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

A

Permit Number HS0025178

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* 10000 W Bluff Rd (no rural route) City Malcolm, NE Zip 68402

Legal Description: SE (1/4) SE (1/4) 16 (Section) 11N (Township) 5E (Range) _____ (Subdivison) _____ (Addition) _____ (Block) 8 (Lot)

PID 05-16-400-003-000 *Approx. Address (If to be determined) _____

B. Owner

Name Carol & Craig Vanderkolk Signature _____

Address 10000 W Bluff Rd City/State/Zip Malcolm, NE 68402

Home Phone 402-890-4518 Work Phone _____

C. Certified Installer

Name: Terri Jakoubek Signature Terri L. Jakoubek

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-783-2663

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 3 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 17.09

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 _____ 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 8-29-23 Amount Paid $460
Received By JRD Cash/Check No CC 5240

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

Form A Updated: 2/18

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

A

Permit Number

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* 10000 W Bluff Rd (no rural route) City Malcolm NE Zip 68402

Legal Description SE SE 16 11N 5E 8
(1/4 1/4 Section Township Range Subdivision Addition Block Lot)

PID 05-16-400-003-000 *Approx. Address (if to be determined)

B. Owner

Name Carol & Craig Vanderkolk Signature Craig Vanderkolk

Address 10000 W Bluff Rd City/State/Zip Malcolm, NE 68402

Home Phone 402-890-4518 Work Phone

C. Certified Installer

Name Tern Jakoubek Signature Tern Jakoubek

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-783-2663

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 3 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 17.09
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 Date rec'd
Date fwd
Comments ACTION ☐ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments Date rec'd
Date fwd ACTION ☐ Approved ☐ Disapproved
Signature

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

Installation Final Written Approval

By

Date

Business Office Use Only
Date Received Amount Paid
Received By Cash/Check No

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

Form A Updated 2019

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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 10000 W Bluff Rd (no rural route) City Malcolm NE, Zip 68402

Owner Carol Vanderkolk Revocable Trust Address 10000 W Bluff Rd, Malcolm, NE 68402

Date of Tests 8/16/23 to 8/17/23 Weather: Precipitation None Temperature 78 °

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			End				
Hole No.	Hole Depth(in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop(in)	Percolation Rates (Min/in = mpi)
1	21	8/16	10:30a	8/17	8:30a	8/17	12:00p	6	8/17	12:30p	30	5/8	48
2	20	8/16	10:30a	8/17	8:30a	8/17	12:00p	6	8/17	12:30p	30	2	15
3	21	8/16	10:30a	8/17	8:30a	8/17	12:00p	6	8/17	12:30p	30	9/16	53
4	23	8/16	10:30a	8/17	8:30a	8/17	12:00p	6	8/17	12:30p	30	5/8	48
5	24	8/16	10:30a	8/17	8:30a	8/17	12:00p	6	8/17	12:30p	30	9/16	53
6	26	8/16	10:30a	8/17	8:30a	8/17	12:00p	6	8/17	12:30p	30	1-1/8	27
7	21	8/16	10:30a	8/17	8:30a	8/17	12:00p	6	8/17	12:30p	30	5/8	48
8								6					

Person Conducting Percolation Test

Name: Vern Jakoubek

Phone: 402-783-2663

Address 13800 NW 70th St Raymond, NE 68428

Sum of Percolation Rates: 292

Average of Rates: 42

Rate Used for Calculation: 53 (20 mpi variance)

Soil type (NRCS Maps/Other) Pawnee CL (Silty Clay Loams present)

Groundwater Depth >8'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official Date

