# Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

GREGG LARSON
T11N R5E SEC 22 QTR NW
NORTH RIM ESTATES LOT 4
10100 NW 96 ST-MALCOLM

Permitee

GREGG LARSON
9300 W FLETCHER AVE
MALCOLM NE 68402

Permit # 99380204801

Issued 07/30/99
Expires 01/30/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010812

JUL 2 9 1999

A

Permit Number:

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

# 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 10100 NW 96th (no rural route) City Malcolm NE, Zip NE 68402

Legal Description NW 1/4 22 1/4 Section 11 N Township 5E Range Lot 4 Northrim Estates 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 Gregg & Julie Larson Signature Julie Larson

Address 9300 W. Hetcher City/State/Zip Malcolm NE 68402

☐ Check if owner designed system Home Phone 796-9587 Work Phone 327-5734

### C. Contractor - for Lagoon

Name Gary Larson Company Name _____

Address 3801 NW 53rd City/State/Zip Lincoln NE 68402

☐ Check if contractor designed system Work Phone 432-3147

### 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 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 7-29-99 Date frwd 7-30-99 **ACTION** ☒ Approved ☐ Disapproved Signature Paul Dyer
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6-22-99 Date frwd 6-22-99 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 7-30-99 Date frwd " **ACTION** ☒ Approved ☐ Disapproved Signature _____

11-12-99. rm need to seal off ground on trough need fence + drawing OK

## Installation Final Written Approval

By Ron Mayfield

Date 12-6-99

***Business Office Use Only***

Date Rec'd 07/30/99

Amt Paid 150

Rec'd By _____ ~~Cash~~/Check No. 3625

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

JUL 29 1999

B

Permit Number:

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

# Sewage Disposal System

## Soil Absorption Test Data Report
## Annex to Application

Lagoon

PLEASE PRINT OR TYPE

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

Address 10100 N.W. 96th (no rural route) City Malcolm NE, Zip NE 68402

Owner Greg & Julie Larson Address 9300 W. Hetchler Malcolm NE 68402

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

Date of Tests 9-28-97 to 9-29-97 Weather: Precipitation 0 Temperature 70

## 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 | | | | |
| 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 | 36 | 9-28 | 11:00A | 9-29 | 5:30A | 9-29 | 5:30A | 6 | 9-29 | 600A | 30 | 1/4 | 120 |
| 2 | 36 | 9-28 | 11:00A | 9-29 | 5:30A | 9-29 | 530A | 6 | 9-29 | 600A | 30 | 1/4 | 120 |
| 3 | 36 | 9-28 | 11:00A | 9-29 | 5:30A | 9-29 | 530A | 6 | 9-29 | 600A | 30 | 1/8 | 240 |
| 4 | 36 | 9-28 | 11:00A | 9-29 | 530A | 9-29 | 530A | 6 | 9-29 | 600A | 30 | 1/8 | 240 |
| 5 | 36 | 9-28 | 11:00A | 9-29 | 530A | 9-29 | 530A | 6 | 9-29 | 600A | 30 | 1/8 | 240 |
| 6 | 36 | 9-28 | 11:00A | 9-29 | 530A | 9-29 | 530A | 6 | 9-29 | 600A | 30 | 1/4 | 120 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Sum of Percolation Rates: 1080
Average of Rates: 180
Rate Used for Calculation: N/A

**Person Conducting Percolation Tests**

Name: Brian Shafer
Phone: 464-0638
Address 2700 Dan Ave.

