Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 00380219101

Issued 05/17/00
Expires 11/17/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Establishment

B & K ENTERPRISES INC
T11N R5E SEC 29 QTR NW
PART OF LOT 20 LOT 20
12201 W MCKELVIE RD

Permitee

B & K ENTERPRISES INC
6210 S 57 ST
APT B
LINCOLN NE 68516

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013151

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

A

Permit Number: 00302191

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 12201 W Mickelvie Rd. (no rural route) City Lincoln NE, Zip

Legal Description NW¼ 29 11N 5E 20 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 B+K Enterprises, Inc Signature Bruce Mayer

Address 2120 S. 57th St. Ste B City/State/Zip Lincoln, NE 68516

☐ Check if owner designed system Home Phone Work Phone 420-2950

C. Contractor

Name Same as above 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 Larry Schwank Firm Schwank Trenching Work Phone 489-7294

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 5/17/00 Date frwd 5/17/00	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 5/17/00 Date frwd	**ACTION** ☒ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 5/17/00 Date frwd 5/17/00	**ACTION** ☒ Approved ☐ Disapproved Signature Chase Baker	

Installation Final Written Approval

By

Date 7-14-00

Business Office Use Only

Date Rec'd 05/17/00
Amt Paid 150 ⁰⁰
Rec'd By
Cash/Check No. 1509

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: 003802191

part of Lot 20 NW 1/4 Sec 29

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 12201 W Mckelvie Rd City _____ NE, Zip _____
(no rural route)

Owner _____ Addresss _____

Soil Type (SCS): _____ Percolation Rate: 50 min./inch

Date of Tests 5-15 to 5-16-00 Weather: Precipitation — Temperature 70°

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"	5-15	12:30	5-16	8:20	5-16	10:40	19		11:20	30	1	30 MIN/IN
2								7 1/4				3/4	40 MIN/IN
3								13 1/2				3/4	40 MIN/IN
4								10				1	30 MIN/IN
5								15 1/2				3/4	40 MIN/IN
6								10 1/2				1/2	60 MIN/IN
7								18 3/4				3/4	40 MIN/IN
8								24 3/4				1	30 MIN/IN
9													
10													

Person Conducting Percolation Tests

Name: Larry Schwarck Trenching
Phone: 489-7294
Address 8200 Old Cheney

Sum of Percolation Rates: 310
Average of Rates: 38.75
Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

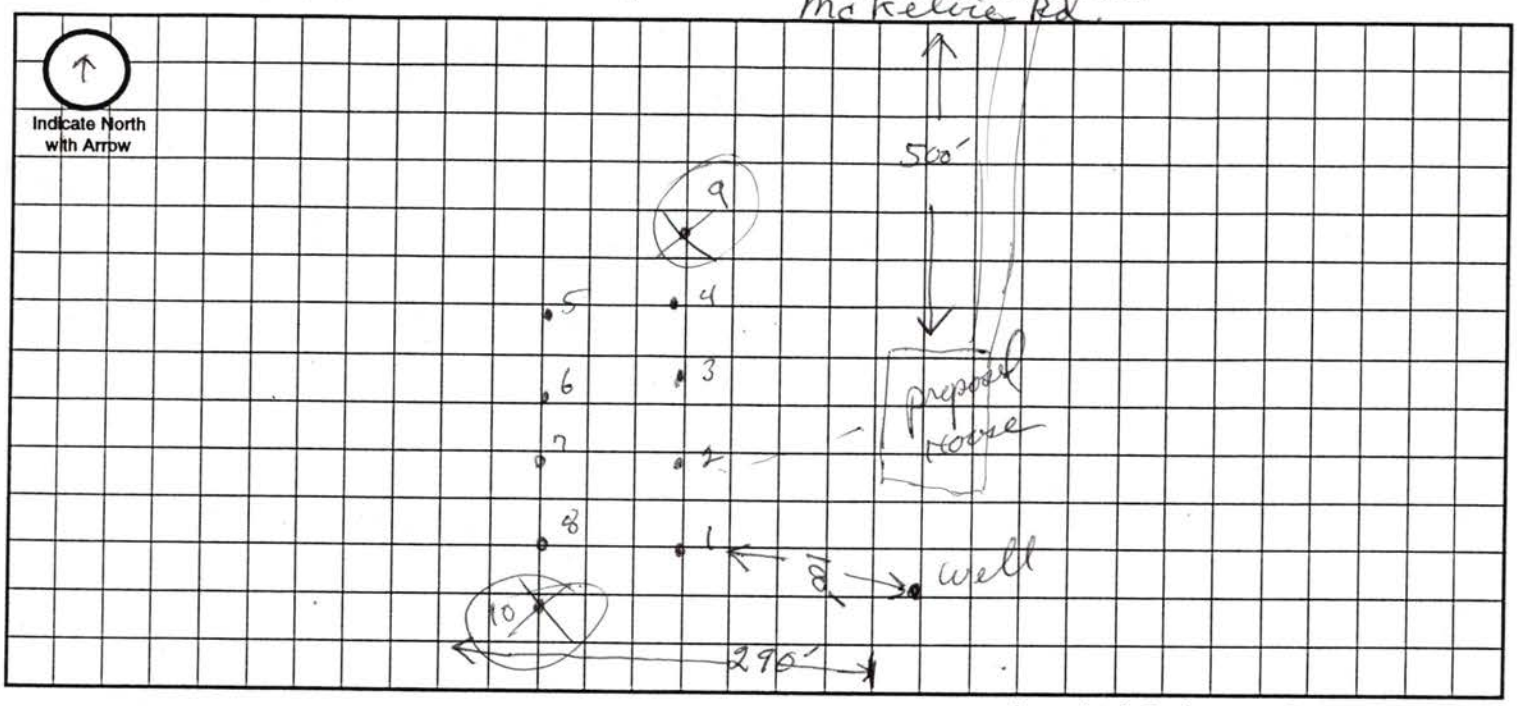
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 00380219

