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

A

Permit Number
HS001385

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 13240 W Bluff Rd (no rural route) City Malcolm, NE Zip 68402

Legal Description S1/2 (1/4) 18 (1/4 Section) 11N (Township) 5E (Range) ____ (Subdivison) ____ (Addition) 29 (Block) ____ (Lot)

PID 05-18-400-008-000

B. Owner

Name Vinson Bittinger Signature ____

Address 13240 W Bluff Rd City/State/Zip Malcolm, NE 68402

Home Phone 402-570-9989 Work Phone ____

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature Lloyd L. Jakoubek

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

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

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 3 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 5.2

Garbage Grinder? ☒ 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. 02-30

1. Health Department
Site visits ____ Date rec'd ____ Date frwd ____
ACTION ☐ Approved ☐ Disapproved Signature ____
Comments ____

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 12-22-16 Amount Paid $ 395.00
Received By SB Cash/Check No. VISA

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

Form A Updated: 1/13

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

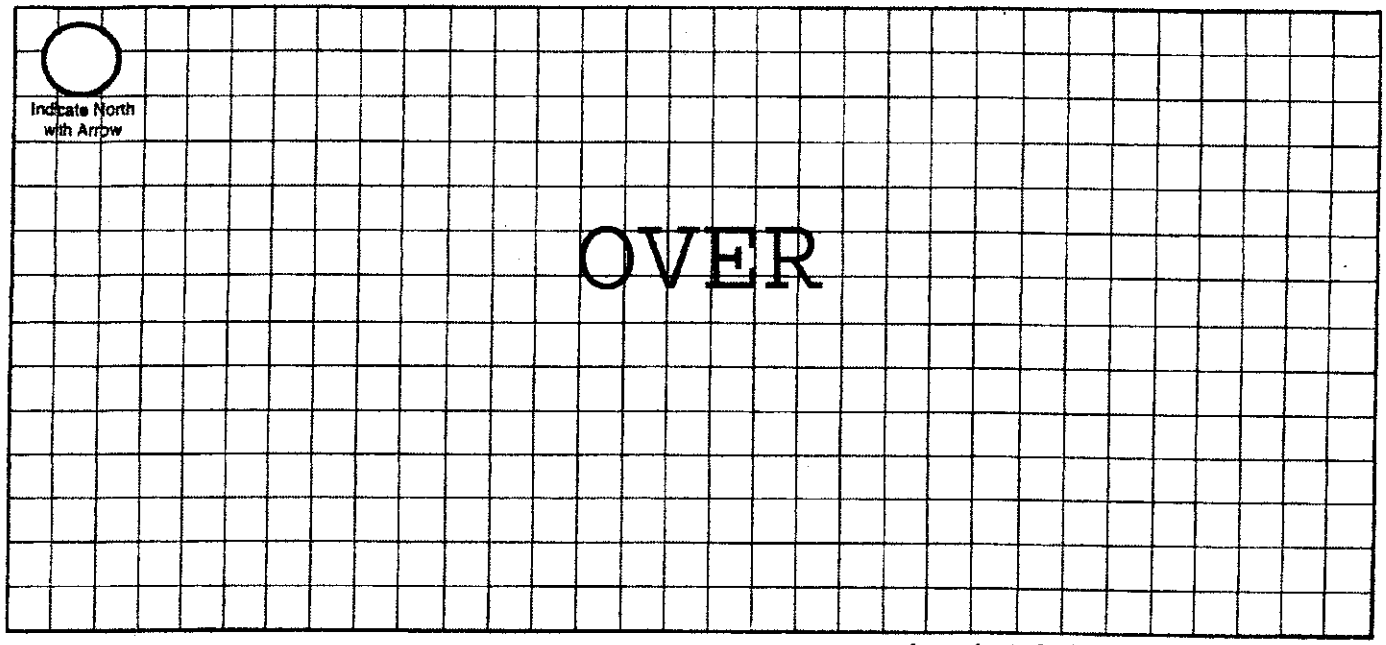
C

Permit Number: HS001385

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: _____ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 13240 W Bluff Rd City Malcolm NE, Zip 68402

B. Proposed Septic Tank/s

Septic Tank Cap. 1,500 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 60 (Estimated) (min/inch = mpi) No. of Bedrooms 3 Soil Type Aksarben SCL Land Slope_____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1,051 sq.ft.

