Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 02380244601

Issued 04/09/02
Expires 10/09/02
Revenue Code 3157

FEES: $200.00

Establishment
DEWAYNE ROBERTS
T11N R5E SEC 33 QTR SW
10 ACRES LOT 22IT
6301 NW 105 ST-MALCOLM

TOTAL: $200.00

Permittee
DEWAYNE ROBERTS
6301 NW 105 ST
MALCOLM NE 68402

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

001114

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

A

Permit Number:

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 6301 NW. 105th (no rural route) City Malcolm NE, Zip 68402

Legal Description SW 33 11N 5E 10 acres 22 T
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 DeWayne Roberts Signature _____

Address 6301 NW 105th City/State/Zip ~~Lin~~ Malcolm Ne 68402

☐ Check if owner designed system Home Phone 796 2496 Work Phone 890-1322

C. Contractor

Name DeWayne Roberts Company Name Roberts Plumbing

Address 4231 Progressive City/State/Zip Lincoln Ne 68504

☐ Check if contractor designed system Work Phone 890-1322

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 4-9-02 Date frwd 4-9-02 ACTION ☒ Approved ☐ Disapproved Signature Ron Mayhew
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4/9 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
   BUILDING PERMITS REQ.
3. **City or County Engineer** Date rec'd 4/9/02 Date frwd 4/9/02 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Ron Mayhew

Date 4-15-02

Business Office Use Only

Date Rec'd 4/9/02

Amt Paid $200.00

Rec'd By _____ Cash/Check No. 1273.

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: 10 Acres

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6301 NW 105 TH (no rural route) City Malcom NE, Zip Ne 68402

Owner DeWayne Roberts Addresss 6301 NW 105th Malcom Ne 68402

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

Date of Tests 4-7 to 4-8 Weather: Precipitation 0 Temperature 58

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"	4-7	8:00 AM	4-8	10:00	4-8	11:00	6"	4-8	3:00	30	1 1/4	24
2	36"	4-7	8:00 AM	4-8	10:00	4-8	11:00	6"	4-8	3:00	30	1 1/4	24
3	36"	4-7	8:00 AM	4-8	10:00	4-8	11:00	6"	4-8	3:00	30	1 1/2	20
4	36"	4-7	8:00	4-8	10:00	4-8	11:00	6"	4-8	3:00	30	1	30
5	36"	4-7	8:00	4-8	10:00	4-8	11:00	6"	4-8	3:00	30	1 1/2	20
6	36"	4-7	8:00	4-8	10:00	4-8	11:00	6"	4-8	3:00	30	1 1/4	24
													24
													142

Person Conducting Percolation Tests

Name: DeWayne Roberts (Roberts Plumbing)

Phone: 890-1322

Address 4231 Progressive Ave Suite 3 68504 Lincoln NE

Sum of Percolation Rates: _____

Average of Rates: 24 mpi

Rate Used for Calculation: 24 mpi

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Sharpsburg soil

Signature of Reviewing Official _____ Date 4-9-02

FORM 23-101 10-96

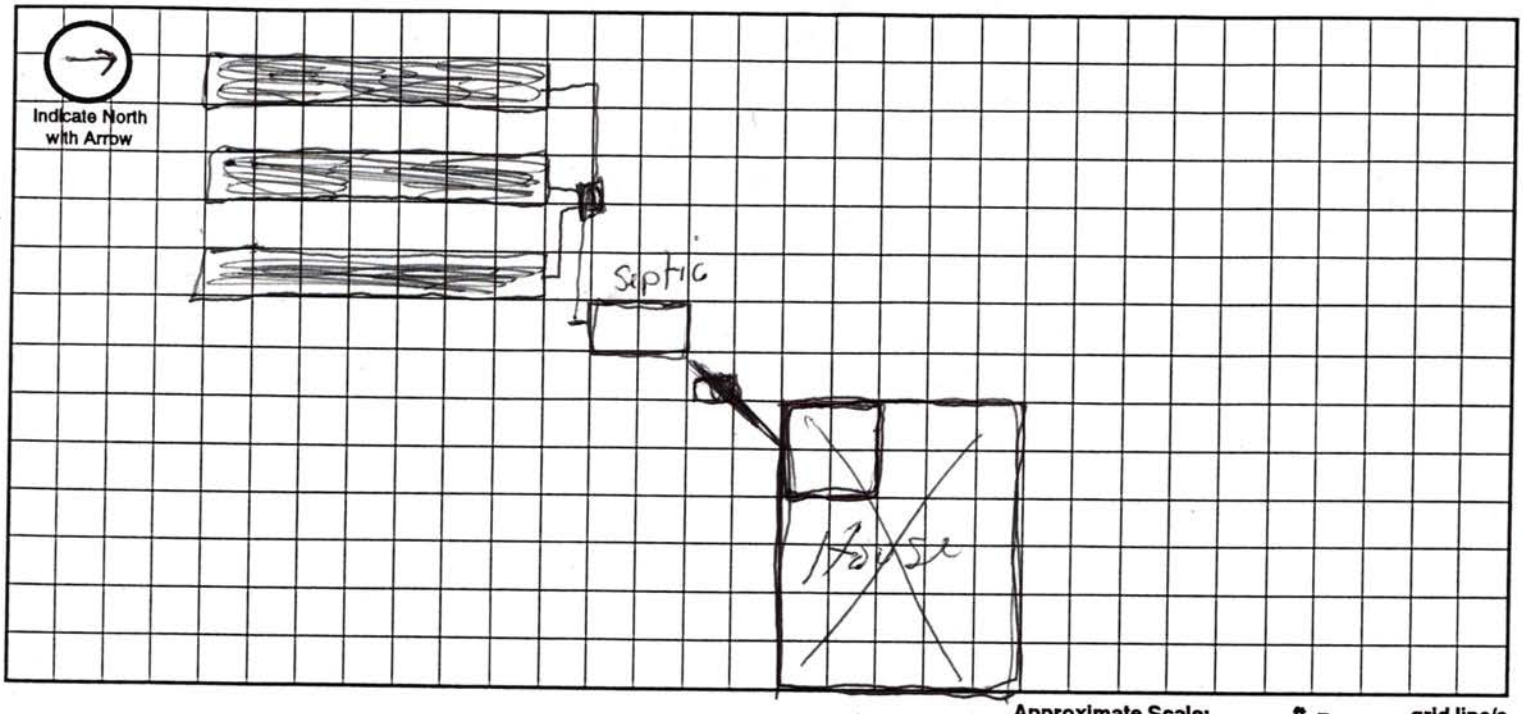
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 24 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 750 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 250 ft. Number of Trenches 3 Trench Width 3'

