Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

011035

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

COREY MATULKA
T12N R6E SEC 6 QTR SE
LOT 8
23203 NW 40 ST-VALPARAISO

Permittee

COREY MATULKA
23203 NW 40 ST
VALPARAISO NE 68065

Permit # 07380335501

Issued 06/28/07
Expires 06/28/08
Revenue Code 3157

FEES: $290.00

TOTAL: $290.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

A JUN 27 2007

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

Permit Number: 07380335501

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: 10.08 acres

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 23203 NW 40th St (no rural route) City Valparaiso NE, Zip 68065

Legal Description 1/4 SE 1/4 Section 6 Township 12 Range 6 Subdivision ICR 5995 Addition Block 8 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Corey Matulka Signature Corey Matulka

Address 23203 NW 40th St City/State/Zip Valparaiso, NE 68065

☐ Check if owner designed system Home Phone 402-784-6355 Work Phone 402-

C. Contractor

Name existing Idorne Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name Lloyd Jakoubek Firm Raymond Contracting Inc Work Phone 402-890-6009

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

Line, tank, lateral

Installation Final Written Approval

By _____

Date 7/30/07

Business Office Use Only

Date Rec'd 6/28/07
Amt Paid 290.00
Rec'd By _____ Cash/Check No. 6461

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 23203 NW 40th St (no rural route) City Valparaiso NE, Zip 68065

Owner Corey Matulka Addresss same

Soil Type (SCS): Morrill Clay Loam Percolation Rate: 34 min./inch

Date of Tests 7-17-07 to 7-18-07 Weather: Precipitation 0 Temperature 92°

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	32	7-17	3:00p	7-17	7:00p	7-18	1:00p	16	7-18	5:00p	30	3 1/2	9
2	33	"	"	"	"	"	"	"	"	"	"	2 3/16	14
3	34	"	"	"	"	"	"	"	"	"	"	1 1/2	20
4	33	"	"	"	"	"	"	"	"	"	"	1 3/16	25
5	32	"	"	"	"	"	"	"	"	"	"	7/8	34
6	30	"	"	"	"	"	"	"	"	"	"	1	30

Person Conducting Percolation Tests

Name: Terri Jakoubek, Raymond Contracting, Inc

Phone: 402-783-2663 or 402-890-3870

Address 13860 NW 70th St

Raymond, NE 68428 # C1197

Sum of Percolation Rates: 132

Average of Rates: 22

Rate Used for Calculation: 34 (20 mpi Variance)

