# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1095-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

December 30, 1977 — THIS PERMIT EXPIRES

Norman W Anderson — ISSUED TO

Route 1, Box 3, Malcolm, NE — ADDRESS

T11N; R5E; Section 20; Lot 9; 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. 1095-C

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

DATE: 5-2-77

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: Barbara Heights, 3 Subdivision in S1/2 SE 1/4 ~~East~~
Twp. 11 N; Range 5 ~~E~~; Section 20
Block ____; Lot 9; Addition ____
Street Address RTE 1 Box 3 Malcolm, NE 68402

2. Property Use: Residential X ☐ ; Commercial ____ ☐
No. of Bedrooms 3. Describe: Ranch Style One Story
Other Use ____ ☐
Describe: ____

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

4. Distance to public sewer: 1 mile ~~ft~~.

Norman W. Anderson
Signature of Applicant (Owner or Lessee)

RTe 1 Box 3 Malcolm, Ne 68402
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 6/30/77. Date Frwd. 6/30/77.
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. 6-30-77. Date Frwd. 6-30-77.
ACTION: Approved ☑ Disapproved ☐
Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL ____

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

VILLAGE OF MALCOLM
VILLAGE CLERK

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. 1095-C

DATE: _____

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 5E ; Section 20 ; Block ; Lot 9 ; Addition BARBARA HEIGHTS.
Street Address _____.

2. Property Use: Residential ☒ Commercial ☐
No. of Bedrooms 3 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).

Norman W. Anderson
Signature of Applicant (owner or lessee)

RR#1 Box 3 Malcolm Neb
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 9-16-77 by: jw
Date: 10-19-77 by: jw
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐ 9/30/77
by: Jerrold C. Hoos

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-29-77 by: James Wevrick

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. 1095-C

PROPERTY WHERE SOIL TESTED:
Location: Township _____: Range _____
Section & ¼ Sect. _____
Property Dimensions: _____ft. x _____ft.
Area: _____acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ; Silty Clay Loam ; Sandy Loam
Silty Loam ; Clay Loam ; Sandy Clay

Owner: _____
Address: _____

Dates of Tests: _____ to _____. Weather: Precip._____ Temp.____

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 | 28 | 6/13 | 5:00 | | | | | | | | | | |
| 2 | 28 | 6/13 | 5:00 | | | | | | | | | | |
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Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

_____
Signature of Person Conducting Test

Address _____

Phone _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: Could be Pawnee Clay Loam or Shelby Clay Loam. (L.C.S.)

DATE: June 30, 1977

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

Jerrold C. Hood
Signature of Reviewing Official

9:00 fill to 6"

9:30 Hole 1 [illegible] "  Drop 1 3/4 "
Hole 2 4 1/8 "  " 1 5/8 "

10:00 Hole 1  " 7/8 "  2 5/8
" 2  " 1 1/2 "  3 3/8

Refill to 6"

10:30 1  " 3/4
2  " 7/8

11:00 1  " 1 "
2  " 1 3/4

11:30 1  " 1 "
2  " 1 1/2 "

Refill to 6"

12:00 1  " 1/2 "
2  " 1 "

