Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

002855

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380267401

Issued 07/10/03
Expires 01/10/04
Revenue Code 3157

Establishment

REMBOLT DEVELOPMENT
T11N R5E SEC 33 QTR NE
W 1/2 OF NE 1/4 LOT 44IT
10200 W FLETCHER AVE-MALCOLM

FEES: $200.00

TOTAL: $200.00

Permittee

REMBOLT DEVELOPMENT
5831 S 58 ST
APT A
LINCOLN NE 68516

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

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A

Permit Number: 03380274

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:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 10200 W Fletcher (no rural route) City Malcolm NE, Zip 68402

Legal Description L 44 Irregular Tracts ~~west one half of NE Quarter~~
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude of Sect. 33 T. ~~11~~ 12 Latitude R. 5E

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

B. Owner

Name Rembolt Development Signature

Address 5831 S 58th Ste A City/State/Zip Lincoln NE 68516

☐ Check if owner designed system Home Phone 430-6510 Work Phone 488-9322

C. Contractor

Name DeWayne Roberts Company Name Roberts Plumbing

Address ~~7501 S 71st~~ City/State/Zip ~~Hickman NE 68372~~ 420 Blue Heron Ct Lincoln NE 68522

☐ Check if contractor designed system Work Phone ~~475-2402~~ 438-3754

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

Designer Name Roberts DeWayne Rollins Jones Firm Roberts Plumbing Work Phone 438-3754 610-2588

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 4 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** (7-18-03, Separate septic tank 8-23-03 drawings)
   Date rec'd 7/10/03 Date frwd 7/29/03
   ACTION ☒ Approved ☐ Disapproved
   Signature Jerrold C. Nood

2. **Supt. Bldg. Insp. or Village Clerk**
   Date rec'd 7/29/03 Date frwd
   ACTION ☑ Approved ☐ Disapproved
   Signature

3. **City or County Engineer**
   Date rec'd 7/29/03 Date frwd 7/24/03
   ACTION ☒ Approved ☐ Disapproved
   Signature Chase Beaton

Installation Final Written Approval

By Ron Mangum

Date 1-29-04

Business Office Use Only

Date Rec'd 07/10/03
Amt Paid 200.00
Rec'd By
~~Cash~~/Check No. 10831

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: 033802674

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 10200 W Fletcher Ave (no rural route) City Malcolm NE, Zip 68402

Owner _____ Address _____

Soil Type (SCS): SHC Percolation Rate: 60 min./inch

Date of Tests 6-23 to 6-24 Weather: Precipitation — Temperature 80

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	6/23	5:30	6/24	5:30	6/24	9:10	32 3/8	6/24	9:40	30	5/8	48
2			PM		AM		AM	29 7/8		AM		3/4	40
3								29 1/4				1/2	60
4								32 1/4				1	30
5								27 1/4				1/2	60
6								31 3/4				3/4	40

Sum of Percolation Rates: 238
Average of Rates: 40
Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 475-2462
Address 17201 So 72nd
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 22-101 10-95

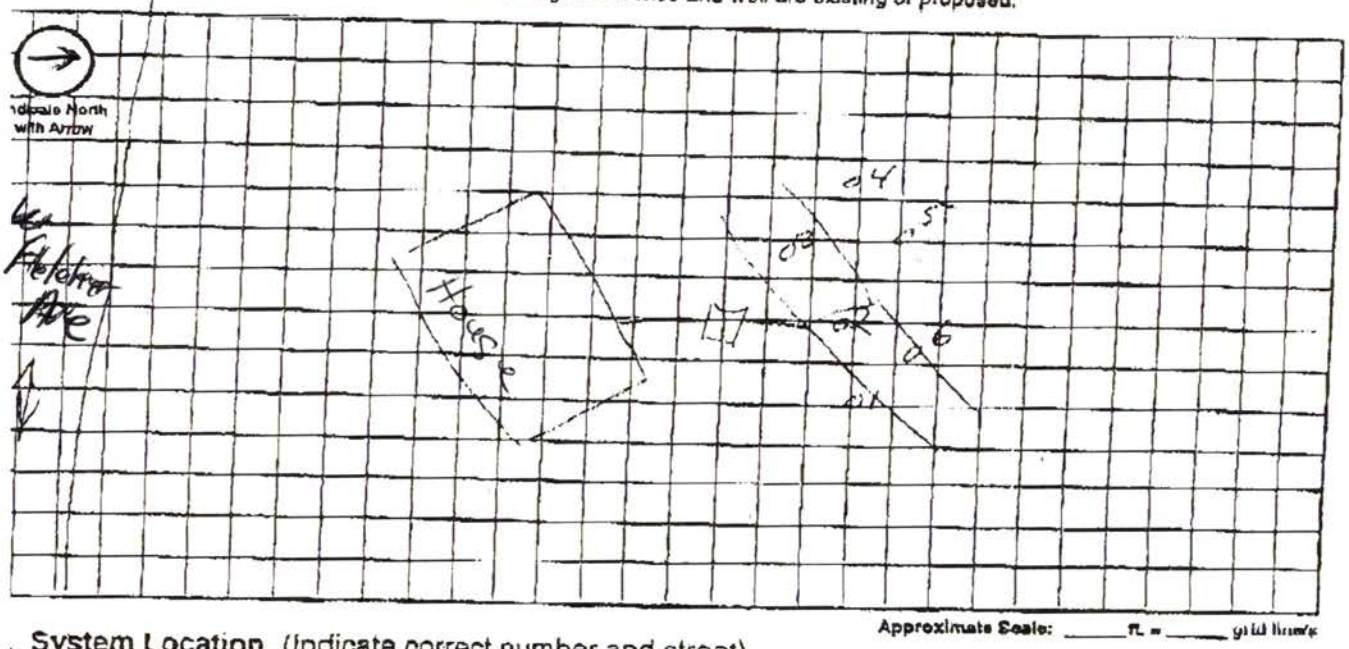
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 033802674

