Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 02380244501

Issued 04/05/02
Expires 10/05/02
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Establishment

ROBERT A MCKINNEY
T11N R5E SEC 20
LOT 11
10400 NW 126 ST-MALCOLM

Permittee

ROBERT A MCKINNEY
10400 NW 126 ST
MALCOLM NE 68402

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

001103

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

A

Permit Number: 023802445

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 10400 NW 126 (no rural route) City MALCOLM NE, Zip 68402

Legal Description NW 1/4 1/4 20 Section 11 North Township 5 East Range of the 6th P.M. 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 Robert A McKinney Signature Robert A McKinney

Address 10400 NW 126 City/State/Zip MALCOLM NE 68402

☐ Check if owner designed system Home Phone 796-2393 Work Phone —

C. Contractor

Name Lloyd J. Srkoubek Company Name Raymond Contracting Inc.

Address 12800 NW 70 Th. City/State/Zip Raymond Ne.

☐ Check if contractor designed system Work Phone 890-6009.

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 2 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 4-5-02 Date frwd 4-5-02 ACTION ☒ Approved ☐ Disapproved Signature Ron Magnuson
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4-8-02 Date frwd 4-9-02 ACTION ☒ Approved ☐ Disapproved Signature Becky Galbraith
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____

4-9-02

Installation Final Written Approval

By Ron Magnuson

Date 4-09-02

Business Office Use Only

Date Rec'd 4/5/02

Amt Paid 200.00

Rec'd By _____ Cash/Check No. 4392

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

Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

B

Permit Number: 023802445

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 10400 NW 126 Malcolm Nr (no rural route) City Malcolm NE, Zip 68402.

Owner Bob McKinney Addresss Same

Soil Type (SCS): Crete Silt loam Percolation Rate: 60 min./inch

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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	26	4/2	1:09pm	4/3	4:30	4/3	4:30	6"	4/3	5:00	1/2hr	2"	15MIN/IN
2	28	↓	↓	↓	4:30	4/3	4:30	6"	4/3	5:00	1/2hr	1/2	60MIN/IN
3	27				4:30	4/3	4:30	6"	4/3	5:00	1/2hr	1/2	60MIN/IN
4	26				4:30	4/3	4:30	6"	4/3	5:00	1/2hr	1 1/2	20MIN/IN
5	28				4:30	4/3	4:30	6"	4/3	5:00	1/2hr	2	15MIN/IN
6	28				4:30	4/3	4:30	6"	4/3	5:00	1/2hr	1/2	60MIN/IN

Person Conducting Percolation Tests

Name: Lloyd Jakoubek / Steve Bassett

Phone: 890-6009

Address 12800 NW 70

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Judson soil on terrace above floodplain

