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

A

Permit Number #S002279

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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

3 acres or more required for: ☒ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 8801 NW 105th (no rural route) City Malcolm, NE Zip 68402

Legal Description 28 (1/4) 11 (1/4) 5E (Section) Township (Range) Acres 6th Principal Meridian (Subdivison) (Addition) (Block) 3 (Lot) 5

Geographical Location (if known): Lat/Long: PID 0528100003000

B. Owner

Name Chad Roof Signature

Address 3621 Holmes Park Rd City/State/Zip Lincoln, NE 68506

Home Phone Work Phone

C. Certified Installer

Name: Justyn Peterson Signature

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

Work Phone 402-761-2281

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 Is there a Whirlpool Bathtub? ☐ Yes ☐ No N/A Total Acres 9.51

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

Type of Wastewater ☒ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 02-30

1. Health Department
Site visits
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 8-20-21 Amount Paid $440
Received By SB Cash/Check No. CC 7422

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

Form A Updated: 5/10

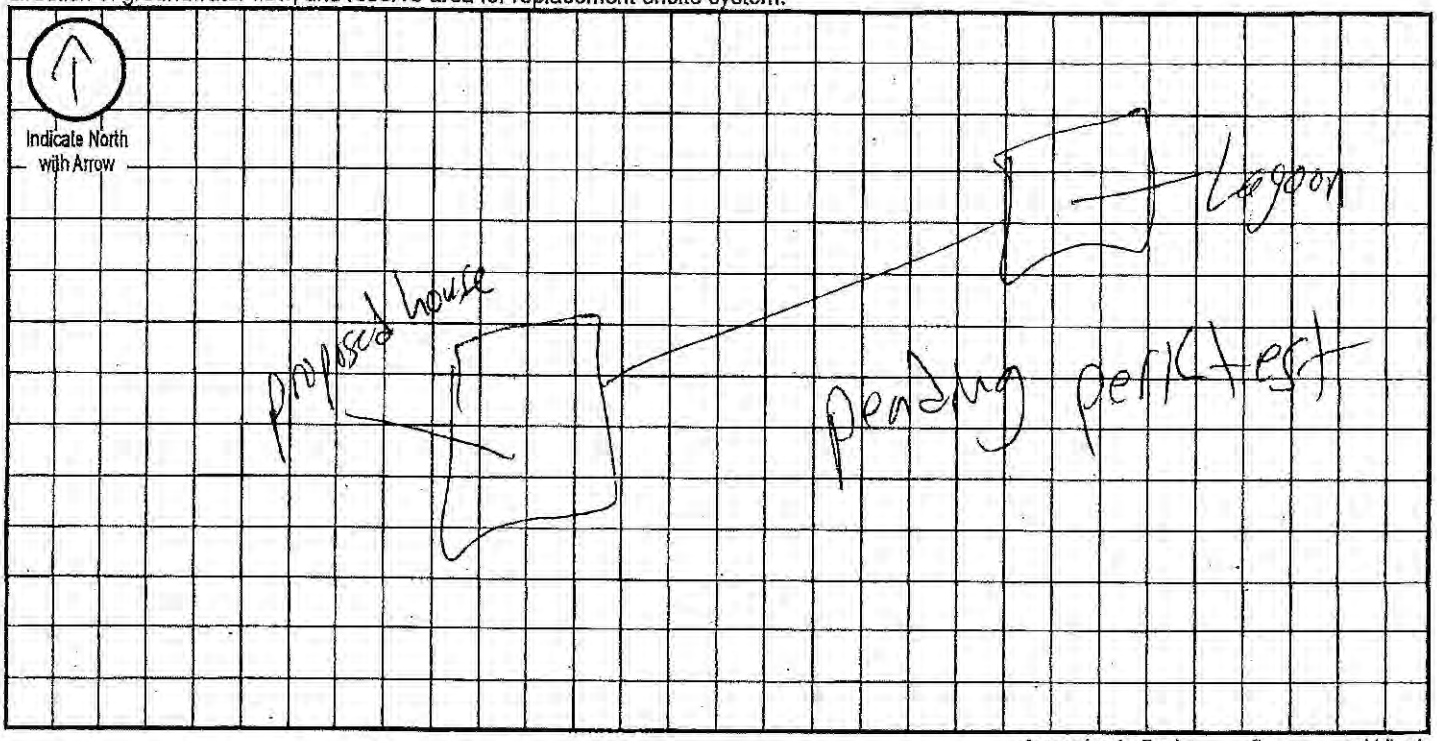
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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) 8801 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 pending (min/inch = mpi) No. of Bedrooms 5 Soil Type Clay Loam Land Slope 2 %
☒ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield _____ Sq. Ft.
Total length of laterals _____ Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☐ Other _____
No. of Absorption Trenches _____ Width _____ No. of Drop Boxes _____ Distribution Box _____
No. of Absorption Beds _____ Width _____ No. of Distribution Lines per Bed _____

