Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

011053

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit #: 07380335801

Issued: 07/12/07
Expires: 07/12/08
Revenue Code: 3157

Establishment:
JASON MACKLIN
T8N R6E SEC 3
WHITETAIL RUN BLK 2 LOT 2
12665 SW GRAY FAWN DR-ROCA

FEES: $290.00

Permittee:
JASON MACKLIN
1919 KING ARTHUR CT
LINCOLN NE 68512

TOTAL: $290.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

A

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

Permit Number: 07380335801

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

3.1 acres

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 12665 S.W. Gray Fawn Dr City Roca. NE, Zip 68430
(no rural route)
LCR 5999

Legal Description 3 8 6 Whitetail Run 2 2
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name JASON MACKLIN Signature _____

Address 1919 King Arthur Ct. City/State/Zip Lincoln, NE, 68512

☐ Check if owner designed system Home Phone 402-421-6120 Work Phone 402-770-6120

C. Contractor

Name Kelly Wolinski Company Name Wellmann Plbg. Inc.

Address 3130 S 6th #100 City/State/Zip Lincoln, NE 68502

☒ Check if contractor designed system Work Phone 402-434-2400 610-0561

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm Wellmann Plbg. Inc Work Phone 402-434-2400

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 5 Is there a Whirlpool Bathtub 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 ☐ Municipal Code 24.38 ☑ County Resolution No. 2832

1. **Health Department** Date rec'd 7/11/07 Date frwd 7/11/07 ACTION ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7/12/07 Date frwd 7/12/07 ACTION ☑ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 7-12-07 Date frwd 7-12-07 ACTION ☑ Approved ☐ Disapproved Signature _____

* needed D-Box Grad Labels hooked up wrong A)

Installation Final Written Approval

By _____

Date 10/3/07

Business Office Use Only Ck. Per Boff Baker NH

Date Rec'd 7/12/07
Amt Paid $290.00
Rec'd By CW Cash/Check No. 43538

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 12665 S.W. Grey Fawn (no rural route) City Roca NE, Zip 68430

Owner _____ Addresss _____

Soil Type (SCS): _____ Percolation Rate: 15.4 min./inch

Date of Tests 6-28-07 to 6-29-07 Weather: Precipitation NA Temperature 85°

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					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)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	36	6/28		6/29							30	2.25	13.33
2											30	2.75	10.90
3											30	3	10
4											30	1.25	24
5											30	1.75	17.14
6											30	1.75	17.14

Person Conducting Percolation Tests

Name: Kelly Wolinski
Phone: 610-0561
Address Lincoln, Ne.

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 15.4 min/in.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Perc's seem very low for Wymore Soil. Contacted Tim of Wellman Plumbing, he said they were going to size the system for a 31 mpi calculation

