LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1110-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

January 18, 1978 — THIS PERMIT EXPIRES

Dale R. Walkinshaw — ISSUED TO

Rural Route 1, Malcolm, NE — ADDRESS

T11N, R5E, Section 20, Lot 10, Addition Barbara Heights — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH — ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

FORM HD-40(73) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐

County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1110-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 7-10-77

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

1. Legal description of property: Twp. 11N ; Range 5 East ; Section 20
   Block ____ ; Lot 10 ; Addition Barbara Heights
   Street Address ____

2. Property Use: Residential ✓ ☐ ; Commercial ____ ☐
   No. of Bedrooms 2 . Describe: ____
   Other Use ____ ☐
   Describe: ____

3. Type of Individual Sewage Disposal System: Septic Tank ☑ ; Other ☐

4. Distance to public sewer: 3,000 ft.

Dale R. Walkinshaw
Signature of Applicant (Owner or Lessee)

R.R. I Malcolm, Neb.
Address

796-2482

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 7/15/77 . Date Frwd. 7/18/77 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. ____ . Date Frwd. ____ . ACTION: Approved ☐ Disapproved ☐ Signature: ____

3. City or County Engineer: Date Rec'd. 7/18/77 . Date Frwd. 7/18/77 . ACTION: Approved ☐ Disapproved ☑ Signature: Dana D. Maddox
   CHAIRMAN - BOARD OF TRUSTEES MALCOLM, NEBR.

REMARKS ~~OR REASONS FOR DISAPPROVAL~~ In Malcolm Jurisdiction

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

Henry Graff

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1110-C

DATE: 7-10-77

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 11N ; Range 5 East ; Section 20 ; Block ; Lot 10 ; Addition Barbara Heights.
Street Address NW 12.

2. Property Use: Residential ✓ ☐ ; Commercial ☐
No. of Bedrooms 2
Describe:

Other Use
Describe:

3. Type of Individual Sewage Disposal System: Septic Tank ✓ ; Other ☐

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Dale R Walkinshaw
Signature of Applicant (owner or lessee)

RR I Malcolm, Nebr.
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd;
Filing Fee: $ 30.00

2. Site Visits:
Date: 9-12-77 by: jsw
Date: by:
Date: by:

3. Date: Approved ☒ ; Disapproved ☐ 7/15/77
by: Gerald E. Hoel

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-18-77 by: James Wevecka

FORM HD-43 (73) 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
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 474-1541)

FILE NO. 1110-C

PROPERTY WHERE SOIL TESTED:
Location: Township 11N : Range 5 East
Section & ¼ Sect. _____
Property Dimensions: 300 ft. x 1004 ft.
Area: 8 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ; Silty Clay Loam ; Sandy Loam
Silty Loam ; Clay Loam ; Sandy Clay

Owner: Dale R Wilburnsen
Address: RR I Malcolm

Dates of Tests: 7-10-77 to 7-11-77. Weather: Precip Sunny Temp. 85 on 7-10-77 7-11-77 A.M, 3½ rain

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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	26"	7-10	11:30	7-10	3:30	7-11	8:00	3	4:00	3½	30	½	
2	27	7-10	12:30	7-10	4:30	7-11	3:30	2	"	2½	"	½	
3	27	7-10	1:00	7-10	5:00	7-11	"	5	"	5¾	"	¾	
4	26	7-10	1:30	7-10	5:30	7-11	"	5	"	5¾	"	¾	
5	27	7-10	2:00	7-10	6:00	7-11	"	2	"	3	"	1	
6	27	7-10	2:30	7-10	6:30	7-11	"	2	"	3	"	1	

Sum of Percolation Rates: 4.5
Average of Rates: .75 / 130 min
Mean of Rates: _____

L E Dunham
Signature of Person Conducting Test

Address 5311 Greenwood
Phone 464-0523

(Do not write below this line)

REVIEWING ACTION

REMARKS: Shelby Clay Loam (S.C.L.)

DATE: July 15, 1977

Approved Percolation Rate (a)
A. 40 min./inch
B. _____ min./inch
C. _____ min./inch

James Weverka
Signature of Reviewing Official

1:09
7-11-77 3½" Rain

1 hole. Full mud.

2 " 12" Water.

3 " Dry.

4 " 3½ Water.

5 " 10 Water.

6 " 11 Water.

2:00 7-11-77

Clean Hole

1-3.

Rest. Refilled.

