# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

## PERMIT

No. 98380189001

Permit
SEWAGE INSTALLATION
LAGOON

Issued 11/12/98
Expires 05/12/99
Revenue Code 3157

FEES: $150.00

PAID

Establishment
KELLY & PAM STECKELBERG
T11N R5E SEC 22 QTR NW
NW 1/4 OF NW 1/4 LOT 3
10155 NW 96 ST--MALCOLM

TOTAL $150.00

Permittee
KELLY & PAM STECKELBERG
2320 W PEACH CT
LINCOLN NE 68522-1422

Issued By Health Director
Lincoln-Lancaster County Health Department

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

008284

NOV 1 0 1998

**A**

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

Permit Number: 98380189G

# 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 10155 N. W. 96th (no rural route) City Malcolm NE, Zip NE 68402

Legal Description SW Northwest Corner of the 22 11 North 5 east Lancaster County, Nebraska 3
1/4 (Northwest Quarter of) 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 Kelly & Pam Steckelberg Signature Pam A. Steckelberg

Address 2320 W. Peach Crt City/State/Zip Lincoln NE 68523

☐ Check if owner designed system Home Phone 477-6146 Work Phone 436-1124 (Pam) 730-7275 (Kelly)

### C. Contractor

Name Owners (Kelly & Pam Steckelberg) 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 _____ Firm _____ Work Phone _____

### 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 10/19/98<br>Date frwd 11/17/98 | **ACTION** ☒ Approved ☐ Disapproved<br>Signature Jerrold C. Hood | |
| 2. **Supt. Bldg. Insp. or Village Clerk** | Date rec'd 10-20-98<br>Date frwd 11-7-98 | **ACTION** ☒ Approved ☐ Disapproved<br>Signature [illegible] | |
| 3. **City or County Engineer** | Date rec'd 11/17/98<br>Date frwd _____ | **ACTION** ☒ Approved ☐ Disapproved<br>Signature [illegible] | |

## Installation Final Written Approval

By [illegible]

Date 4-14-00

***Business Office Use Only***

Date Rec'd 10/20/98
Amt Paid 150 ck
Rec'd By _____ ~~Cash~~/Check No. 5744

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: 98 3801890

# Sewage Disposal System

## Soil Absorption Test Data Report

## Annex to Application

PLEASE PRINT OR TYPE

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

Address 10155 N.W 96th (no rural route) City Malcolm NE, Zip 68402

Owner Kelly & Pam Steckelberg Address 2320 W. Peach Cct Lincoln Ne 68522

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

Date of Tests 10-9-98 to 10-10-98 Weather: Precipitation 0 Temperature 60

### 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 | 36 | 10-9 | 7P | 10-10 | 11P | 10-10 | 11P | 6 | 10-10 | 1130 | 30 | 1/8 | |
| 2 | 36 | 10-9 | 7P | 10-10 | 11P | 10-10 | 11P | 6 | 10-10 | 1130 | 30 | 1/4 | |
| 3 | 36 | 10-9 | 7P | 10-10 | 11P | 10-10 | 11P | 6 | 10-10 | 1130 | 30 | 1/8 | |
| 4 | 36 | 10-9 | 7P | 10-10 | 11P | 10-10 | 11P | 6 | 10-10 | 1130 | 30 | 1/8 | |
| 5 | 36 | 10-9 | 7P | 10-10 | 11P | 10-10 | 11P | 6 | 10-10 | 1130 | 30 | 1/4 | |
| 6 | 36 | 10-9 | 7P | 10-10 | 11P | 10-10 | 11P | 6 | 10-10 | 1130 | 30 | 1/8 | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

### Person Conducting Percolation Tests

Name: Brian Shafer

Phone: 464-0638

Address 2706 Dan Ave.

