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

A

Permit Number #5001810

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* 8345 NW 105th (no rural route) City Malcolm, NE Zip 68402

Legal Description NW 28 11N 5E 38

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

PID E 1/2 NW 1/4 *Approx. Address (If to be determined)

B. Owner 0528100003000

Name Mike Beach Signature

Address 111 N. Lincoln St. P.O. Box 43 City/State/Zip Malcolm / NE / 68402

Home Phone 402-440-4973 Work Phone 402-440-4973

C. Certified Installer

Name: Earnest Well Drilling Inc. Signature

Address P.O. Box H City/State/Zip Milford, NE 68405

Work Phone 402-641-6174 cell

D. Engineer

☐ Check and complete if engineer designed system

Designer Name Firm P.E. License Number: Work Phone

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 5 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 19.51

Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 600

Type of Wastewater ☒ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

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 4-16-19 Amount Paid $420.00

Received By JAD Cash/Check No. CC6040

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

Form A Updated: 4/15

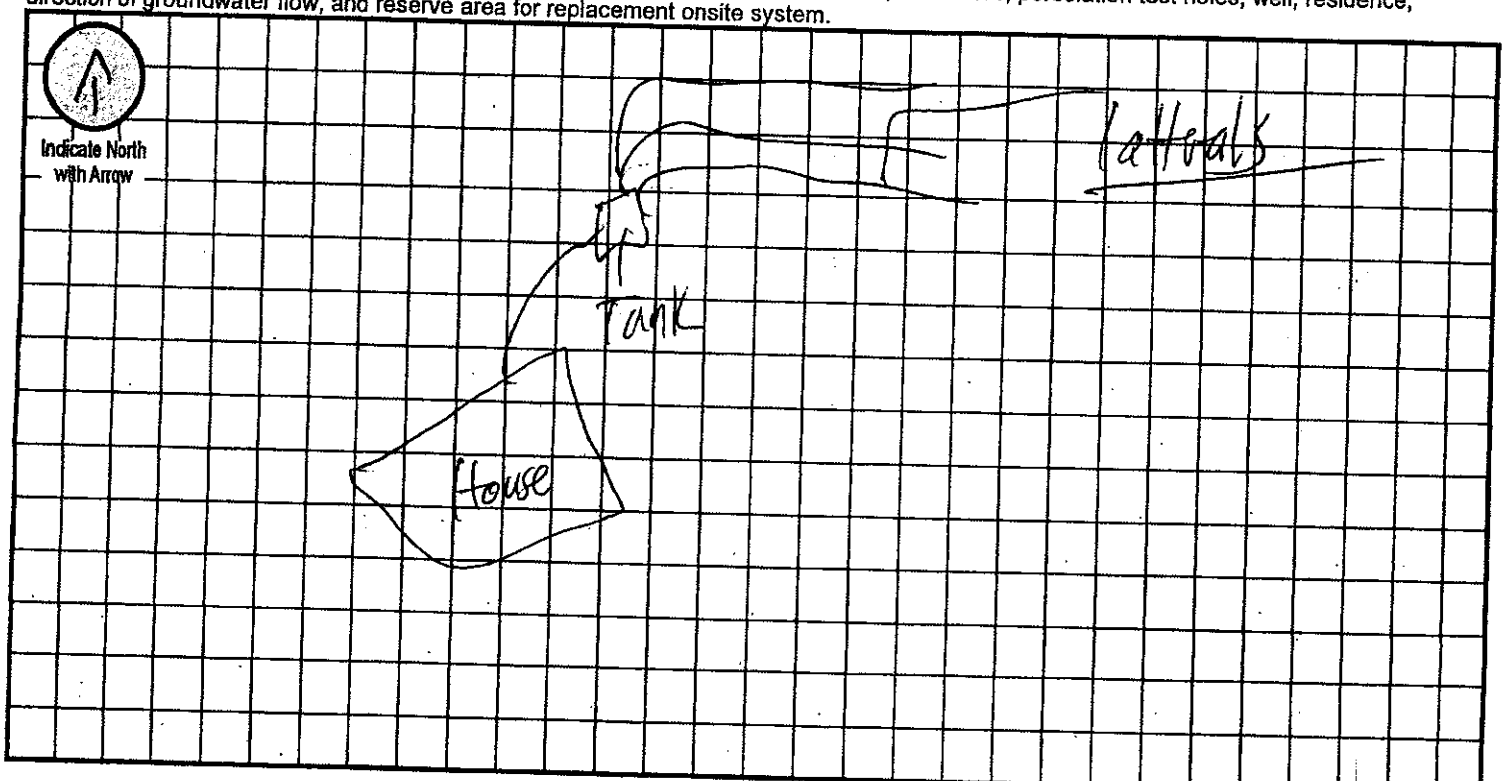
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

