OCT 04 2017

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

A

Permit Number HS001549

Existing Home

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 10775 NW 121st St Pl (no rural route) City Malcolm, NE Zip 68402

Legal Description SW 17 11N 5E 33
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 05-17-300-021-000

B. Owner

Name Travis Anderson Signature [signature]

Address 10775 NW 121st St Pl City/State/Zip Malcolm, NE 68402

Home Phone 402-366-4938 Work Phone

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature [signature]

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 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 9.98
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 ACTION ☐ Approved ☐ Disapproved
Date frwd Signature
Comments

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

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

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 10/4/17 Amount Paid $405.00
Received By JAO Cash/Check No. 9249

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

Form A Updated: 1/13

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

610
2818

PLEASE PRINT OR TYPE

NOV 09 2009

System Location (Indicate correct number and street)

Address 10775 NW 121 Pl. (no rural route) City Malcolm NE, Zip _____

Owner _____ Address _____

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

Date of Tests 11-5-09 to 11-6-09 Weather: Precipitation None Temperature 60°

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	28"	11-5	1:00	11-5	5:00	11-6	12:30	6"	11-6	1:00	30	1/2"	60
2	30"	11-5	1:05	11-5	5:05	11-6	12:35	6"	11-6	1:05	30	5/8"	48
3	33"	11-5	1:10	11-5	5:10	11-6	12:40	6"	11-6	1:10	30	5/8"	48
4	34"	11-5	1:15	11-5	5:16	11-6	12:45	6"	11-6	1:15	30	1"	30
5	35"	11-5	1:20	11-5	5:20	11-6	12:50	6"	11-6	1:20	30	1/2"	60
6	35"	11-5	1:25	11-5	5:25	11-6	12:55	6"	11-6	1:25	30	1/2"	60

Person Conducting Percolation Tests #C1333

Name: Gregory D Bowers
Phone: (402) 466-1944
Address 5701 Fletcher Av.
Lincoln, Ne 68507

Sum of Percolation Rates: 306
Average of Rates: 51
Rate Used for Calculation: 30 min drop

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

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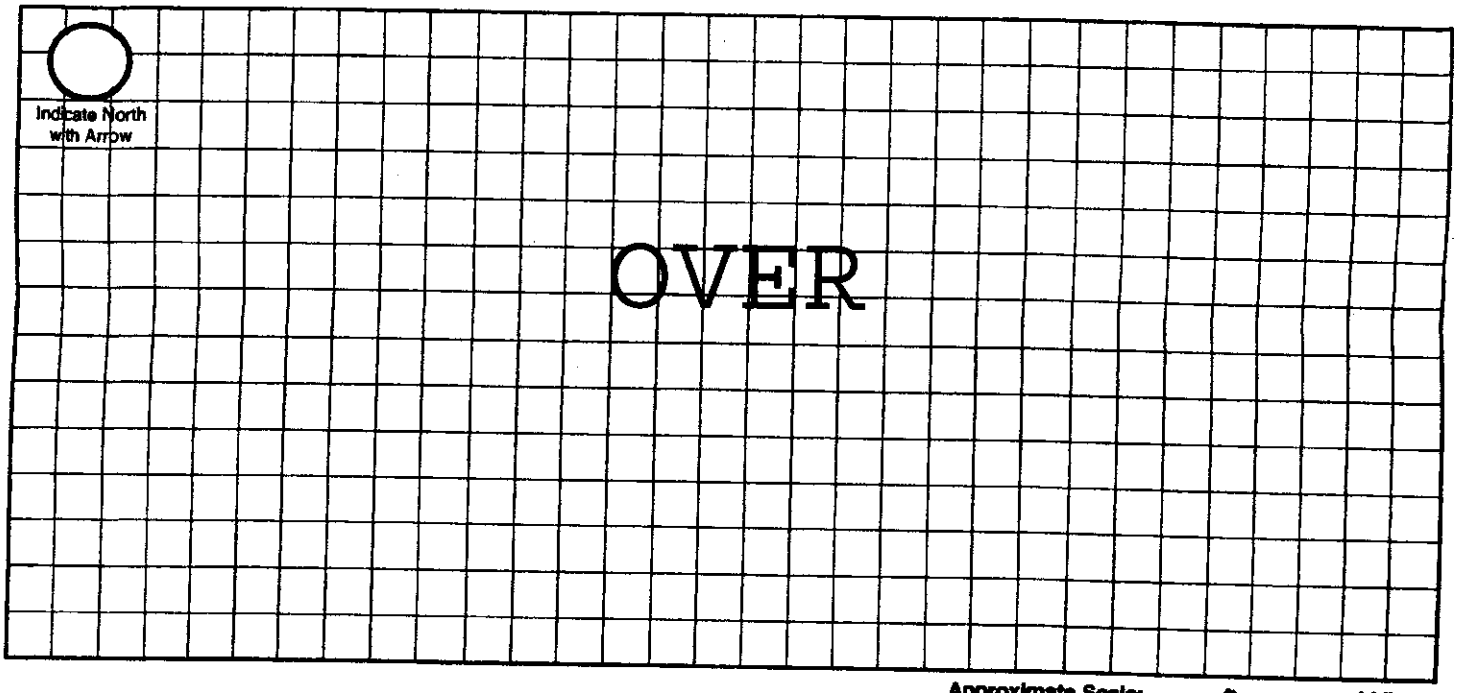
C

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: _____ ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 10775 NW 121st St Pl 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 (min/inch = mpi) No. of Bedrooms 4 Soil Type Silt Loam Land Slope _____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1,440 sq.ft.

