Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

LOIS PEGRAM
T11N R5E SEC 34 QTR NE
7101 NW 84 ST-MALCOLM

Permittee

LOIS PEGRAM
4900 N 14 ST
LINCOLN NE 68521

Permit # 01380234101

Issued 07/27/01
Expires 01/27/02
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

[redacted], Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

016143

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

A

Permit Number: 0138 02341

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 7101 NW 84th (no rural route) City Malcom NE, Zip 68402

Legal Description NE (1/4) 34 (Section) 11 (Township) 5 (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 Lois Pegram/Danja Pegram Signature Danja Pegram for Lois Pegram

Address 4900 N 14 City/State/Zip Lincoln NE 68521

☐ Check if owner designed system Home Phone 402 304 1309 Work Phone 475 2525 x2625

C. Contractor

Name MATT Company Name SCHWARK TRENCHING

Address City/State/Zip

☐ Check if contractor designed system Work Phone

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

Designer Name Firm Work Phone

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 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 7-27-01 Date frwd — ACTION ☒ Approved ☐ Disapproved Signature Paul Drotzmann
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd — Date frwd — ACTION ☐ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd — Date frwd — ACTION ☐ Approved ☐ Disapproved Signature

Installation Final Written Approval

By Paul DJ

Date 12-26-01

Business Office Use Only

Date Rec'd 07/27/01
Amt Paid 200.00
Rec'd By JS Cash/Check No. 389

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

Lincoln-Lancaster County Health Department
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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 _____ (no rural route) City _____ NE, Zip _____

Owner _____ Addresss _____

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

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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)

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

_____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Lagoon sealed based on conversation w/ Matt on 8-20-01

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

B

Permit Number: 003802187

402- 525-0381

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

525-0381

System Location (Indicate correct number and street)

Address 7101 NW 84th (no rural route) City _____ NE. Zip _____

Owner Ken Crossman Address _____

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

Date of Tests 2/22/00 to 2/24/00 Weather: Precipitation 0.18 Temperature 60

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	2/22	7:00	2/24	1:30	2/24	1:30	6	2/24	5:50	30	1/4	120.
2	36	2/22	7:00	2/24	1:30	2/24	1:30	6	2/24	5:30	30	1/4	120
3	36	2/24	7:00	2/24	1:30	2/24	1:30	6	2/24	5:30	30	1/2	60.
4	36	2/22	7:00	2/24	1:30	2/24	1:30	6	2/24	5:30	30	1/4	120.
5	36	2/22	7:00	2/24	1:30	2/24	1:30	6	2/24	5:30	30	1/4	120
6	36	2/22	7:00	2/24	1:30	2/24	1:30	6	2/24	5:30	30	2	15.

Person Conducting Percolation Tests

Name: Tom Bull Bull-Ash Associates

Phone: _____

Address _____

Sum of Percolation Rates: 92 mpi

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks: failed percolation test.

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-DC

B

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

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 7101 N.W. 84 TH (no rural route) City MALCOLM NE. Zip 68402

Owner LOIS PEGRAM Address 14 th ST, LINCOLN, NE.

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

Date of Tests 4-26-00 to 4-27-00 Weather: Precipitation DRY Temperature 60-65

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 Rate (Min/in)
1	30"	4-26-00	8:00 AM	4-27-00	8:00 AM	4-27-00	8:00 AM	12.5	4-27-00	12 NOON	30	.75	40 MIN/IN
2	30"	4-26-00						13.75			30	.50	60 MIN/IN
3	30"							7			30	.75	40 MIN/IN
4	30"							10			30	.50	60 MIN/IN
5	30"							10.75			30	.50	60 MIN/IN
6	30"							9.75			30	.75	40 MIN/IN

Sum of Percolation Rates: 300 20 min/in
Average of Rates: 50
Rate Used for Calculation: 60 mpi

Person Conducting Percolation Tests

Name: TOM HAYWARD
Phone: 402-796-9585
Address 7101 NW 84 TH ST,
MALCOLM NE. 68402
CELL: 402-525-8966

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Wigmore Soil

Signature of Reviewing Official Ron Moyer Date 5-8-00

FORM 23-101 10-96

4-26-2000 + 4/27

MAY 4 2000

PERCOLATION TESTS

Hole #	AM 8:30	9:00	9:30	10:00	10:30	11:00	11:30	12:00		
1	2	2.25	2	1.75	1.5	1.5	.75	.75	.	= 12.50
2	2.75	2.5	2.5	2	1.75	.75	.75	.75		= 13.75
3	1.5	1	1	.75	1	.75	.5	.5		= 7
4	2	2	2	1.5	1	.5	.5	.5		= 10
5	2.25	2.5	2	1.25	1	.75	.5	.5		= 10.75
6	2.25	2	1.5	1	1	.75	.5	.75		= 9.75