C

Permit Number

Onsite Wastewater Treatment System
Preliminary Plan Specification

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



Approximate Scale: ____ ft. = ____ grid line/s

A. Onsite System Location

Address (no rural route) 6345 NW 105th City Malcolm NE, Zip 68402

B. Proposed Septic Tank/s

Septic Tank Cap. 2000 gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other ____ ☐ Lagoon (Max. Seepage 1/8"/day)

C. Reserve Area for Replacement Onsite System

☒ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 17.14 (min/inch = mpi) No. of Bedrooms 5 Soil Type Sandy Loam Land Slope 2 %

☒ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 1053 Sq. Ft.

Total length of laterals 312' Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☒ Chambers ☐ Other ____

No. of Absorption Trenches 3 Width 36" No. of Drop Boxes 0 Distribution Box 0

No. of Absorption Beds ____ Width ____ No. of Distribution Lines per Bed ____

Installer ____ Date: 4/16/19

Updated 2/18

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section 28
Township 11N Range 5E
1/4 Section NW

Owner: Mike Beach
Address: NW 105th Westside
8345 N.W. 105th Malcolm NE 68402

Property Dimensions: 20.01 acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam ____ Sandy Clay X

Dates of Tests: 4/13/19 to 4/14/19. **Weather:** Precip. Ø Temp. 50's

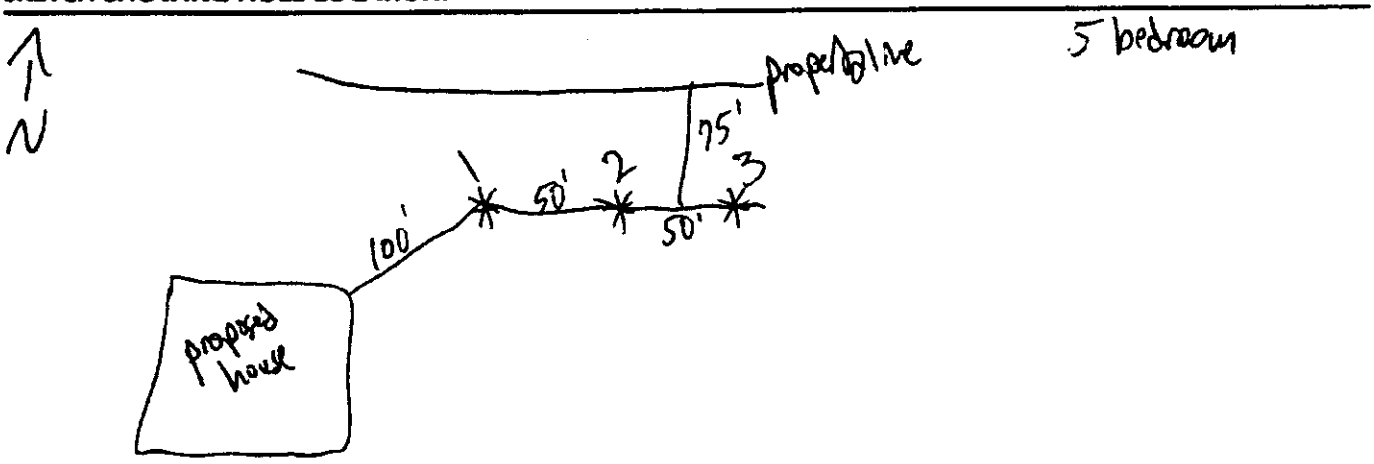
a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo.	(Hr.	Level	(Hr.	Level	Time	Drop
No.	(in.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	(Min.)	(in.)
1	36	4/13	12:00pm	4/13	4:00pm	4/14	11:30am	6	12:00pm	4.25	30	1.75
2	36	4/13	12:00pm	4/13	4:00pm	4/14	11:30am	6	12:00pm	4	30	2
3	36	4/13	12:00pm	4/13	4:00pm	4/14	11:30am	6	12:00pm	4.5	30	1.5