DO NOT WRITE BELOW THIS LINE

**Reviewing Action**

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 22-101 10-96

JUL 2 9 1999

C

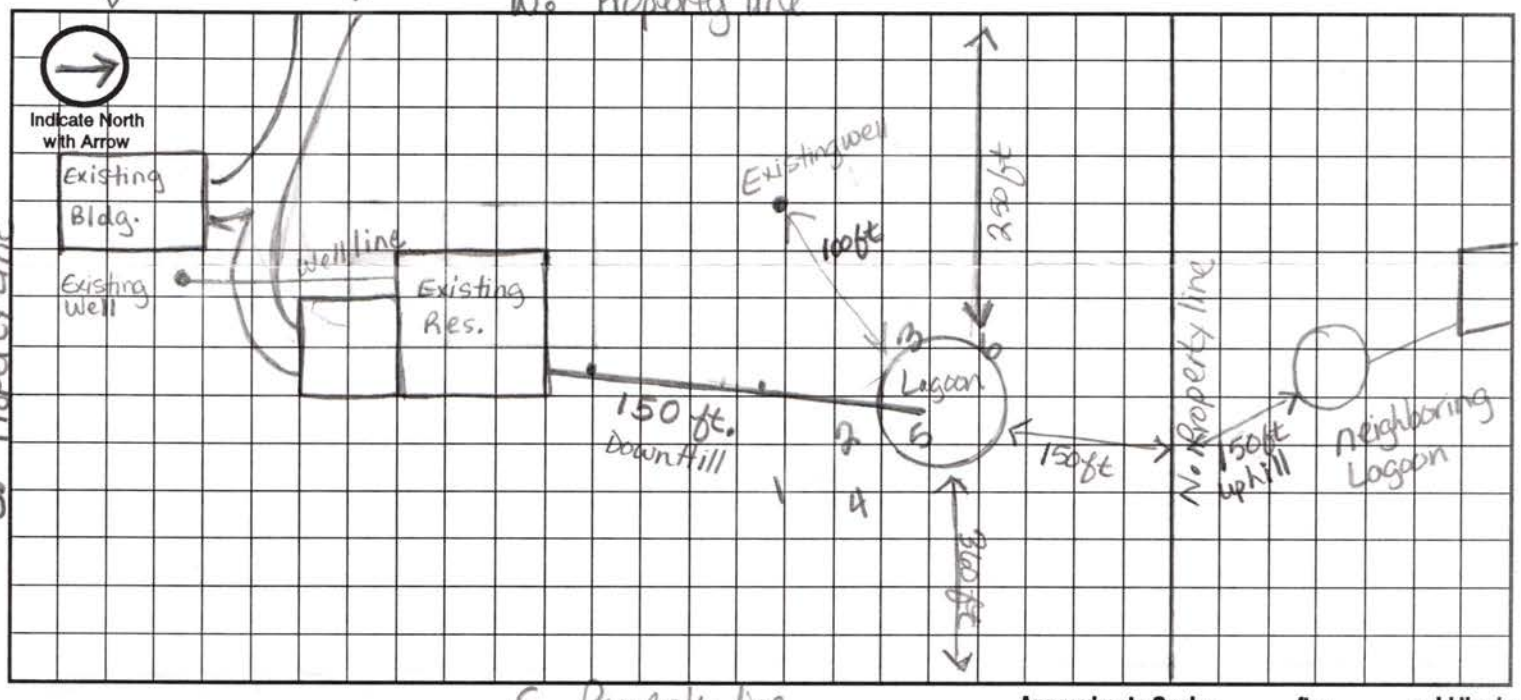
**Lincoln-Lancaster County Health Department**
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: _____ ft. = _____ grid line/s

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

Address (no rural route) 10100 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 180 (min. per inch) Soil Type: Clay brown Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☑ Other Lagoon

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 _____ Date _____

Installer _____ Date _____

FORM 23-102 10-96

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

D

Permit Number: 9938020480 1

# Sewage Disposal System

## As Built Plans & Specifications

Date 12-6-99

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

Address 10100 NW 96th (no rural route) City Malcolm NE, Zip 68402

### A. Building Sewer

1. Material: Sch 40
   Diameter: _____ 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

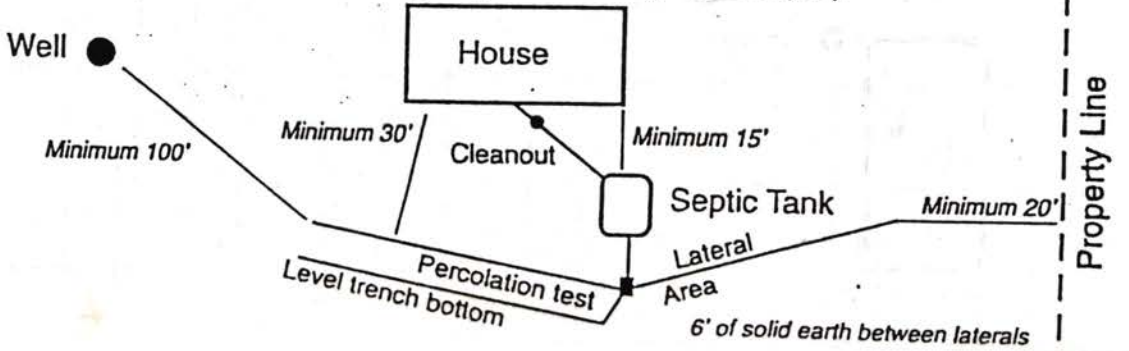
*(Provide as-built drawings on back of this form)*

