Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 02380251701

Issued 08/06/02
Expires 02/06/03
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Establishment

VALCOM WIRELESS CONSTRUCTION INC
T11N R5E SEC 20 QTR SE
NW 1/4 OF SE 1/4+ LOT 14
9505 NW 112 ST-MALCOLM

Permittee

VALCOM WIRELESS CONST INC
BOX 81883
LINCOLN NE 68501

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002839

AUG 1 3 2002

A

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

Permit Number: 023802517

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 9505 NW 112Th. (no rural route) City Malcolm NE, Zip 68402

Legal Description NW SE + L14 SE 20 - 11 - 5
1/4 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 Valcom Wireless Const. Inc. Signature George E Jones V.P.

Address P.O. Box 81883 City/State/Zip Lincoln NE. 68501

☐ Check if owner designed system Home Phone 796-2373 Work Phone 416-4498

C. Contractor

Name Lloyd J. Jakoubek Company Name Raymond Contracting Inc.

Address 12800 NW 70Th. City/State/Zip Raymond Ne. 68428

☒ Check if contractor designed system Work Phone 890-6009

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Lloyd J. Jakoubek Firm _____ Work Phone 890-6009

E. This System Will Serve a

☐ Residential Dwelling Number of Bedrooms _____ Is there a Whirlpool Bathtub YES (NO)

☒ Commercial Establishment/Other Facility Specify 2 Bath Rooms. 1 Shower

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 8/6/02 Date frwd 8/6/02	ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 8/10/02 Date frwd 8/12/02	ACTION ☒ Approved ☐ Disapproved Signature [illegible]	
3. City or County Engineer	Date rec'd 8/15/02 Date frwd 8/15/02	ACTION ☒ Approved ☐ Disapproved Signature [illegible]	

8-16-02

Installation Final Written Approval

By Ron Maynard

Date 4-23-03

Business Office Use Only
Date Rec'd 8/6/02
Amt Paid 200.00
Rec'd By CW Cash/Check No. 4552

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

B

Lincoln-Lancaster County Health Department
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Permit Number: 023802517

Lower Sites. 3 Bath Rooms 1-Shower

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

50'-4' Wide Trench

System Location (Indicate correct number and street)

Address 9505 NW 112th (no rural route) City Malcolm NE, Zip 68402

Owner Valcom Wireless Coast. Inc. Address P.O. Box 81883-Lincoln Nbr. 68501

Soil Type (SCS): Shelby Clay. - Judson Percolation Rate: _____ min./inch

Date of Tests 2/21/02 to 2/22/02 Weather: Precipitation _____ Temperature 20-50°

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	24	2/21	11:00	2/22	3:00	2/22	2:30	6"	2/22	3:00	30 min	5/8	48
2	26	2/21	11:00	2/22	3:00	2/22	2:30	6"	2/22	3:00	30 min	1/2	60
3	26	2/21	11:00	2/22	3:00	2/22	2:30	6"	2/22	3:00	30 min	3/4	40
4	28	2/21	11:00	2/22	3:00	2/22	2:30	6"	2/22	3:00	30 min	3/4	40
5	26	2/21	11:00	2/22	3:00	2/22	2:30	6"	2/22	3:00	30 min	1	30

Sum of Percolation Rates: > 20 mpi very slow
Average of Rates: Have use slowest rate
Rate Used for Calculation: 60 mpi

Person Conducting Percolation Tests

Name: Lloyd Vernon Jakoubek
Phone: 12800 NW 70th. (890-6009)
Address: Raymond Nbr. 68428