DO NOT WRITE BELOW THIS LINE

### Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 22-101 10-96

TOTAL P.02

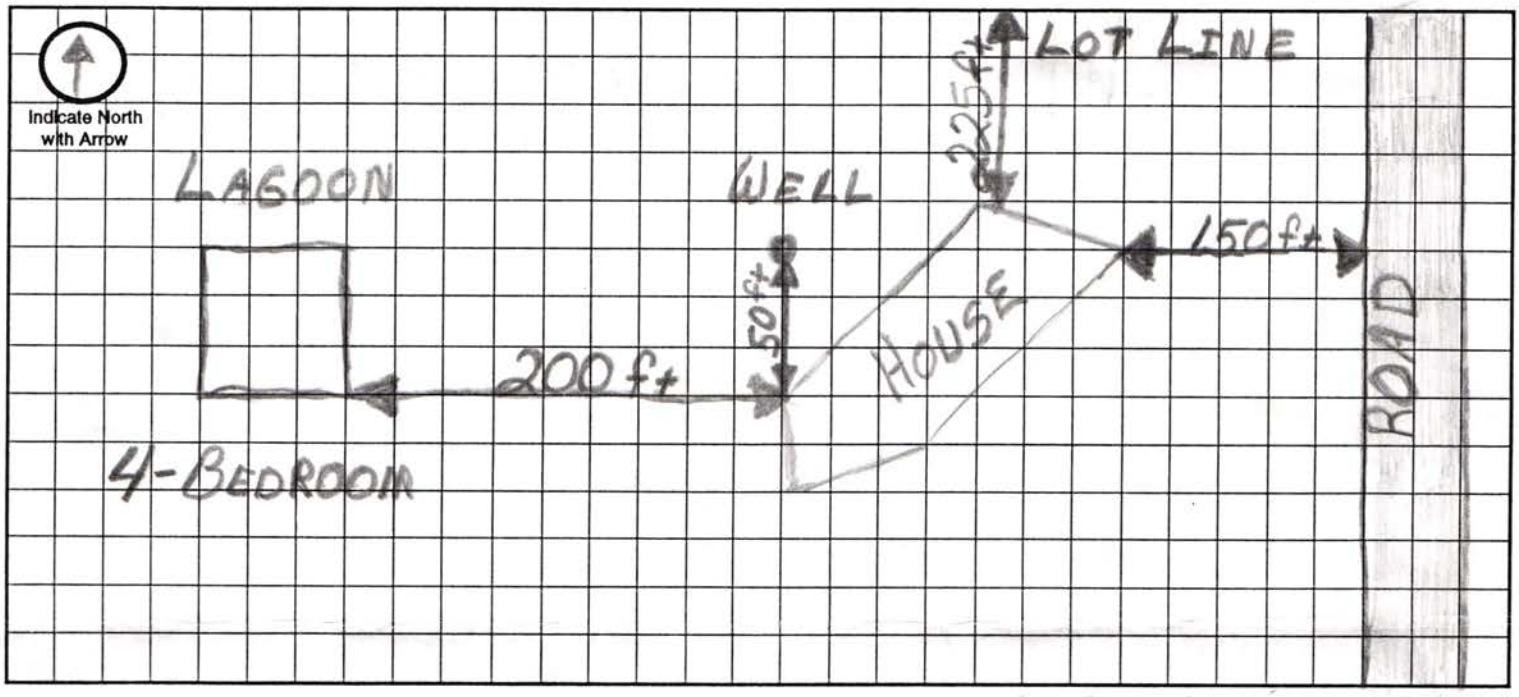
**Lincoln-Lancaster County Health Department**
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

**C**

Permit Number: 98380189O

# 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) _____ City _____ NE, Zip _____

## B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☒ Other Lagoon Must be sealed.

## 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 Kelly L. Stekkelberg Date 10-18-98

Installer _____ Date 10-16-98

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: 98380189D

# Sewage Disposal System

## As Built Plans & Specifications

Date 6/11/99 Kelly Steckelberg North Rim Estates

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

Address 10155 NW 96th (no rural route) City Malcolm NE, Zip 68402

## A. Building Sewer

1. Material: Plastic 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

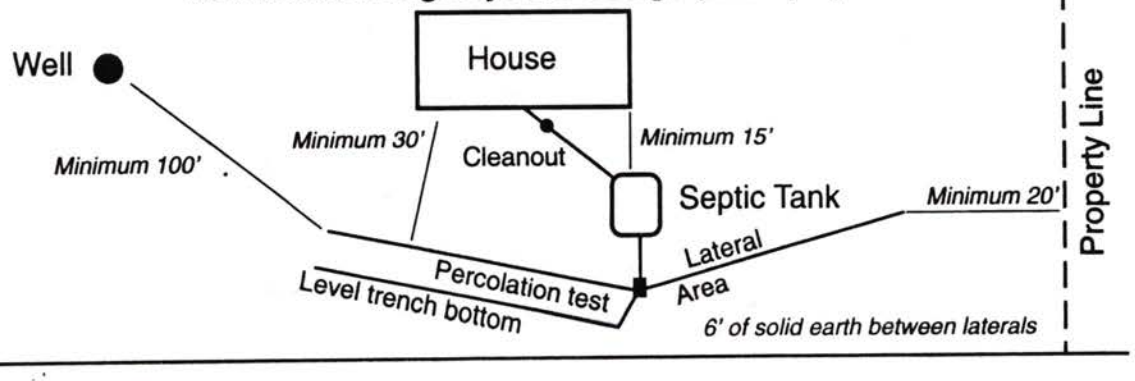
*(Provide as-built drawings on back of this form)*

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.

