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

A

Permit Number HS002135

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* 11500 W Mill Rd (no rural route) City Malcom, NE Zip 68402

Legal Description NW SE 5 T12N R5E 11

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

PID 05-25-400-001-000 *Approx. Address (If to be determined)

B. Owner

Name Dan Osborn Signature Daniel R. Osborn

Address 11500 W Mill Rd City/State/Zip MALCOLM, NE 68402

Home Phone 402-469-0564 Work Phone 402-660-5661

C. Certified Installer

Name: Harry Muhlbach Signature Harry Muhlbach

Address 14217 N 56 Lincoln, NE City/State/Zip 68514

Work Phone 402-430-0304

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 1 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 31

Garbage Grinder? ☐ Yes ☑ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 200

Type of Wastewater ☑ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits
Comments
Date rec'd
Date frwd
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

Business Office Use Only
Date Received 11-12-20 Amount Paid $140.00
Received By [illegible] Cash/Check No. 1330

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

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 11500 W Mill Rd (no rural route) City Malcom NE, Zip 68402

Owner Dan Osborn Address 11500 W Mill Rd

Date of Tests 11-6-20 to 11-7-20 Weather: Precipitation None Temperature 65

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	24"	11-6	8.20	11-6	6.20	11-7	8:10	6	11-7	12:10	30m	1.25	24
2	"	"	8.25	"	6.25	"	8:05	6	"	12:05	"	1.00	30
3	"	"	8.30	"	6.30	"	8:10	6	"	12.10	"	1.00	30
4	"	"	8:35	"	6.35	"	8:15	6	"	12:15	"	.75	40
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Harry Muhlbach
Phone: 402-430-7304
Address 14277 N 56, Lincoln, NE 68514

Sum of Percolation Rates: 124
Average of Rates: 31
Rate Used for Calculation: 30-40

Soil type (NRCS Maps/~~Other~~) Burchard fine Loamy
Groundwater Depth 5 plus ft

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
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

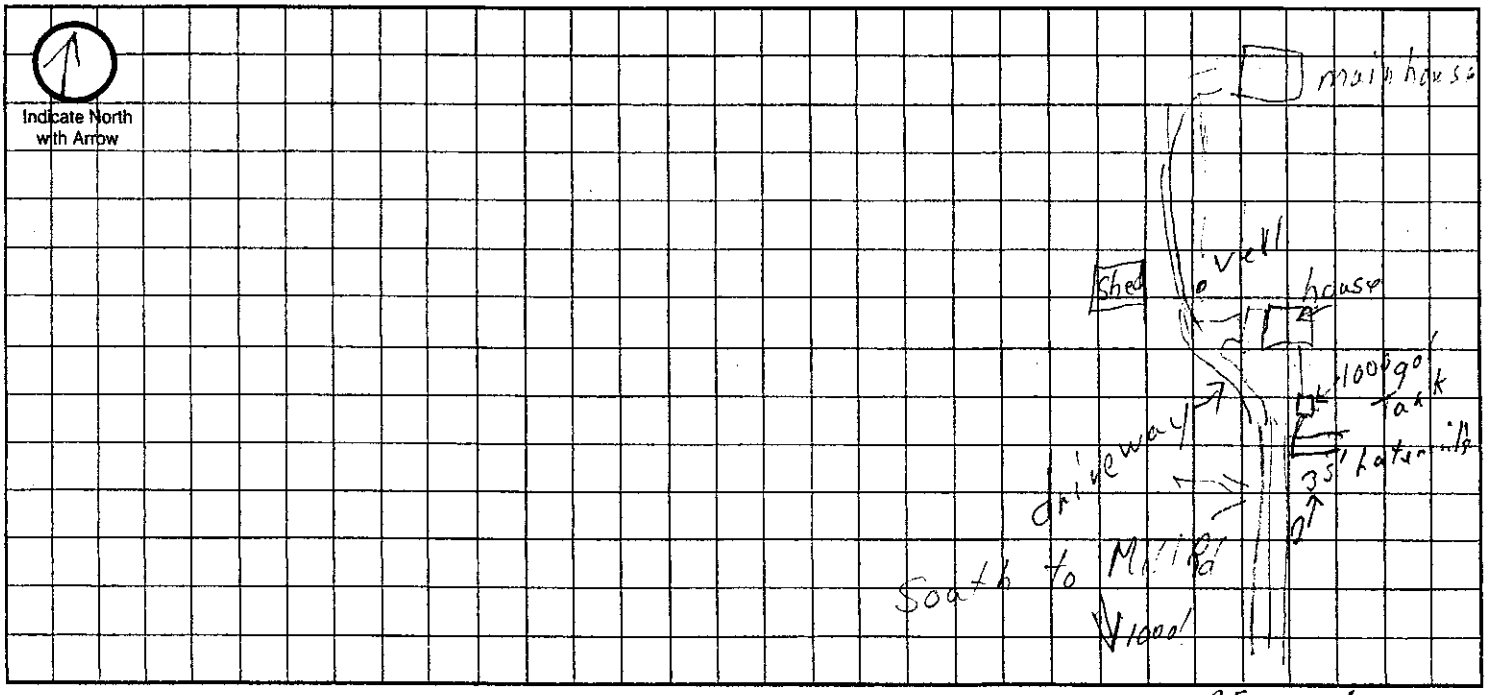
C

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: 25 ft. = 1 grid line/s

A. Onsite System Location

Address (no rural route) 1500 W Mill Rd City Malcom NE, Zip 68402

B. Proposed Septic Tank/s

Septic Tank Cap. 1000 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 31 (30-40 used) (min/inch = mpi) No. of Bedrooms 1 Soil Type Burchard fine sandy loam Land Slope 2 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 275 sq.ft.

Total length of laterals 70' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 2 Width 48" 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 Danny Mintle Date 11-10-20

Installer Danny Mintle Date 11-10-20

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. HS002135

System Type: Standard

Situs: No Site Address Specified

Issued: 11/13/2020

Expires: 11/13/2021

Description: S5, T11, R5, 6th Principal Meridian, LOT 11 SE

Owner: OSBORN, DANIEL R & HEATHER J
11500 W MILL RD
MALCOLM, NE 68402

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Interim 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.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Health Director

DAN OSBORN
11500 W MILL RD
MALCOLM, NE 68402-9694