Total length of laterals 290' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches_____ Width 40" No. of drop boxes_____ Distrubtion Box_____

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

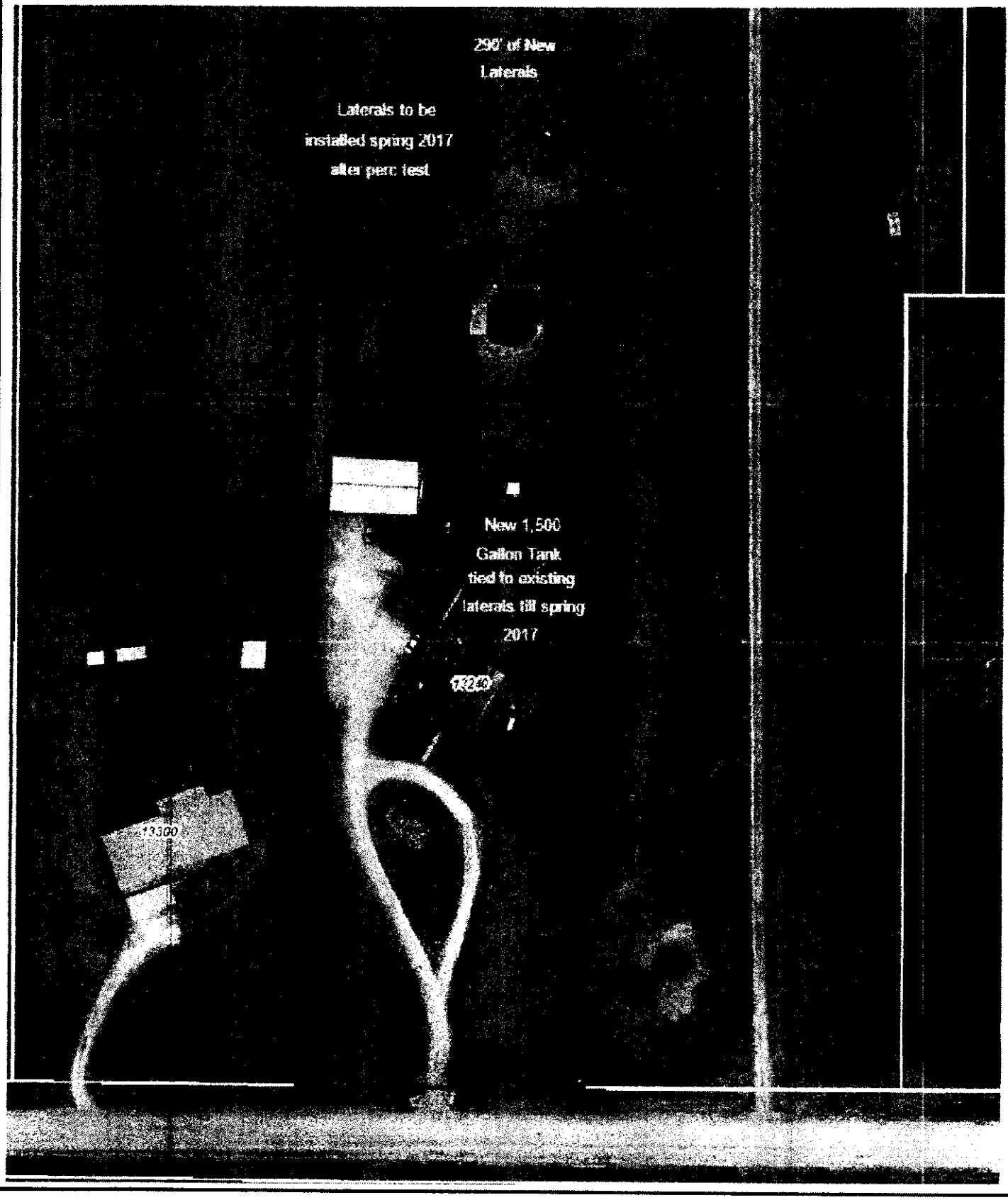
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 Existing Home Date _____

Installer [signature] Date 12/21/2016



Lancaster County/City of Lincoln GIS Map

N
W E
S

Vinny Bittinger 402-570-9989 13240 W Bluff Rd, Malcolm, NE 68402

Printed: Dec 21, 2016

DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email ags@lincoln.ne.gov and you will be directed to the appropriate department.