Signature of Reviewing Official _____ Date 7/12/07

FORM 23-101 10-96

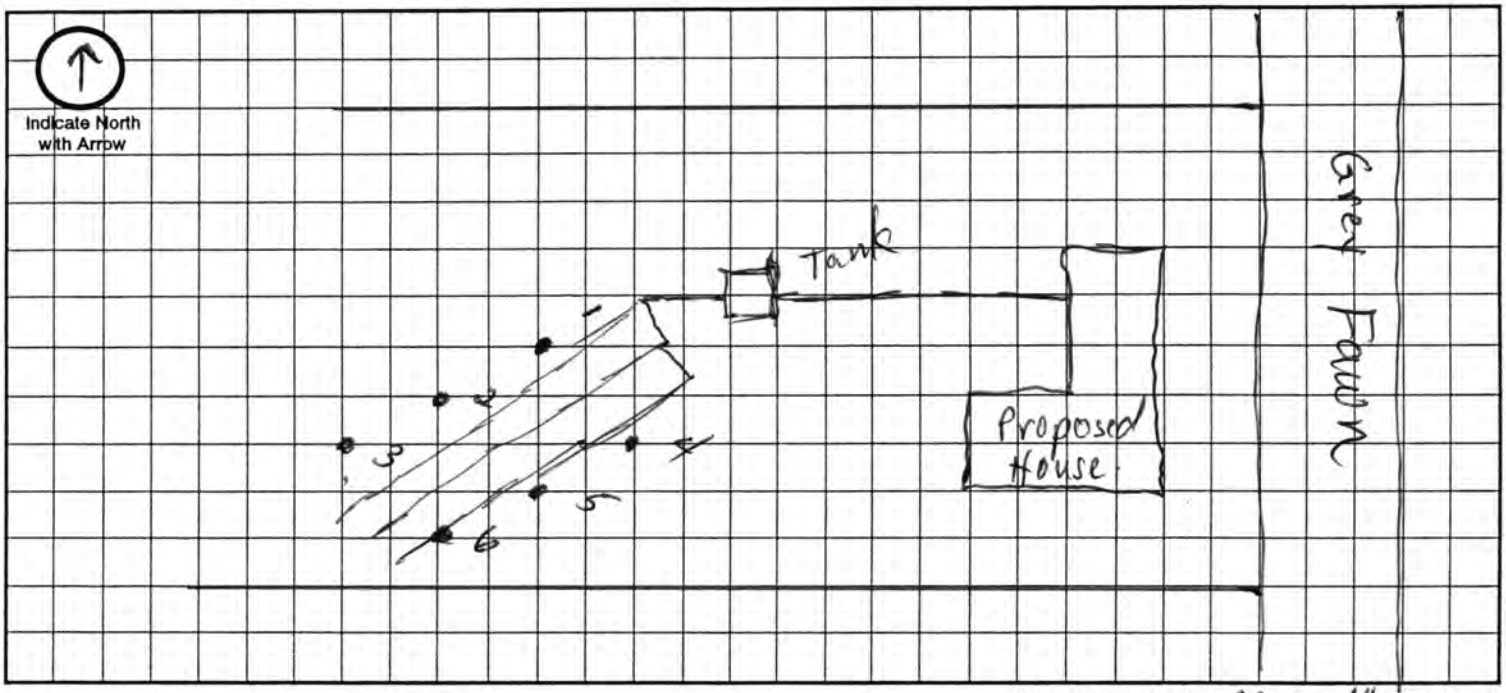
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: 60 ft. = 1" ~~grid line's~~

A. System Location (Indicate correct number and street)

Address (no rural route) 12665 S.W. Grey Fawn City ~~Lincoln~~ Roca NE, Zip 68430

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 15.4 (min. per inch) Soil Type: _____ Land Slope: 3-7 %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other Gravelless

Total Square Feet of Field Required: 1050 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: Hi-Cap. infiltrator

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 288 ft. Number of Trenches 3 Trench Width 4'

D. 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 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date _____

X Installer Kelly Wolinski Date 7-9-07

FORM 23-102 10-96

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

D

Permit Number: P 0706849

Sewage Disposal System

As Built Plans & Specifications

Date 10-28-07

System Location (Indicate correct number and street)

Address 12665 S.W. Grey Fawn (no rural route) City ROCA NE, Zip 68430

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 3 in.
3. Distance between dwelling and septic tank: 85 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 130 ft.
   stream _____ ft.
   pressure line _____ ft.
   property line 20 ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter _____ in.
   Riser: ☒ above ☐ below grade 6 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 6 in.
8. Distances to: Well or suction line 150 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line 50 ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: _____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 18' ft.

D. Absorption Field

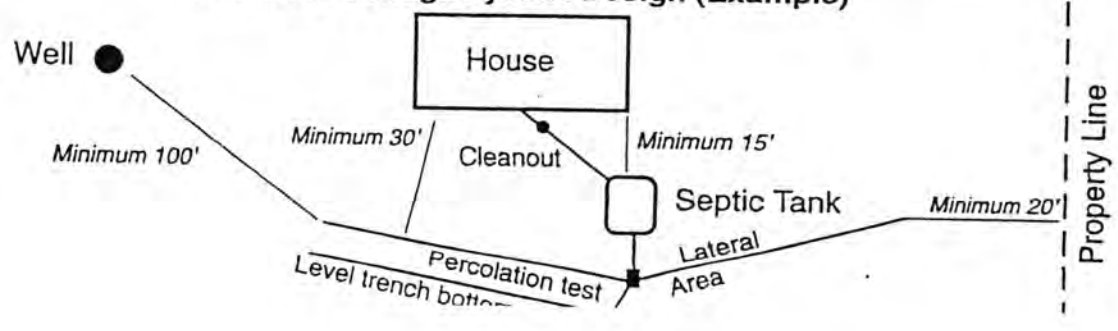
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: 110 ft. 101 ft.
   84 ft. 53 ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope 0 in/100 ft.
   Average depth 32" in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line 150+ ft.
   Stream 50 ft.
   Pressure line _____ ft.
   Property line 20 ft.