Signature of Reviewing Official Gerald C. Wood R.E.H.S. Date APRIL 8, 2002

FORM 23-101 10-96

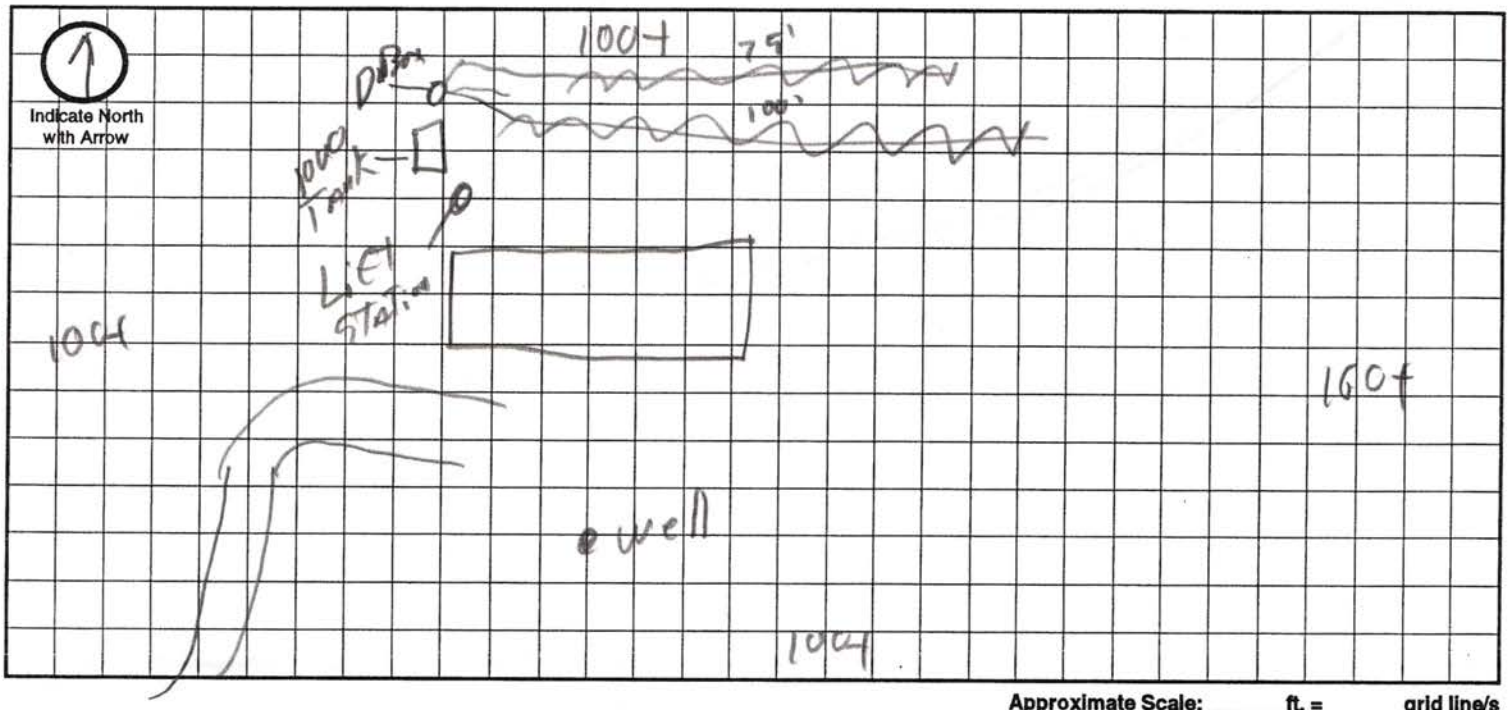
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 02380245

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) 10400 NW 126. City Malcolm NE, Zip 68402.

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 60 (min. per inch) Soil Type: CRETE SILT LOAM Land Slope: Flat %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 700 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Equiglor

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 0 Number of Distribution Laterals per Bed X

Total Length of Laterals 175 ft. Number of Trenches 2 Trench Width 4'

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 Raymond Contracting Date 4/5/02.

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:

Sewage Disposal System

As Built Plans & Specifications

Date 4-9-02

System Location (Indicate correct number and street)

Address 10400 NW 126 (no rural route) City Malcolm NE, Zip 68402

A. Building Sewer

1. Material: Plastic
   Diameter: 4" Heavy. in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 8" in.
3. Distance between dwelling and septic tank: ____ ft.
4. Number of clean-outs: one
5. Distances to: well or suction line 100 ft.
   stream 50 ft.
   pressure line 100 ft.
   property line 100 ft.

B. Septic Tank

1. Material: concrete
   Number of compartments: 2
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter ____ in.
   Over outlet, diameter ____ in.
   Riser: ☒ above ☐ below grade grade in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 8 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: concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 10' 6" ft.

D. Absorption Field

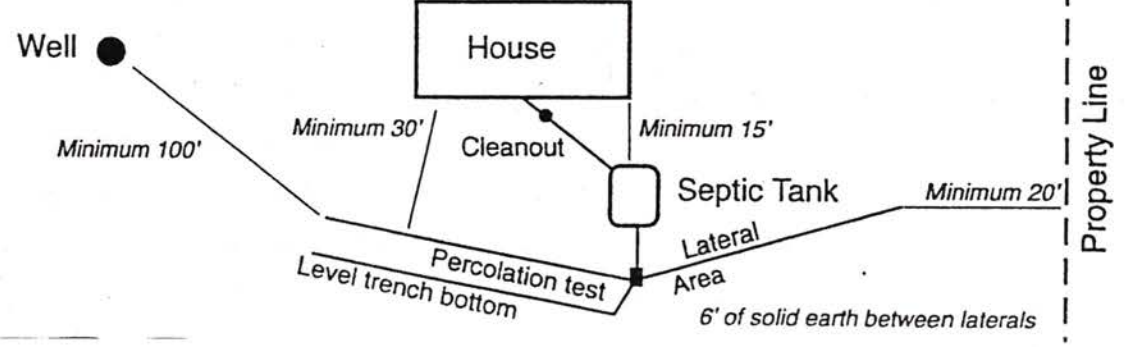
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: 12" wide 16" Tall
   or perforated pipe: ____
   Material: ☒ fiberglass ☐ plastic ☐ concrete
   ☐ other Equiniger
2. Lateral lines: Number 2
   Length of each line: 100 ft. 75 ft.
   ____ ft. ____ ft., ____ ft.
3. Trench dimensions: Width 4' ft.
   Slope Flat in/100 ft.
   Average depth 26" in
4. Filter material: Gravel
   Depth of material 16"-20" in.
5. Distances to: Well or suction line 100 ft.
   Stream 50 ft.
   Pressure line 100 ft.
   Property line 100 ft.