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. HS001385

System Type: Standard

Situs: 13240 W BLUFF RD, RURAL, NE

Issued: 12/23/2016

Expires: 12/23/2017

Description: S18, T11, R5, 6th Principal Meridian, LOT 29 S1/2

Owner: BITTINGER, VINSON C & MAGGIE B
13240 W BLUFF RD
MALCOLM, NE 68402

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

RAYMOND CONTRACTING INC
13800 NW 70TH ST
RAYMOND, NE 68428

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

Exhibit 5

Permit Number: H500138S

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/28/16 Legal Description ¼ ¼ 18/11/5 Lot 29 Section/Township/Range

Onsite System Location

Address (no rural route) 13240 W. Black City

Owner Address

Mark One: ☐ Dwelling ☐ Non-dwelling

☒ New System ☐ Alteration [☒ Tank Only ☐ Trench Only] ☐ Lateral Only Tank only – replacement – Laterals to be installed in the Spring

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification):

Drainfield Absorption System: – Laterals – Completed

☒ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 1,050 Sq. Ft. Tank Size 1500 gals

Total length of laterals 3 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe)

No. of Absorption Laterals 3 Width 3.625 factor No. of Drop Boxes Distribution Box 1

Leveling Method Used Laser

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Distance From	Private Well	Public Well	Surface Water	Ground water	Pressure Water Lines	Property Lines
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	10 ☐	5 ☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	25 ☐	5 ☐

Geographical Coordinates to 6 Decimals:

Tank

Lateral #1 Lateral #3

Lateral #2 Lateral #4

Comments:

Inspections prior to Final Approval
Initial DS Date 12/28/16

Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By
Date 5/14/18

Field Note Drawing (See Reverse Side):

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

SCANNED

A

Permit Number
HS001385

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 13240 W Bluff Rd (no rural route) City Malcolm, NE Zip 68402

Legal Description S1/2 (1/4) 18 (1/4 Section) 11N (Township) 5E (Range) ____ (Subdivison) ____ (Addition) 29 (Block) ____ (Lot)

PID 05-18-400-008-000

B. Owner

Name Vinson Bittinger Signature ____

Address 13240 W Bluff Rd City/State/Zip Malcolm, NE 68402

Home Phone 402-570-9989 Work Phone ____

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature Lloyd L. Jakoubek

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

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

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 3 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 5.2

Garbage Grinder? ☒ 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. 02-30

1. Health Department 12/29/16

Site visits Septic tank install only Date rec'd 12/27/16 Date frwd 12/27/16

ACTION ☒ Approved ☐ Disapproved

Signature ____

Comments Lateral covered prior to inspection

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 5/14/18

Business Office Use Only

Date Received 12-22-16 Amount Paid $395.00

Received By SB Cash/Check No. VISA

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

Form A Updated: 1/13

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

D Exhibit 4

Permit Number: HSCC1355

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page) ☒ Subsurface Septic ☐ Mound

Onsite Wastewater System Location 05-15-400-005-000

Address or Legal Description or Parcel Identification Number (PID) 13240 N Bluff Rd, Malcolm NE 68402

Owner: Lindsey Bi Hinger Address Same

A. Wastewater Piping (New)

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 50 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1250
3. Depth to top of tank, below unfinished grade: 36 in.
4. Distance to:
   Well 100 ft. +
   Pressure line — ft
   Property Line 55 ft. +
   Foundation 50 ft. +

C Distribution Box or Drop Box

Distance and Direction from septic tank: 15 ft. N

D. Drainfield/Absorption Field (Existing. (will do New Test Spring. Will re-see if size is adequate)

☒ Trench ☐ Bed

1. Type: ☒ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: ____
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 100 ft. 100 ft. 103 ft. ____
4. Drainfield size: 1179 sq. ft.
5. Distance to:
   Well 100 ft. +
   Pressure line — ft.
   Property line 25 ft. +
   Depth of Groundwater 5' +

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No partially

If Yes, the Certified Professional must sign below for final approval:

