# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

## PERMIT

Permit
SEWAGE INSTALLATION
LAGOON

No. 97380165301

Issued 09/09/97
Expires 03/09/98
Revenue Code 18754

Establishment
CHARLES WILCOX
T11N R5E SEC 22
NORTH RIM ESTATES LOT 8
9700 NW 96 STREET

FEES: $150.00

TOTAL $150.00

Permittee
CHARLES WILCOX
341 HUDKINS RD
MALCOLM NE 68402

Issued By M. Jane Ford
Health Director

5233

**THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"**

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

**A**

Permit Number:

# 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 9700 NW 96th St (no rural route) City Malcolm NE, Zip 68402

Legal Description NW ¼ of NW ¼ 22 (Section) 11 No (Township) 5 east (Range) North Rim Estates (Subdivision) – (Addition) – 8 (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 Charles D. Wilcox Signature _____

Address 341 Hudkins Rd. City/State/Zip Malcolm, Ne. 68402

☐ Check if owner designed system Home Phone 402/796-2238 Work Phone 402/441-7711

### C. Contractor

Name Kim Vanderkolk Company Name Vanderkolk, Constr.

Address 9700 W. Bluff Rd. City/State/Zip Malcolm, Ne, 68402

☐ Check if contractor designed system Work Phone 796-2145

### 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 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 9-5-97 Date frwd 9-5-97 ACTION ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9-5-97 Date frwd 9-5-97 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** called 9-22-97 sealed Date rec'd 9-8-97 Date frwd 9-8-97 ACTION ☒ Approved ☐ Disapproved Signature _____

9-16-97 rvm, need fence, need to be sealed by PE
9-26-97 rvm sealed. 10-31-97 fence up

## Installation Final Written Approval

By Ron Magnuson

Date 10-31-97

***Business Office Use Only***

Date Rec'd 9/05/97

Amt Paid 150 cc

Rec'd By LS ~~Cash~~/Check No. 1009

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

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 No ; Range 5 east ; Section & ¼ Section NW Cor. NW 1/4
Property Dimensions: 661.69 ft. x 653.84 ft. Area: 9.92 acres. (Attach Sheet C with sketch of property).

Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .

Dates of Tests: 8-2-97 to 8-3-97 . Weather: Precip. 0 Temp. 70 to 95°

OWNER: Charles D. Wilcox

Address: 341 Hudkins Rd, Malcolm Ne 68402

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 | 32 | 8-2 | 6:00 PM | 8-3 | 3:30 PM | 8-3 | 6:00 | 16" | 6:30 | 18" | 30 | 2 | 15 |
| 2 | 33 | " | " | " | " | 8-3 | " | 15" | " | 16 1/2 | " | 1 1/2 | 20 |
| 3 | 30 | " | " | " | " | 8-3 | " | 15 1/8 | " | 17 | " | 1 7/8 | 16 |
| 4 | 35 | " | " | " | " | 8-3 | " | 21 | " | 21 1/2 | " | 1/2 | 60 |
| 5 | 34 | " | " | " | " | 8-3 | " | 17 7/8 | " | 18 1/8 | " | 1/4" | 120 * |
| 6 | 36 | " | " | " | " | 8-3 | " | 12 1/4 | " | 12 1/2 | " | 1/4" | 120 * |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | Lagoon will be sealed by Contractor or Owner Owner Charles D Wilcox | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Sum of Percolation Rates: 351
Average of Rates: 58.5
Mean of Rates: 120 *

Charles D Wilcox
Signature of Person Conducting Test

Address 341 Hudkins Rd Malcolm Phone 402/796-2238

* > 20 min/in DIFFERENCE

(Do not write below this line)

REVIEWING ACTION

Remarks: LAGOON MUST BE SEALED. NOT ACCEPTABLE FOR ABSORPTION SYSTEM

Soil Type (SCS): Clay

Date: 9-5-97

Approved Percolation Rate (a)
A. _____ min./inch
B. N/A min./inch
C. _____ min./inch

