AUG 9 1996 NOV 23 1998

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

A

FILING FEE: $ 150.00 enclosed

FILE NO. _____

DATE: Aug 5, 96

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 11 North; Range 5 East; Section 29;
   Block _____: Lot 24 I.T.: Addition _____
   Street Address 8601 NW 112th
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4. Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐
4. Distance to public sewer: Aprox. 1 mi Ft.

James M Marshe
Signature of Applicant (Owner or Lessee)

341 Robert Rd Malcolm NE 68402
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 12-11-98. Date Frwd. 12-11-98. ACTION: Approved ☒ Disapproved ☐ Signature: Ron Mayent
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 8-19-96. Date Frwd. 8-20-96. ACTION: Approved ☒ Disapproved ☐ Signature: Ted Gram
3. City or County Engineer: Date Rec'd. 12-16-98. Date Frwd. 12-16-98. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-12-96 by: Jerry sewer line tank + one lateral.
Date: _____ by: _____
Date: _____ by: _____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

* INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-16-98 By: Ron Mayent

* could not find original application

FORM 23-43

AUG 9 1996

NOV 23 1998

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 11 North; Range 5 East; Section & ¼ Section 29.
Property Dimensions: _____ ft. x _____ ft. Area: 24 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☒ ; Clay Loam ☐ .
Dates of Tests: 6-26-96 to 6-27-96. Weather: Precip. Rainy Temp. 75.

OWNER: James Mauche
Address: 8601 NW 112

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36	6-26	8 AM	6-27	6 PM	6-27	6 PM	2 3/4	6-27 9 PM	11 1/2	180	9 1/2	20 MIN/IN
2	36							2 3/4	6-27 9 PM	11 3/4		9	20 MIN/IN
3	36							1 1/2		10 1/4		8 3/4	20 MIN/IN
4	36							2		13 3/8		11 3/8	16 MIN/IN
5	36							3		17 1/4		14 1/4	13 MIN/IN
6	36							3/4		5 3/4		5	36 MIN/IN

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

James Mauche
Signature of Person Conducting Test

Address 341 Robert Rd Malcolm NE 68402 Phone 796-2285

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): Judson silt loam

Date: 8-12-96

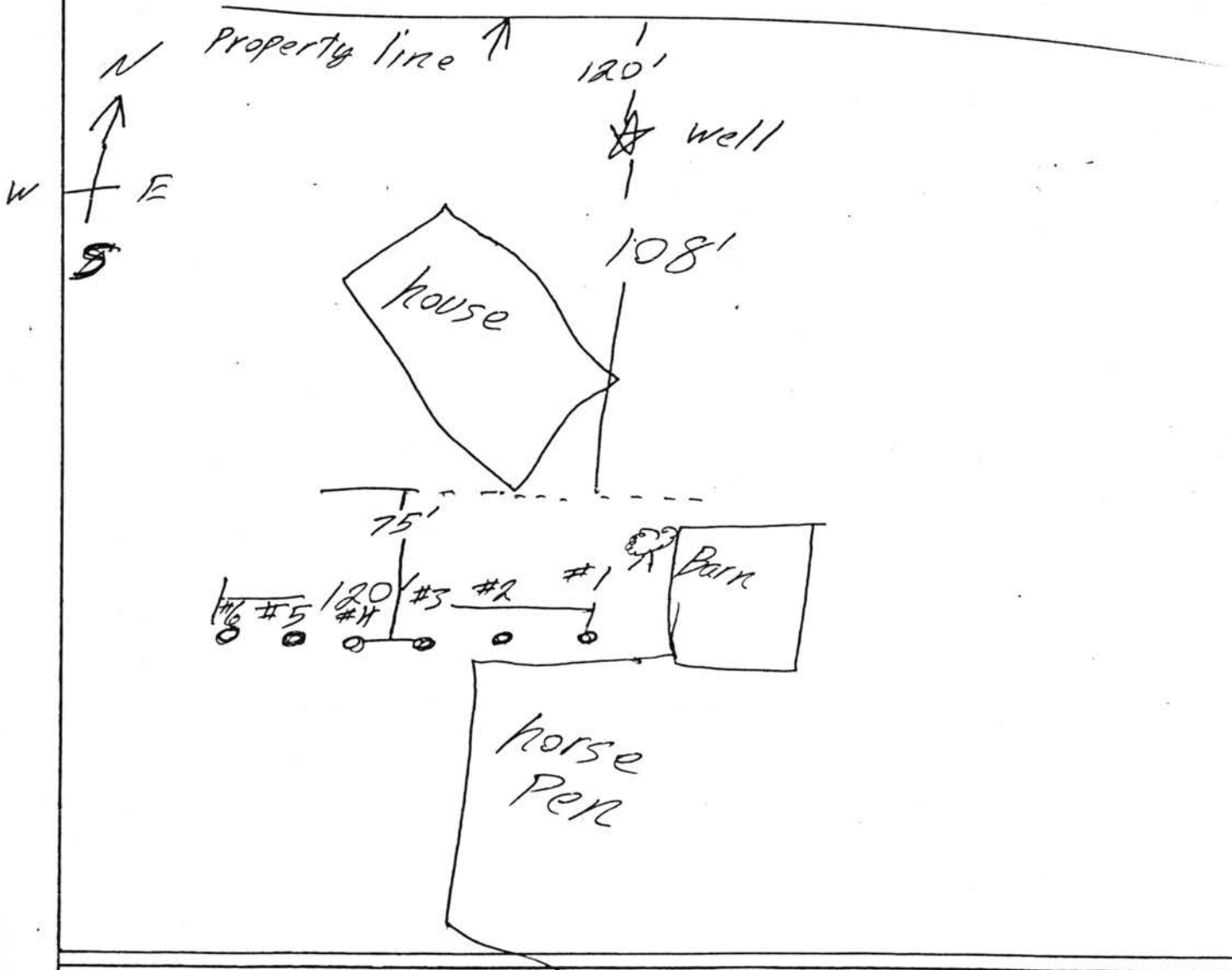
Approved Percolation Rate (a)
A. ~~30~~ 48 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

