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

REC'D JUN 01 2021

**A**

Permit Number HS002226

# 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* 9830 NW 126th St (no rural route) City Malcolm, NE Zip 68402

Legal Description 20 11 5 29

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

PID 05-20-100-008-000 *Approx. Address (If to be determined)

## B. Owner

Name Mike + Penny Placke Signature Michael Placke Penny Placke

Address 9515 W Rock Creek Rd City/State/Zip Valparaiso, NE 68065

Home Phone 402-432-4617 Work Phone 402-432-4617

## C. Certified Installer

Name: AWS Well Co Inc Signature Steven Ware

Address PO Box 2460 City/State/Zip Mead, NE 68041

Work Phone 402-624-3895

## 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 Total Acres 20

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
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 6-01-21 Amount Paid $440.00
Received By JAE Cash/Check No. 5968

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

Form A Updated: 4/15

**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. HS002226**

**System Type:** Lagoon

**Situs:** No Site Address Specified

Issued: 6/2/2021

Expires: 6/2/2022

**Description:** S20, T11, R5, Acres 6th Principal Meridian, LOT 29 NW

**Owner:** PLACKE, PENNY & MICHAEL
9515 W ROCK CREEK RD
VALPARAISO, NE 68065

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

MIKE PLACKE
9515 W ROCK CREEK RD
VALPARAISO, NE 68065

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

**D**

Permit Number: HS002226

# 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** PID = 05-20-100-008-000

Address or Legal Description or Parcel Identification Number (PID) 9830 NW 126th St, Malcolm, NE 68402

Owner: Michael W Placke Address 9515 W Rock Creek Rd, Valparaiso, NE 68065

### A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and ~~septic tank~~ Lagoon: 334 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 _____

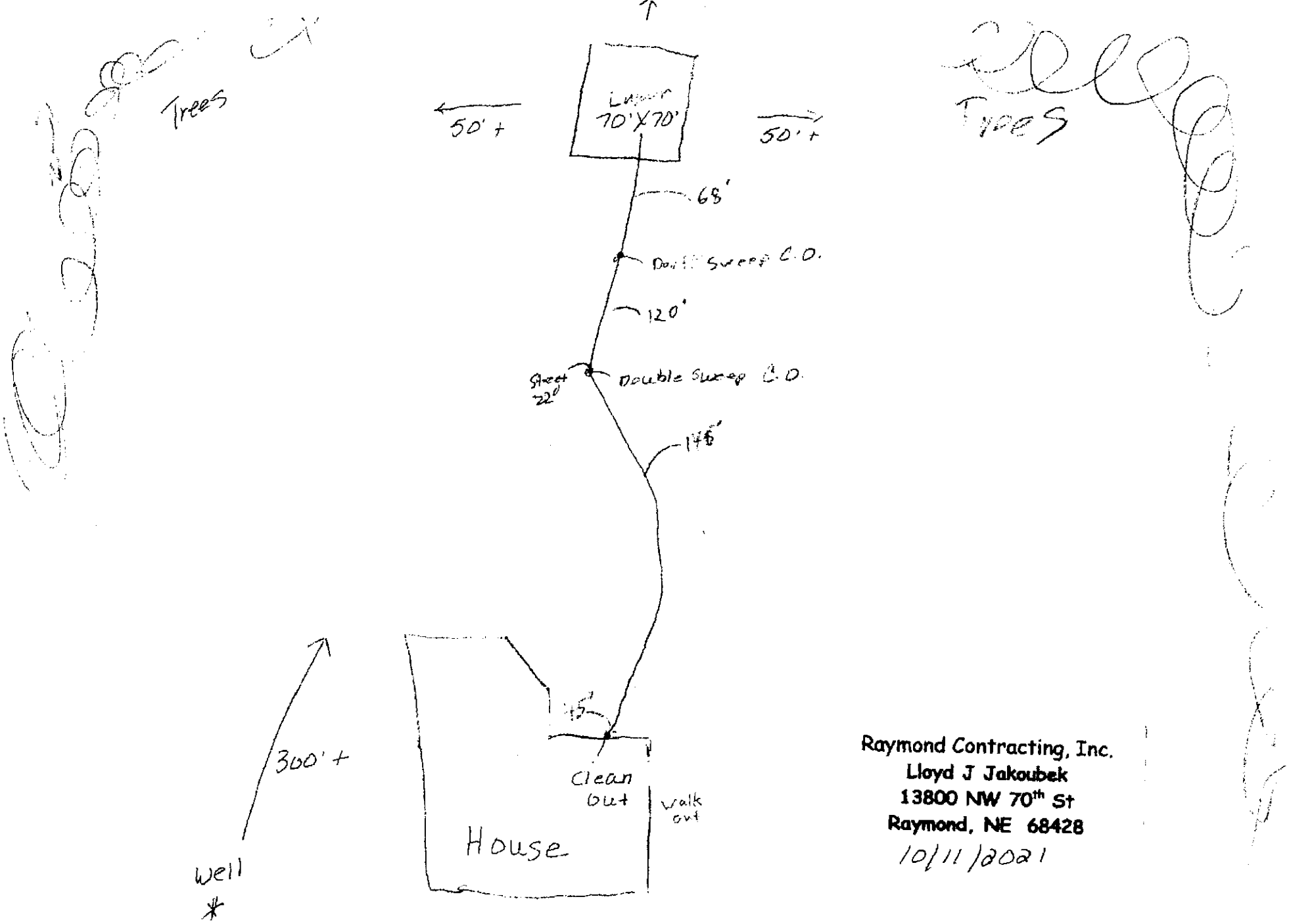
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☑ Yes ☐ No (Partially)

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: 10/[illegible]/21

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




Raymond Contracting, Inc.
Lloyd J Jakoubek
13800 NW 70th St
Raymond, NE 68428
10/11/2021

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

REC'D JUN 01 2021

A

SCANNED

Permit Number HS002276

# 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* 9830 NW 126th St (no rural route) City Malcolm, NE Zip 68402

Legal Description 20 11 5 29
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 05-20-100-008-000 *Approx. Address (If to be determined)

## B. Owner

Name Mike + Penny Placke Signature Michael Placke Penny Placke

Address 9515 W Rock Creek Rd City/State/Zip Valparaiso, NE 68065

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Address PO Box 246 City/State/Zip Mead, NE 68041

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## 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~~ 5 4 as per contractor Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 20

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 6/2/21
Date frwd 6/2/21

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 10/29/21

***Business Office Use Only***
Date Received 6-01-21 Amount Paid $440.00
Received By JAC Cash/Check No. 5968

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

Form A Updated: 4/15

## Nate C. Hartman

**From:** Nate C. Hartman
**Sent:** Wednesday, June 2, 2021 9:06 AM
**To:** 'Nadine Link'
**Subject:** RE: Placke permit - Malcolm

Nadine,

A permit application has been received, reviewed, approved and issued for the parcel with the legal description of T11N, R5E, Sec 20, Lot 29. Permit number is HS002226 for reference.

Thanks!

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

**From:** Nadine Link <malcolmne@msn.com>
**Sent:** Wednesday, June 2, 2021 9:01 AM
**To:** Nate C. Hartman <nhartman@lincoln.ne.gov>
**Subject:** Placke permit - Malcolm

Nate,

The Village Board approved the building permit for a new home at 9820 NW 126 for Placke on March 3, 2021.

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