Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

006384

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 05380297301

Issued 03/08/05
Expires 09/08/05
Revenue Code 3157

Establishment:
GREG MICHAEL
T11N R5E SEC 30 QTR NE
NW 1/4 OF NE 1/4
13175 W MCKELVIE-MALCOLM

FEES: $200.00

Permittee:
GREG MICHAEL
7101 NW 126 ST
MALCOLM NE 68402

TOTAL: $200.00

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

RECEIVED
MAR 08 2005

A

Permit Number: 05380297301

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 13175 W. McKelvie (no rural route) City Malcolm NE, Zip 68402

Legal Description NW 1/4 NE 1/4 30 Section 11N Township 5East Range Subdivision Addition Block 34 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Greg Michael Signature Greg Michael

Address 7101 NW 126th City/State/Zip Malcolm, NE 68402

☐ Check if owner designed system Home Phone 402-796-2535 Work Phone 499-5850

C. Contractor

Name Stan Kuta Company Name Dirt Works Plus Inc

Address 7801 LEIGHTON City/State/Zip Lincoln NE 68507

☑ Check if contractor designed system Work Phone 560 1208

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 3/8/05 Date frwd 3/8/05 **ACTION** ☒ Approved ☐ Disapproved Signature Gerald C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3-9-05 Date frwd 3-9-05 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 3/9/05 Date frwd 3/9/05 **ACTION** ☒ Approved ☐ Disapproved Signature _____

Line + Lagoon — O.K. 3/6/05
- Some dike build-up needed on North s/b. Fence complete 6/22/05

Installation Final Written Approval

By Doug Amack

Date 6/23/05

Business Office Use Only

Date Rec'd 03/08/05
Amt Paid 200.00
Rec'd By LS Cash/Check No. 7645

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

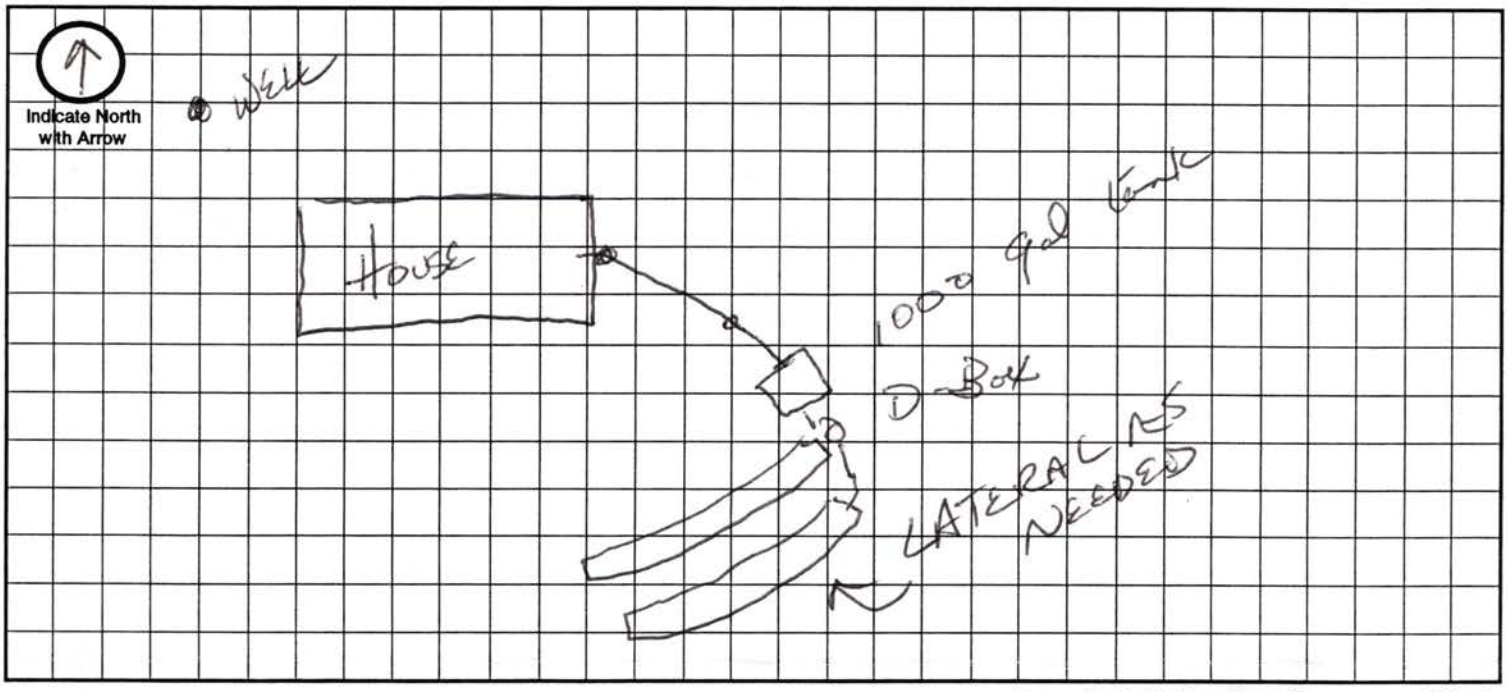
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 053802973

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) 13175 W McKelvie City Malcolm 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: INFILTRATOR

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 Greg Michael Date 1-29-05

Installer _____ Date _____

FORM 23-102 10-96

ATTEN Doug Smith

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 5/6/05 Greg Michael

System Location (Indicate correct number and street)

Address 13175 W. McKelvie (no rural route) City Malcolm NE, Zip 68402

A. Building Sewer

1. Material: CLS 160 4
   Diameter: _____ in.
2. Distance above basement floor: NA in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 140 ft.
4. Number of clean-outs: LA0002 2
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ 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

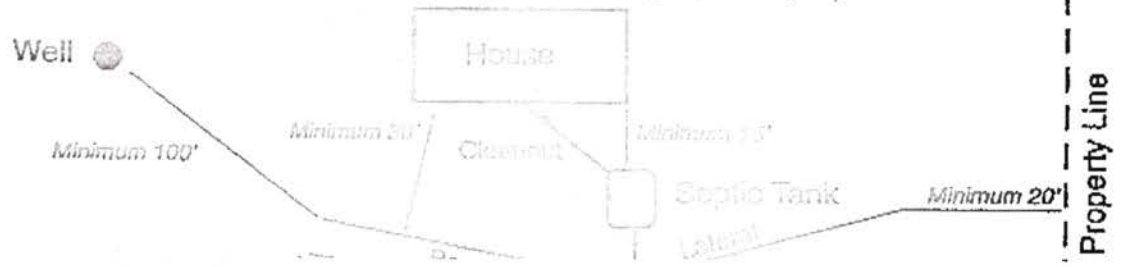
(Provide as-built drawings on back of this form)

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.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



As Built Drawing