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

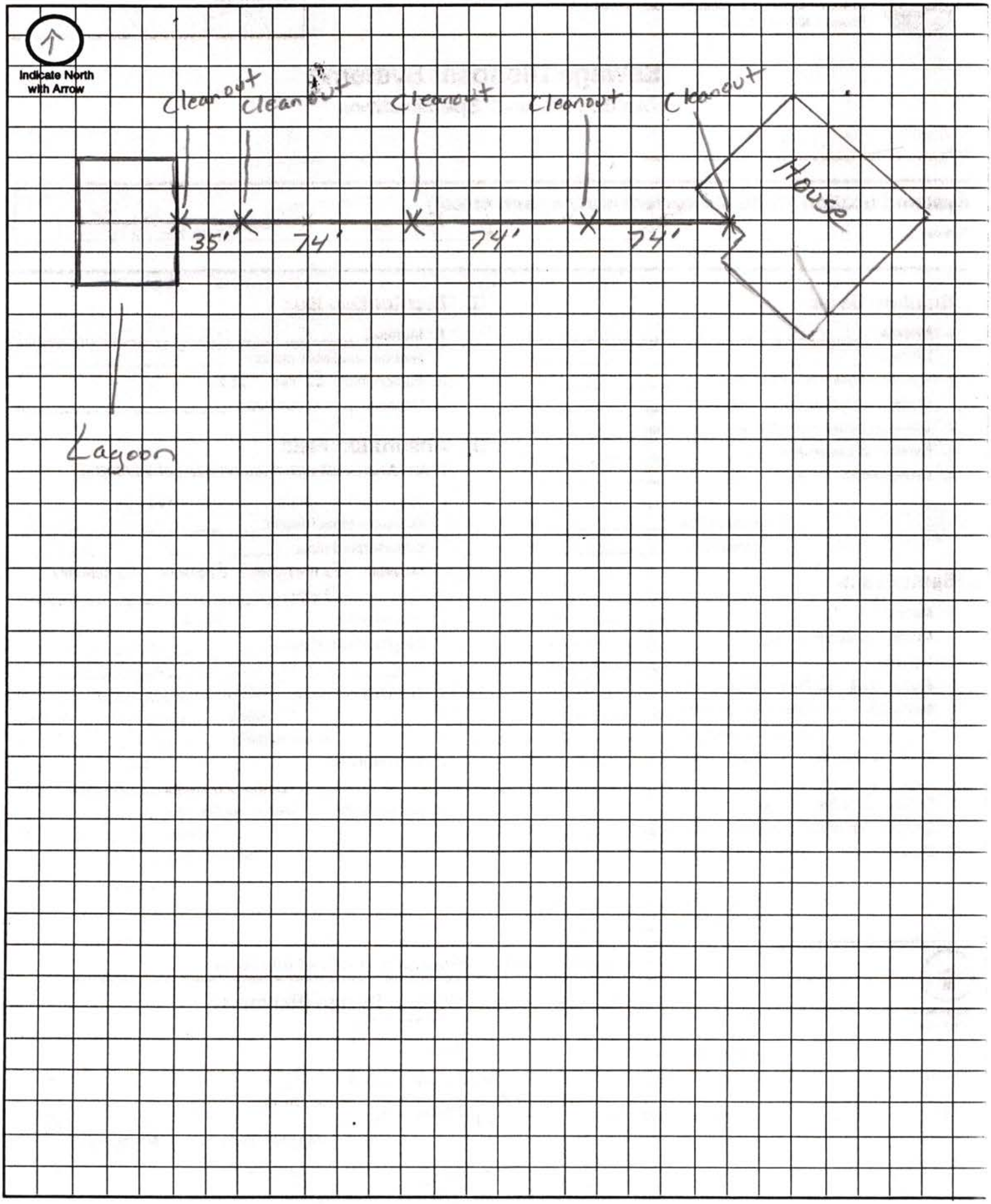
Indicate North with Arrow

**Individual Sewage System Design (Example)**




FORM 23-103 10-96

# As Built Drawing




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

— SHEET NUMBER 17

9

11-5-22

New lagoon