AUG 9 1996 NOV 2 3 1998

FORM 20102-0477 PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application) City Ordinance No. 9150 ☐ County Resolution No. 2832 ☐	LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT Division of Environmental Health **3140 N Street** Lincoln NE 68510 (402)-441-8022 **C**
Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.	FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks :_____

Date: AUGUST 12, 1996

Minimum Design Requirement
1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals_____ ft.
3. With a Trench Width of_____ in.
4. Total Area of Lateral needed ~~915~~ 916 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

AUG 1 4 1996

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

Lincoln-Lancaster County Health Dept.
3140 "N" Street
Lincoln, NE 68510

D

DATE: _____

FILE NO: _____

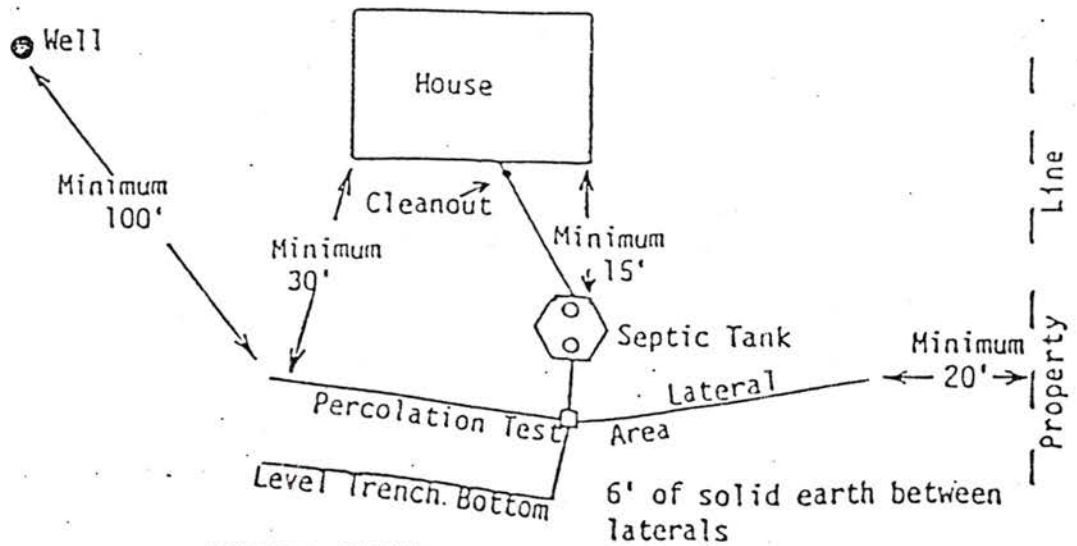
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Class 160 ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 14 in.
3. Distance between dwelling and septic tank 40' ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Precast ; No. of compartments _____ .
2. Capacity 1250 gals.;
3. Factory Built: Yes ☒ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. 12 in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ___ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade 10" in.
8. Distances to:
Well or Suction Line 100'+ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Precast ; Number - available outlets _____ .
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 160' ft.