Sum of Water Level Drops (in.) [Column m]: 5.25
Average of Water Level Drops (in.) [Column m]: 1.75
Inches per Minute: 17.14 MPI

PERSON CONDUCTING TEST:
Name: Justin Peterson
Address: 322 238th
Milford, NE 68405
Phone: 402-641-6174
Signature: _____

Square Feet of Lateral per Bedroom: 210

SKETCH SHOWING HOLE LOCATION:



Official's Signature

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. HS001810

System Type: Standard

Situs: 8345 NW 105 ST, MALCOLM, NE 68402

Issued: 4/19/2019

Expires: 4/19/2020

Description: S28, T11, R5, 6th Principal Meridian, LOT 38 W1/2

Owner: BEACH, MICHAEL S & CYNTHIA S
PO BOX 43
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

MICHAEL BEACH
PO BOX 43
MALCOLM, NE 68402

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

SCANNED

A

Permit Number
#5001810

Onsite Wastewater Treatment System Permit Application

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

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PID E 1/2 NW 1/4 *Approx. Address (If to be determined)

B. Owner 0528100003000

Name Mike Beach Signature

Address 111 N. Lincoln St. P.O. Box 43 City/State/Zip Malcolm / NE / 68402

Home Phone 402-440-4973 Work Phone 402-440-4973

C. Certified Installer

Name: Earnest Well Drilling Inc. Signature

Address PO. Box H City/State/Zip Milford, NE 68405

Work Phone 402-641-6174 cell

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☐ Check and complete if engineer designed system

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☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 600

Type of Wastewater ☒ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department

Site visits

Comments

Date rec'd 4/15/19
Date frwd 4/15/19

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 9/30/19

Business Office Use Only
Date Received 4-16-19 Amount Paid $420.00
Received By JAD Cash/Check No. CC6040

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

Form A Updated: 4/15

Nate C. Hartman

From: Justyn Peterson <justyn@earnestwell.com>
Sent: Friday, September 27, 2019 8:33 AM
To: Nate C. Hartman
Subject: d sheet
Attachments: Scan0014.pdf

Nate,
Here is your upside down reports lol
Scanner would not feed right side up.
Thanks
Jus

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:

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

Address or Legal Description or Parcel Identification Number (PID) _____

Owner: Michael Beach Address 9345 NW 105th

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 33 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2,000
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well 100+ ft.
   Pressure line 50+ ft
   Property Line 120+ ft.
   Foundation 33 ft.

C Distribution Box or Drop Box NA

Distance and Direction from septic tank: ____ ft. ____

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Infiltrator Quick 4 Standard
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 96 ft. 104 ft. 112 ft. ____
4. Drainfield size: 1,053 sq. ft.
5. Distance to:
   Well 100+ ft.
   Pressure line 100+ ft.
   Property line 50+ ft.
   Depth of Groundwater 115+

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

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.

