Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln, NE 68510
Phone: 402-441-8041

A

HS002195

Onsite Wastewater Treatment System
Permit Application

☐ Septic System ☒ Lagoon ☐ Other (explain)

Use Form B and C for Commercial Applications

PLEASE PRINT OR TYPE

A. Onsite System Location

Address: 10870 W. McKelvie Rd (no rural route) City: Malcolm Zip: 68402

Legal Description: 21 11 5 6TH Principal Meridian 10456

1/4 1/4 Section Township Range Subdivision Block Lot

PID: 5213000 19000 Address Address if PID not determined

B. Owner

Name: Seth + Carrie Denver Signature

Address: 600 Blue Sage Blvd City/State/Zip: Lincoln, NE 68521

Home Phone: Work Phone:

C. Certified Installer

Name: Taylor Buss Signature

Address: 8770 Waverly Rd City/State/Zip: Lincoln, NE 68517

Work Phone: 402-430-7360

D. Engineer ☐ Check and complete if engineer designed system

Designer Name: Firm: Phone:

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms: 5 Wastewater Strength? ☐ Typical ☐ High Tank: 1963

Additional Bedrooms? ☐ Yes ☒ No

☐ Commercial Establishment/Other Facility Estimated Sewage Flow (gpd): 525

Type of Wastewater: ☐ Domestic ☐ Other (explain)

DO NOT WRITE ON OR BELOW THIS LINE

Approval Process

1. Health Department
Site visit: Date:
Comments: ACTION: Signature:

2. Supt. Bldg. Insp. or Village Clerk
Comments: ACTION: Signature:
Date Issued:

3. City or County Engineer
Comments: ACTION: Signature:
Date Issued:
Date Filed:

Installation Final Written Approval
By:
Date:

Business Office Use Only
Receipt #: 49-21 Issue: $440.00
Receipted By: JRO Check No: CC 48443

Lincoln-Lancaster County Health Department

HEALTH DEPARTMENT

Onsite Wastewater Treatment System
Preliminary Plan Specifications

Draw a plat plan showing [illegible] direction of groundwater flow, property lines, and [illegible]



A. Onsite System Location

Address of Property: 10870 W. McKelvie Rd. Malcolm NE 68402

B. Proposed Septic Tank(s)

Septic Tank Size: [illegible] X [illegible]

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area [illegible] X [illegible]

D. Drainfield Absorption System

Percolation Rate: [illegible]

☐ Trench ☐ Bed ☐ Non-standard [illegible]

Total Length of Trench: [illegible] Type of Rock: [illegible]

No. of Absorption Trenches: [illegible]

No. of Absorption Beds: [illegible]