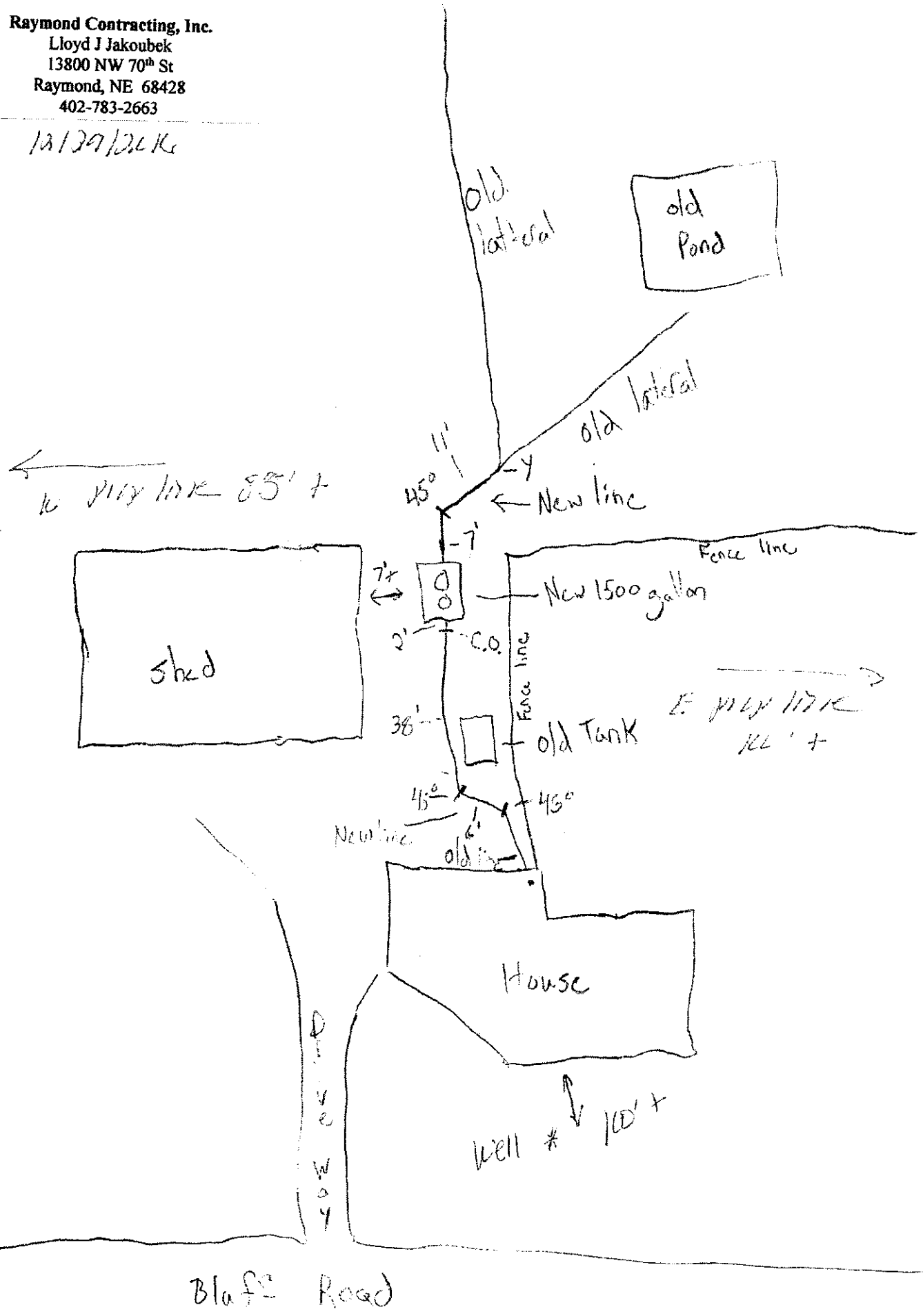
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Nick L. Fahrenholz Date: 12/30/16

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

Raymond Contracting, Inc.
Lloyd J Jakoubek
13800 NW 70th St
Raymond, NE 68428
402-783-2663

12/29/2016



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 13240 W Bluff Rd (no rural route) City Malcolm NE, Zip 68402

Owner Vinny Bittinger Address Same

Date of Tests 3-6-17 to 3-7-17 Weather: Precipitation 0 Temperature 56°

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop: Last 30 mins of 4 hr or last 10 mins of 1 hr					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	22	3/6	1:00p	3/6	5:00p	3/7	12:00p	6	3/7	12:30p	30	1/2	60
2	42	"	"	"	"	"	"	6	"	"	"	15/16	32
3	22	"	"	"	"	"	"	6	"	"	"	1/2	60
4	44	"	"	"	"	"	"	6	"	"	"	13/16	34
5	36	"	"	"	"	"	"	6	"	"	"	1/2	60
								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: 246