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) 12201 W McKelvie Rd. City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 60 (min. per inch) Soil Type: silt clay loam Land Slope: 2 % %

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

Total Square Feet of Field Required: 1400 sq. ft.

Type of Lateral: ☐ Half-Moon ☒ Perforated Pipe ☐ Other Lateral Material: Infiltrator

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 350 ft. Number of Trenches _____ 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

Home Building Contractor Russ Mayer Date 5/16/00

Installer Larry Schwanke Date 5-16-00

FORM 23-102 10-96

JUL 1 3 2000

D

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

Permit Number: 00380219101

Sewage Disposal System

As Built Plans & Specifications

Date 7-10-00

System Location (Indicate correct number and street)

Address 1220 W. Makelee Rd (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: Class 160 50'
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 18" in.
3. Distance between dwelling and septic tank: 50 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
   Number of compartments: ____
2. Capacity: 1500 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: 12 in.
8. Distances to: Well or suction line ____ ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

C. Distribution Box

1. Material: 2 Plastic Drop box
   Number available outlets: ____
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: ____ ft.

D. Absorption Field

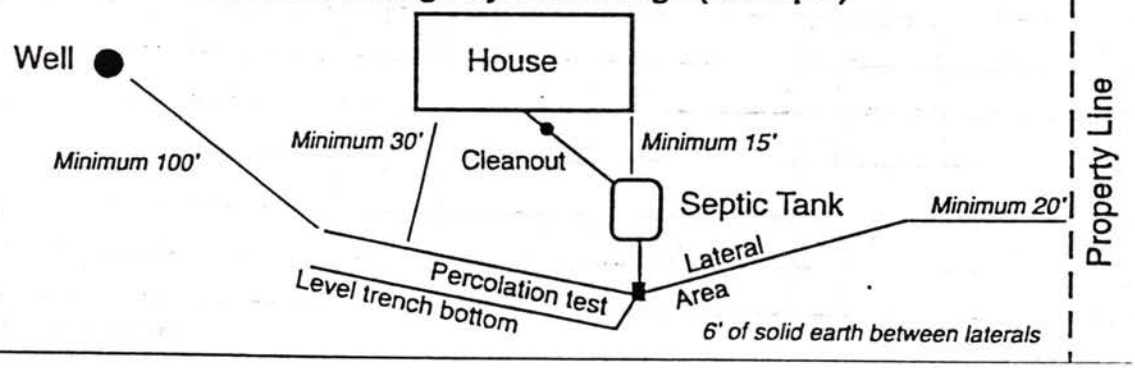
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: 15" Infiltrator
   or perforated pipe: ____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 4
   Length of each line: 102 ft. 102 ft.
   78 ft. 78 ft., ____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 6" in/100 ft.
   Average depth 32" - 22" 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.