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 Roberts Plumbing _____ Date _____

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:

Sewage Disposal System

As Built Plans & Specifications

Date 4/15/02

System Location (Indicate correct number and street)

Address 6301 NW 105th (no rural route) City Malcom NE, Zip 68402

A. Building Sewer

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 38 ft.
4. Number of clean-outs: 0
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line 24 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: 24 in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: plastic
   Number available outlets: @ 8
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 8' ft.

D. Absorption Field

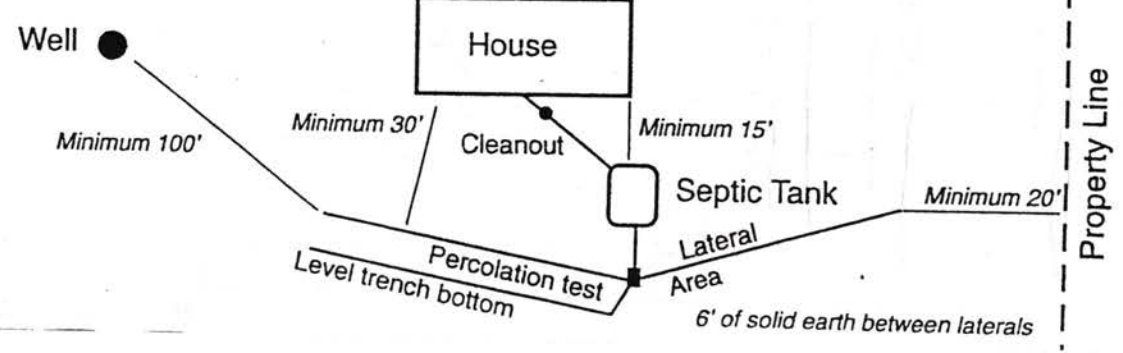
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: Bio Del Fuser
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 64 ft. 64 ft.
   64 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3' ft.
   Slope _____ in/100 ft.
   Average depth 1 1/2 to 2' 18 to 24 in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