John C Miller
Signature of Reviewing Official

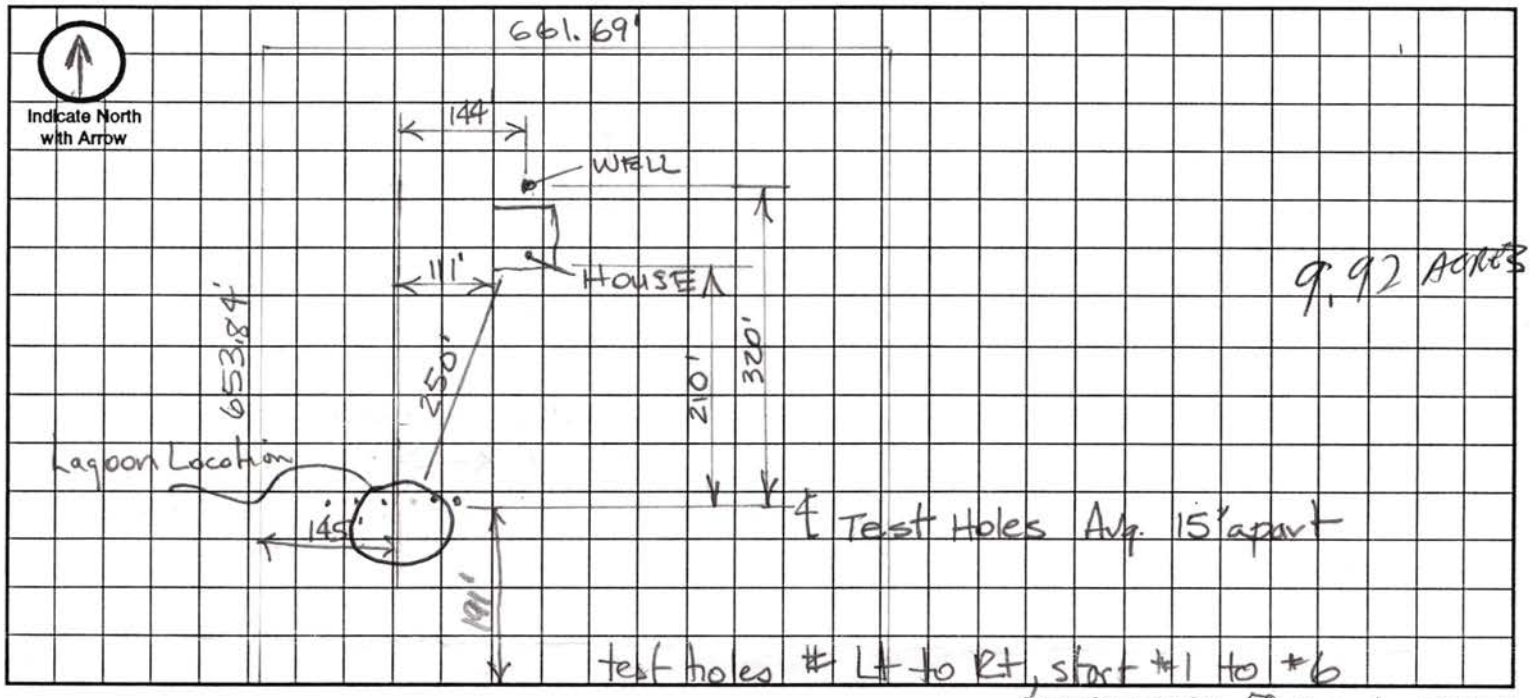
**Lincoln-Lancaster County Health Department**
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

**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: 50 ft. = 1 grid line/s

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

Address (no rural route) 9700 NW 96th City Malcolm NE, Zip 68402

## B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☒ Other Lagoon

## 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 Vander Kolk Const. - Home Date 9-5-97 CDW

Installer Bruce Irons - Lagoon, Ernest Well/Septic - Sewer Line Date 9-5-97 CDW

**Lincoln-Lancaster County Health Department**
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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**D**

Permit Number:

