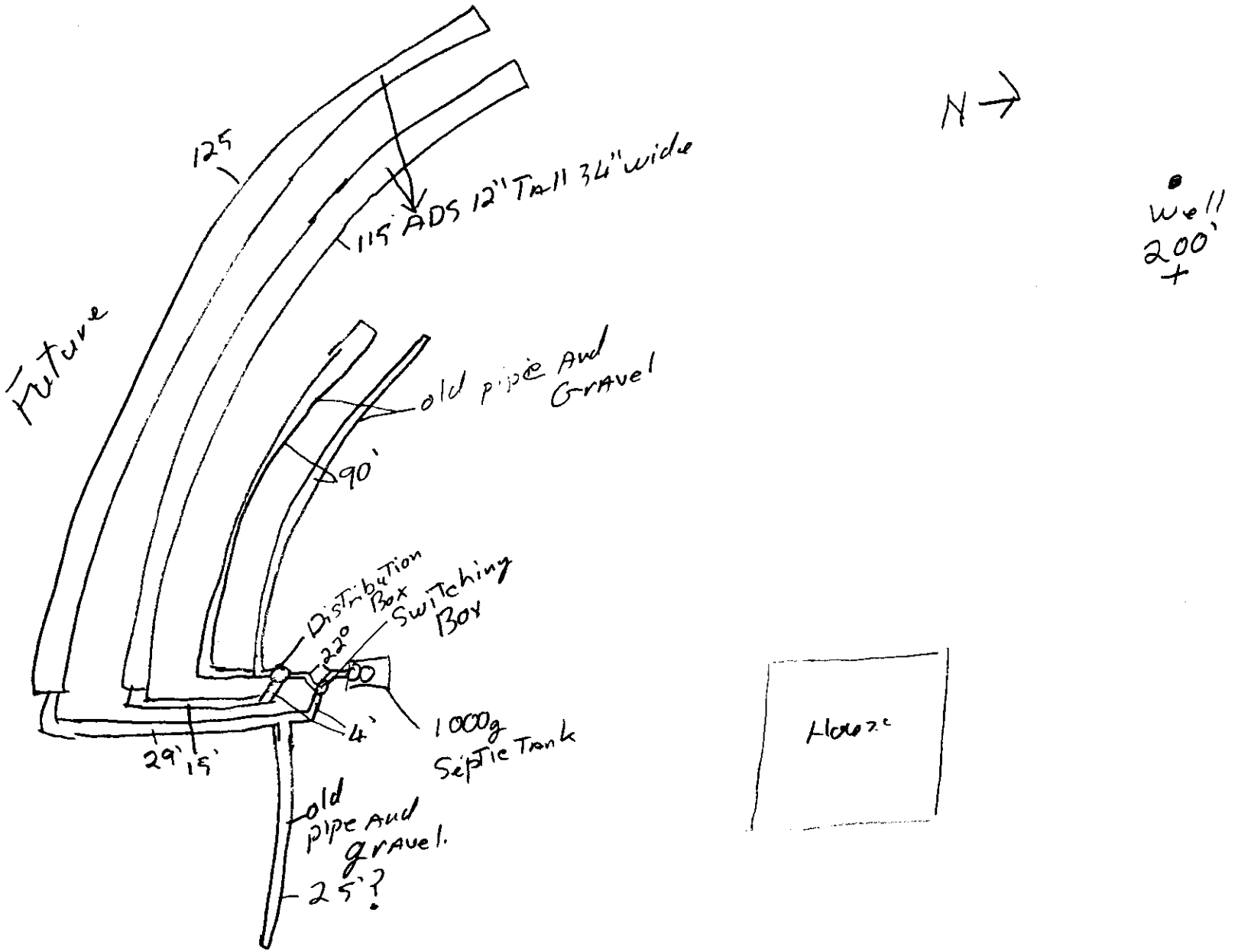
1. Type: ☐ Half rounds ☐ Perforated pipe _ ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number 5
   Length of each line: 90 old ft. 90' old ft.
   25' old ft. 115 New ft., 125 New ft.
3. Drainfield dimensions: Width New 40" wide ft.
   Distribution Pipe Slope 1/8 per FT. in/100 ft.
   Average depth 30-36 in
4. Filter material: Soil
   Depth of material 30-36 in.
5. Distances to: Well or suction line 100 ft.
   Pressure line 100 ft.
   Property line 100 ft.
   House or building 50+ ft.
   Lake or Stream 100+ ft.

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

Onsite Wastewater System Design (Example)

Indicate North with Arrow




125
115' ADS 12" Tall 34" wide
Future
old pipe And Gravel
90'
Distribution Box
220
Switching Box
100
4'
1000g Septic Tank
29'
15'
old pipe And gravel.
25'?
N
Well 200' +
House