Average of Rates: 49

Rate Used for Calculation: 60 (20 mpi variance)

Soil type (NRCS Maps/Other) Aksarben SCL

Groundwater Depth >8'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

Permit No. 97380156401

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 04/09/97
Expires 10/09/97
Revenue Code 18754

Establishment

DAVE KUBAT
T11N R5E SEC 29
LOT 29
13240 W BLUFF ROAD

FEES: $150.00

TOTAL $150.00

Permittee

DAVE KUBAT
727 W BEAL CIR
LINCOLN NE 68521

Issued By M. Jane Ford
Health Director

4387

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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

A

Permit Number:

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 13240 W Bluff Rd (no rural route) City Malcolm NE, Zip 68402

Legal Description S½ 18 11N 5E 29 Lt
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 DAVE KUBAT Signature _____

Address 727 W. Beal City/State/Zip Lincoln Ne 68521

☐ Check if owner designed system Home Phone ~~476-2312~~ 402-796-2655 Work Phone 474-8477

C. Contractor

Name Self 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 Self Firm _____ Work Phone _____

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 3/31/97 Date frwd 3/31/97 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/31/97 Date frwd 3/31/97 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 3/31/97 Date frwd 3/31/97 **ACTION** ☒ Approved ☐ Disapproved Signature _____

7-8-97 rec'd drain field lateral too steep.
7-29-97 rec'd " " " "

Installation Final Written Approval

By _____

Date _____

Business Office Use Only 3184

Date Rec'd 3/31/97 LO

Amt Paid 150 CC

Rec'd By LO ~~Cash~~/Check No. 6796

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

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 13240 W Bluff Rd (no rural route) City MALCOLM NE, Zip 68402

Owner DAVID KUBAT Addresss

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

Date of Tests 27 MAR to 29 MAR Weather: Precipitation None Temperature 60°

Percolation Test Data Table

Last Reading

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	36"	MAR 28	11:00	MAR 29	12:00	MAR 29	1205	2.4	MAR 29	1600			30MIN 24
2	36"	MAR 28	11:10	MAR 29	12:05	MAR 29	1210	2.3	MAR 29	1605			30 MIN 2.2
3	36"	MAR 28	11:20	MAR 29	12:10	MAR 29	1215	2.5	MAR 29	1610			30MIN 2.5
4	36"	MAR 28	11:30	MAR 29	12:15	MAR 29	1220	2.1	MAR 29	1615			30MIN 2.1
5	36"	MAR 28	11:40	MAR 29	1220	MAR 29	1225	2.	MAR 29	1620			30MIN 2
6	36"	MAR 28	11:50	MAR 29	12:25	MAR 29	1230	2.2	MAR 29	1636			30MIN 2.2

Person Conducting Percolation Tests

Name: DAVE KUBAT

Phone: 476-2312

Address Same

Sum of Percolation Rates:

Average of Rates: 13 MIN/IN

Rate Used for Calculation:

