Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

008816

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 06380318001

Issued 04/20/06
Expires 04/20/07
Revenue Code 3157

Establishment: JIM ASHEY
T11N R5E SEC 29
8601 NW 112 ST-MALCOLM

FEES: $275.00

Permittee: JIM ASHEY
8601 NW 112 ST
MALCOLM NE 68402

TOTAL: $275.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

MAY 0 3 2006

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

Permit Number: 06380318O

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 8601 NW 112 (no rural route) City Malcolm NE, Zip 68402

Legal Description 29 11N 5E Lot 24 T.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 Jim Athey Signature _____

Address Same as above City/State/Zip Same as above

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Jeff Kreifels Company Name Action PLBG

Address 4101 So 8 City/State/Zip Lincoln

☐ Check if contractor designed system Work Phone 423-6960

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 0 Is there a Whirlpool Bathtub YES NO

☑ Commercial Establishment/Other Facility Specify Shop Area Metal Radius Technology

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 4/20/06 Date fwd 4/24/06 ACTION ☑ Approved ☐ Disapproved Signature Doug Myer
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4/26/06 Date fwd 5/1/06 ACTION ☒ Approved ☐ Disapproved Signature D. Link
3. **City or County Engineer** Date rec'd 4-24-06 Date fwd 4-24-06 ACTION ☑ Approved ☐ Disapproved Signature [signature]

Installation Final Written Approval

By Doug Myer

Date 05/04/07

Business Office Use Only
Date Rec'd 04/20/06
Amt Paid 275.00
Rec'd By LS Cash/Check No. 26290

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

2 of 4 **B**

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

Permit Number: 06380380

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 8601 NW 112th St (no rural route) City Malcolm NE, Zip 68402

Owner Jim Asche Address 8601 NW 112th St Malcolm, NE 68402

Soil Type (SCS): Judson Percolation Rate: 12 min./inch

Date of Tests 6-8-05 to 6-9-05 Weather: Precipitation 0 Temperature 84°

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	32	6/8	12:00p	6/8	4:00p	6/9	5:00p	6	6/9	5:40p	10	1 1/8	10/1.13 = 9
2	27	"	"	"	"	"	"	"	"	"	"	1	10/1.00 = 10
3	24	"	"	"	"	"	"	"	"	"	"	3/4	10/0.75 = 13
4	25	"	"	"	"	"	"	"	"	"	"	2	10/2.00 = 5
5	25	"	"	"	"	"	"	"	"	"	"	1/2	10/0.50 = 20
6	26	"	"	"	"	"	"	"	"	"	"	3/4	10/0.75 = 13

Sum of Percolation Rates: 70

Average of Rates: 12

Rate Used for Calculation: 12

Person Conducting Percolation Tests

Name: Terri Fakoubek Raymond Contracting, Inc

Phone: 402-783-2663 or 402-890-3890

Address: 13800 NW 70th St

Raymond, NE 68428 # 1198

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official

Date

Hole No.	Hole Depth (in)	Start Date (Mo/Da)	Start Time (Hr/Min)	End Date (Mo/Da)	End Time (Hr/Min)	Start Date (Mo/Da)	Start Time (Hr/Min)	Water Lev (in.)	End Date (Mo/Da)	End Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	32	6/8	12:00p	6/8	4:00p	6/9	5:00p	6	6/9	5:10p	10	1 1/8	10/1.13 = 9
2	27	"	"	"	"	"	"	"	"	"	"	1	10/1.00 = 10
3	24	"	"	"	"	"	"	"	"	"	"	3/4	10/0.75 = 13
4	25	"	"	"	"	"	"	"	"	"	"	2	10/2.00 = 5
5	25	"	"	"	"	"	"	"	"	"	"	1/2	10/0.50 = 20
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Name: Terri Falkenbeck Raymond Contracting, Inc

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Sum of Percolation Rates: 70