# Sewage Disposal System

## As Built Plans & Specifications

Date 9/15/97

Charlie Wilcox

**System Location (Indicate correct number and street)**

Address _____ City _____ NE, Zip _____
(no rural route)

## A. Building Sewer

1. Material: SDR 26
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ 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

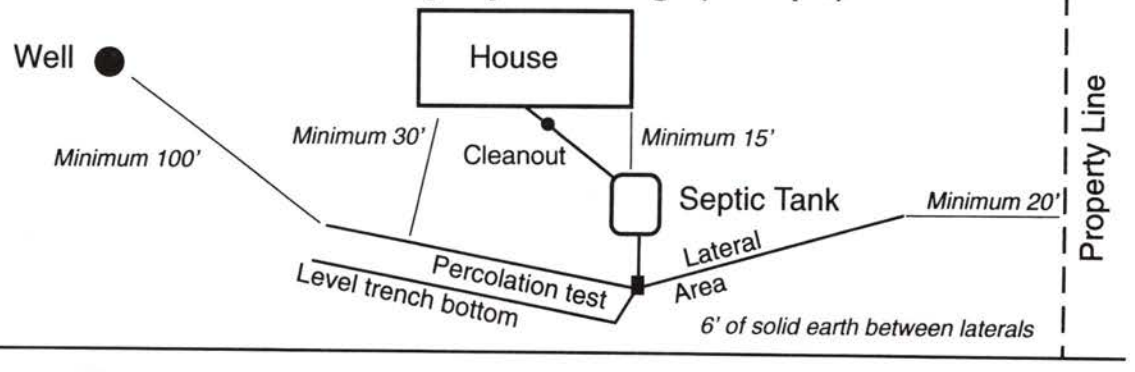
*(Provide as-built drawings on back of this form)*

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.**

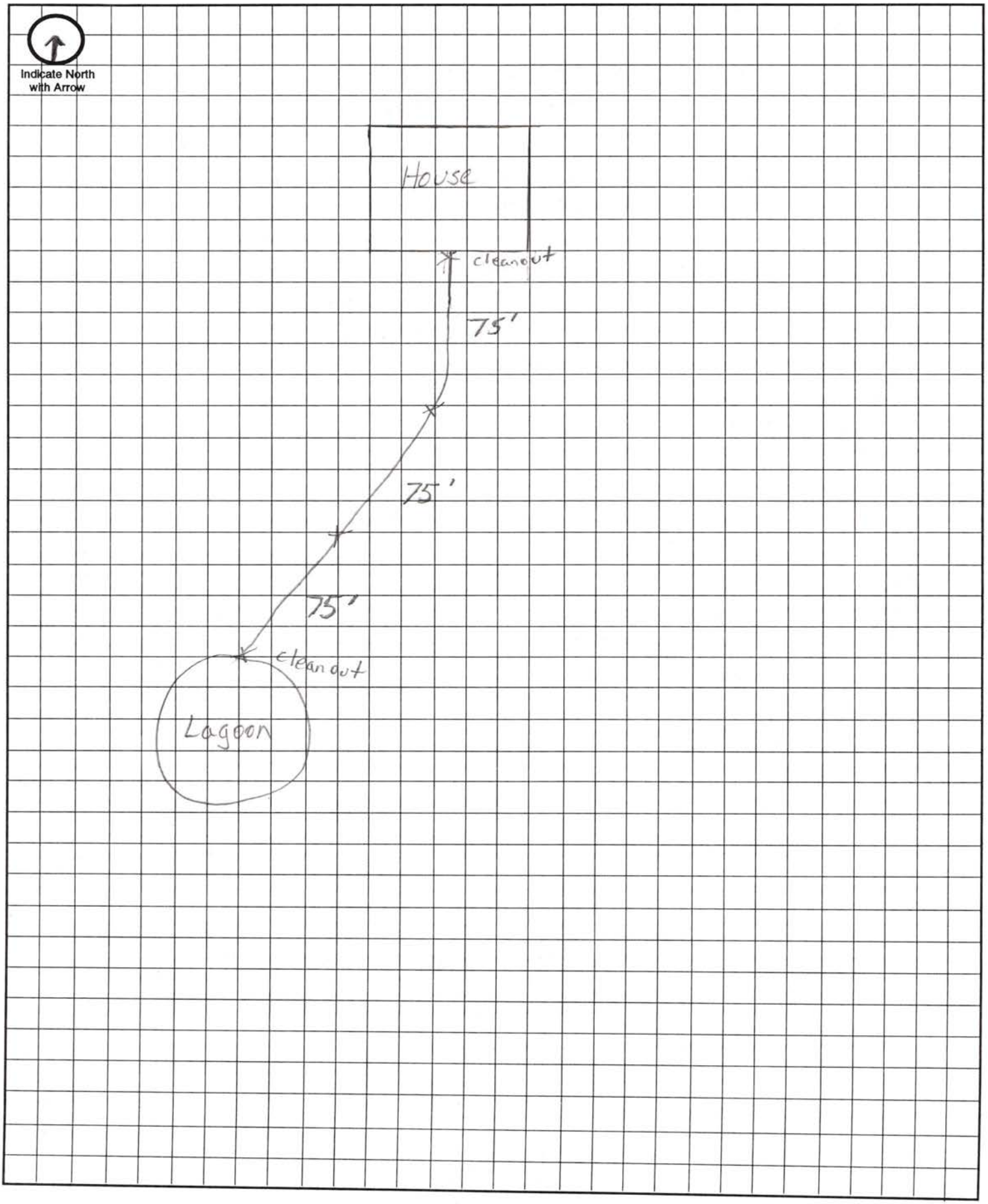
**Individual Sewage System Design (Example)**