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

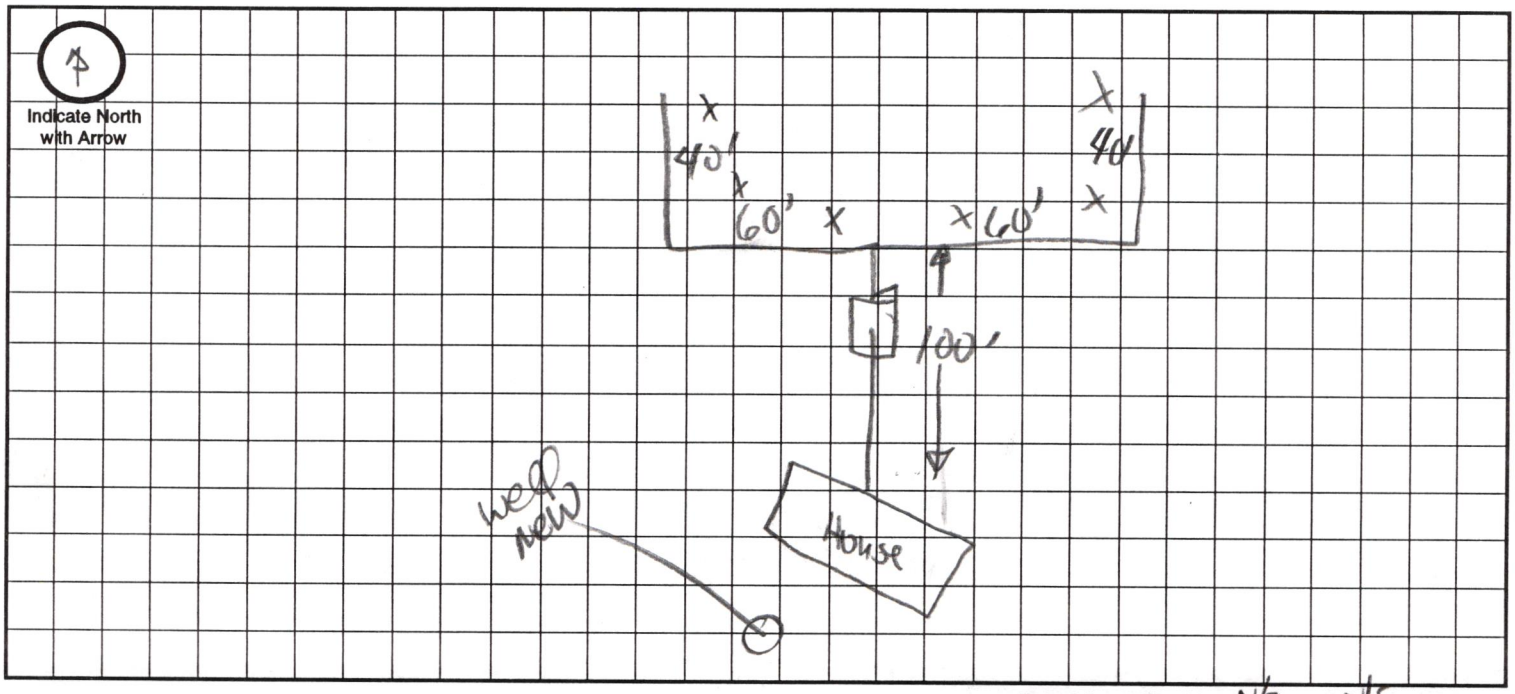
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

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: N/S ft. = N/S grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 13240 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 