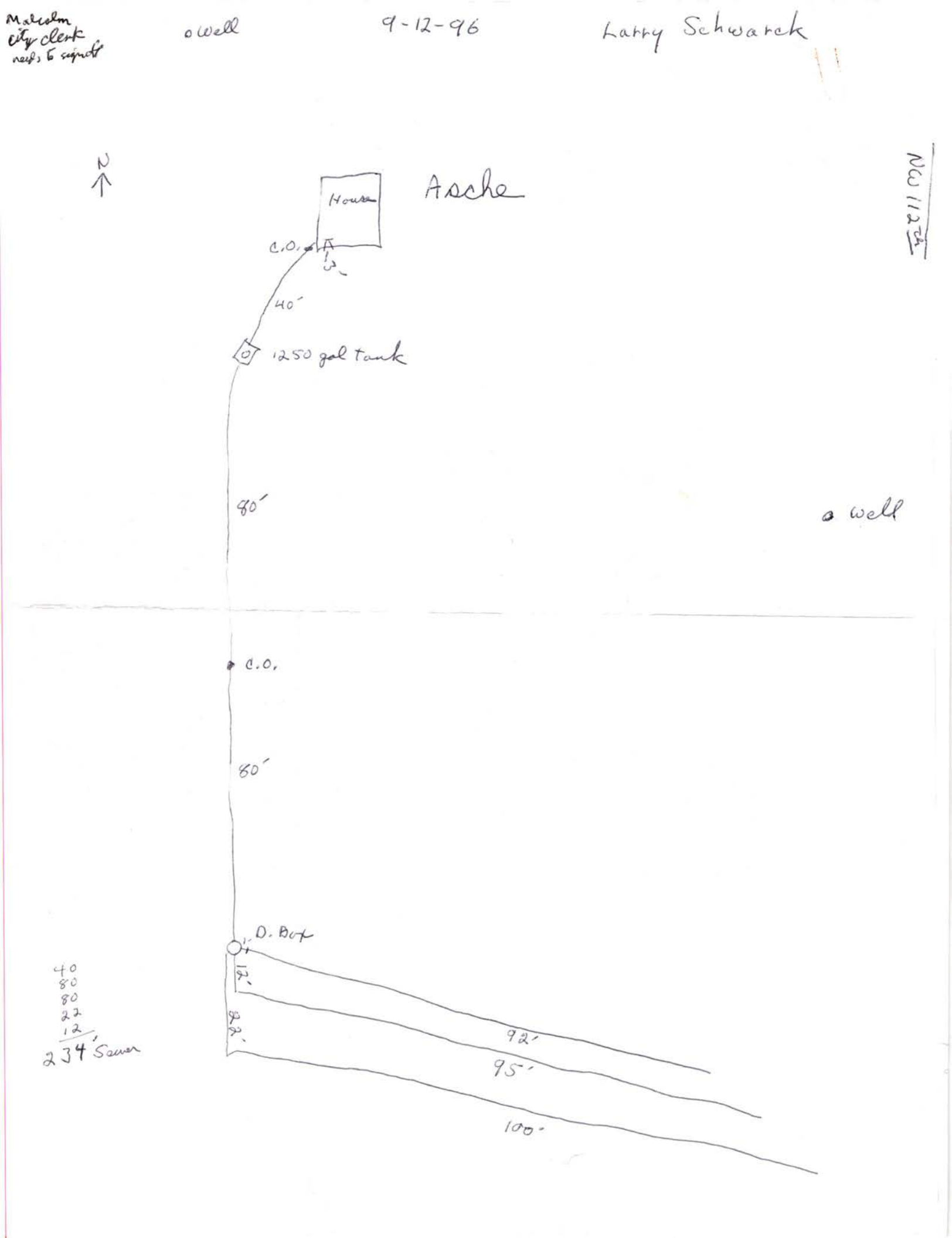
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 36 or
Perforated Pipe _____ .
Material: fiberglass ☐ ; plastic ☒ ;
concrete ☐ ; other _____ .
2. Lateral Lines:
Number 3 ; Length of each line 92 , 96 , 100 , _____ , _____ ft.;
Total length of laterals 287 ft.;
Distance between lateral lines 10 ft.
3. Trench dimensions: Width 4 ft.;
Slope — in/100 ft.; Average Depth 44 - 20 in.
4. Filter Material: Road Gravel
Depth of Material 16 in.
5. Distances to:
Well or Suction Line — ft.;
Stream — ft.; Pressure Line — ft.; Property Line _____ ft.