Indicate North with Arrow

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

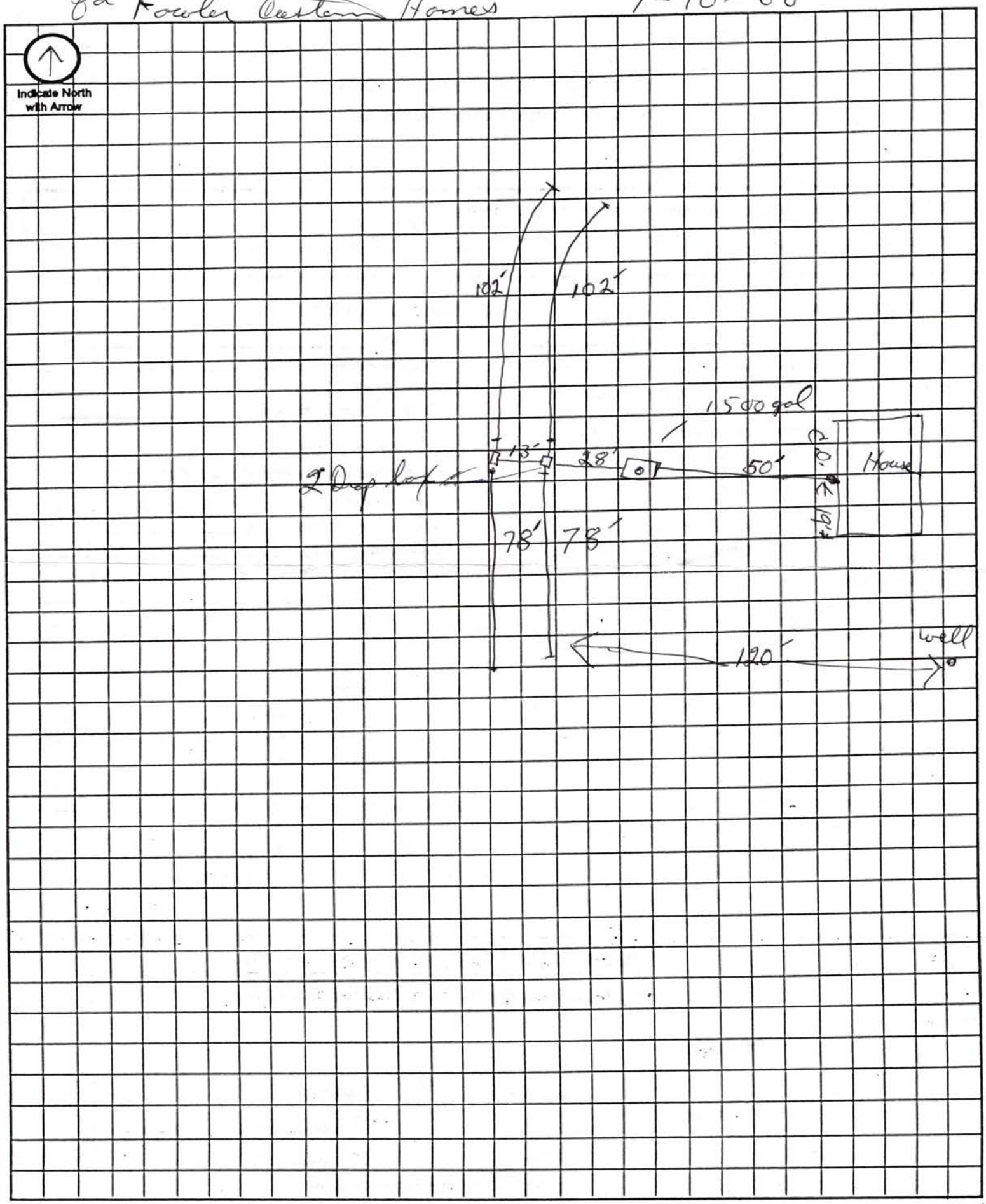
Individual Sewage System Design (Example)