13 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 1200 543 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed 272

Total Length of Laterals 90 ft. Number of Trenches 3 Trench Width 24

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

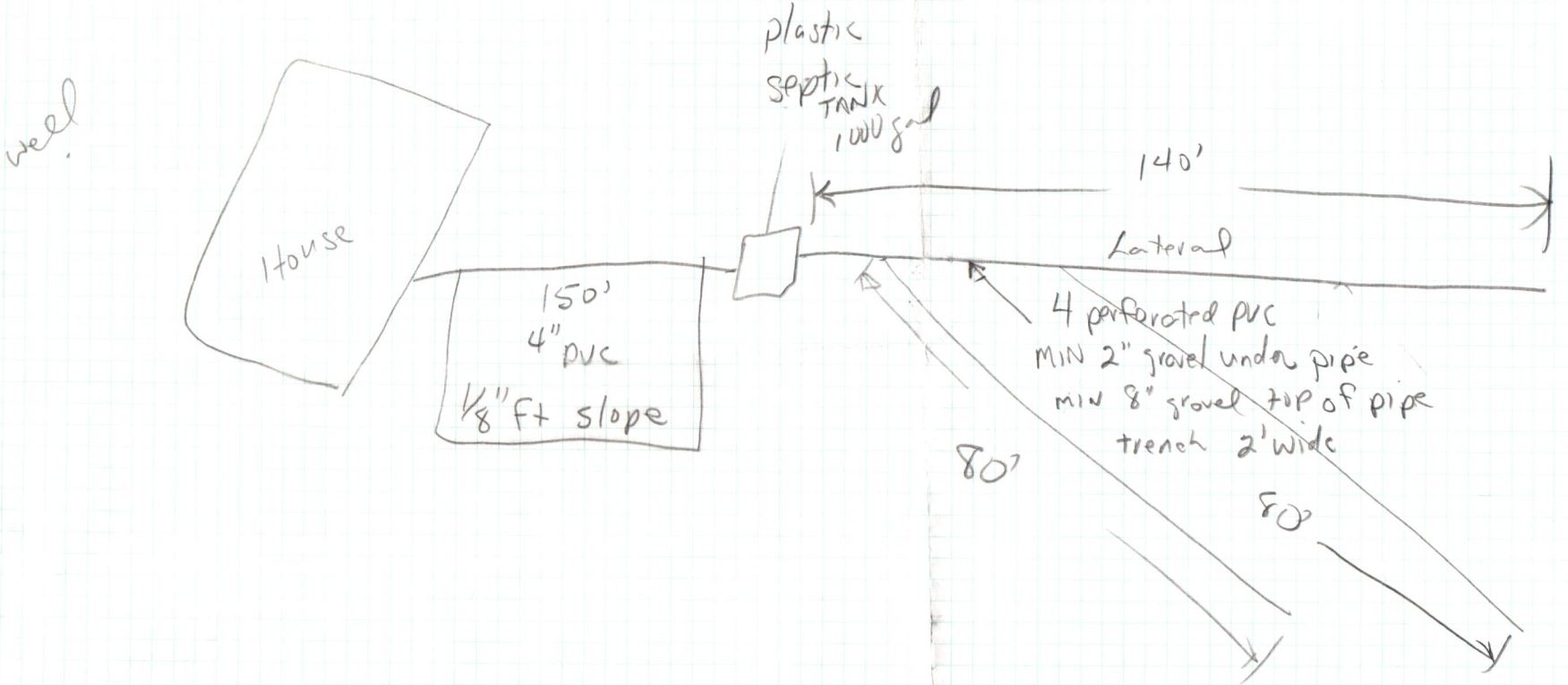
Home Building Contractor Self Date _____