E. Setbacks Check the Boxes Below that Indicate Setback Distances

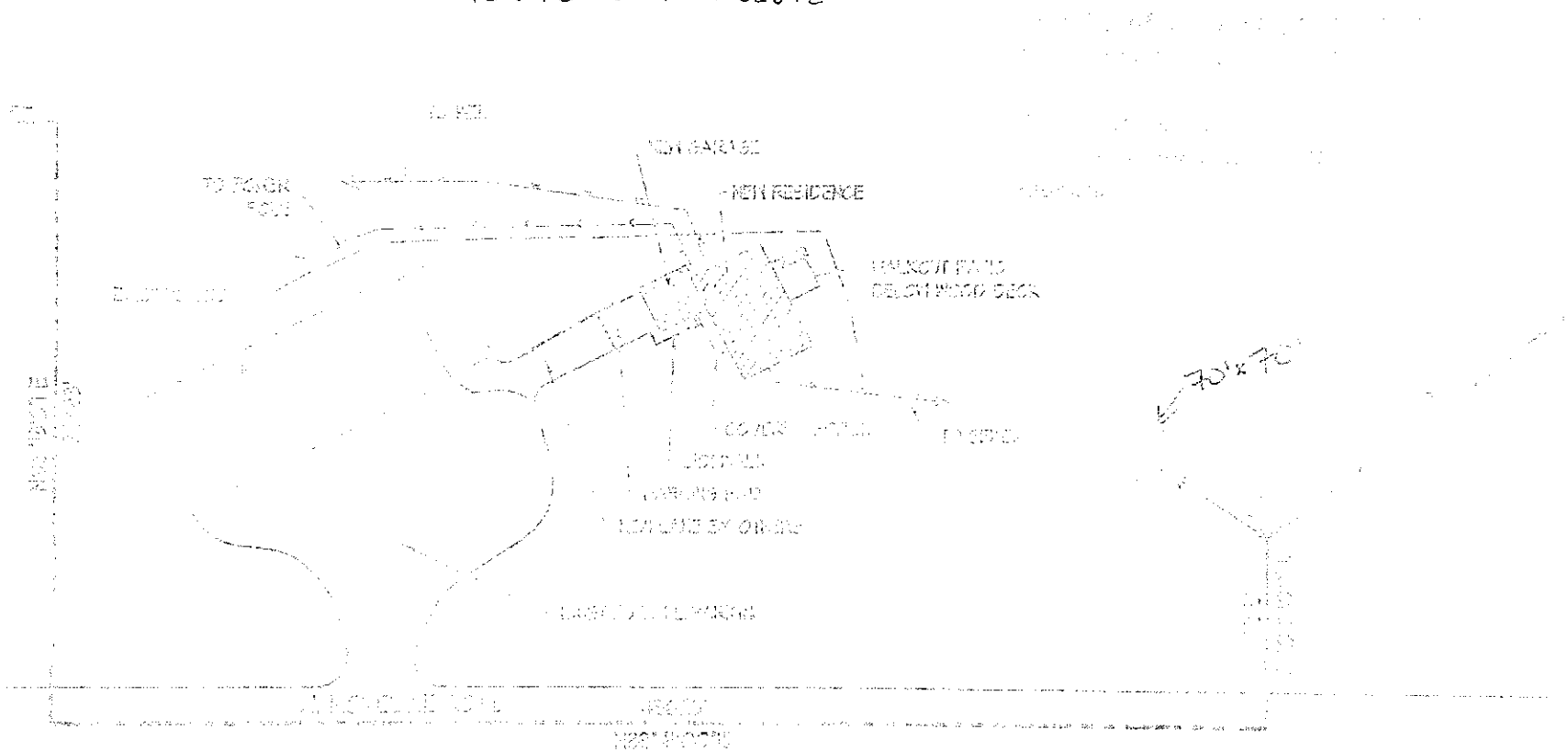
Distance From	Private Well	Public Well	Surface Water	Reuse Water	Property Lines	Building Footings: Yes	Building Footings: No	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	10 ☐	10 ☐	☐	☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	10 ☐	10 ☐	☐	☐	☐
Lagoon (ft)	100 ☑	500 ☐	50 ☑	10 ☐	10 ☑	☑	☐	☑

F. Required Signatures

Home Building Contractor: [illegible] Date: [illegible]

Installer: [illegible] Date: [illegible]

10570 W. McKELVIE



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. HS002195

System Type: Lagoon

Situs: No Site Address Specified

Issued: 4/21/2021

Expires: 4/21/2022

Description: S21, T11, R5, 6th Principal Meridian, LOT 104 SW

Owner: DERNER, SETH & CARRIE
600 BLUE SAGE BLVD
LINCOLN, NE 68521

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

TAYLOR BUSS
8770 WAVERLY RD
LINCOLN, NE 68517

SCANNED

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

A

Permit Number HS002195

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* 10870 W. McKELVIE RD (no rural route) City MALCOLM, NE Zip 68402

Legal Description: 1/4 NE 1/4 Section 21 Township 11 Range 5 6TH PRINCIPAL MERIDIAN Subdivison Addition Block Lot 1045W

PID 521309019000 *Approx. Address (If to be determined)

B. Owner

Name SETH + CARRIE DERNER Signature Jeanie Harp 509-998-0693

Address 600 BLUE SAGE BLVD City/State/Zip LINCOLN, NE 68521

Home Phone Work Phone

C. Certified Installer

Name: TAYLOR BUSS Signature

Address 8770 WAVERLY RD City/State/Zip LINCOLN, NE 68517

Work Phone 402-430-8380

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 5 Whirlpool Bathtub? ☐ Yes ☒ No Garbage Grinder? ☒ Yes ☐ No Total Acres 19.63