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 lines

System Location (Indicate correct number and street)

Address (no rural route) 11200 W. Fletcher Ave City Malcolm NE, Zip 68402

Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 60 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1400 sq. ft. 4 / 1400 / 350

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 350 ft. Number of Trenches _____ Trench Width 4'

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 ☒	☒
Reserve (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

Required Signatures

Licensed Building Contractor Gary Stratton V.P. Date 7-9-68

Installer _____ Date _____

3-102 10-96

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

D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date 9/30/03

System Location (Indicate correct number and street)

Address 10200 w Fletcher (no rural route) City ~~Lincoln~~ Malcom NE, Zip 68402

A. Building Sewer

1. Material: Sch 40
   Diameter: 4" in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 5' in.
3. Distance between dwelling and septic tank: 65 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100 ft.
   stream ____ ft.
   pressure line ____ ft.
   property line 100 ft.

B. Septic Tank

1. Material: plastic
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☐ below grade at grade in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 48 in.
8. Distances to: Well or suction line 100 ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

C. Distribution Box

1. Material: plastic
   Number available outlets: ____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 40 ft.

D. Absorption Field

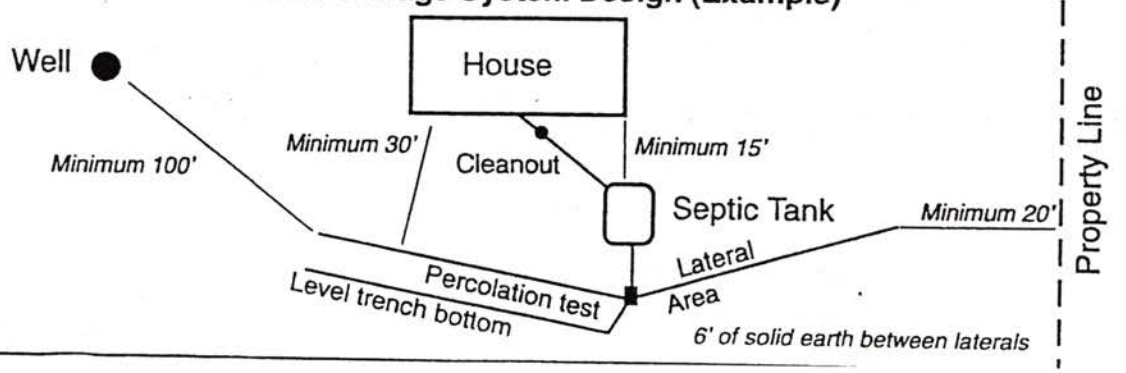
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: ~~La Filtrator~~
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 3
   Length of each line: 118 ft. ____ ft.
   ____ ft. ____ ft., ____ ft.
3. Trench dimensions: Width 4' ft.
   Slope 1 1/2 in/100 ft.
   Average depth 2 1/2 in
4. Filter material: Dirt
   Depth of material ____ in.
5. Distances to: Well or suction line 120 ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line 300 ft.