Installer Self Date _____

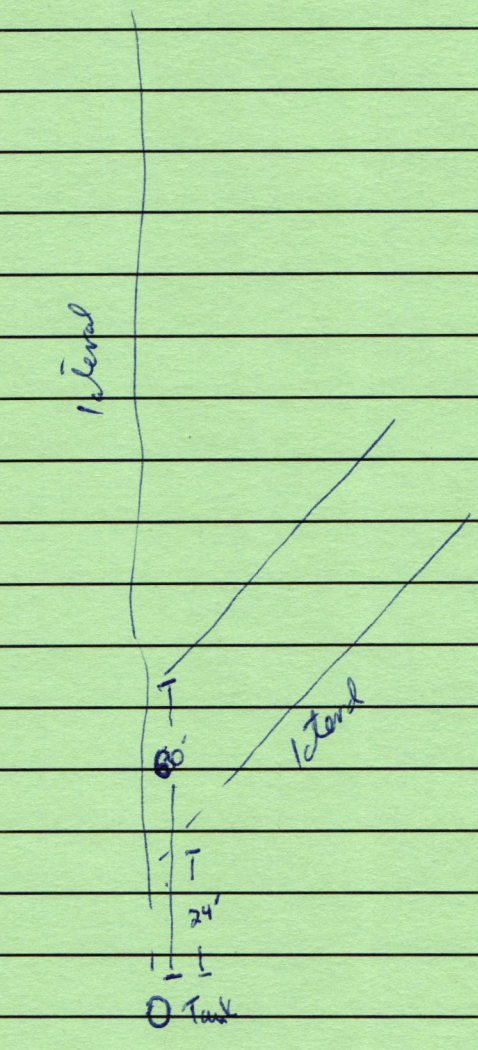
FORM 23-102 10-96

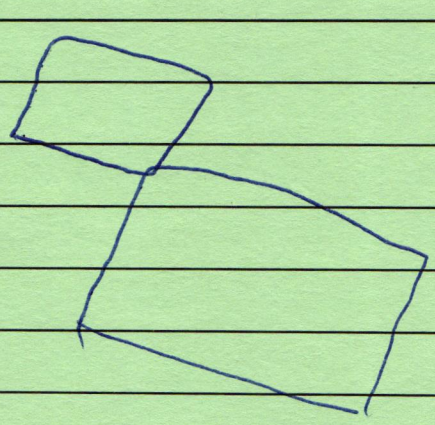
18-11-5

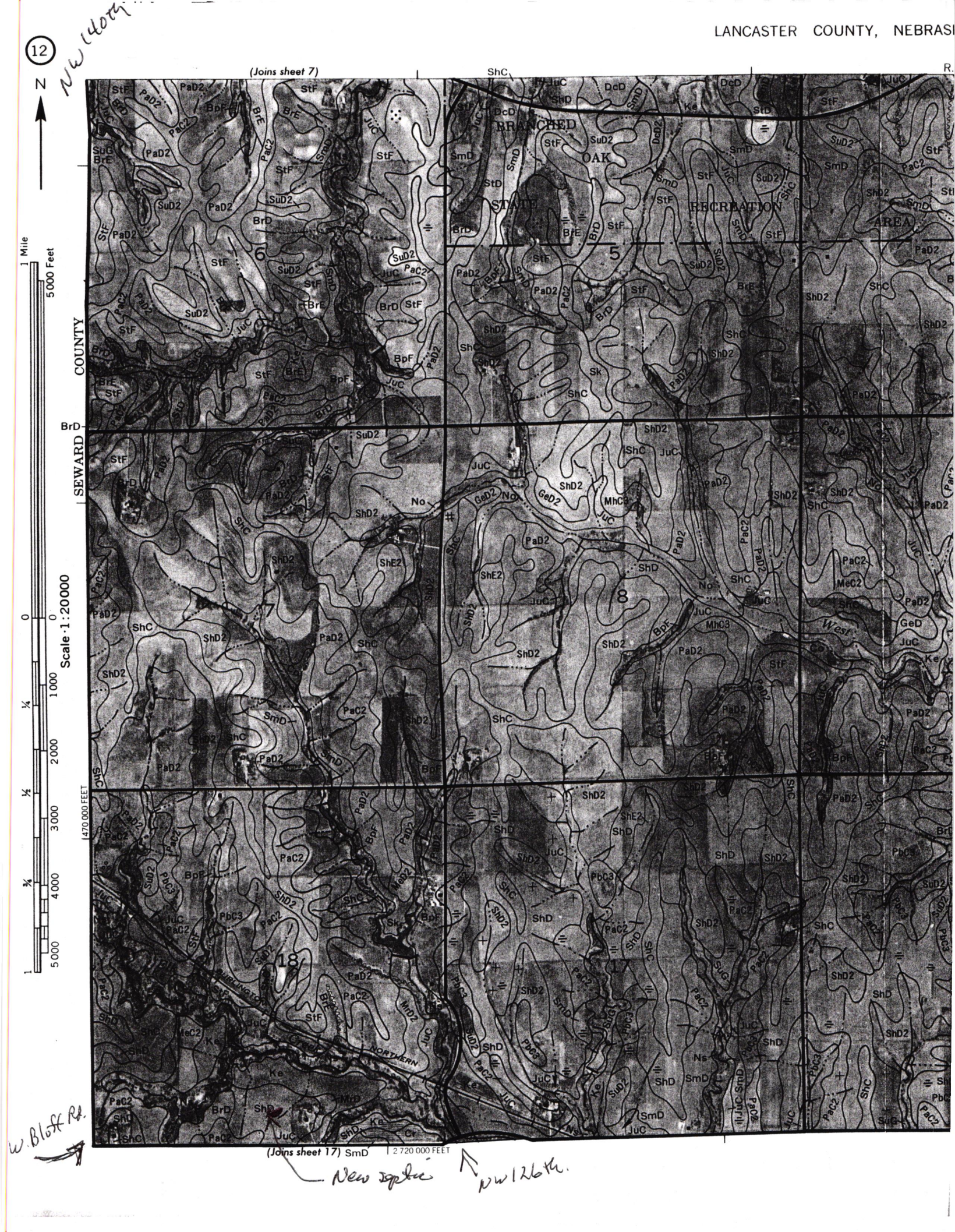
Dave Kubat



DATE	ACTION TAKEN AND RESULTS






(Joins sheet 7)
ShC
R.
BRANCHED OAK STATE RECREATION AREA
COUNTY
SEWARD
BrD
West
Creek
NORTHERN
(Joins sheet 17) SmD
2 720 000 FEET
470 000 FEET
Scale 1:20000
1 Mile
5000 Feet
0
1000
2000
3000
4000
5000
6
5
7
8
18
17
StF
PaD2
PaC2
SuD2
BrE
BrD
BpF
JuC
SmD
ShD2
ShC
ShE2
No
GeD2
MhC3
Sk
Ke
PbC3
MeC2
MrD2
Ns