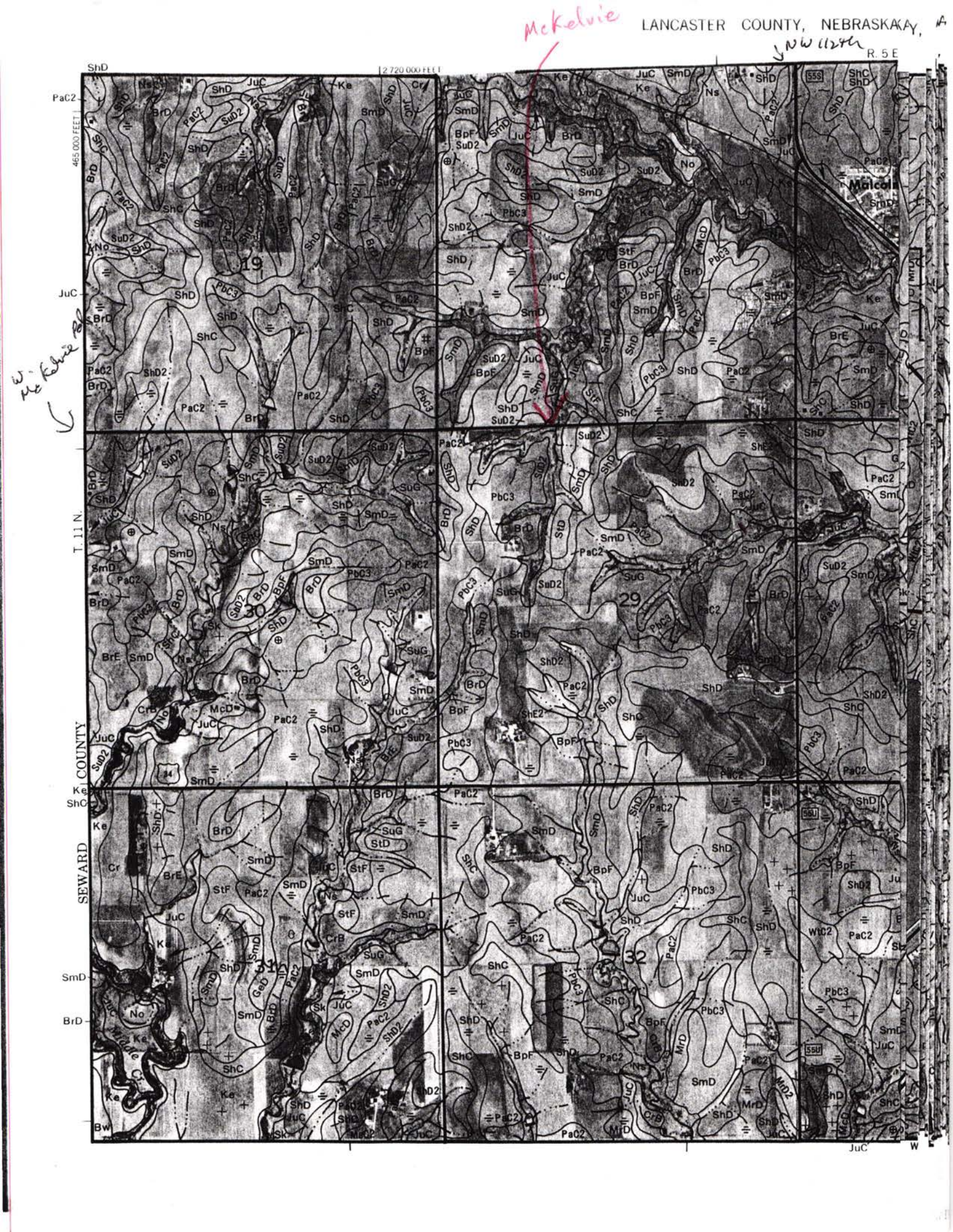


TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Malcolm
City clerk
needs to sign off

o well 9-12-96 Larry Schwarck




McKelvie
LANCASTER COUNTY, NEBRASKA
R. 5 E
T. 11 N.
SEWARD COUNTY
2 720 000 FEET
465 000 FEET
19
20
29
30
31
32
Malcolm
ShD
PaC2
JuC
BrD
SmD
ShC
SuD2
PbC3
BpF
SuG
StF
StD
McD
MrD
Ke
No
Ns
Cr
BrE
CrB
Sk
GaD
Bw
W