Average of Rates: 12

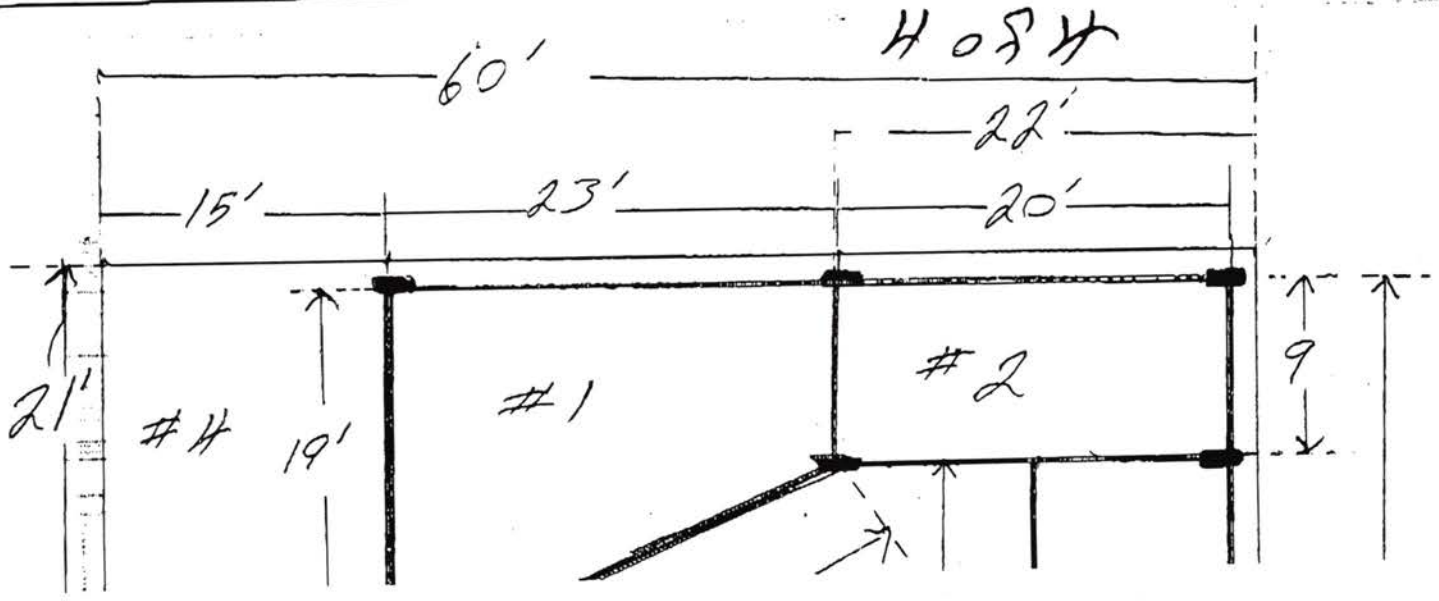
Rate Used for Calculation: 12

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____



CONTINUE FROM PREVIOUS PAGE 001

Reviewing Official

Date

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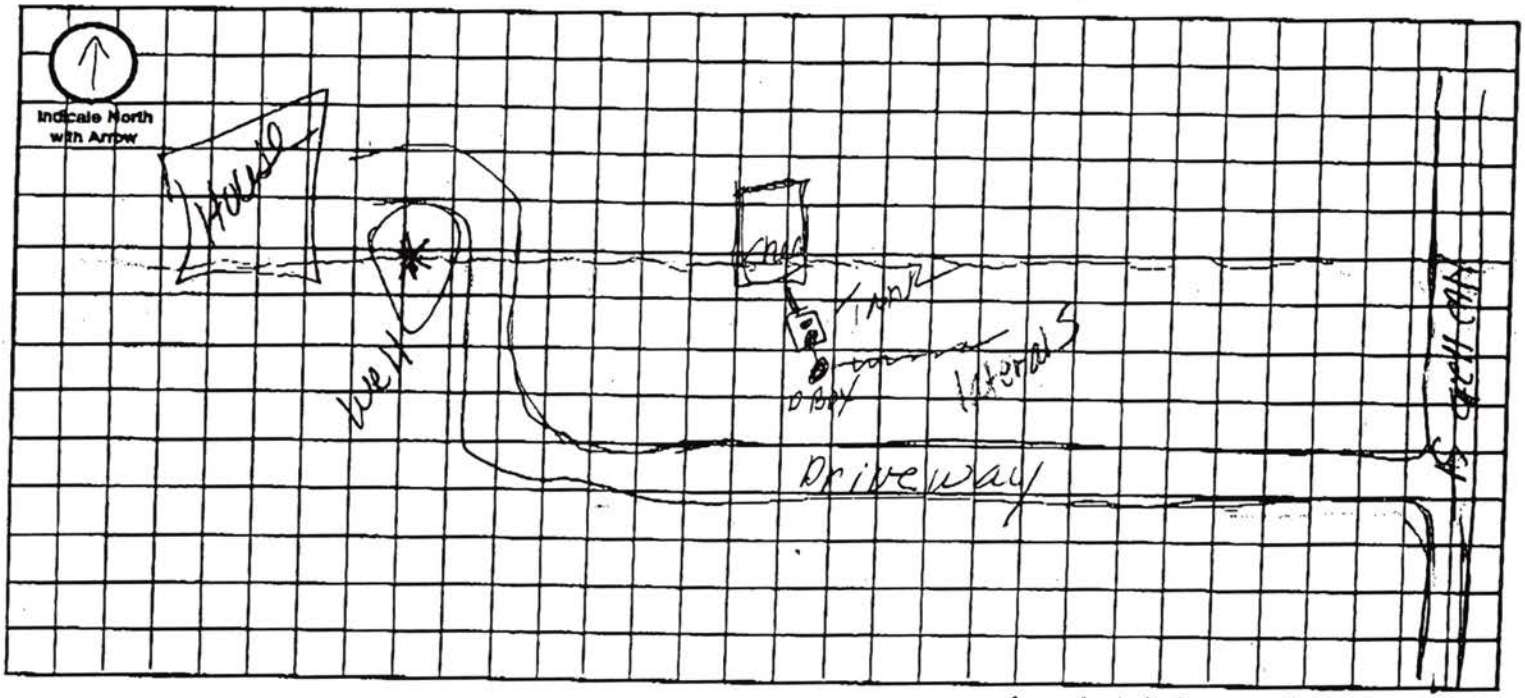
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Lincoln-Lancaster County Health Department
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Phone: 402-441-8022

Permit Number: 063803180

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) 8601 NW 112th St 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 12 (min. per inch) Soil Type: Judson Land Slope: ____ %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other ____

Total Square Feet of Field Required: 210 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: H-10 Standard

Capacity of Septic Tank 1,000 gals Number of Absorption Beds: ____ Number of Distribution Laterals per Bed ____

Total Length of Laterals 53 ft. Number of Trenches 1 Trench Width 4'

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

Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date _____

Installer Kim R. Jahnke Date 6-16-05