2.4 5 6

all filled 1 foot.

~~3:00~~ 7-11-77

2:30

1 hole 1"

2 " 1"

3 " 2"

4 " 1½

5 " 1"

6 " 1"

3:00 7-11-77

Remarks Weather Very Humid
no sun

1 Holex
2 " 2"
3 " 1½
4 " 4½
5 " 3"
6 " 1½
7 " 1½

3:30

1 Rolo 3
2 " 2
3 " 5
4 " 5
5 " 2
6 " 2

4:00

1 Rolo

R " 3 1/2

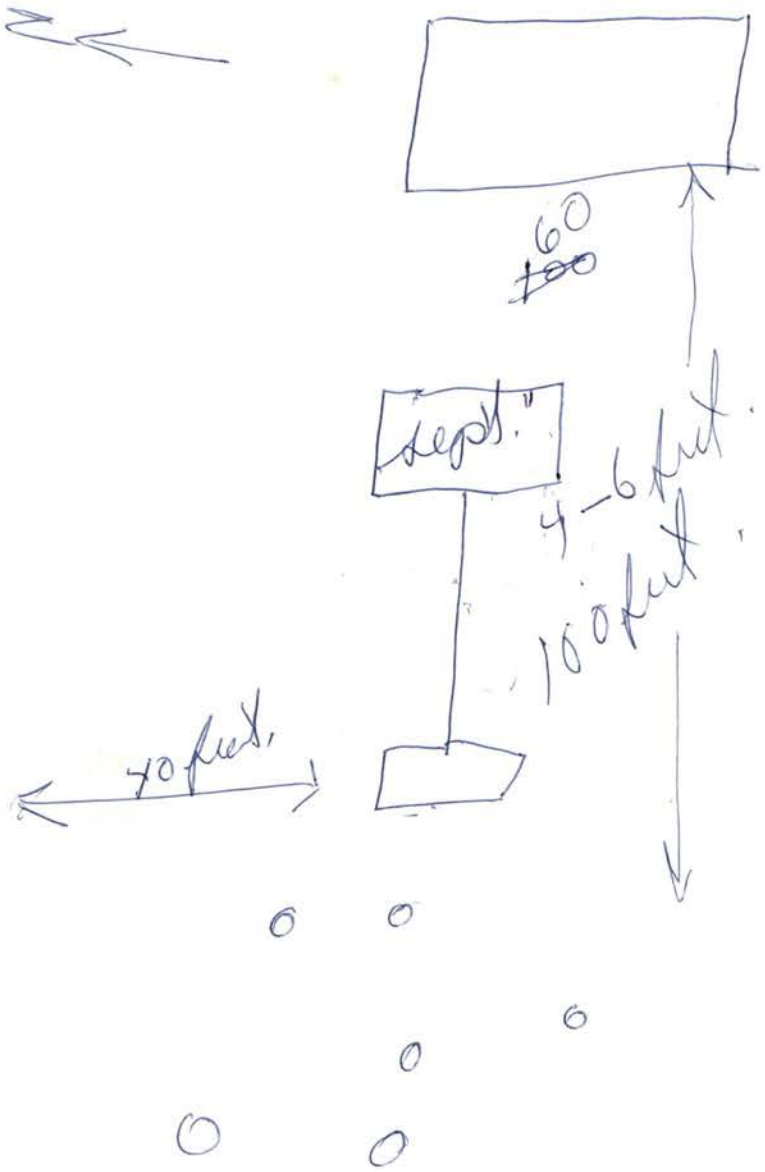
2 " 2 1/2

3 " 5 3/4

4 " 5 3/4

5 " 3

6 " 3


60
~~100~~
Dept.
4-6 feet.
100 feet.
70 feet.