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

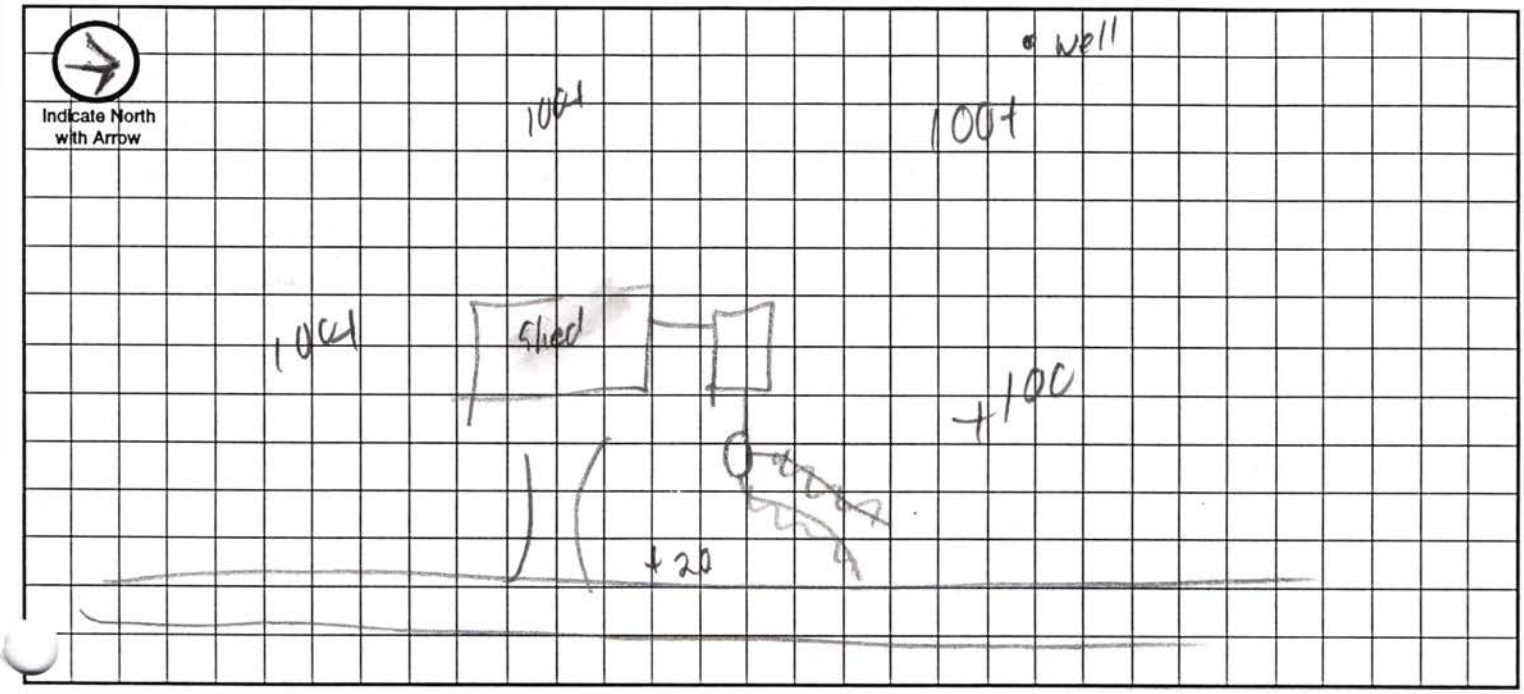
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 023802-517

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) 9505 NW 112 Th. Malcolm 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 _____ (min. per inch) Soil Type: _____ Land Slope: 10 %

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 _____ Date _____

Installer Lloyd J. Jahnke Date 11-1-96

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: 023802517

Sewage Disposal System

As Built Plans & Specifications

Date 8/16/02

System Location (Indicate correct number and street)
Address 9505 NW 112Th. (no rural route) City Malcolm NE, Zip 68402

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. ~~Distance above basement floor:~~ _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 134 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: ~~Over inlet, diameter~~ 12" in.
   ~~Over outlet, diameter~~ 12" in.
   Riser: ☐ above ☐ below grade 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: Concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 28' ft.

D. Absorption Field

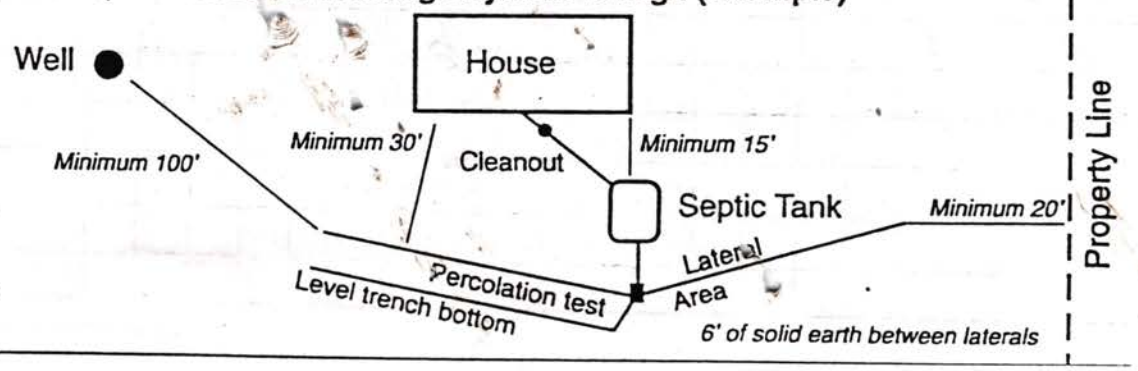
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 34"
   ~~or perforated pipe:~~ _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 35' ft. 75' ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4' ft.
   Slope Flat in/100 ft.
   Average depth 30 in
4. Filter material: None
   Depth of material _____ in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 20 ft.

