Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM -REISSUED

Permit # 00380227701

Issued 12/15/00
Expires 06/15/01
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Establishment

JENNIFER R RUTH
T11N R5E SEC 29 QTR NW
IRREGULAR TRACT LOT 35
11901 W MCKELVIE RD-MALCOLM

Permitee

JENNIFER R RUTH
5101 NW 9 ST
LINCOLN NE 68521

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

014176

JAN 8 2001

A

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

Permit Number: 0038022-77

6 5x

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 11901 W. McKelvie Rd. (no rural route) City Malcolm NE, Zip 68402

Legal Description ~~NW~~ NW Quarter 29-11-5 East of The 6th. Lancaster. 35 Lot
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 Jennifer Ruth Signature Jennifer R. Ruth

Address 5101 NW 9th City/State/Zip Lincoln, NE 68521

☐ Check if owner designed system Home Phone (402) 438-4302 Work Phone (402) 434-2442

C. Contractor

Name Lloyd J Jakoubek Company Name Raymond Contracting

Address 12800 NW 70th. City/State/Zip Raymond NE. 68428

☐ Check if contractor designed system Work Phone 890-6009.

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

Designer Name Lloyd J. Jakoubek Firm Raymond Cont. Work Phone 890 6009

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	Date rec'd 12/15/00 Date frwd 12/27/00	ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 1-4-01 Date frwd 1-6-01	ACTION ☒ Approved ☐ Disapproved Signature	
3. City or County Engineer	Date rec'd 12/27/00 Date frwd 12/27/00	ACTION ☒ Approved ☐ Disapproved Signature	

Installation Final Written Approval

By Paul Dustman

Date 4-17-01

Business Office Use Only

Date Rec'd 12/15/00

Amt Paid 200.00

Rec'd By _____ Cash/Check No. 3873

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: 00380277

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 11901 W McKelvie Rd. (no rural route) City Malcolm NE, Zip 68402.

Owner Royce Ruth Addresss 5101 NW 9th. Lincoln NE. 68521

Soil Type (SCS): Redish-clay-Sand clay-Gray clay Percolation Rate: _____ min./inch

Date of Tests 4/10 to 4/11/00 Weather: Precipitation Dry Temperature 35-58°

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	30"	4/10	8:00	4/10	12:00	4/11	8:00	6"	4/11	12:00	1/2	1 1/4	24
2	30"	"	8:00	4/10	12:00	4/11	8:00	6"	4/11	12:00	1/2	1	30
3	30"	"	8:00	"	"	"	8:00	6"	4/11	12:00	1/2	1/2	60
4	30"	"	"	"	"	"	8:00	6"	4/11	12:00	1/2	1 1/2	24
5	30"	"	"	"	"	"	8:00	6"	4/11	12:00	1/2	1/8	
6	30"	"	"	"	"	"	8:00	6"	4/11	12:00	1/2	1/2	60

Person Conducting Percolation Tests

Name: Raymond Contracting.
Phone: 890-6009 - H-783-2663
Address 12800 NW 70th
Raymond NE. 68428

Sum of Percolation Rates: _____
Average of Rates: >20 mpi
Rate Used for Calculation: 60 mpi

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Appears to be in Sharpsburg Soil