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 525

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits * Needs Sense of PH 11/19/21
Comments
Date rec'd 4/21/21
Date frwd 4/21/21
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 4/21/21
Date frwd
ACTION * See attached ☐ Disapproved
Signature

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

Installation shall not be covered until written approval is received from the Health Department.
By
Date 6/9/22

Sense Distributed *

Business Office Use Only
Date Received 4-9-21 Amount Paid $440.00
Received By JMO Cash/Check No CC 4643

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

Form A Updated: 4/15

Nate C. Hartman

From: Taylor Buss <taylor.l.buss@gmail.com>
Sent: Thursday, November 18, 2021 2:08 PM
To: Nate C. Hartman
Subject: 10870 W McKelvie Lagoon As-Built
Attachments: 10870 W McKelvie As-Built Docs.pdf

Nate,

Attached is the as-built for the lagoon installed at 10870 W McKelvie in Malcolm. The fence is yet to be installed but will be installed by others.

Prior to construction we determined the sewer line from the shed is just domestic wastewater per the property owner.

Thanks,

Taylor Buss
Nebraska Rural Septic
402-430-8380
Taylor.L.Buss@gmail.com

Nebraska DEQ

System Registration For Onsite Wastewater Treatment System - Household Domestic Lagoon

Print or Type

SETH & CARRIE | | DERNER |
Owner First Name | Initial | Last Name | Owner Phone Number

Business or Legal Entity Name (if applicable)

10870 W. MCKELVIE RD | MALCOLM | NE | 68402
Owner Mailing Address | City | State | Zip

Physical address of system if different from owner's mailing address

Location *Legal description* OR *Geographical coordinates to 4 decimal points*

__ __ 21 11 5 | LANCASTER | / |
¼ ¼ Section Township Range | County | Latitude | Longitude

Mark One

☒ Dwelling ☐ Non-dwelling ☐ Inspection

Mark One

☒ New system ☐ Modification, reconstruction or alteration of existing system ☐ System inspection only

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

System Information

Surface area at maximum operating depth ~~4,739~~ 4900 sq. ft. Maximum operating depth * 5 ft.

Seepage rate of liner 0.125 inches/day Design flow 525 gal/day

Previous system registration number (if applicable) TS

I swear or affirm that the system complies with Title 124 requirements and that the registration information and documentation submitted are true, complete, and accurate.

TAYLOR | L | BUSS | 2655
(*Print or Type*) First Name | Initial | Last Name | Certificate/License Number

Signature of Certified Professional, Professional Engineer, or Registered Environmental Health Specialist

11/13/21
Date construction/inspection completed

NOTICE: Failure to complete the form or include the appropriate fee(s) will delay the registration.
(*) Indicates item not required on registration
Nebraska Department of Environmental PO Box 98922 Lincoln NE 68509-8922