Installer _____ Date: 4/21/21

Updated 2/18

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 Chad Roof Address 8801 NW 105th St.

A. Wastewater Piping

1. Material: PVC 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 lataral (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.

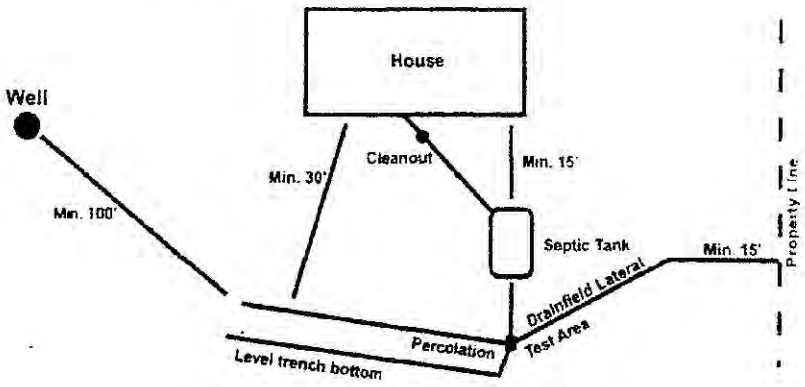
Certified Professional Signature: _____ Date: 8/19/21

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

Onsite Wastewater System Design (Example)

Indicate North
w/ Arrow Here:





*Note-If Lagoon, show all applicable dimensions

House
100'
= Cleanouts
130'
75'
42'
Lagoon 71' Square

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. HS002279

System Type: Lagoon

Situs: No Site Address Specified

Issued: 8/26/2021

Expires: 8/26/2022

Description: S28, T11, R5, Acres 6th Principal Meridian, LOT 45 NW

Owner: ROOF, CHAD T & VANESSA L
3621 HOLMES PARK RD
LINCOLN, NE 68506

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, 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

EARNEST WELL DRILLING
PO BOX H
MILFORD, NE 68405

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

A

Permit Number #S0022779

Onsite Wastewater Treatment System Request for Site Clearance and Permit

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3 acres or more required for: ☒ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

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Legal Description 28 (1/4) 11 (1/4) 5E (Section) Township Range Acres 6th Principal Meridian Subdivison ~~43~~ 45 Addition Block Lot

Geographical Location (if known): Lat/Long: PID 0528100007000

B. Owner

Name Chad Roof Signature

Address 3621 Holmes Park Rd City/State/Zip Lincoln, NE 68506

Home Phone Work Phone

C. Certified Installer

Name: Justyn Peterson Signature

Address P.O. Box 11 City/State/Zip Milford, NE 68405

Work Phone 402-761-2281

D. Engineer

☐ Check and complete if engineer designed system P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

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Site visits
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 6/9/22

Business Office Use Only
Date Received 8-20-21 Amount Paid $440
Received By SMO Cash/Check No. CC 7427

White - Health Department Yellow - Engineer Pink - Building Safety

Form A Updated: 5/10

* House constructed prior to permit approval - Issued w/out Township approval.

Nate C. Hartman

From: Nadine Link <malcolmne@msn.com>
Sent: Friday, August 20, 2021 12:01 PM
To: Nate C. Hartman
Subject: 8801 NW 105th

Nate,

The Village Board approved the building permit for a new home at 8801 NW 105 for Beach Construction, Inc. to build the home for Chad and Vanessa Roof on January 6, 2021.

Sorry, I forgot to send the approval to you until now.

Let me know if you need anything else from my office.

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