Signature of Reviewing Official Ron Meyer Date 4-18-00

FORM 23-101 10-96

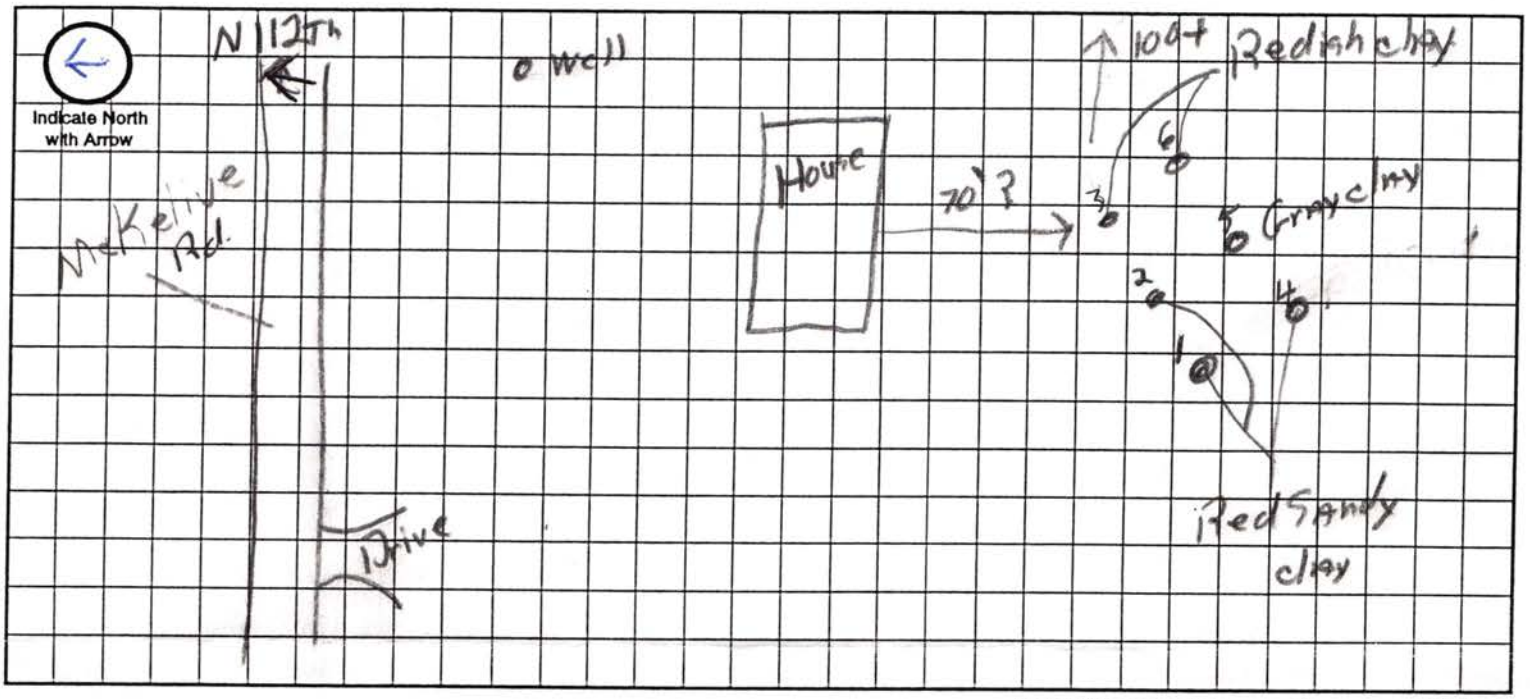
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 03802277

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) 11901 W McKelvie Rd. 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: Hilly 30%-40 %

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: In Celtrator

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 350 ft. Number of Trenches 4 Trench Width 48"

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 Fulton Construction Date 12/15/00

Installer Raymond Contracting Date 4/17

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D

Permit Number: 00380277

Sewage Disposal System

As Built Plans & Specifications

Date 4/17/01

System Location (Indicate correct number and street)

Address 11901 W McKelvie (no rural route) City Malcolm NE, Zip 68402

A. Building Sewer

1. Material: Class 160
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12" in.
3. Distance between dwelling and septic tank: 100+ ft.
4. Number of clean-outs: 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: concrete
   Number of compartments: 3
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter center manhole in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade 2 - At Grade in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 20 in.
8. Distances to: Well or suction line 100 ft.
   Stream 100 ft.
   Pressure line 100 ft.
   Property line 100 ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: center to center 18' ft.

D. Absorption Field

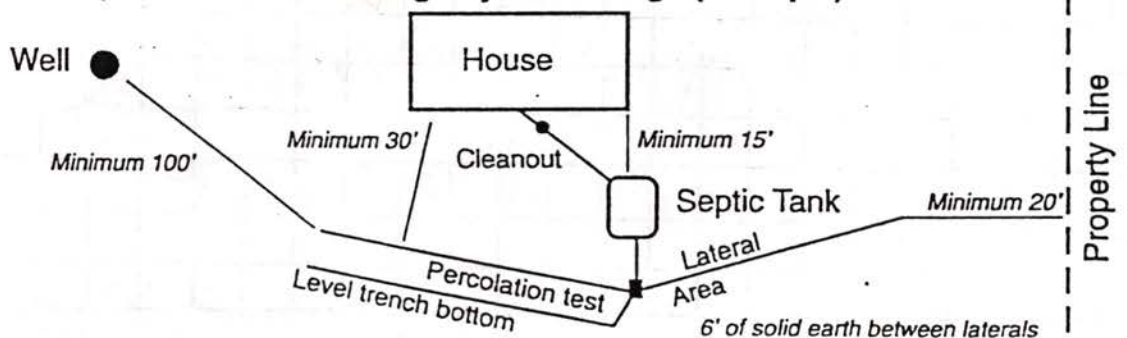
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: Equalizer 24
   or perforated pipe: _____
   Material: ☒ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 102 ft. 102 ft.
   102 ft. 51 ft., _____ ft.
3. Trench dimensions: Width 4' ft.
   Slope Flat in/100 ft.
   Average depth 24"-30" in
4. Filter material: Gravel
   Depth of material 15"-16" in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