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.**

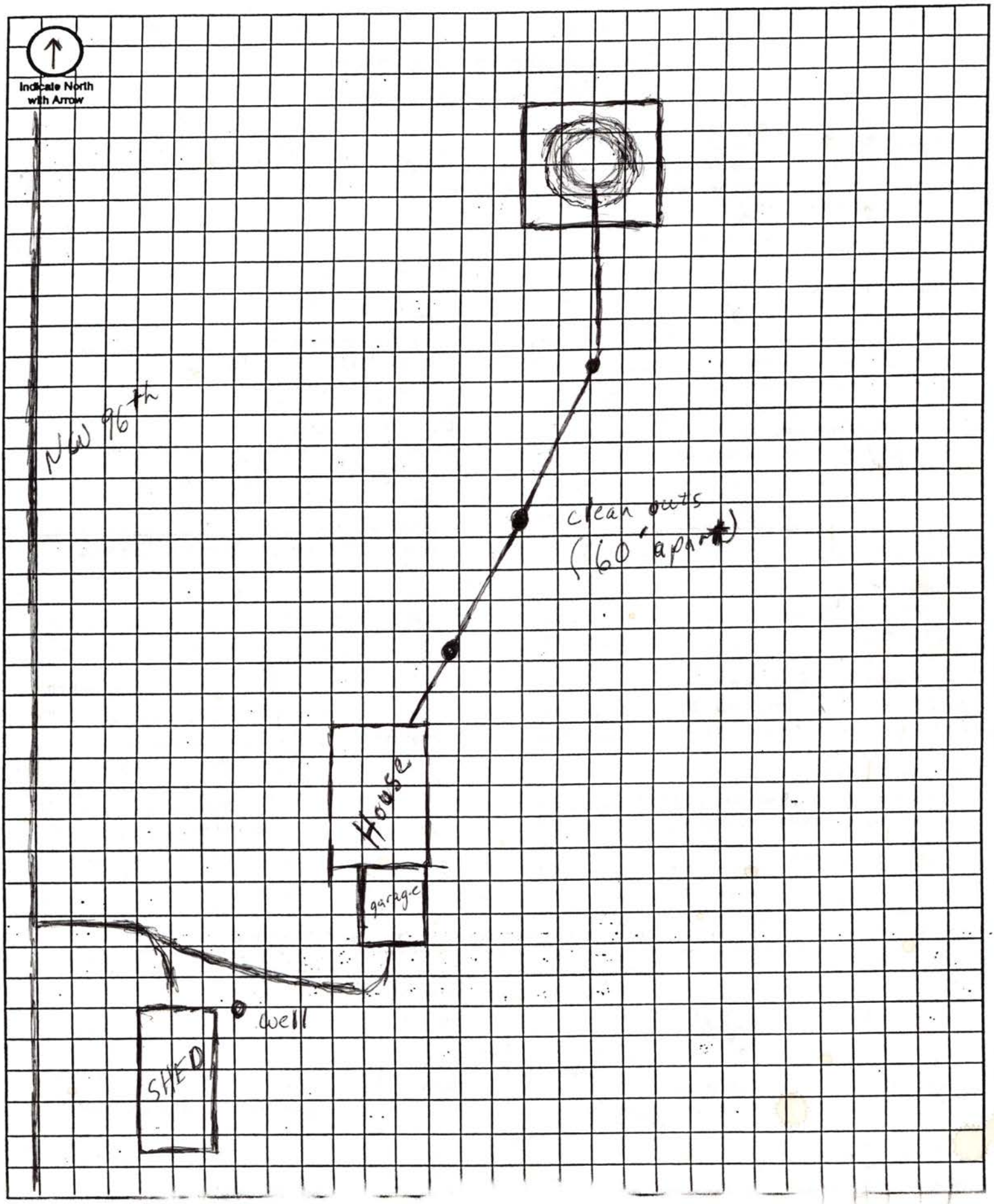
**Individual Sewage System Design (Example)**