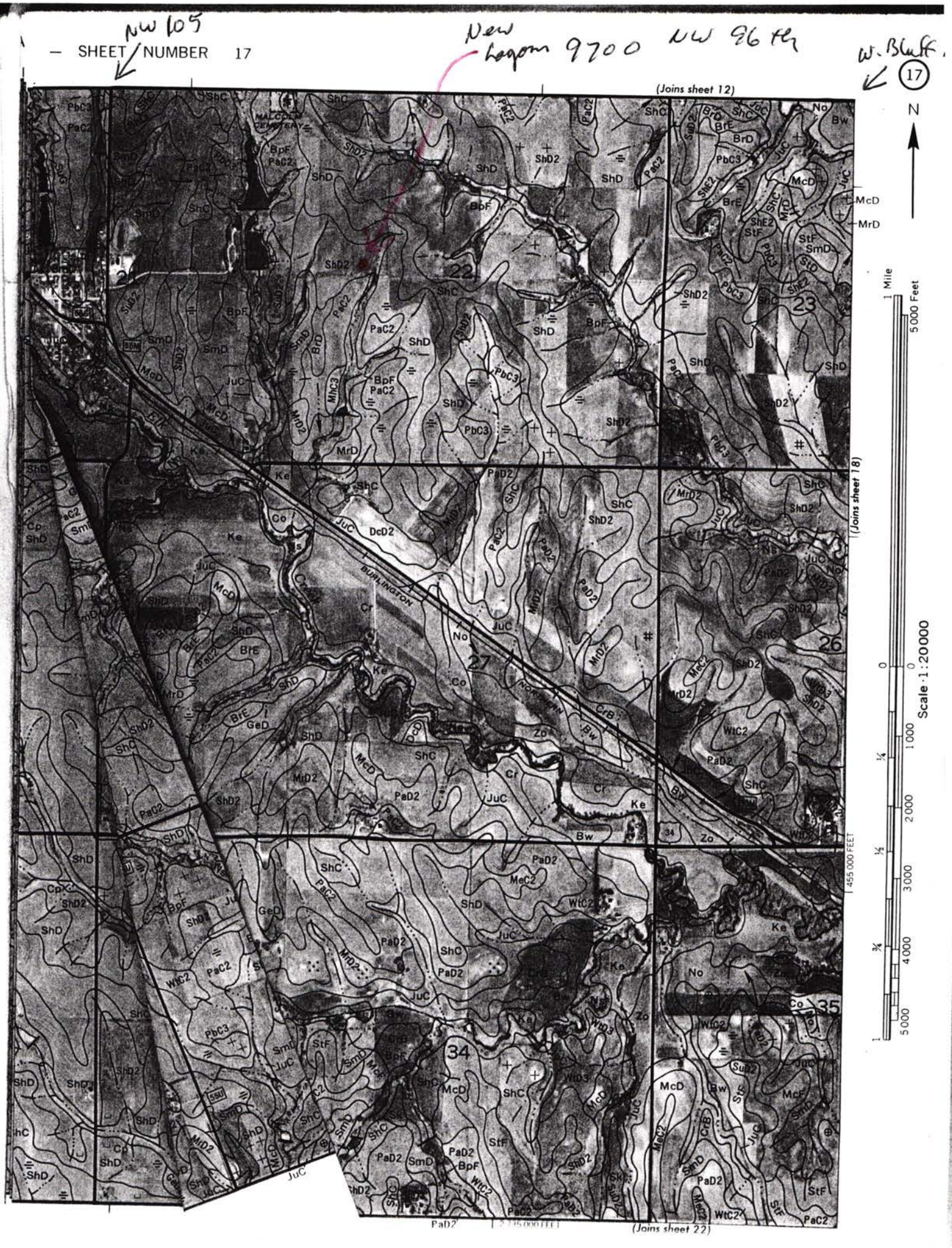

FORM 23-103 10-96

# As Built Drawing

9700 NW 96th




Approximate Scale: _____ft. = _____ grid line/s


NW 105
— SHEET / NUMBER 17
New Lagoon 9700 NW 96th Pl
W. Bluff
17
(Joins sheet 12)
(Joins sheet 18)
(Joins sheet 22)
N
MALCOLM CEMETERY
BURLINGTON
NORTHERN
Creek
22
23
26
27
34
35
1 Mile
5000 Feet
Scale 1:20000
455 000 FEET

9712180005

# Lincoln-Lancaster County Health Department

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

## REAL ESTATE TRANSFER/LOAN APPROVAL FORM

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

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

☐ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☐ Evaluation of the Individual Water System ☐ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 9700 NW 96th St

CR 3510 Twp 11N Range 5E Section 22 1/4 NW 1/4 ___ Block ___ Lot 8 Addition North Rim Estates

Directions to Property _____

Location of Well 20' North of House Tap Location: Inside ☐ Outside ☐

Location of Sewage System 225 South Year Installed 1997-Aug.