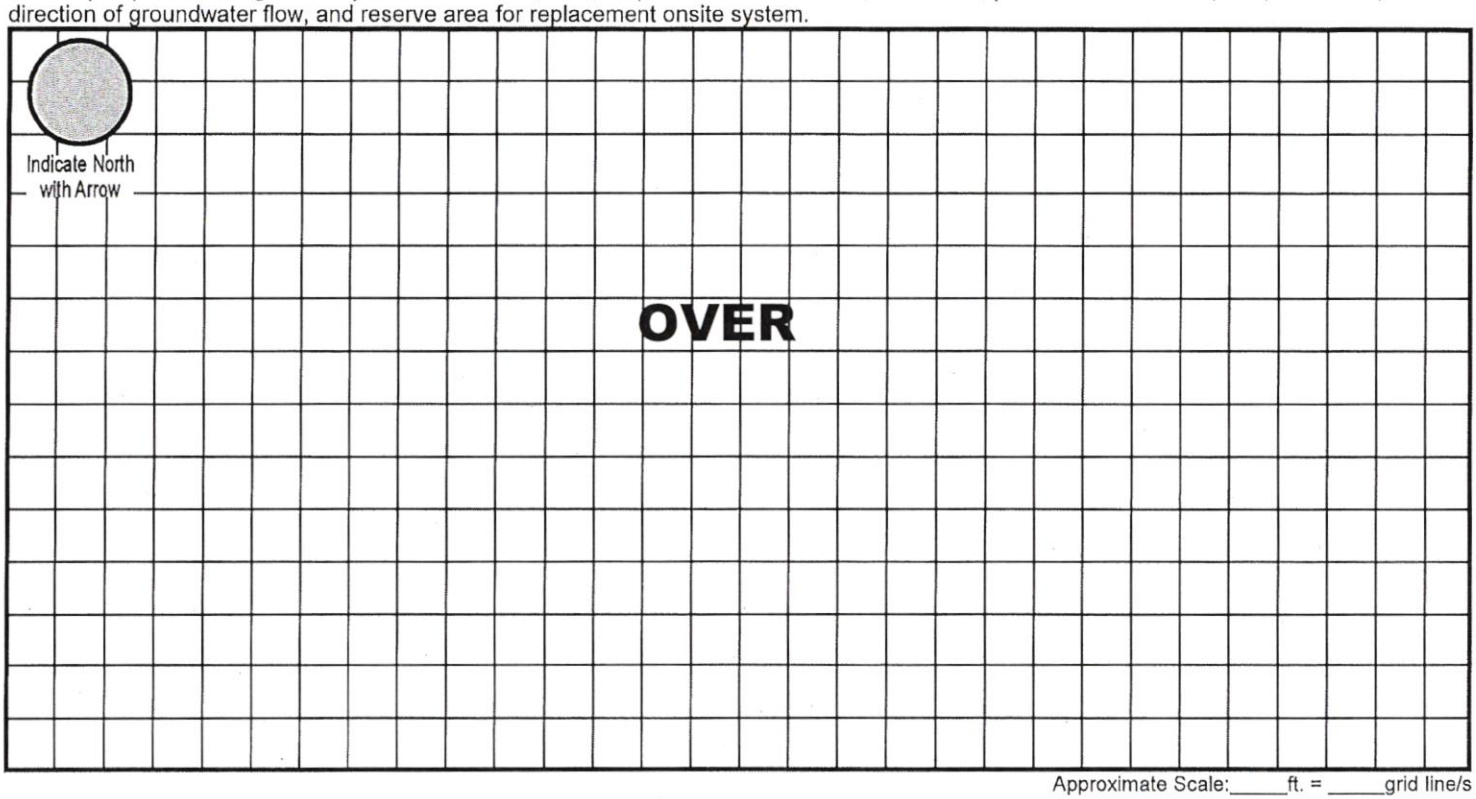
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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) 10000 W Bluff Rd City Malcolm NE, Zip 68402

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 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 53 (min/inch = mpi) No. of Bedrooms 3 Soil Type Pawnee CL/SCL Land Slope _____ %

☑ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 1,080 Sq. Ft.