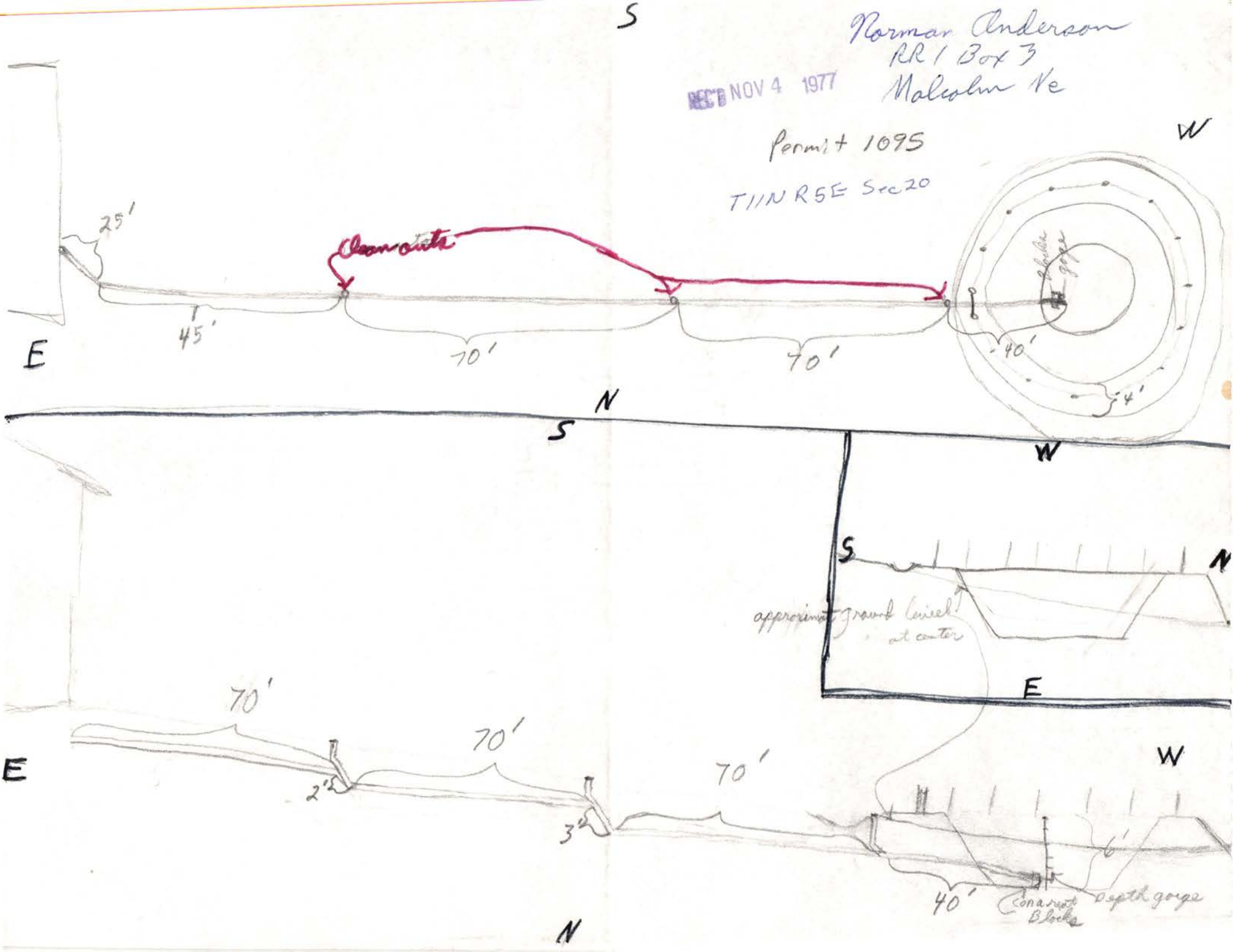
12:30 1  " 1 "
2  " 1 1/4 "