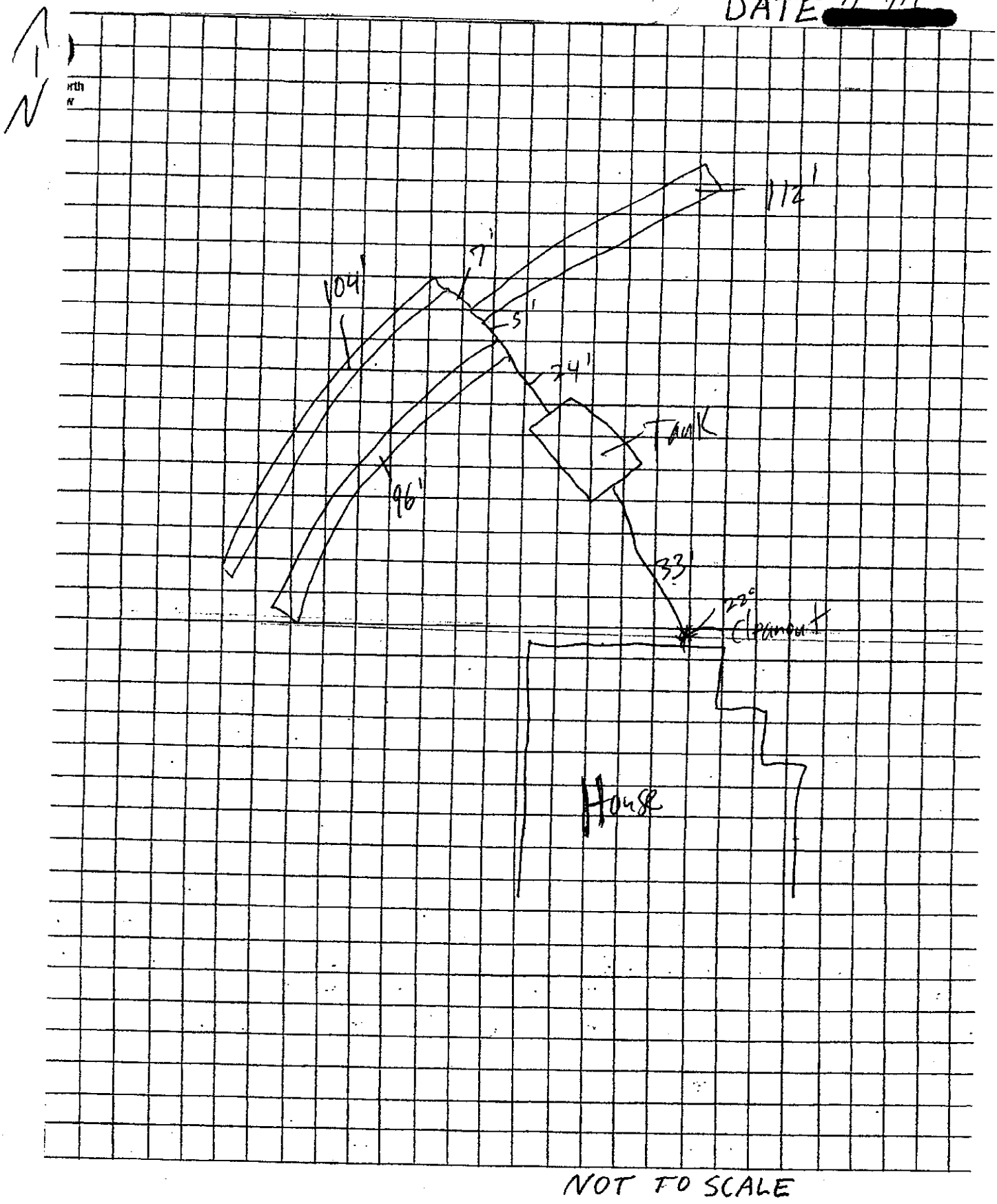
Certified Professional Signature: _____ Date: 9/21/19