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

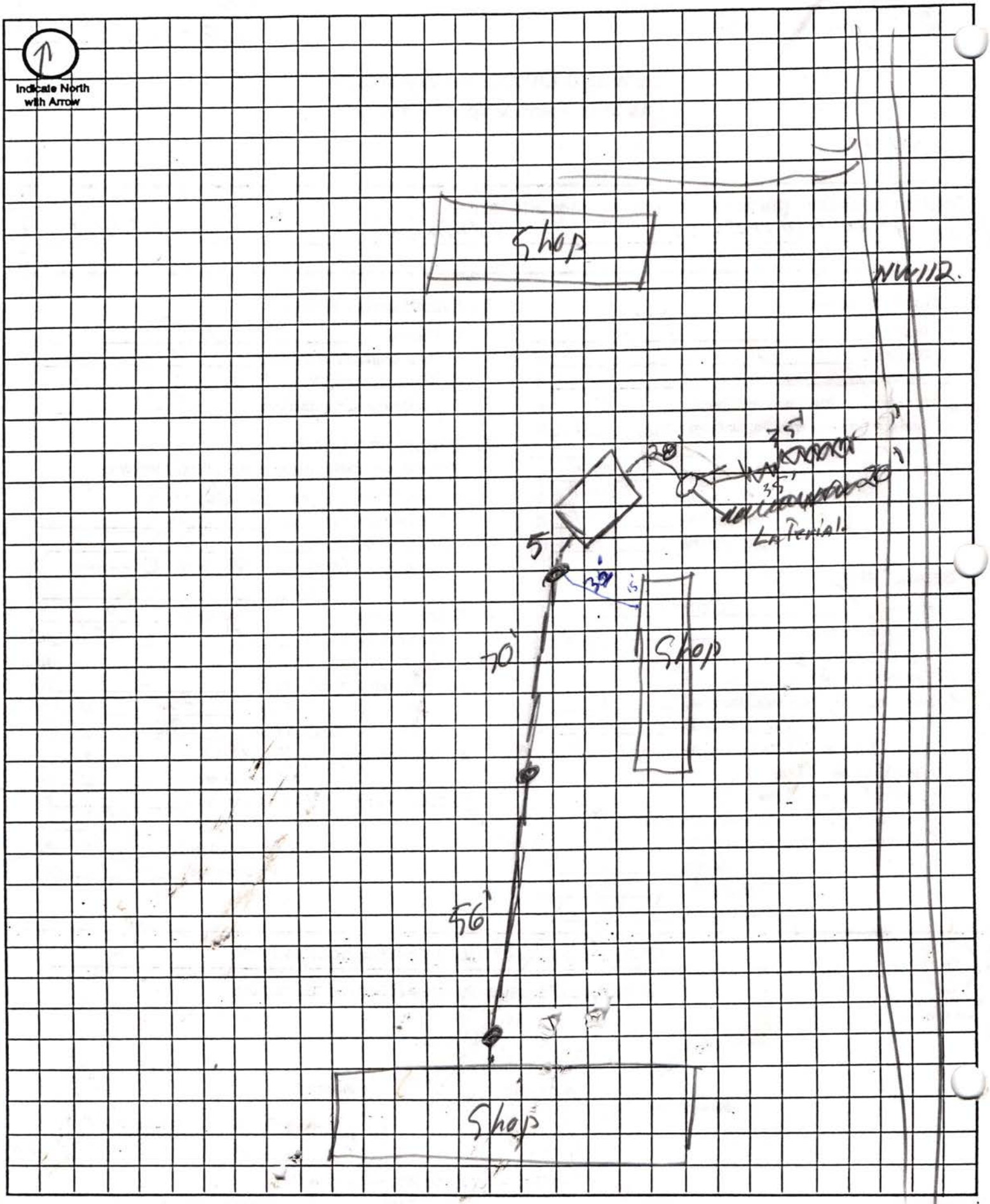
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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