Total length of laterals 320 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other EZFlow 1203H

No. of absorption trenches 3 Width 40" No. of drop boxes 1 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 ☐	☐

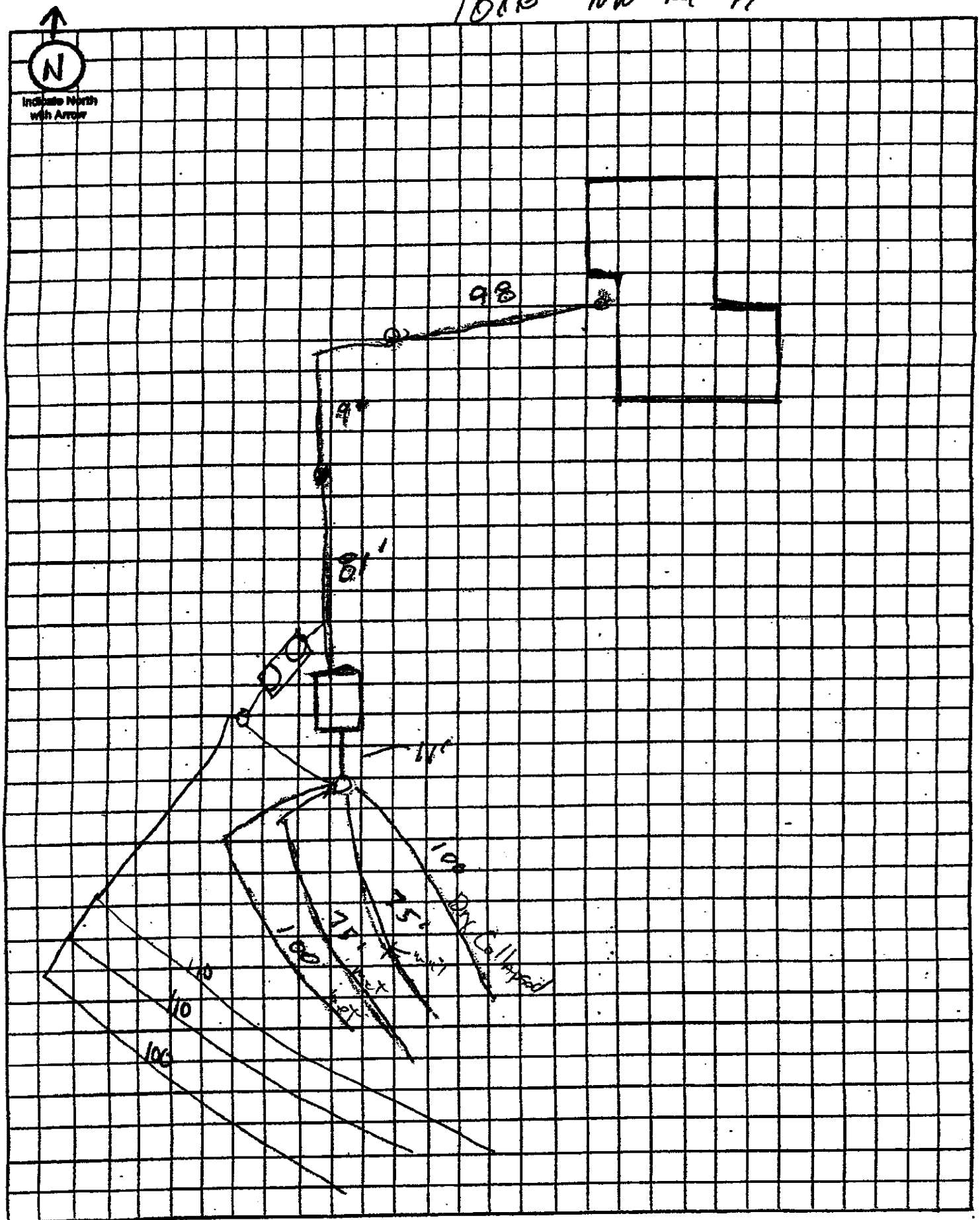
F. Required Signatures

Home Building Contractor Existing Home Date _____

Installer Kevin L. Jakubek Date 10/2/17

As Built Drawing

LOTS NW 12(Pl



Approximate Scale: _____ ft. = _____ grid lines

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. HS001549

System Type: Standard

Situs: 10775 NW 121 STREET PL, RURAL, NE

Issued: 10/4/2017

Expires: 10/4/2018

Description: S17, T11, R5, 6th Principal Meridian, LOT 33 SW

Owner: ANDERSON, TRAVIS R
10775 NW 121 PL
MALCOLM, NE 68402

Shavonna M. Lausterer, MPH, CPH, 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.

Shavonna M. Lausterer, MPH, CPH
Health Director

RAYMOND CONTRACTING
13800 NW 70 ST
RAYMOND, NE 68428