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

Owner
Michael Beach

EARNEST WELL DRILLING INC.
P.O. Box H
MILFORD, NE 68405
761-2281 475-3276

DATE 9/21/19



SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____
Township _____ Range _____
1/4 Section _____

Owner: Mike Beach
Address: NW 105th Westside

Property Dimensions: _____ acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam ____ Sandy Clay X

Dates of Tests: 4/13/19 to 4/14/19 **Weather:** Precip. Ø Temp. 50's

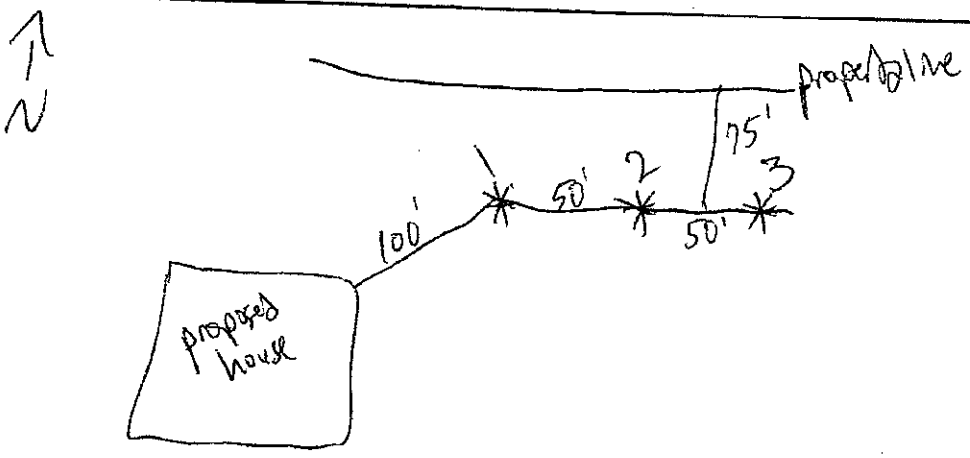
a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Water Level
Hole No.	Depth (in.)	(Mo. Day)	(Hr. Min.)	(Mo. Day)	(Hr. Min.)	(Mo. Day)	(Hr. Min.)	Level (in.)	(Hr. Min.)	Level (in.)	Time (Min.)	Drop (in.)
1	36	4/13	12:00pm	4/13	4:00pm	4/14	11:30am	6	12:00pm	4.25	30	1.75
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PERSON CONDUCTING TEST:
Name: Justin Peterson
Address: 322 238th
Milford, NE 68405
Phone: 402-641-6174
Signature: _____

SKETCH SHOWING HOLE LOCATION:

Square Feet of Lateral per Bedroom: 210



5 bedroom
1050 needed
312' needed

Official's Signature

Nate C. Hartman

From: Nadine Link <malcolmne@msn.com>
Sent: Wednesday, April 17, 2019 1:00 PM
To: Nate C. Hartman
Subject: Malcolm wells
Attachments: September 5, 2018.docx; February 6, 2019.docx; October 3, 2018.docx

Nate,

The September 5, 2018 minutes approves Michael Beach to build at 8345 NW 105 - S28 - T11 - R5 - 6PM, Lot 38 W1/2

The February 6, 2019 minutes approves Travis Tonkinson to build at 9230 NW 112 - S21 - T11 - R5 - 6 PM, Lot 105W

The October 3, 2018 minutes approved Matt Plooster to build at S21 - T11 - R5 - 6PM, Lot 97 NE. Plooster might have already put the well in when they built the building around March 29, I can't get into my file drawer its stuck right now.

Let me know if I can be of further assistance.

Nadine Link, Village Clerk
Village of Malcolm
137 E 2nd Street
P.O. Box 228
Malcolm, NE 68402
(402) 796-2250 - Office
(402) 580-3959 - Cell
(402) 796-2288 - Fax