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

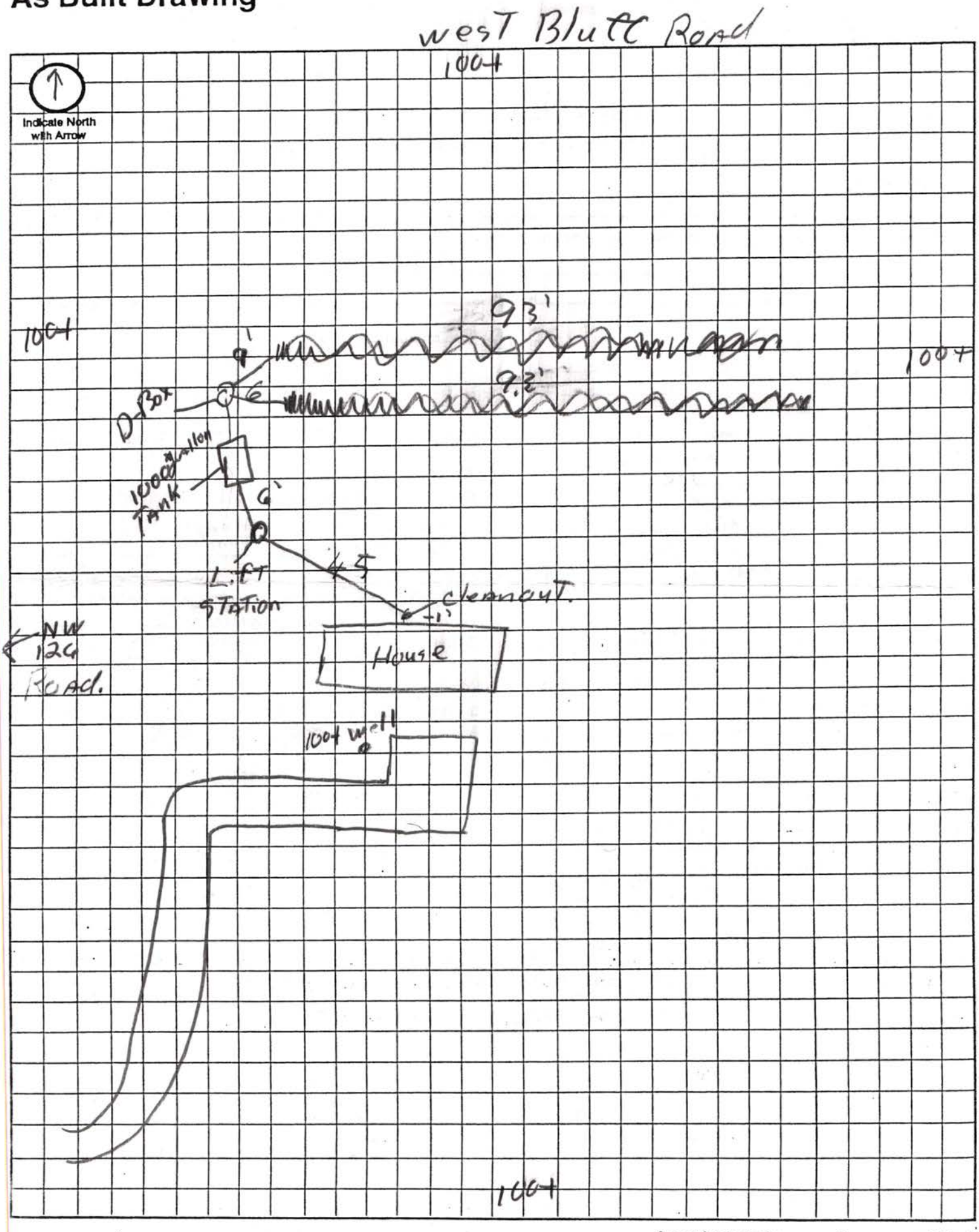
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