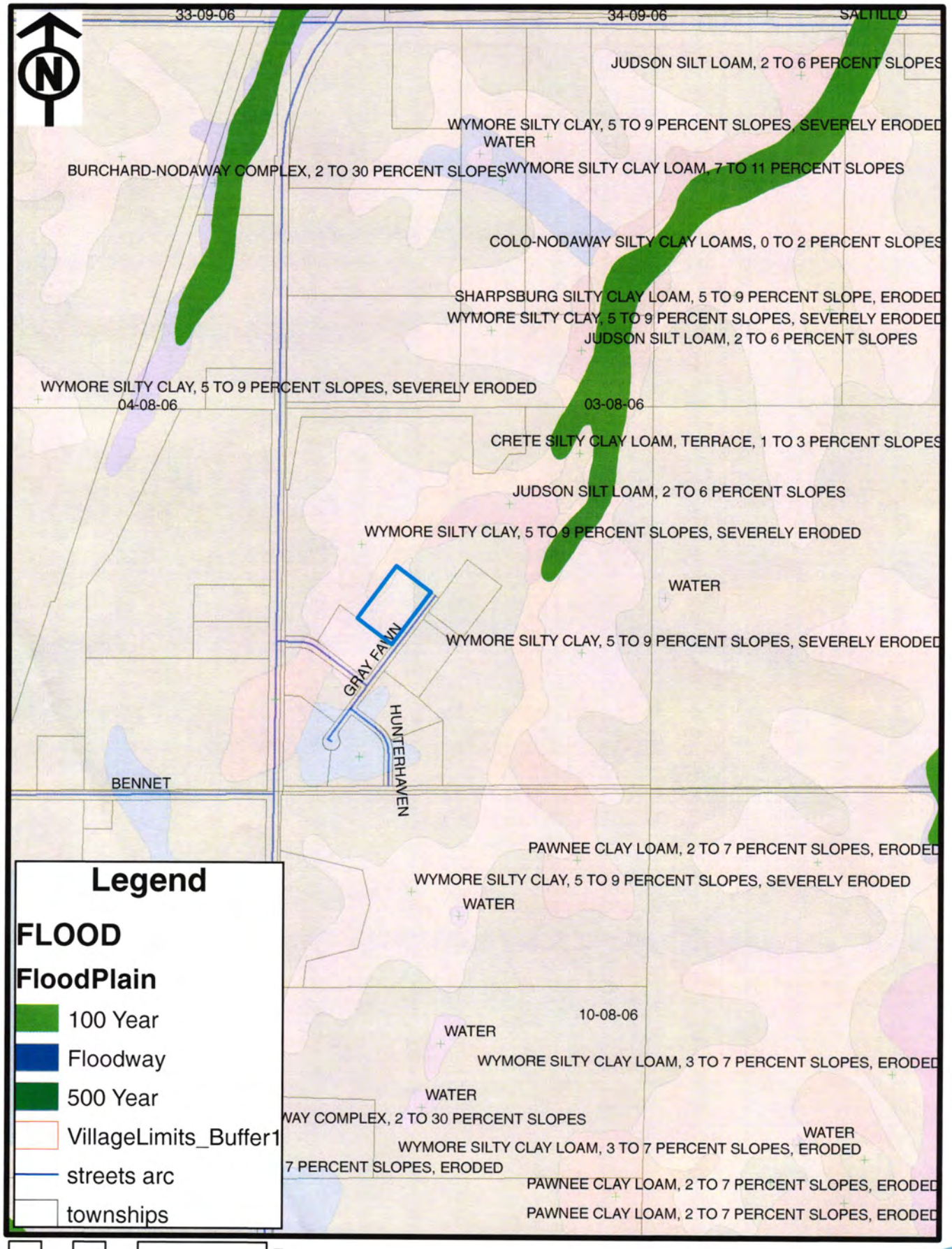
Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96



LINCOLN LANCASTER COUNTY HEALTH DEPARTM

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

Permit No. HW000279

Request for Site Clearance and Permit for Individual Water Well

The undersigned hereby requests:
- ☑ Site Clearance and Permit to construct a new individual water well - $160
- ☐ Bi-Annual Permit for an existing well - $105
- ☐ Permit to repair or alter existing well involving opening of well - $80

