# Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

011113

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 07380337301

Issued 08/09/07
Expires 08/09/08
Revenue Code 3157

Establishment:
DOUG PETSCHKE
T11N R5E SEC 30 QTR SE
LOT 26
13000 W US HWY #34-MALCOLM

FEES: $290.00

Permittee:
DOUG PETSCHKE
13000 W US #34 HWY
MALCOLM NE 68402

TOTAL: $290.00

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

**A**

Permit Number: 07380337301

# 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:

14,38 cows

PLEASE PRINT OR TYPE

### A. System Location (Indicate correct number and street)

Address 13000 W US Hwy 34 (no rural route) City Malcolm NE, Zip 68402

Legal Description LCR 6018 SE 30 11 5 26
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

NCR 71701

Name Doug Petschke Signature Doug Petschke

Address 13000 W US Hwy 34 NCR 97409 City/State/Zip Malcolm, NE 68402

☐ Check if owner designed system Home Phone 402-796-2612 Work Phone 476-6222 610-6223

### C. Contractor

Name existing home 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 ~~3~~ 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** Date rec'd 8/9/07 Date frwd 8/9/07 ACTION ☑ Approved ☐ Disapproved Signature _____

* System Replacement

2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8/9/07 Date frwd 8/9/07 ACTION ☐ Approved ☐ Disapproved Signature as per phone conversation w/ Dale Steyer.

* System must be located 7300 ft ± distance from [redacted] Section line

3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____

or Receive state approval.

line + lagoon 12/5/02 O.S.

### Installation Final Written Approval

neat fence

By Doug Anson

Date 1/23/08

***Business Office Use Only***

Date Rec'd 08/09/07

Amt Paid 290.00

Rec'd By m Cash/Check No. 6487

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

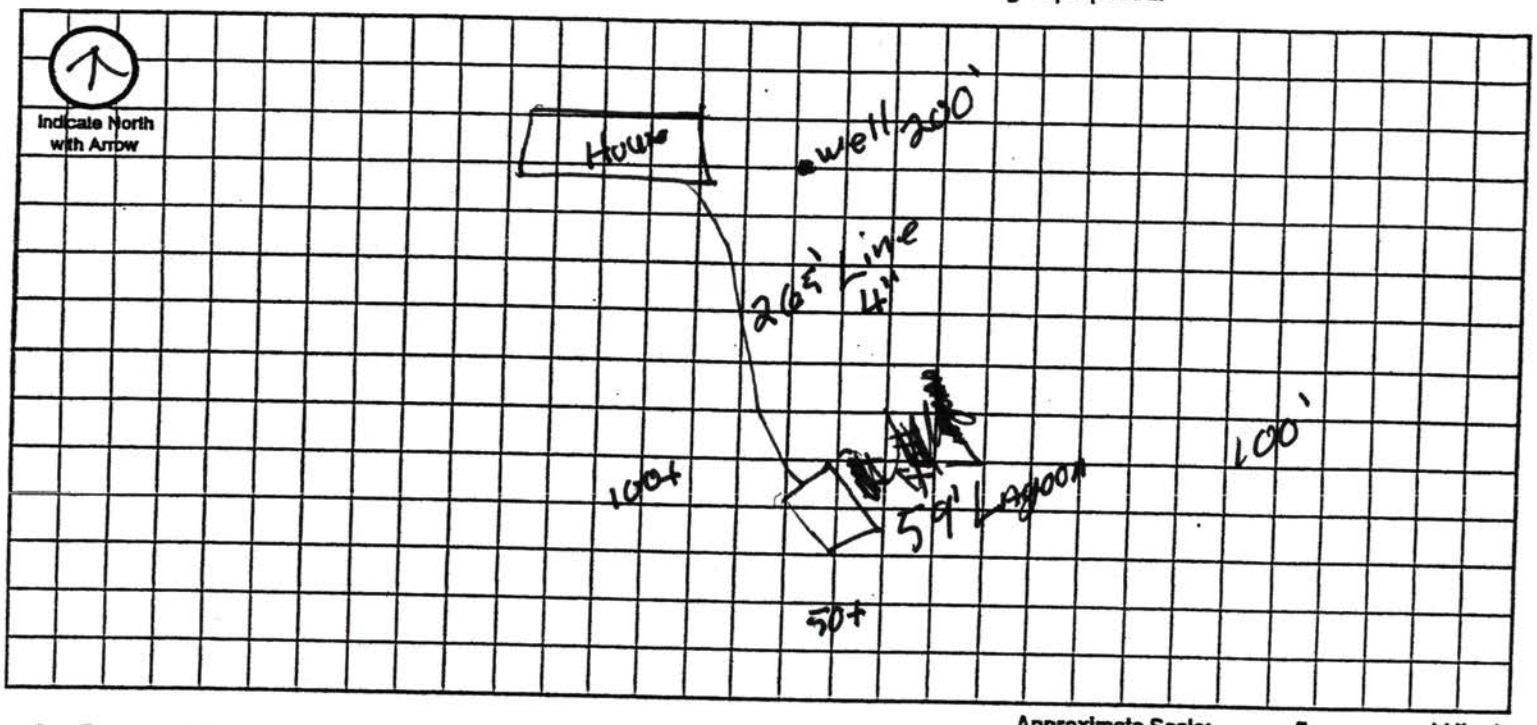
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

# 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) 13000 W US Highway 34 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: _____

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 Danny Petschke (Jason) concrete design Date _____

Installer Lloyd J Jaboucka Date 8/7/07

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**D**

Permit Number:

# Sewage Disposal System
## As Built Plans & Specifications

Date 12/4/07

Petschke

**System Location** (Indicate correct number and street)
Address 13000 aW. US Hwy 34 (no rural route) City Malcolm NE, Zip 68402

## A. Building Sewer

1. Material: SDR 26
   Diameter: 4 in.
2. ~~Distance above basement floor:~~ _____ in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and ~~septic tank~~ Lagoon: 186 ft.
4. Number of clean-outs: 3
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

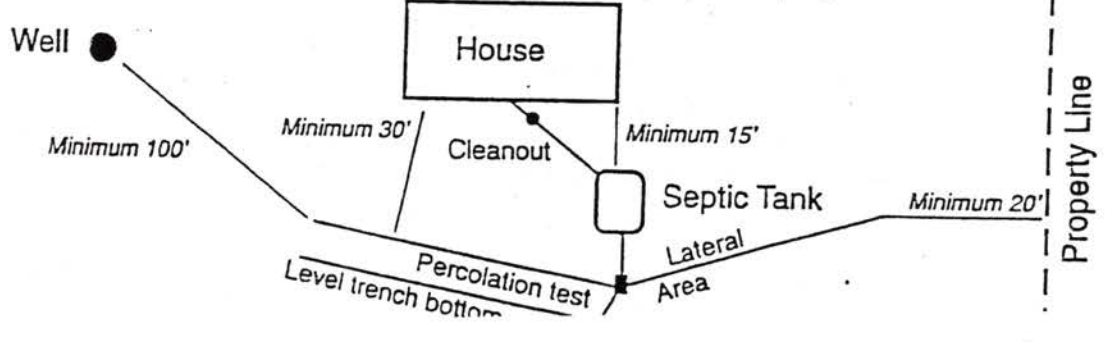
*(Provide as-built drawings on back of this form)*

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