February 1995
DWR Form 981

STATE OF NEBRASKA
DEPARTMENT OF WATER RESOURCES
WATER WELL REGISTRATION

NOV 2 3 1998

FOR DEPARTMENT USE ONLY

Registration No. _____ Sequence No. _____ Registration Date: _____

Owner Code No. _____ Receipt No. _____ _____ NRD

1. Well Owner JIM ASCHE Telephone Number (402) 796-2285
   Address 241 ROBERT RD.
   City MALCOLM State NE Zip Code 68402 +

2. Drilling Firm EARNEST WELL DRILLING INC Telephone Number (402) 761-2281
   Address BOX H Contractor's License No. 29051 Pump Installer License No. _____
   City MILFORD State NE Zip Code 68405 +

3. Permit Number(s) _____

4. Purpose of well (indicate one): ___Dewatering (over 90 days) _X_Domestic ___Geothermal ___Ground Heat Exchanger
   ___Ground Water Source Heat Pump ___Industrial ___Injection ___Irrigation ___Livestock ___Monitoring
   ___Observation ___Public Water Supply (with spacing (46-638)) ___Public Water Supply (without spacing) ___Recovery
   ___Other _____ (indicate use)

5. Replacement and abandoned well information.
   A. Is this well a replacement well? ___Yes ___No B. Registration number of abandoned well: _____
   C. Replacement well is _____ feet from abandoned well. D. Abandoned well last operated _____, 19____
   E. Original well pump column size: _____ inches. F. Abandoned well plugged _____, 19____

6. A. Well location: ____¼ ____¼ of Section _____, Township _____North, Range _____East/West, _____County.
   B. The well is _____ feet from the North/South section line and _____ feet from the East/West section line.
   (indicate one) (indicate one)
   C. Street address or block, lot and subdivision, if applicable: _____
   D. Location of water use, if applicable (give legal descriptions): _____
   E. If for irrigation, the land to be irrigated is _____ acres.
   F. Well reference letter(s), if applicable: _____

7. Pump Information.
   Is pump installed at this time? _X_Yes ___No
   If yes, complete items A through E.
   If no, complete items A and D with estimated information for those wells in which pump will be installed.
   A. Actual pumping rate, if applicable: 20 gallons per minute. Measured ☒ or Estimated ☐
   B. Pump column diameter: 1¼ SCH 80 PVC inches. C. Length of pump column: 220' feet.
   D. Pumping equipment installed: 7/25, 1996. E. Brand/Type: 2 HP GEARSTEE

printed on recycled paper

8. Well Construction Information.

A. Total well depth: 265 feet. B. Static water level: 124 feet. C. Pumping water level: 138 feet.

D. Construction began: 4/13, 19 95. E. Construction completed: 4/14, 19 95

F. Bore hole diameter: 9 inches.

G. Casing: Diameter 4.072 ID 4.5 OD inches. Type of material: PVC 200#

Wall thickness: .214 inches. Joints--Welded/(Glued)/Threaded/Other: SCREWED Guides at _____ ft.

Length(s) and placement(s) depth from 0 ft. to 255 ft. from _____ ft. to _____ ft.

H. Screen: 4.026 ID 4.5 OD in.; Type of material _____

Screen openings (slot size): .016 Trade name: MOHOFLEX Guides at 260 ft.

Length(s) and placement(s) depth from 255 ft. to 265 ft. from _____ ft. to _____ ft.

I. Gravel pack interval(s) from 20 ft. to 90 ft. from 100 ft. to 265 ft. Grade size: 6-PAK AND WASHED CO GRA

J. Grouted/Sealed from 5 ft. to 20 ft., with BENTONITE (HOLEPLUG) (type)

from 90 ft. to 100 ft., with " " (type)

K. Drilling method: MUD ROTARY L. Drilling fluid: BENTONITE (QUIK-GEL)

M. Well development technique (total time and method): AIR 45 MIN'S

N. Will chemicals, fertilizer or antifreeze be injected or utilized in the system? ___Yes X No

If yes, what will be used: _____

9. Geologic Materials Logged

DEPTH IN FEET FROM	TO	DESCRIPTION	DEPTH IN FEET FROM	TO	DESCRIPTION
0	1	TOP SOIL			
1	25	BROWN CLAY			
25	30	GRAY CLAY			
30	38	BROWN CLAY			
38	237	BLUE CLAY			
237	240	BLACK CLAY			
240	254	GRAY CLAY			
254	264	GREEN SAND AND GRAVEL			

(Additional sheets may be submitted)

0. I am familiar with the information submitted on this registration, and to the best of my knowledge it is true.

Ben Conner III — Water Well Contractor's Signature

4/14/95 — Date

_____ — Water Well Owner's Signature

_____ — Date