1. Well Site Address 12665 S.W. Gray Fawn Dr City Roca, NE Zip 68430
(No Rural Route Please)
Township 8N Range 6E Section 3 1/4 Section
Block 2 Lot 2 Addition Whitetail Run
Parcel ID 08 - 03 - 303 - 002 - 000 (i.e. 99-99-999-999-999)

2. Well use: ☑ Residential ☐ Commercial ☐ Other Describe

3. Distance to Public Water Supply N/a feet.

Signature of Owner Melissa Macklin Print Name Jason Macklin 402 794-4014
Current Address 1919 King Arthur Ct., Lincoln, NE 68512
Current Home Phone 421-6120 Work Phone 770-6120

Signature of Contractor Mary Kinning Print Name Mary Kinning
Address P.O. Box 6554 Lincoln, NE 68506
Home Phone 421-1334 Work Phone 421-1334 Cellular Phone 430-6344 (Mike)

Sewage Permit Applied for: ☑ Yes ☐ No ☐ Not applicable Earnest Well Drilling

Please Submit Permit Fee with This Request
Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

Approval Process: Lincoln Municipal Code 8.44

1. Health Department	Date received 8/2/07 Date forwarded ___/___/___	ACTION ☑ Approved	☐ Disapproved	Signature:	
2. Building & Safety	Date received ___/___/___ Date forwarded ___/___/___	ACTION ☐ Approved	☐ Disapproved	Signature:	
3. City Engineer	Date received ___/___/___ Date forwarded ___/___/___	ACTION ☐ Approved	☐ Disapproved	Signature:	

REMARKS OR REASONS FOR DISAPPROVAL:

Site Visits
Date: 10/29/09 By JM
Date: ___/___/___ By
Date: ___/___/___ By

Nitrate Level <.05 less than Reporting Limit 10 ppm NO3
Chloride Level mg/L
Bacteriological Analysis Satisfactory ✓ Yes ___ No
Other

Installation Final Written Approval
Date: 11/2/09 By JM

Business Office Use Only
Received: Date: 08/03/07 Amount 160.00 Check No. 29071 Initials

Distribution: White - Health Department Lt. Green - Engineer Lt. Blue - Building Inspector

P36562-115 P36562-52

DHHS
NEBRASKA

Nebraska Public Health Environmental Laboratory
3701 South 14th Street
Lincoln, NE 68502
(402) 471-2122
(402) 471-2080 (fax)

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.
JOHN CHESS
3140 N STREET
LINCOLN, NE 68510

SCANNED

Laboratory Report Printed on: NOV-02-09

Laboratory Analysis for: PRIVATE NITRATE

Sample Comments:

Laboratory Number: **P36562-115**
Sampled By: **JIM NEWMAN**
Location: **HW000279**
Well ID:

Date Collected: **29-Oct-2009 04:02 PM**
Date Received: **29-Oct-2009**

Parameters	Test Results	Qual	Report Level	Units	Method	Prep Date	Analysis Date	Analyst
Nitrate+Nitrite (As N)	<RL		.05	mg/l	353.2		10/30/09	KLM

Note: see reverse side of report for description of acronyms and data qualifiers
For inquiries on result interpretation call: (402) 471-6435

www.dhhs.ne.gov/lab

DHHS
NEBRASKA

Nebraska Public Health Environmental Laboratory
3701 South 14th Street
Lincoln, NE 68502
(402) 471-2122
(402) 471-2080 (fax)

NOV 02 2009

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.
JOHN CHESS
3140 N STREET
LINCOLN, NE 68510

SCANNED

Laboratory Report Printed on: October 30, 2009

Laboratory Analysis For: PRIVATE QUANITRAY

Sample Comments:

