Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001753

System Type: Standard

Situs: 7300 NW 112TH ST, MALCOLM, NE 68402

Issued: 10/16/2018

Expires: 10/16/2019

Description: S33, T11, R5, 6th Principal Meridian, LOT 36 NW

Owner: BUCKLEY, JOHN & ZABEL, MARY A
7300 NW 112 ST
LINCOLN, NE 68524

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

MATTHEW JOHNSON
2685 W SUMNER ST
LINCOLN, NE 68522

SCANNED

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

A

Permit Number
HS001753

Onsite Wastewater Treatment System Permit Application

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

☐ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 7300 NW 112th City [redacted] Malcolm, NE Zip 68402
(no rural route)

Legal Description S33 T11 R5 6th Principal Meridian LOT 36 NW
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 0533100008000 *Approx. Address (If to be determined)

B. Owner

Name John Buckley Signature Malcolm 68402
Address 7300 NW 112th City/State/Zip [redacted], NE 68524
Home Phone Work Phone

C. Certified Installer

Name: Matthew Johnson Signature
Address 2685 W Sumner City/State/Zip Lincoln, NE 68522
Work Phone 402-802-5440

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number:
Designer Name Firm Work Phone

E. This system will serve a

MS 10-15-18

☐ Residential Dwelling Number of Bedrooms 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 5.18
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

1. Health Department
Site visits
Comments
Date rec'd 10/16/18
Date frwd 10/16/18
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 12/3/18

Business Office Use Only
Date Received 10-15-18 Amount Paid $420.00
Received By JAO Cash/Check No. CC 3198

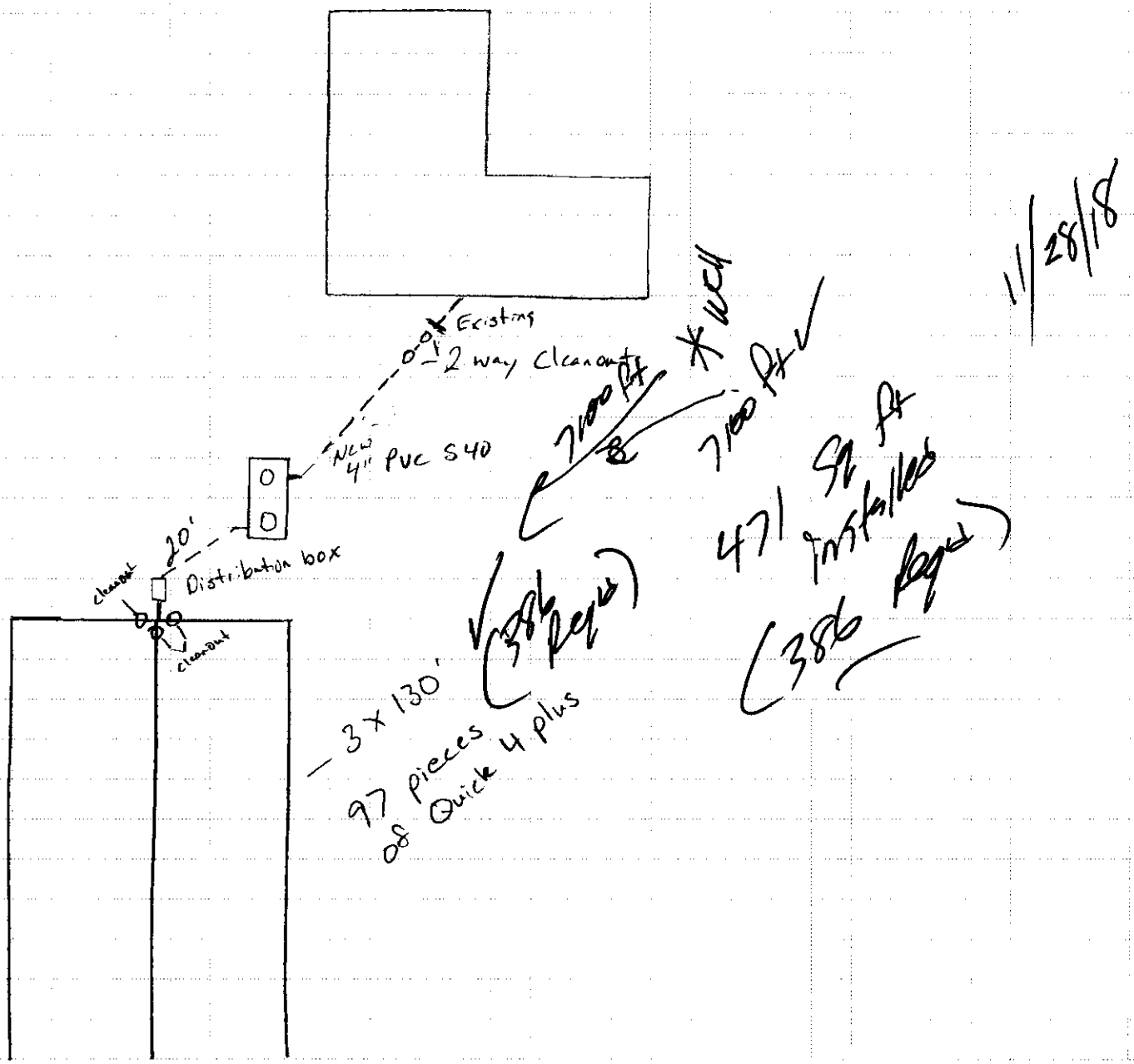
White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 4/15

* System Replacement

JOHN HENRY'S
PLUMBING HEATING AIR CONDITIONING
435-5555

Job _____
Address 7300 NW 112th As built
Date _____ Scale _____
Sketch by Matt Johnson



abandon existing
septic tank
total length of lateral
258'
install new 1,500 gal.
Snyder Septic tank

SCANNED

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number: H5001753

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/3/18 Legal Description _____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 7300 NW 112th City _____

Owner _____ Address _____

Mark One: ☒ Dwelling ☐ Non-dwelling

☒ New System ☐ Alteration [☐ Tank Only ☐ Trench Only] ☐ Lateral Only

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

_____

Drainfield Absorption System:

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

Total square feet of drainfield 1413 Sq. Ft. Tank Size 1500 gals (1400 Rqd)

Total length of laterals 390 Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe)_____

No. of Absorption Laterals 3 Width 3' No. of Drop Boxes 0 Distribution Box 1

Leveling Method Used Cover

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: 500 gpd

Inspections prior to Final Approval
Initial _____ Date 10/25/18

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 12/3/18

Field Note Drawing (See Reverse Side):