FORM HD- 45(73) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM

(Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☑

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1110-C

SPECIFICATIONS

DATE: 7-10-77

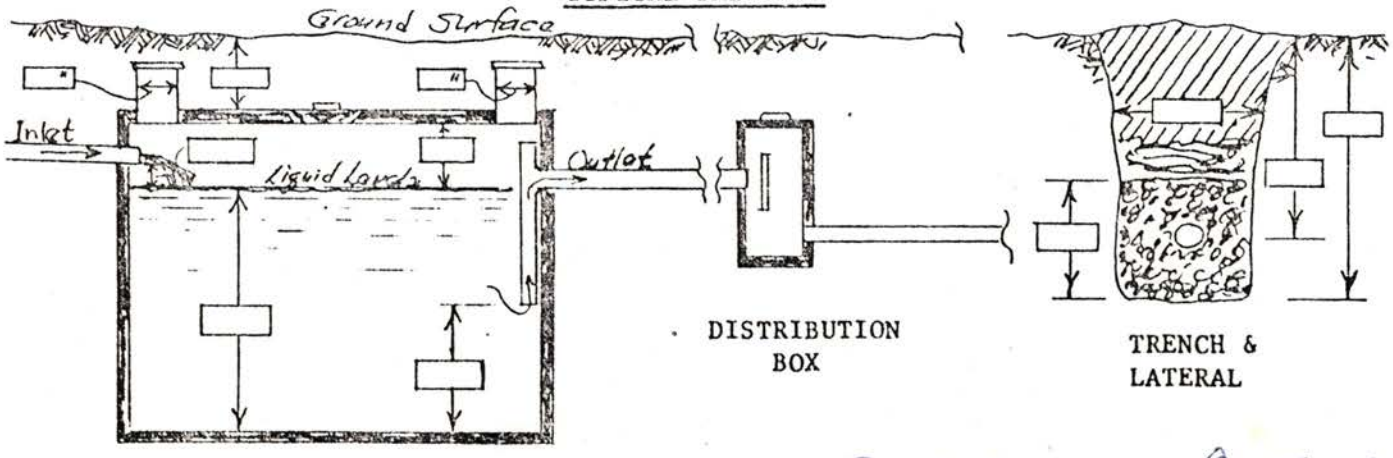
A. BUILDING SEWER:
1. Material Concrete; Diameter ____ in.
2. Distance above basement floor ____ in.; or below basement floor 12 in.
3. Distance between dwelling and septic tank 125 ft.
4. Number of clean-outs 3.
5. Distances To:
Well or Suction Line 185 ft.;
Stream ____ ft.; Pressure Line ____ ft.;
Property Line 25 ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete No. of compartments ____.
2. Capacity 1000 gals.; Liquid depth ____ in.
3. Factory Built: Yes ☑ (Company ____)
No ☐
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Below Grade ____ in.
5. Inlet: Baffle ☑; or Tee ☐
6. Outlet: Baffle ☑; or Tee ☐
Depth of outlet below inlet 6 in.
7. Depth of top of tank below finished grade 30 in.
8. Distances To:
Well or Suction Line 185 ft.;
Stream ____ ft.; Pressure Line ____ ft.;
Property Line 25 ft.