Total length of laterals 240 Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☑ Other EZFlow 1203H

No. of Absorption Trenches 4 Width 38" No. of Drop Boxes 1 Distribution Box _____

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

Installer Neri L. Jakander Date: 8/28/23

Updated 2/18

Builder _____ Date: _____

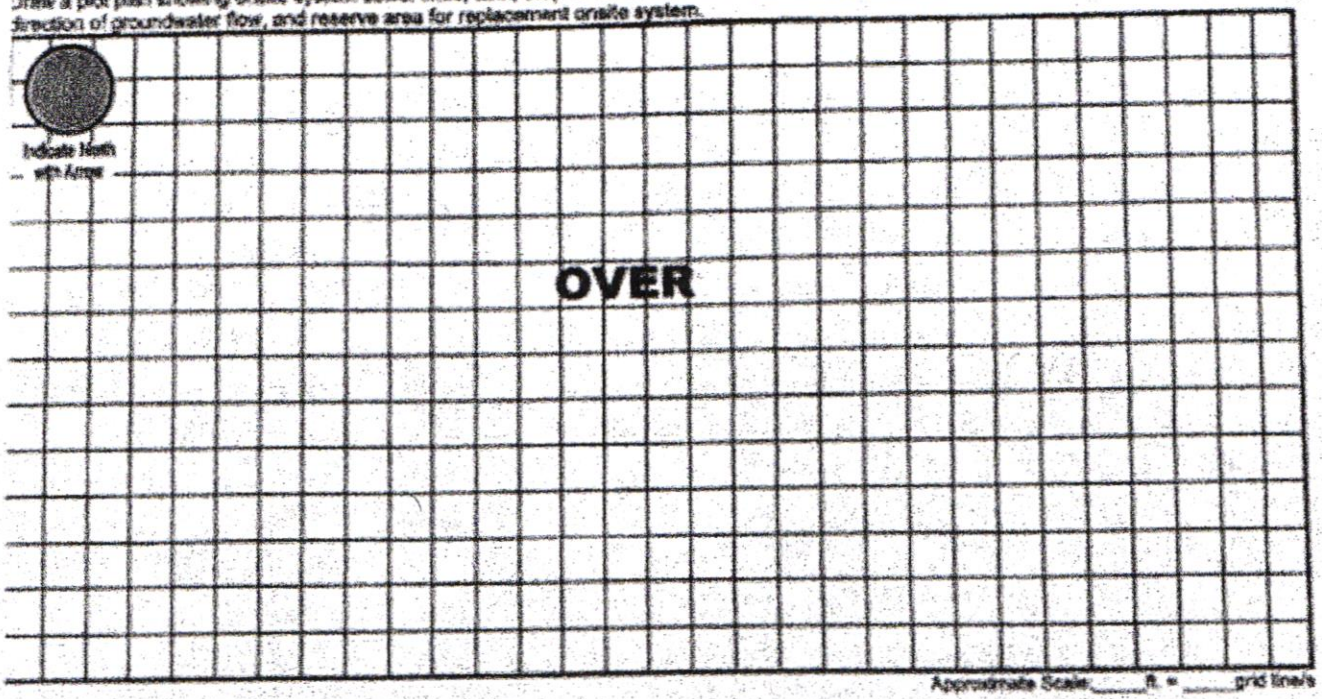
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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

1. Onsite System Location
Address (no rural route) 10000 W Bluff Rd City Malcolm NE, Zip 68402

3. Proposed Septic Tank/s
Septic Tank Cap 1500 gals Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____ ☐ Lagoon (Max. Seepage 1/8"/day)

2. Reserve Area for Replacement Onsite System
☐ Drainfield Absorption Area (percolation test required) ☑ Lagoon

3. Drainfield Absorption System
Percolation Rate 53 (min/inch = mpi) No. of Bedrooms 3 Soil Type Pawnee CL/SCL Land Slope _____ %
☑ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 1,080 Sq. Ft.
Total length of laterals 240 Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☑ Other EZFlow 1203H
No. of Absorption Trenches 4 Width 38" No. of Drop Boxes 1 Distribution Box _____
No. of Absorption Beds _____ Width _____ No. of Distribution Lines per Bed _____

Installer Mark L. Lakander Date: 8/28/23
Owner Craig VanBuskirk Date: 8/29/2023

Updated 2/18

10000 W Bluff Rd, Malcolm, NE 68402

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email assessor@lancaster.ne.gov and you will be directed to the appropriate department.