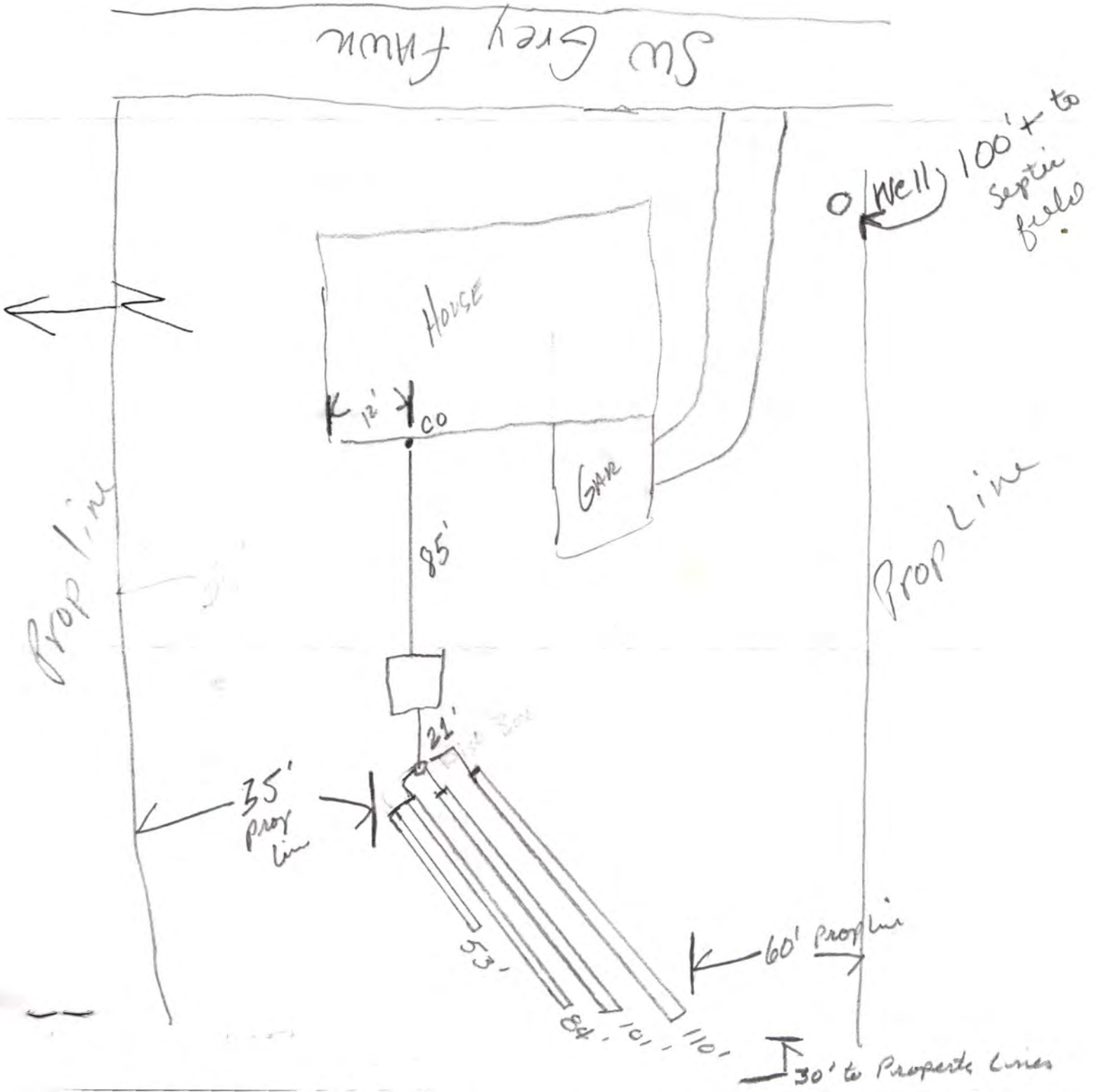
Laboratory Number: **P36562-52**
Sampled By: **JIM NEWMAN**
Location: **HW000279**
Sample Point:

Date Collected: **29-Oct-2009 04:02 PM**
Date Received: **29-Oct-2009**

Parameter	Results	Qualifier	Report Level	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	0		0	cfu/100ml	9223B-QT	10/30/09	TW/KM
E. COLI	0		0	cfu/100ml	9223B-QT	10/30/09	TW/KM

Note: see reverse side of report for description of acronyms and data qualifiers
For inquiries on result interpretation call: (402) 471-6435.

www.dhhs.ne.gov/lab


Su Grey Haus
Well
100'+ to septic field
House
12'
CO
Gar
85'
Prop Line
Prop Line
21'
35' prop line
53'
84'
101'
110'
60' prop line
30' to Property Lines