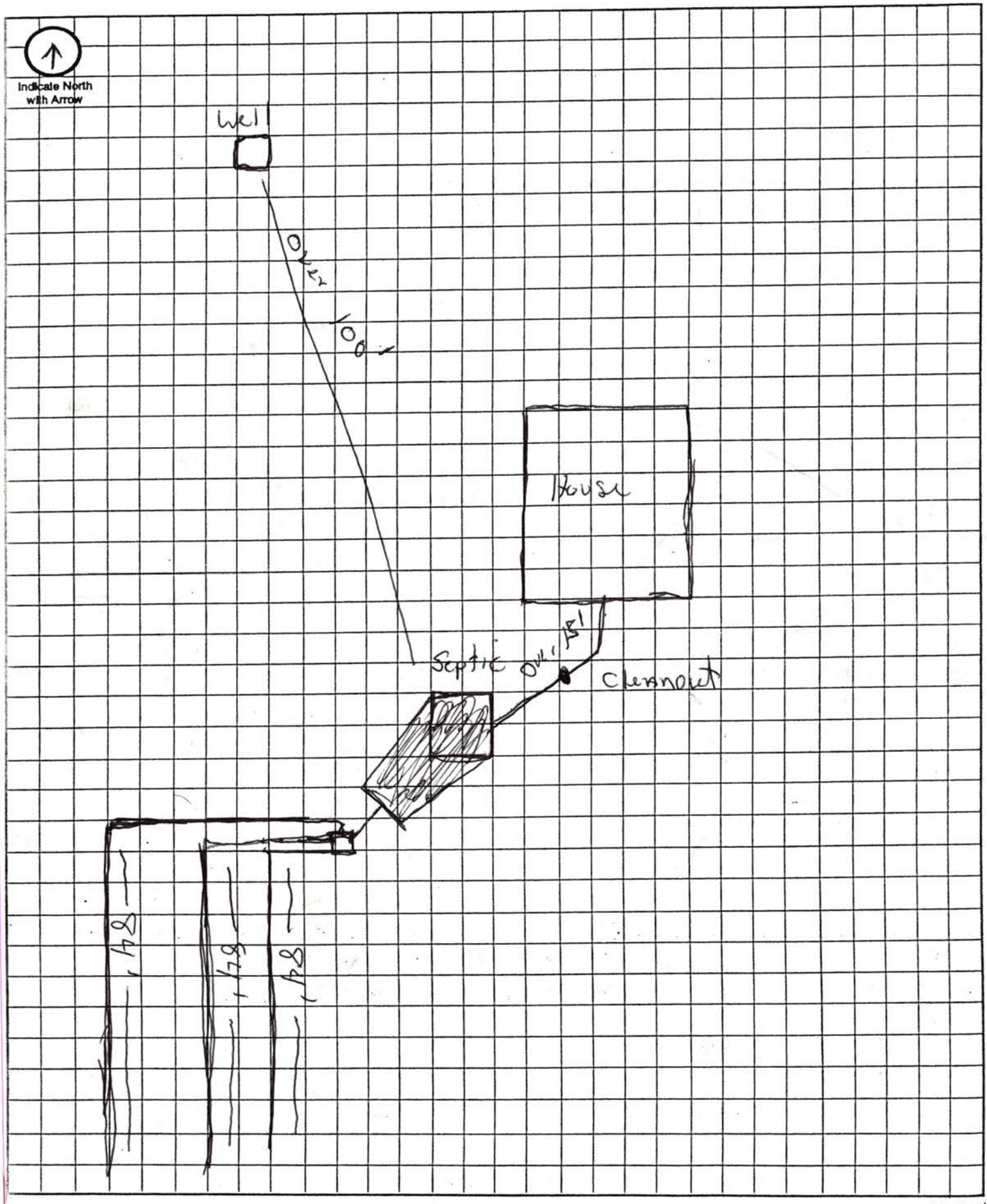
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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


T. 11 N.
SEWARD COUNTY
Middle Creek
Elk Creek
Fletcher

005

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

2200 St Marys Avenue Phone (402) 471-8[illegible]

REAL ESTATE TRANSFER / LOAN APPROVAL

This form must be completed and returned to request a real estate transfer [illegible].

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

[XX] Evaluation of the Individual Water System Date: 9-10-92

[X] Evaluation of the Sewage Disposal System [X] Enclosed is $150.00

Legal Description of Property: TWP. 11 XXX; RANGE 5; SECTION SW 1/4 33; BLOCK ____

LOT ____; ADDITION _____; Street Address 6301 NW 105 - Malcolm, NE

Directions to Property Contact owner

Location of Well Contact owner Tap Location: Inside [ ] Outside [ ]

Location of Sewage System Contact owner Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Robert & Teresa Grisso	6301 NW 105 Malcolm, NE	796-2513
Tenant/Buyer:	N/A (Refinace)		472-6714 Robert Work
Return to:	Security Federal Savings	P. O. Box 80609, Lincoln, NE 68501	474-4444

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant _____ Address P. O. Box 80609, Lincoln, NE 68501

==========

HEALTH DEPARTMENT USE ONLY

Date Received 09/11/92 Received $150.00 Check [X] #32788 Cash [ ]

PRELIMINARY STATUS--DATE 9-15-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	[X]	[ ]	Approved:	[ ]	Date 9-15-92 by [illegible]
Bacteria	[X]	[ ]	Provisional:	[X]	Date _____ by ____
Nitrate	[X] treated <10	[X] 51.6	Disapproved:	[ ]	Date _____ by ____

Comments: Recommend checking to see if septic tank needs pumping. Original Septic system predates County regulations. There is no record of inspection of original system thus, a provisional approval. There was no visible evidence of malfunction at time of inspection. See Attached Letter [ ]

FINAL STATUS * Approval applies to treated water for nitrate removal

WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
Approved: [X]	Approved: [ ]	Provisional Approval: [X]

APPROVED BY Ron Magnuson, R.S DATE 9-17-92

Approval or disapproval is based on written standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832