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. HS002578

System Type: Standard

Situs: No Site Address Specified

Issued: 9/1/2023

Expires: 9/1/2024

Description: S16, T11, R5, 6th Principal Meridian, LOT 8 SE

Owner: VANDERKOLK, CAROL A
REVOCABLE TRUST
10000 W BLUFF RD
MALCOLM, NE 68402

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

RAYMOND CONTRACTING INC
13800 NW 70TH ST
RAYMOND, NE 68428

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1804-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

January 8, 1982 — THIS PERMIT EXPIRES

Craig Vanderkolk — ISSUED TO

1722 South 27th Lincoln NE — ADDRESS

T11N, R5, Section 16, Lot 8IT — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH

ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

A

FILING FEE: $ 60.00

FILE NO. 1804-C

DATE: July 7, 1981

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 11 North Range 5 ; Section 16 ;
   Block _____ : Lot 8 I.T. : Addition _____
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: none ft.

Craig Vandenhoek
Signature of Applicant (Owner or Lessee)

1722 S 27th
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/8/81. Date Frwd. / /. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7-7-81. Date Frwd. 7-7-81. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 7-8-81. Date Frwd. 7-8-81. ACTION: Approved ☒ Disapproved ☐ Signature: Gary V. Wenell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-31-81 by: JMR
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-26-81 By: John Nelson

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 11 North ; Range 5 ; Section & ¼ Section 16 SE¼
Property Dimensions: 576.06 ft. x 1340 ft. Area: 17.5 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☒ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: July 1, 81 to July 2 '81. Weather: Precip. none Temp. 92°.

OWNER: CRAIG VANDERKOLK

Address: 1722 S 27 LINCOLN

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.) 30 min / 60 min	Percolation Rates (Min./in.)
1	21	7/1	11:30AM	7/2	1:30PM	7/2	1:30PM	6 1/8	2:00PM	5 1/2	30/60	5/8 / 1 1/8	48
2	21	"	"	"	"	"	"	6 1/2	"	5 7/8	" "	5/8 / 1 1/4	48
3	23	"	"	"	"	"	"	6 1/8	"	5	" "	1 1/8 / 2	26.6
4	20	"	"	"	"	"	"	6 1/2	"	5 3/4	" "	3/4 / 1 3/8	40
5	22	"	"	"	"	"	"	6 3/8	"	5 1/2	" "	7/8 / 1 1/2	34
6	23	"	"	"	"	"	"	6	"	4 1/8	" "	1 7/8 / 3 1/4	16

Sum of Percolation Rates: 212.6
Average of Rates: 35.43
Mean of Rates: 34-40

Craig Vanderkolk
Signature of Person Conducting Test

Address 1722 S 27th Phone 475-7801

(Do not write below this line)

REVIEWING ACTION

Remarks: From description must be inclusion
Soil Type (SCS): Wounde Clay Loam
Date: July 8, 1981

Approved Percolation Rate (a)
A. 30 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

7/2/81 Test #1 8:15-8:45 5 11:00 - 11:35

2 8:50 9:20 6 11:45 - 12:20

3 9:30 - 10:00 7 12:30 - 1:15

4 10:15 - 10:45 8 Perc. test 1:30 - 2:00

2:10 - 2:40



#	Test # 1	2	3	4	5	6	7
1	1"	1/2	5/8	5/8	5/8	5/8	3/4
2	1 5/8	3/8	1 1/8	5/8	3/4	3/4	3/4
3	1 7/8	1 1/4	1 3/8	3/4	1 1/4	1 1/2	1 1/2
4	1 3/8	7/8	5/8	7/8	1	3/4	7/8
5	1	3/4	3/4	5/8	3/4	1	1 1/8
6	2 3/4	1 1/4	2 1/4	1 1/4	1 3/4	2 1/2	2 1/4