Indicate North with Arrow

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

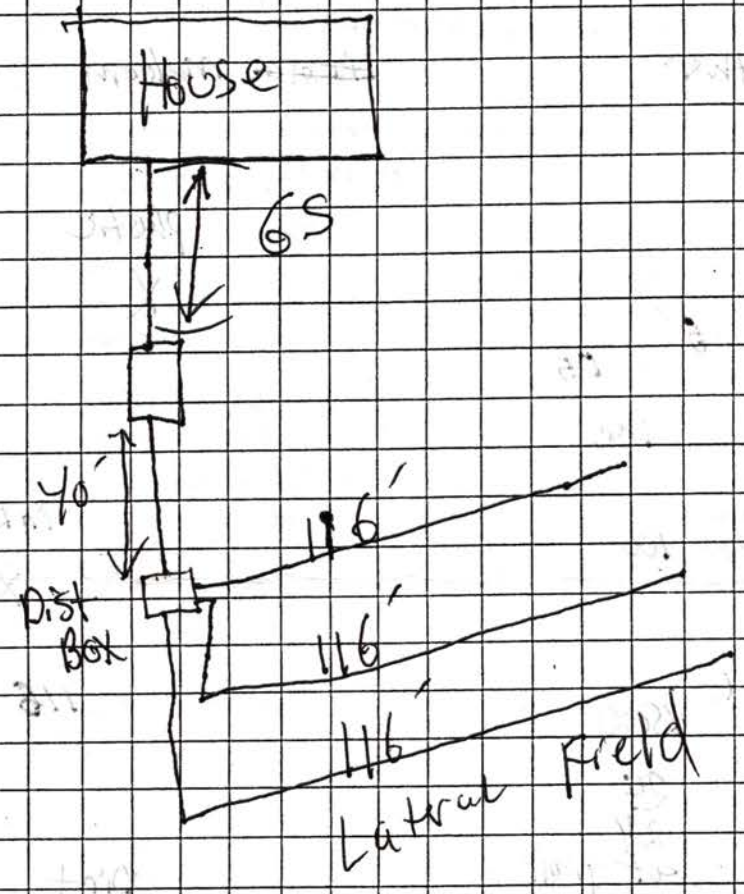
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

Indicate North with Arrow



Approximate Scale: _____ ft. = _____ grid line/s

Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

002892

(402) 441-8000

Permit: WATER WELL
NEW WATER WELL CONSTRUCTION

Permit # 03400108101

Issued 07/10/03
Expires 01/10/04
Revenue Code 3162

Establishment: ROD HORNBY
T11N R5E SEC 33 QTR NE
W 1/2 OF NE 1/4 LOT 44IT
10200 W FLETCHER AVE-MALCOLM

FEES: $100.00

Permittee: ROD HORNBY
5831 S 58 ST
APT A
LINCOLN NE 68516

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

Permit No. 034001081

~~DUPLICATE PERMIT & IMPOSSIBLE LEGAL~~ DESCRIPTION

Request for Site Clearance and Permit for Individual Water Well

RECEIVED
JUL 23 2003

The undersigned hereby requests:

- ☒ Site Clearance and Permit to construct a new individual water well - $100
- ☐ Bi-Annual Permit for an existing well - $100 (Renewed every 2 years)
- ☐ Permit to repair or alter existing well involving opening of well - $50

1. Well Site Address 10200 W Fletcher City ~~Lincoln~~ Malcolm, NE Zip ~~68~~402
(No Rural Route Please)
Township ~~11~~ 12 Range 5E Section 33 1/4 Section
Block Lot ~~44~~ I.T. Addition
Parcel ID ___-___-___-___-___-___ (i.e. 99-99-999-999-999)

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

3. Distance to Public Water Supply _____ feet.

Signature of Owner Rod Hornby Print Name Rod Hornby
Current Address 5831 S. 58th Ste A
Current Home Phone 430-6510 Work Phone 488-9222

Signature of Contractor William J Smith Print Name William J Smith
Address
Home Phone Work Phone Cellular Phone

Sewage Permit Applied for: ☒ Yes ☐ No ☐ Not applicable

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 7/10/03 Date forwarded ~~7/10~~/03	ACTION ☒ Approved ☐ Disapproved Signature: Jerrold C. Hood
2. Building & Safety	Date received 7/29/03 Date forwarded ___/___/___	ACTION ☒ Approved ☐ Disapproved Signature:
3. City Engineer	Date received 7/29/03 Date forwarded ___/___/___	ACTION ☒ Approved ☐ Disapproved Signature:

REMARKS OR REASONS FOR DISAPPROVAL:

Site Visits
Date: ___/___/___ By
Date: ___/___/___ By
Date: ___/___/___ By

Nitrate Level ____ mg/L
Chloride Level ____ mg/L
Bacteriological Analysis Satisfactory ____ Yes ____ No
Other

Installation Final Written Approval
Date: ___/___/___ By

Business Office Use Only
Received: Date: 07/23/03 Amount 100 Check No. 10832 Initials lo

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