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

JUN 27 2007

C

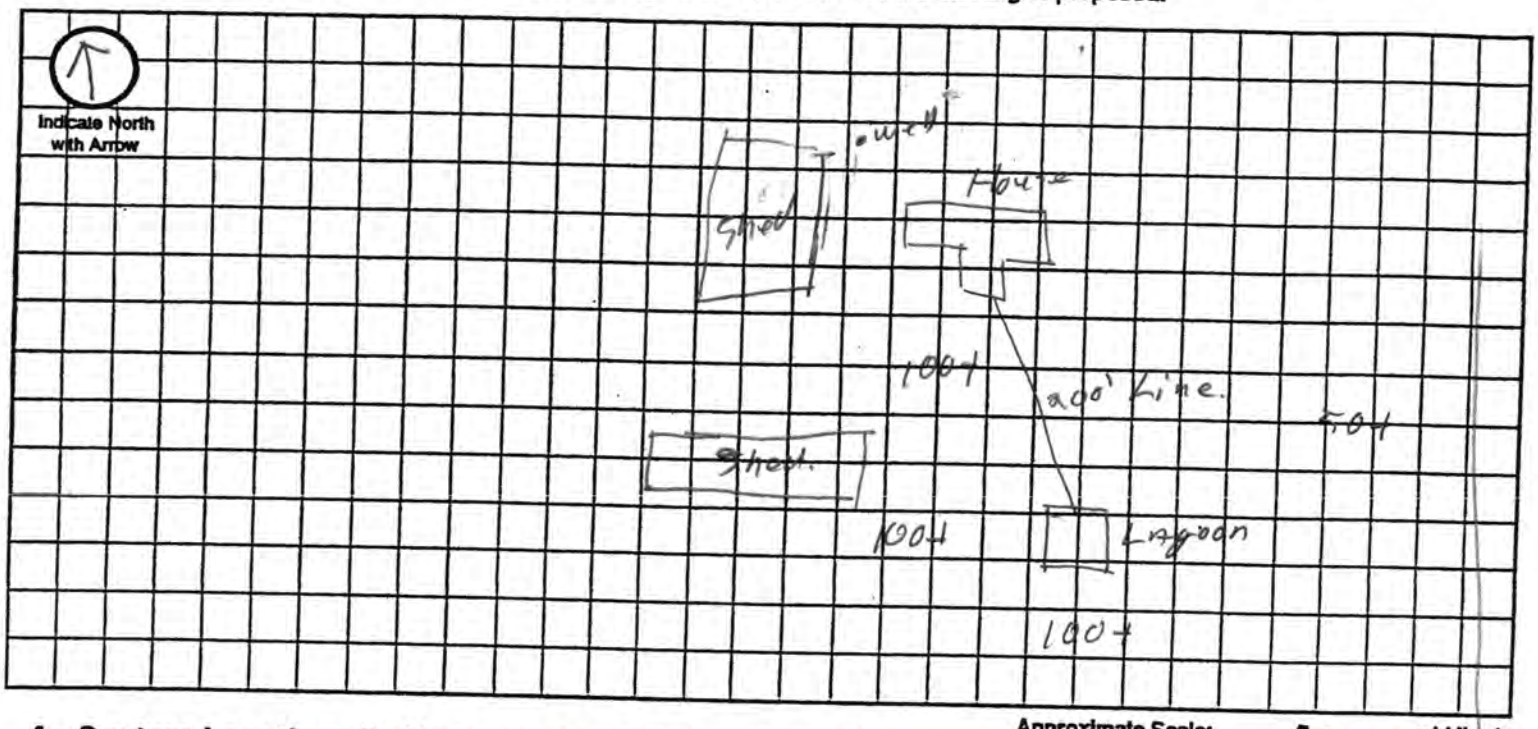
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 23203 NW 40th St City Valparaiso NE, Zip 68065

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

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

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

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

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

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

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 6-25-07

Installer _____ Date 6-25-07

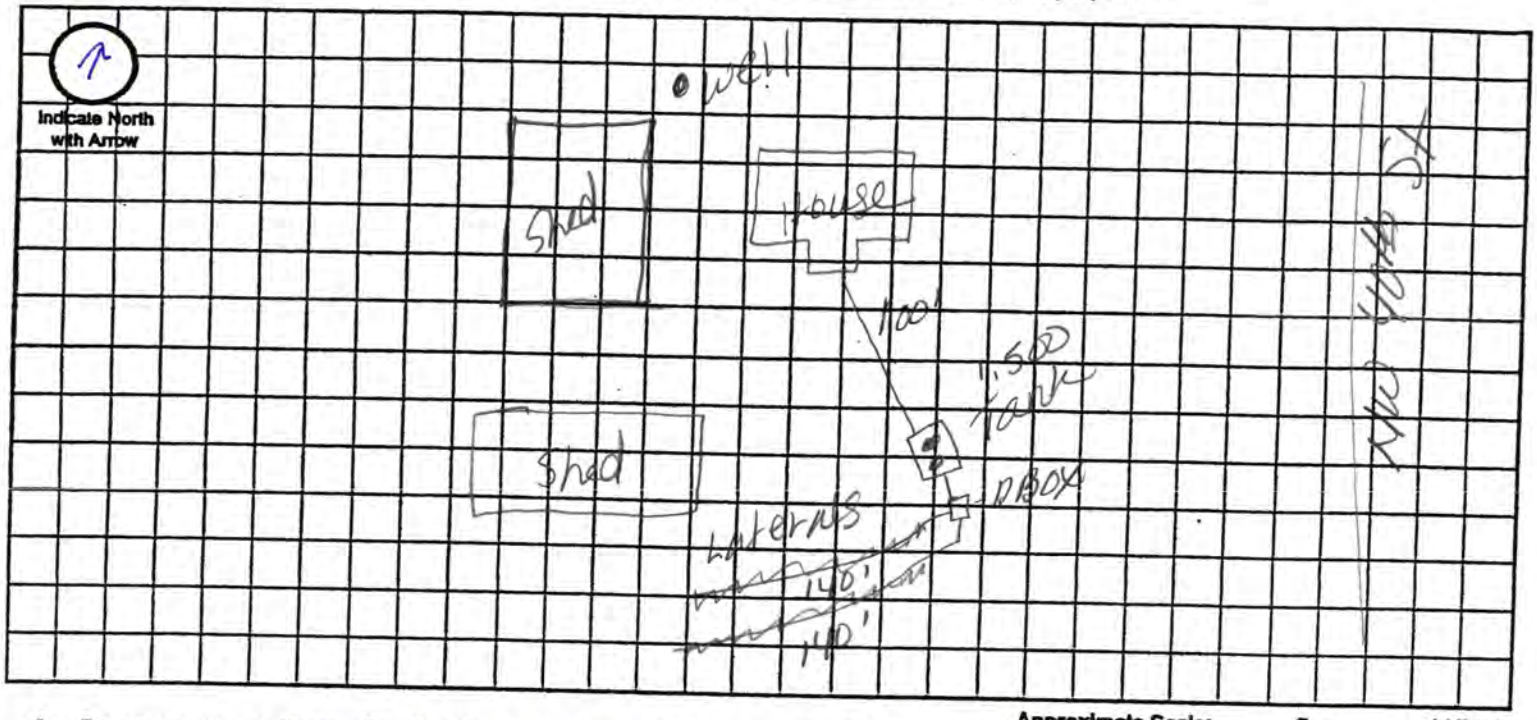
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 23203 NW 40th St City Valparaiso NE, Zip 68065