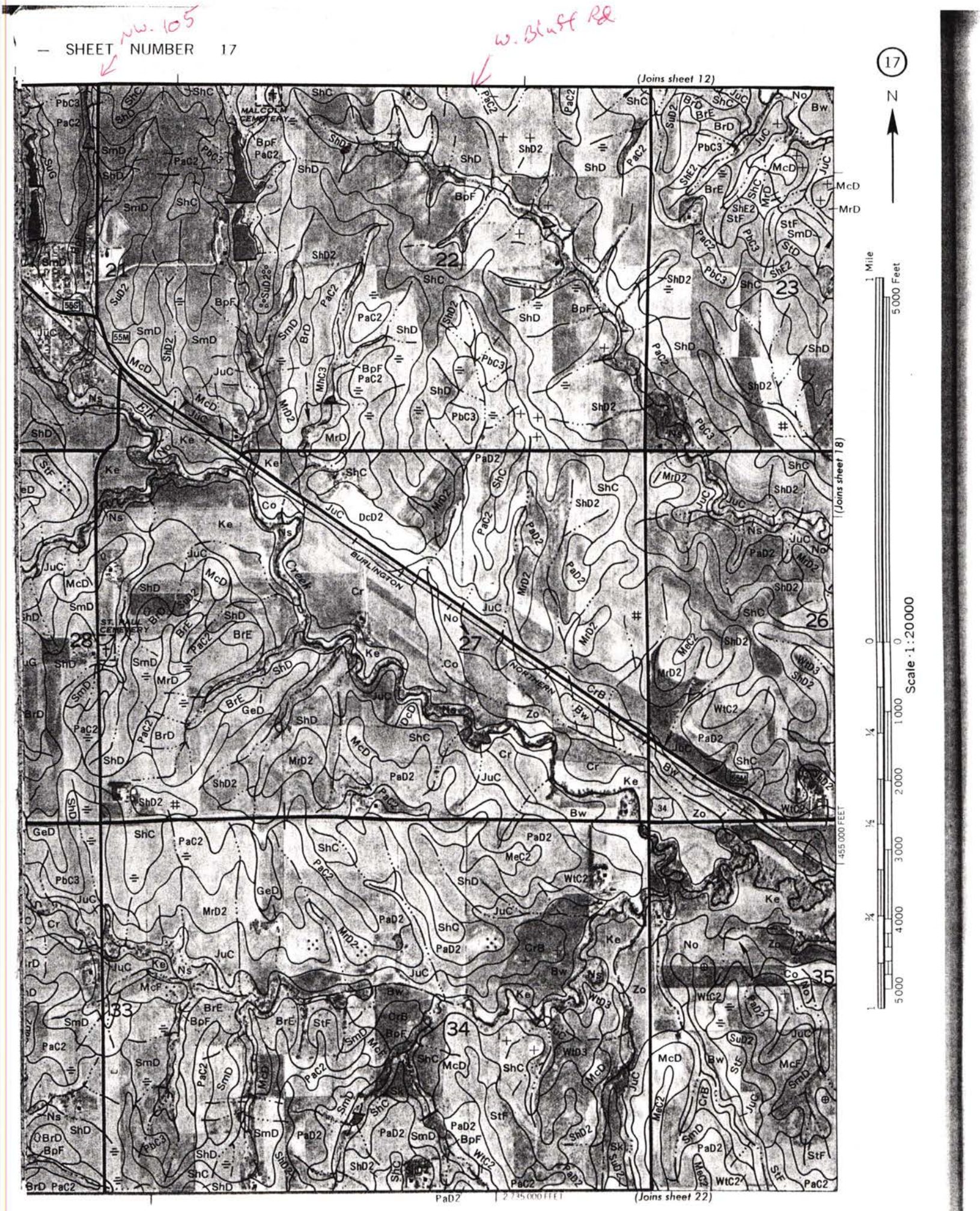



FORM 23-103 10-96

10' per □

# As Built Drawing




— SHEET NUMBER 17
NW. 105
W. Bluff Rd
(Joins sheet 12)
(Joins sheet 18)
(Joins sheet 22)
17
N
1 Mile
5 000 Feet
Scale · 1 : 20000
1 455 000 FEET
2 745 000 FEET
MALCOLM CEMETERY
ST. PAUL CEMETERY
BURLINGTON
NORTHERN
Creek
Elk
21
22
23
26
27
28
33
34
35