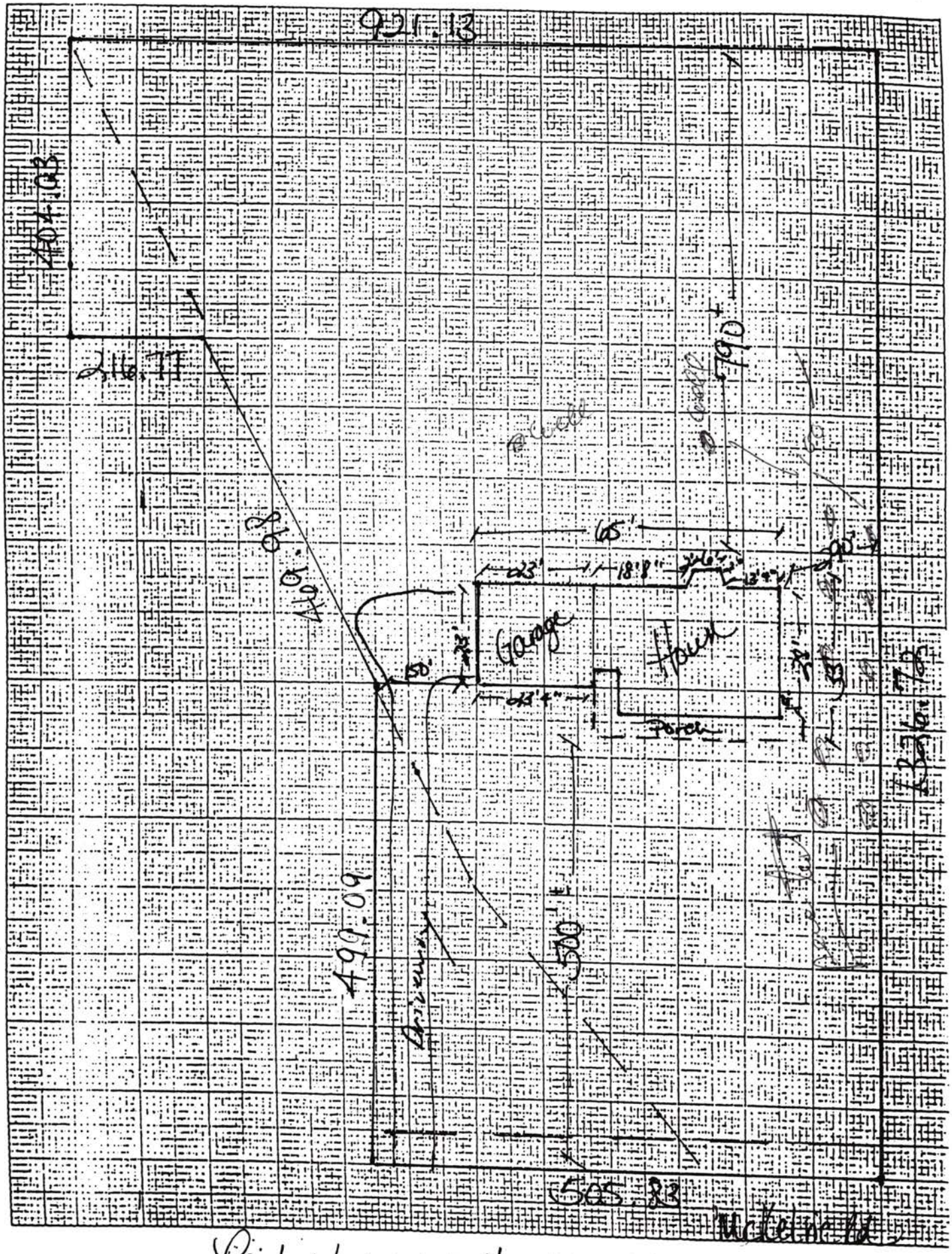
FORM 23-103 10-96

As Built Drawing by Larry Schwarck

for Fowler Custom Homes 7-10-00



Approximate Scale: _____ ft. = _____ grid line/s



Lot _____ Block Part of Lot 20 NW 1/4 Sec 29 T11 NR5

12201 W. McKelvie Rd

02100 4011
pdf

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☐ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 12201 W. McKelvie Road, Malcom NE

2CR 4917

Parcel ID 05 - 29 - 100 - 007 - 000 (i.e. 99-99-999-999-999)

NW Twp 11N Range 5E Section 29 1/4 ___ 1/4 ___ Block ___ Lot 34 Addition ___

Directions to Property Hwy 34 to NW 112th - North to McKelvie Rd west to 12201 - on South side of road

Location of Well South side of house by dog house Tap Location: Inside ☐ Outside ☐

Location of Sewage System West of patio 10-15 yards Year Installed 2000

Site Hazards (dogs, etc.) ___

	NAME	ADDRESS	PHONE
Present Owner:	Joel + Sara Macklin	12201 W. McKelvie Rd. Malcom, NE	465-6556
Tenant/Buyer:	Allen + Julie West	196 Calle Del Conquistador Rio Rico AZ 85648	502 281-7377
Return to:	Craig Lurck	7141 "A" Street Lincoln NE 68510	434-3572 434-2037 (Fax)

Signature of Applicant [signature] Address 7141 "A" Street Lincoln NE 68510 Date 9 / 17 / 02

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 9 / 19 / 02 Amount $200.00 Check No. 5241 Initials mo

DATA ENTRY Date ___/___/___ Case No. ___ Initials ___

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 9 / 19 / 02

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 1.2 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: LOW SPOTS IN LATERAL SHOULD BE FILLED IN TO PREVENT ~~WATER~~ SURFACE WATER FROM STANDING ON LATERAL. HOUSE ROOF DOWNSPOUTS SHOULD BE DIRECTED SO WATER DOESN'T SPILL ON LATERAL FIELD. SEPTIC TANK SHOULD BE CHECKED TO SEE IF IT IS IN NEED OF PUMPING. See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☒ Provisional Approval ☐

Approved by Jerrold C. Hood R.E.H.S. Date 9 / 23 / 02

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 9-00