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 34 (min. per inch) Soil Type: Marrill Clay Loam Land Slope: _____ %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 1,100 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: Infiltrator Quick 4

Capacity of Septic Tank 1,500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 275 ft. Number of Trenches 2 Trench Width 4'

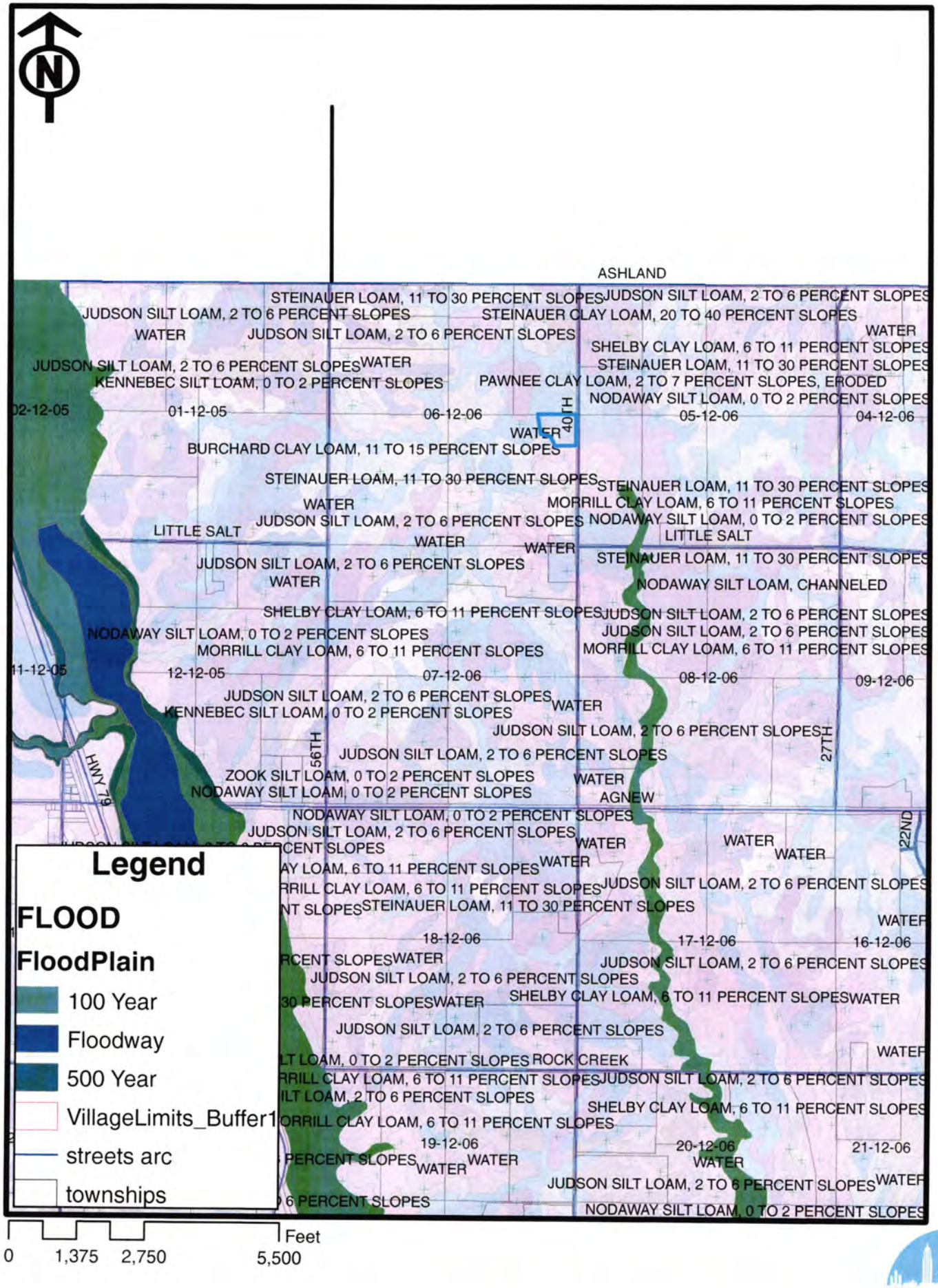
D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 7-28-07