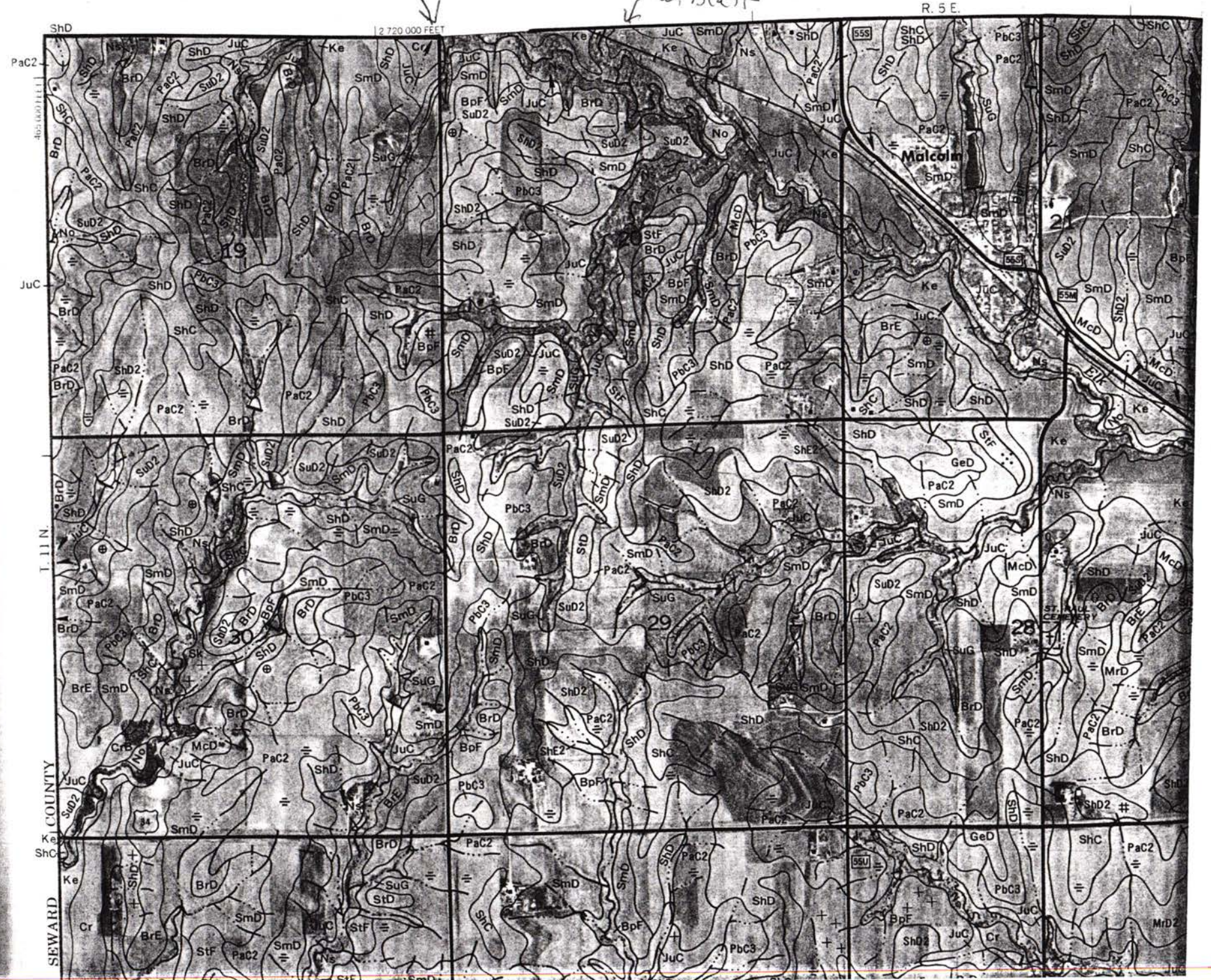
As Built Drawing

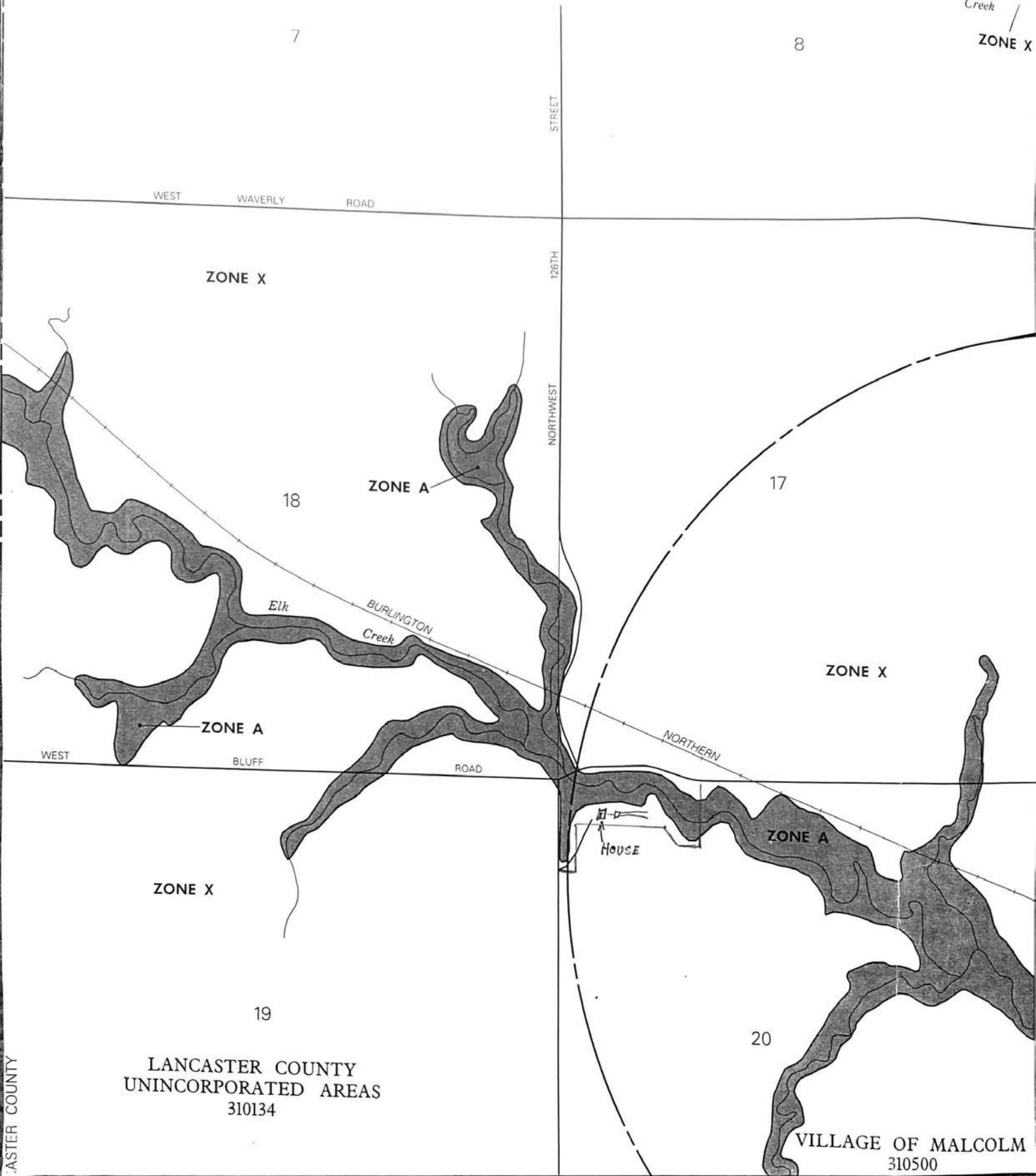


Approximate Scale: _____ ft. = _____ grid line/s

NW 126

W. Bluff




7
8
STREET
Creek
ZONE X
WEST WAVERLY ROAD
126TH
ZONE X
NORTHWEST
ZONE A
18
17
Elk
Creek
BURLINGTON
ZONE X
ZONE A
NORTHERN
WEST BLUFF ROAD
HOUSE
ZONE A
ZONE X
19
20
LANCASTER COUNTY
UNINCORPORATED AREAS
310134
VILLAGE OF MALCOLM
310500
LANCASTER COUNTY