Norman Anderson
RR 1 Box 3
Malcolm Ne

RECD NOV 4 1977

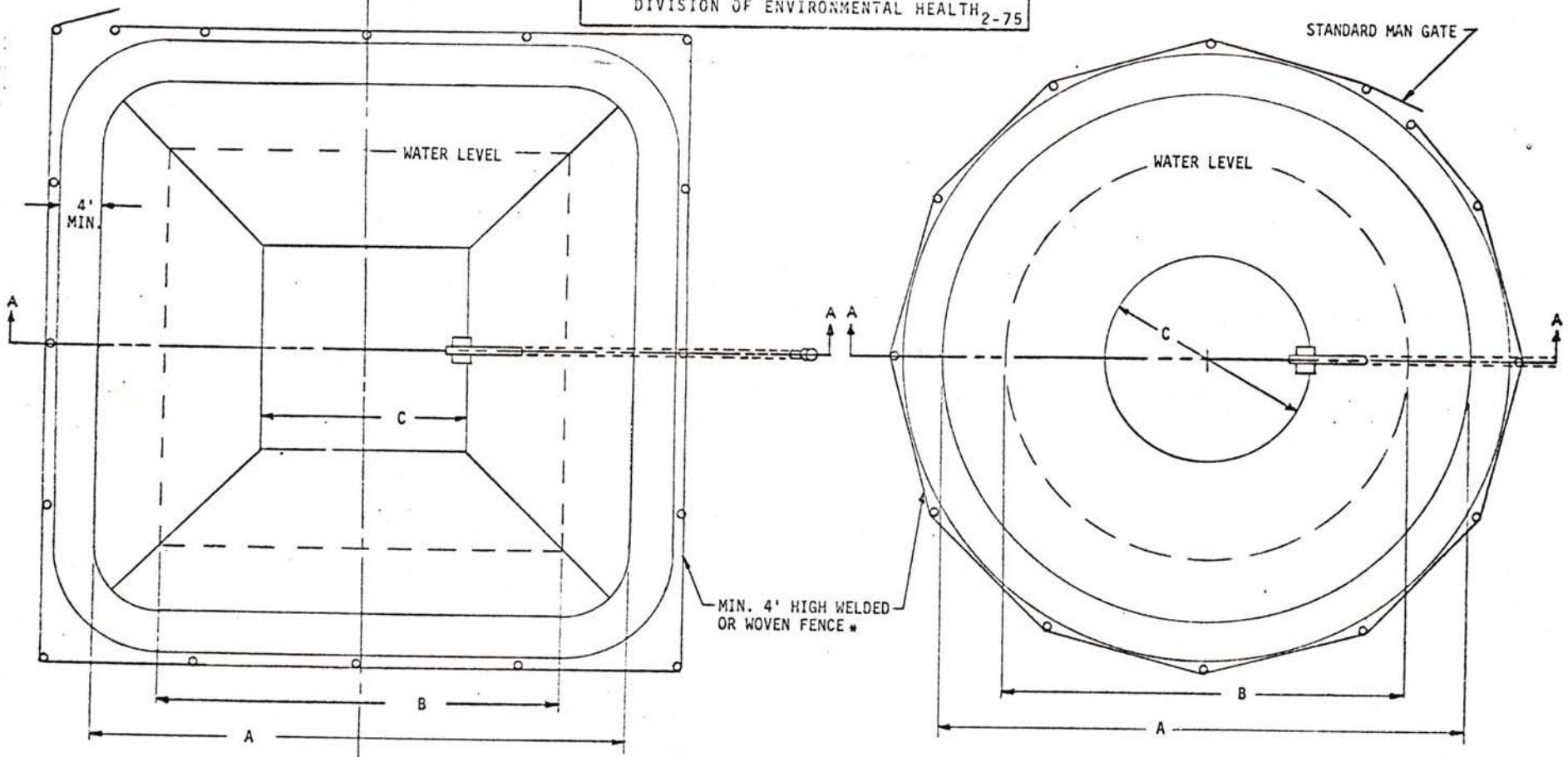
Permit 1095

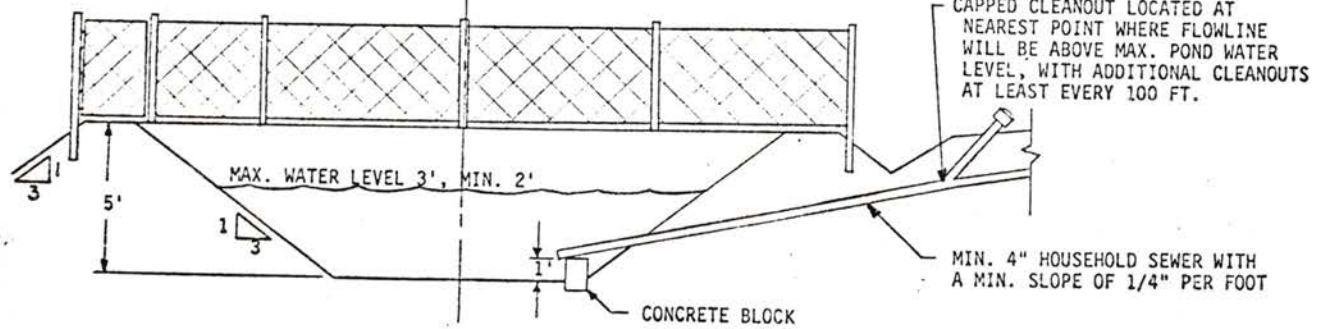
T11N R5E Sec 20



# WASTE STABILIZATION POND

LINCOLN-LANCASTER CO. HEALTH DEPT.
DIVISION OF ENVIRONMENTAL HEALTH 2-75




SECTION VIEW A-A
(APPLICABLE TO BOTH DESIGNS)

| NUMBER OF BEDROOMS IN THE HOUSE | MINIMUM LAGOON DIMENSIONS (FEET) | | | | | |
|---|---|---|---|---|---|---|
| | SQUARE | | | ROUND | | |
| | A | B | C | A | B | C |
| 2-3 | 55 | 43 | 25 | 52 | 40 | 22 |
| 4 | 61 | 49 | 31 | 60 | 48 | 30 |

ADDITIONAL INFORMATION ON BACK

*THE FENCE IS TO BE COMPLETED WITHIN 10 DAYS AFTER CONSTRUCTION APPROVAL IS RECEIVED

SIGNATURE OF APPLICANT Norman W. Anderson

HD-46(75)

1095-C