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| CR 24941 Present Owner: | Charles D. Wiley | 9700 NW 96th St. Malcolm Ne. 68402 | 402/796-2238 |
| Tenant/Buyer: | | | |
| Return to: | Columbus Federal c/o Ron Svoboda | 770 N. Cotner Blvd. Suit 125 Lincoln Ne 68505 | 402-464-4444 fax 402-464-3865 |

Signature of Applicant Charles D Wiley Address 9700 NW 96th St. Malcolm Ne. 68402 Date 12/11/97

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**HEALTH DEPARTMENT USE ONLY**

Date Received 12/11/97 JD Received $150.00 Check ☒ # 1059 Cash ☐

**PRELIMINARY STATUS--By** [redacted] **DATE:** 12/12/97

| **WATER SYSTEM:** | Approved | Disapproved | **SEWAGE SYSTEM** | **Additional Site Visits** |
|---|---|---|---|---|
| Construction | ☒ | ☐ | Approved ☒ | Date ___/___/___ by ___ |
| Bacteria | ☒ 0 /ml | ☐ ___ /ml | Provisional ☐ | Date ___/___/___ by ___ |
| Nitrate | ☒ <0.1 ppm | ☐ ___ ppm | Disapproved ☐ | Date ___/___/___ by ___ |

**Comments:** _____

See Attached Letter ☐

**FINAL STATUS**

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

Approved by Ron Maynard, RS Date 12/18/97

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.