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

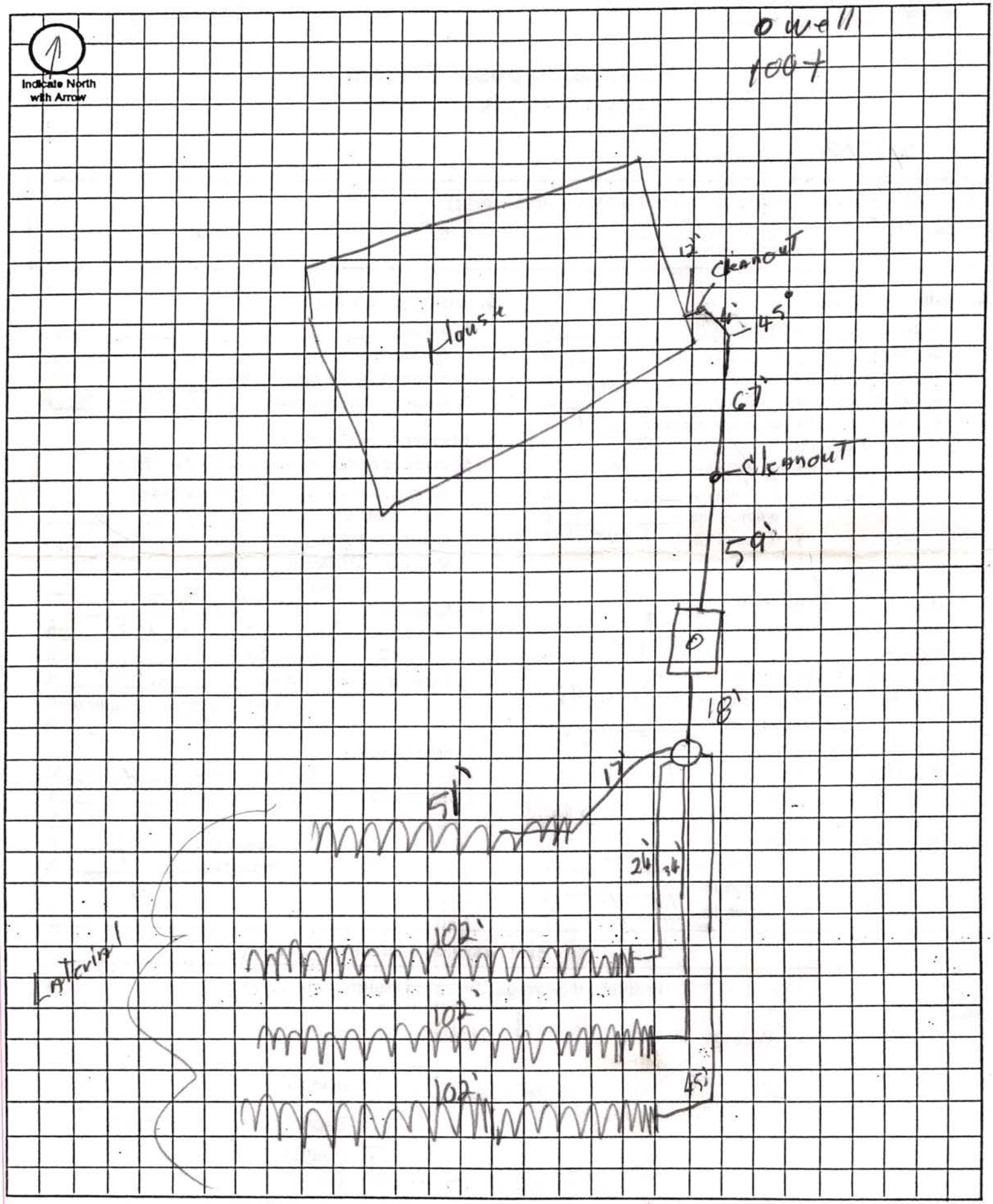
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: ft. = grid line/s