Version 12-2015

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

C

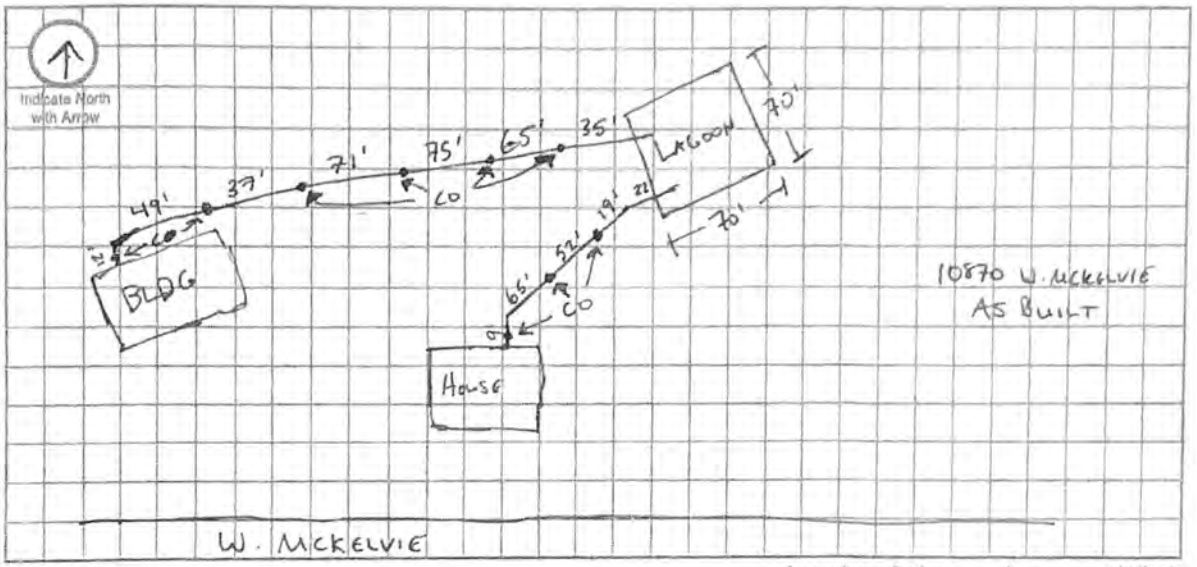
Permit Number

Onsite Wastewater Treatment System

Preliminary Plan Specifications

AS - BUILT

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) 10870 W. MCKELVIE RD City MALCOM NE, Zip 68402

B. Proposed Septic Tank/s

Septic Tank Cap._____ 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_____ (min/inch = mpi) No. of Bedrooms 5 Soil Type_____ Land Slope_____%

☐ Trench ☐ Bed ☐ Non-Standard (engineer designad and NDEQ approved Total Square feet of drainfield_____sq.ft.

Total length of laterals_____ Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches_____ Width_____ 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_____ Date_____

Installer NEBRASKA RURAL SEPTIC Date 4/13/21

Onsite Form C 12_08

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: _____ Address _____

A. Wastewater Piping

1. Material: SDR 26 Gasketed Diameter: 4 in.
2. Distance between dwelling and septic tank: _____ ft.

B. Septic Tank

1. Material _____
2. Capacity: _____
3. Depth to top of tank, below unfinished grade: ____ in.
4. Distance to:
   Well _____ ft.
   Pressure line _____ ft.
   Property Line _____ ft.
   Foundation _____ ft.

C Distribution Box or Drop Box

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:
   _____
2. Number of Laterals: _____
3. Length of each lateral (linear): ft._____ ft._____ ft._____ ft._____
4. Drainfield size: _____ sq. ft
5. Distance to:
   Well _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   Depth of Groundwater _____

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: _____ #2655 Date: 11/13/21

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

Nate C. Hartman

From: Nadine Link <malcolmne@msn.com>
Sent: Wednesday, April 21, 2021 9:22 AM
To: Nate C. Hartman
Subject: Re: 10870 W. McKelvie (Seth Derner)

Seth Derner called back, the lagoon contractor got ahead of himself, Seth is getting bids to be able to go in and get financing.

Seth has 20 acres in the Malcolm area, provided he follows all codes, Malcolm will approve a residential home being built on his property at 112th & McKelvie Road.

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

From: Nadine Link <malcolmne@msn.com>
Sent: Monday, April 19, 2021 11:53 AM
To: Nate C. Hartman <nhartman@lincoln.ne.gov>
Subject: Re: 10870 W. McKelvie (Seth Derner)

Nate,

I have tried to get a hold of Seth Derner to see about the house plans and a building permit to be approved through our office, to date Seth Derner has not returned my calls. So, nothing has been approved through our office at this time.

Let me know if you have any questions.

Thank you,

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

From: Nate C. Hartman <nhartman@lincoln.ne.gov>
Sent: Monday, April 19, 2021 11:22 AM
To: Nadine Link <malcolmne@msn.com>
Subject: 10870 W. McKelvie (Seth Derner)

Nadine:

Just checking in on this approval...

Thanks!

Nate Hartman REHS, QCIS, QPSWPPP
Senior Environmental Health Specialist
3131 'O' Street, Lincoln, NE 68510
O: 402-441-8643 F: 402-441-3890

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