drop in water level 4 hrs previous to perc test, 30-40 min intervals

SAND	21.62
COARSE SILT	24.76
FINE SILT	20.74
VERY FINE SILT	2.50
Clay	30.38
	100.00%

Clay Loam

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

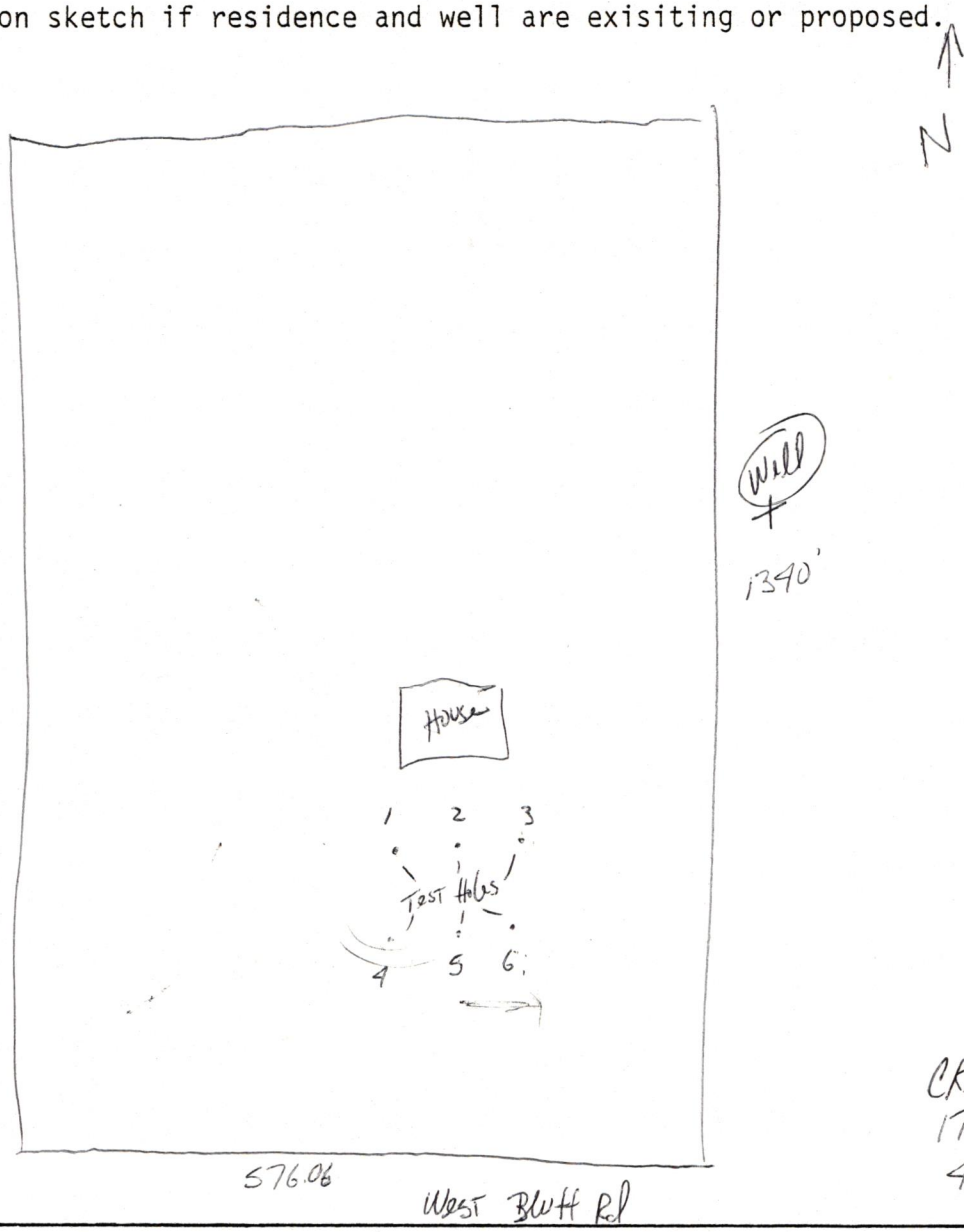
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.



CRAIG VANDERKOLK
1722 S. 27
475-7801

REVIEWING ACTION

Remarks :_____

Date: July 8, 1981

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed 750 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

middle lateral - 1st 40 feet has 6" drop -
earth Dike followed by 60 feet of lateral - trench level