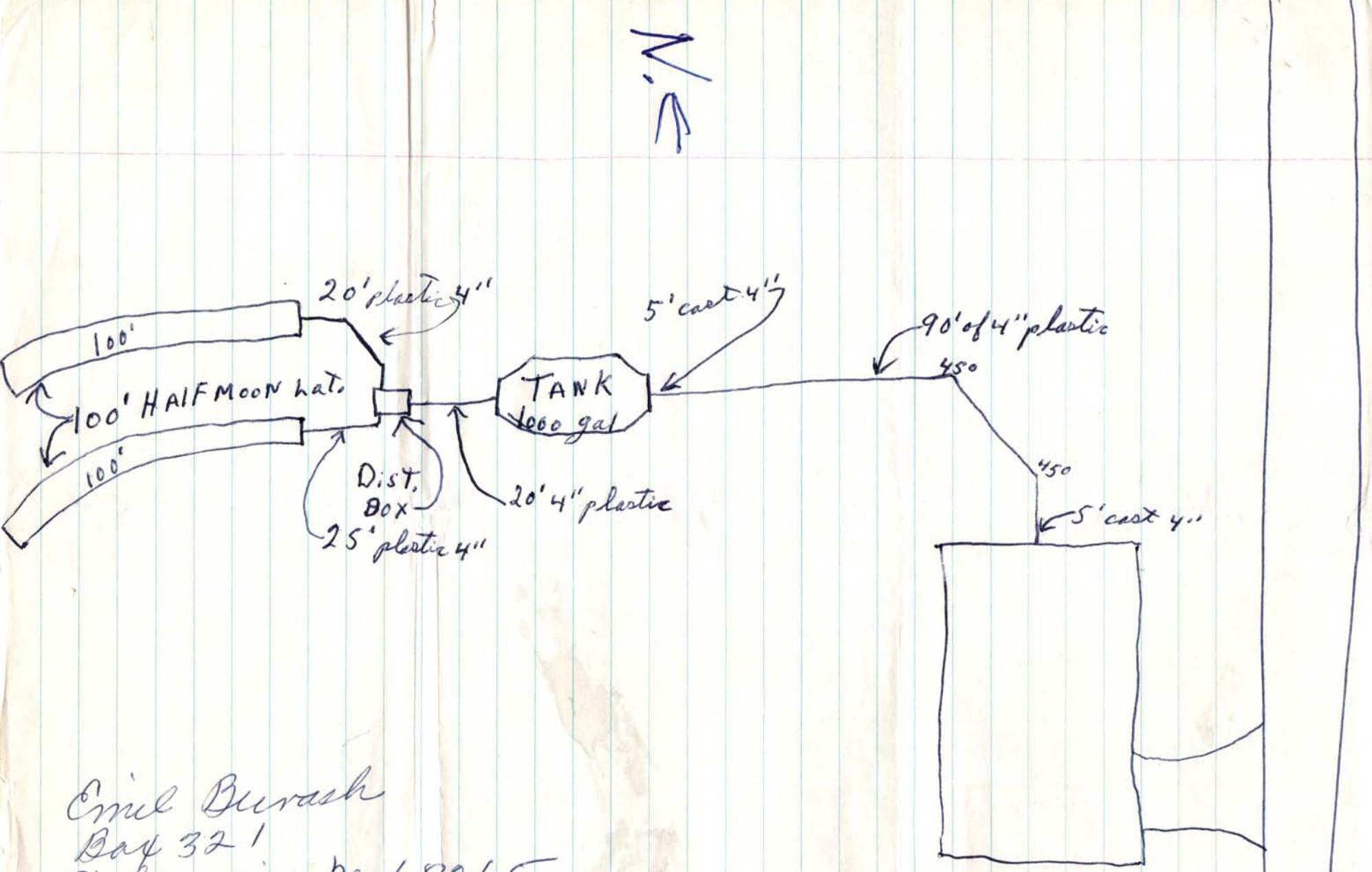
C. DISTRIBUTION BOX
1. Material Concrete; No. available outlets 4.
2. Factory Built: Yes ☑, (Company ____) No ☐
3. Dimension: Length ____ in.; Width ____ in. Depth ____ in.
4. Distance from Septic Tank 25 ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: ____
2. Lateral Lines: Depth below grade ____ in. Number ____; Length of each line ____ ft Total length of Laterals 144 ft.; 191
Slope ____ in/100 ft. Diameter of pipe ____ in.; Shape ____
Material: concrete ☐; fiber asbestos ☐; clay ☐; other ____
Distance between lateral lines ____ ft.
3. Trench Dimensions: Depth ____ in.; Width 48 in. 36
4. Filter Material: ____. Depth of material from trench bottom ____ in.
5. Distances To:
Well or Suction Line 185 ft.;
Stream ____ ft.; Pressure Line ____ ft.
Property Line 25 ft.
6. Percolation Rate: ____ minutes/inch

TYPICAL SKETCHES



Dale K Walkenhorst
Signature of Applicant



Emil Burash
Bay 321
Valparaiso, Ne. 68065

Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

011029

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR -ADD NEW DISTRIBUTION BOX
& LATERALS

Establishment

DALE WALKINSHAW
T11N R5E SEC 20 QTR SE
BARBARA HEIGHTS LOT 10
9345 NW 112 ST-MALCOLM

Permittee

DALE WALKINSHAW
9345 NW 112 ST
MALCOLM NE 68402

Permit # 07390087801

Issued 06/19/07
Expires 06/19/08
Revenue Code 3157

FEES: $160.00

TOTAL: $160.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

0739008780 1
14

Application to Alter, Extend or Repair an Individual Sewage Disposal System

☐ Municipal Code 24.38 ☐ County Resolution Number 2832

The undersigned hereby applies for a permit to: ☐ **ALTER** ☒ **EXTEND** ☐ **REPAIR** an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

LCR 5991

1. **Legal description of property:**
   Township 11 Range 5 Section 20 1/4 Section SE
   Block _____ Lot 10 Addition Barbara Heights
   Parcel ID 05 - 20 - 460 - 009 - 000 (i.e. 99-99-999-999-999)
   Street Address 9345 NW 112th St Malcolm, NE 68402

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe _____

3. **Type of Present Individual Disposal System** ☒ septic tank ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** add new distribution box and laterals

5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Jakubek, Raymond Contracting, Inc

6. **Estimated project:**
   a. Repair, replace or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A "construction permit" is required if the use, operation, location, or type of the system is being change.