Installer Ron L. Johnson Date 7-24-07


ASHLAND
STEINAUER LOAM, 11 TO 30 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
STEINAUER CLAY LOAM, 20 TO 40 PERCENT SLOPES
WATER
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
STEINAUER LOAM, 11 TO 30 PERCENT SLOPES
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
NODAWAY SILT LOAM, 0 TO 2 PERCENT SLOPES
02-12-05
01-12-05
06-12-06
05-12-06
04-12-06
40TH
BURCHARD CLAY LOAM, 11 TO 15 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
LITTLE SALT
NODAWAY SILT LOAM, CHANNELED
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
NODAWAY SILT LOAM, 0 TO 2 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
11-12-05
12-12-05
07-12-06
08-12-06
09-12-06
56TH
27TH
HWY 79
ZOOK SILT LOAM, 0 TO 2 PERCENT SLOPES
AGNEW
22ND
18-12-06
17-12-06
16-12-06
ROCK CREEK
19-12-06
20-12-06
21-12-06
Legend
FLOOD
FloodPlain
100 Year
Floodway
500 Year
VillageLimits_Buffer1
streets arc
townships
0
1,375
2,750
5,500
Feet

DEC 10 1987

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

#77 + Agnew Rd. W to 40th N 6 2nd house on W. side

FILE NO._____ 7-12-6

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 10-29-87

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☐, or REPAIR ☑ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 12N ; Range 6E ; Section 7SE 1/4 ;
   Block 6 ; Lot 12 ; Addition 6
   Street Address _____

2. Property Use: Residential _____ ☐; Commercial _____ ☐
   No. Bedrooms _____ Describe Farm
   Other Use ☐
   Describe _____

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

4. Description of proposed alteration, extension or repair: Add new Septic tank and laterals

5. Work to be done by: Owner ☒ ; or Contractor ☐ , _____
   Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	400 00

James T. Mabuchi
Signature of Applicant (owner or lessee)

Box 113 Prague Nbr.
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
   Filing Fee: $ _____

2. Site Visits:
   Date: 5-11-88 by: rm House Vacant
   Date: _____ by: _____
   Date: _____ by: _____

3. Date: Approved ☐; Disapproved ☐
   by: _____

4. INSTALLATION FINAL WRITTEN APPROVAL
   Date: _____ by: _____