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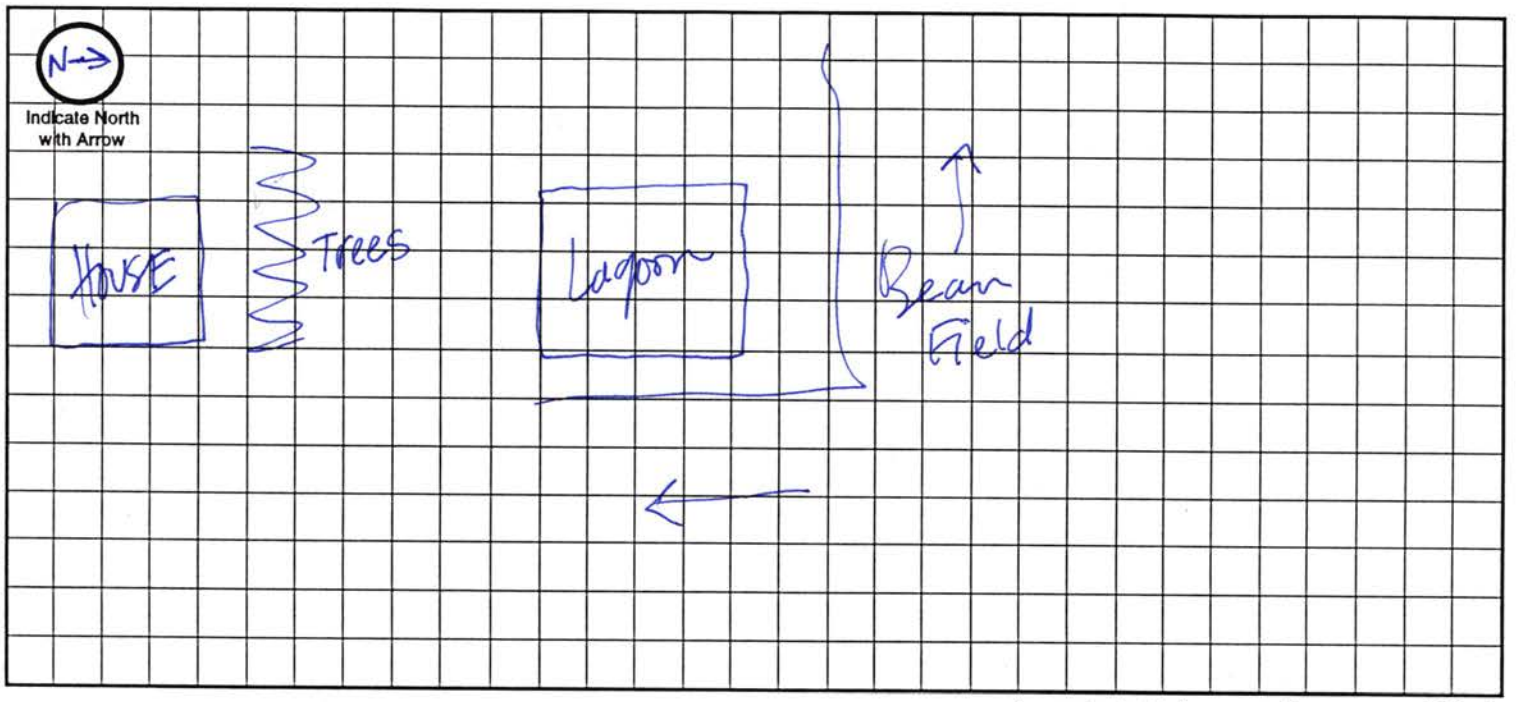
C

Permit Number: 01380234 1

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) 7101 NW 84th City Malcom NE, Zip 68402

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 _____

Installer _____ Date _____

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D

Permit Number: 01302341

Sewage Disposal System
As Built Plans & Specifications

Date 8-20-01

Danja Pegram
304-1309

System Location (Indicate correct number and street)

Address 7101 NW 84th (no rural route) City Bennet NE, Zip 68402

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: 9' in.
   or distance below basement floor: 9' in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line over 500 ft.
   stream — ft.
   pressure line — ft.
   property line over 500 ft.