Print Name Dale Walkinshaw Address 9345 NW 112th St Malcolm, NE 68402 Phone 402-796-2476
Applicant Signature (owner or lessee) Dale Walkinshaw

Please include the permit fee ($~~100~~ 160) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

---

HEALTH DEPARTMENT USE ONLY

Date received 6/19/07 REVIEW: ☑ Approved ☐ Disapproved By: _____

Site visits
Date ___/___/___ By _____
Date ___/___/___ By _____
Date ___/___/___ By _____

Installation final written approval
Date 07/02/07 By _____

Return application to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Business Office Use Only
Received: Date: 06/19/07 Amount 160 Check No. 6453 Initials _____

White - Division Copy Pink - Business Office Revised 9/00

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 9345 NW 112th St (no rural route) City Malcolm NE, Zip 68402

Owner Dale Walkinshaw Addresss ↑ same

Soil Type (SCS): Shelby Clay Loam Percolation Rate: 23 min./inch

Date of Tests 6-11-07 to 6-12-07 Weather: Precipitation 0 Temperature 76°

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	23	6-11	8:00a	6-11	12:00p	6-12	8:00a	6	6-12	12:00p	30	7/8	34
2	21	"	"	"	"	"	"	"	"	"	"	1 1/8	27
3	23	"	"	"	"	"	"	"	"	"	"	1 11/16	18
4	21	"	"	"	"	"	"	"	"	"	"	2 1/16	15
5	24	"	"	"	"	"	"	"	"	"	"	1 5/16	23
6	24	"	"	"	"	"	"	"	"	"	"	1 9/16	19

Person Conducting Percolation Tests

Name: Terri Jakoubek, Raymond Contracting, Inc

Phone: 402-783-2663 or 402-890-3870

Address 13800 NW 70th St

Raymond, NE 68428 # C1197

Sum of Percolation Rates: 136

Average of Rates: 22.66

Rate Used for Calculation: 23

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

JUN 27 2007

D

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Add Laterals 6/25/07

Date 6-25-07

System Location (Indicate correct number and street)

Address 9345 NW 112th St (no rural route) City Malcolm NE, Zip 68402

A. Building Sewer

1. Material: _____
   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: concrete
   Number of compartments: one
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   middle ~~Over outlet~~, diameter 24" in.
   Riser: ☐ above ☐ below grade At grade in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 42" in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: New Plastic
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 6' ft.

D. Absorption Field

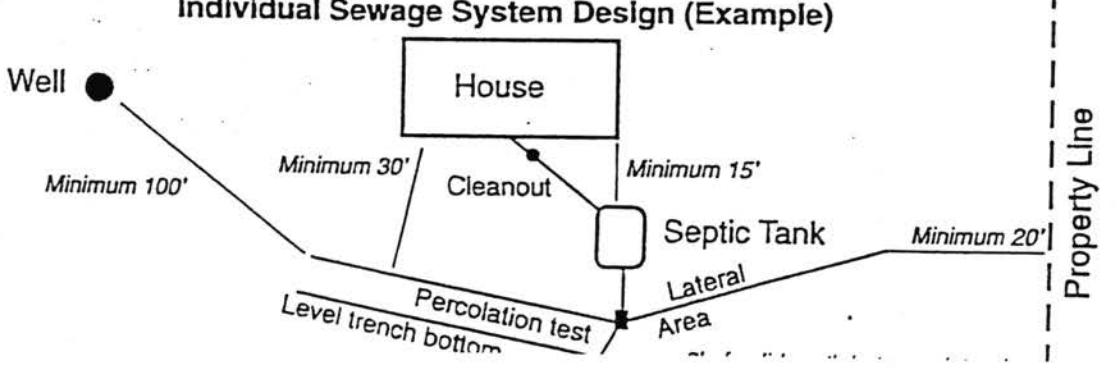
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 34" wide - 12" Tall
   or perforated pipe: _____
   Material: ☒ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2-
   Length of each line: 100' ft. 100' ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 48" ft.
   Slope FLAT in/100 ft.
   Average depth 39" - 66" in
4. Filter material: Dirt.
   Depth of material 39" - 66" in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ 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