B. Septic Tank

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

C. Distribution Box

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

D. Absorption Field

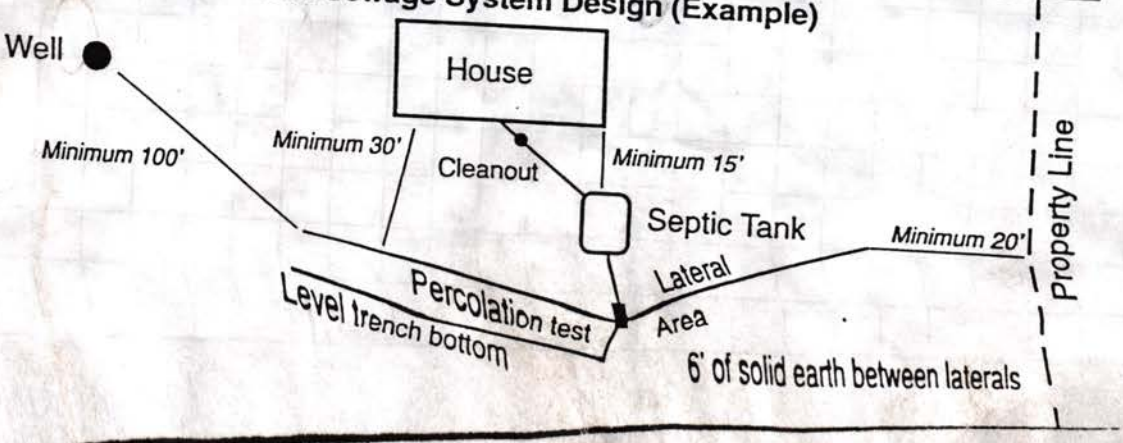
(Provide as-built drawings on back of this form)

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: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Scale North with Arrow

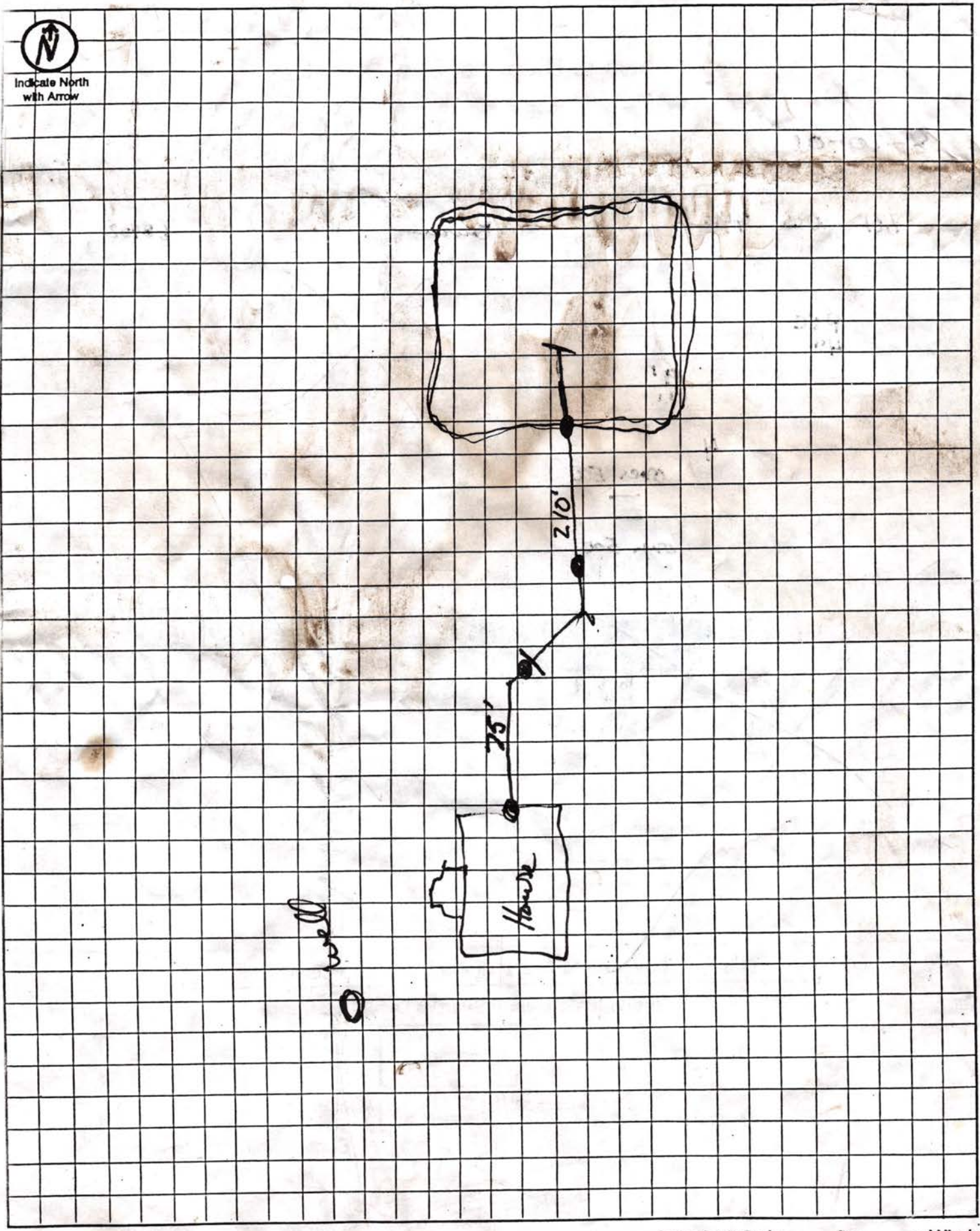
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



AM 23-103 10-96

As Built Drawing



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

— SHEET NUMBER 17

