Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 99380198401

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

FEES: $150.00

PAID

Establishment

JERRY L RITCHEY
T11N R5E SEC 18
LOT 30
13300 W BLUFF RD-MALCOLM

TOTAL: $150.00

Permitee

JERRY L RITCHEY
BOX0000082
BOX 0000082
MALCOLM NE 68402

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010210

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

A

Permit Number:

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 13300 West Bluff Rd (no rural route) City Malcom NE, Zip 68402

Legal Description 1/4 1/4 Section 18 Township 11N Range 5E Subdivision Addition Block Lot 30

Geographical Location (if known): Longitude _____ Latitude _____

☑ Check if system mail address is not the same as the owner's address

B. Owner

Name Jerry Ritchey Signature Jerry Ritchey

Address Box 82 City/State/Zip Malcom Ne 68402

☐ Check if owner designed system Home Phone 402-464-5707 Work Phone 402-432-4060

C. Contractor

Name J.L. Ritchey Const. Company Name _____

Address 2500 N. 46th City/State/Zip Lincoln Ne 68504

☐ Check if contractor designed system Work Phone 402-432-4060

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

Designer Name Owner Jerry Ritchey Firm _____ Work Phone 402-432-4060

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 3 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 5/4/99 Date frwd 5/5/99 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5.5.99 Date frwd 5.5.99 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5/5/99 Date frwd 5/5/99 **ACTION** ☒ Approved * ☐ Disapproved Signature _____

*Verify system is out of flood plain.

Installation Final Written Approval

10-28-99. Rec'd drawing

By _____

Date _____

Business Office Use Only

Date Rec'd 05/04/99

Amt Paid 150 ck

Rec'd By _____ ~~Cash~~/Check No. 9533

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

Lincoln-Lancaster County Health Department
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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 12300 West BL Rd (no rural route) City Malcom NE, Zip 68402

Owner Jerry Kitchey Addresss 2500 N. 46th

Soil Type (SCS): ~~SHELBY CLAY LOAM~~ SHARPSBURG SILTY CLAY LOAM Percolation Rate: 11 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	3'	5/1		5/1		5/2	8:30	6	5/2	9:00	30	3	10 MIN/IN
2	✓	"		"		"	8:30	"		9:00	"	2½	12 MIN/IN
3	✓	"		"		"	8:30	"		9:00	"	3	10 MIN/IN
4	✓	"		"		"	8:30	"		9:00	"	3	10 MIN/IN
5	✓	"		"		"	8:30	"		9:00	"	2	15 MIN/IN
6	✓	"		"		"	8:30	"		9:00	"	3½	9 MIN/IN

Person Conducting Percolation Tests

Name: Jerry Kitchey

Phone: 402-432-4060

Address: 2500 N. 46th

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 11 MIN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official: Jerrold C. Hood Date: MAY 4, 1999

FORM 23-101 10-96

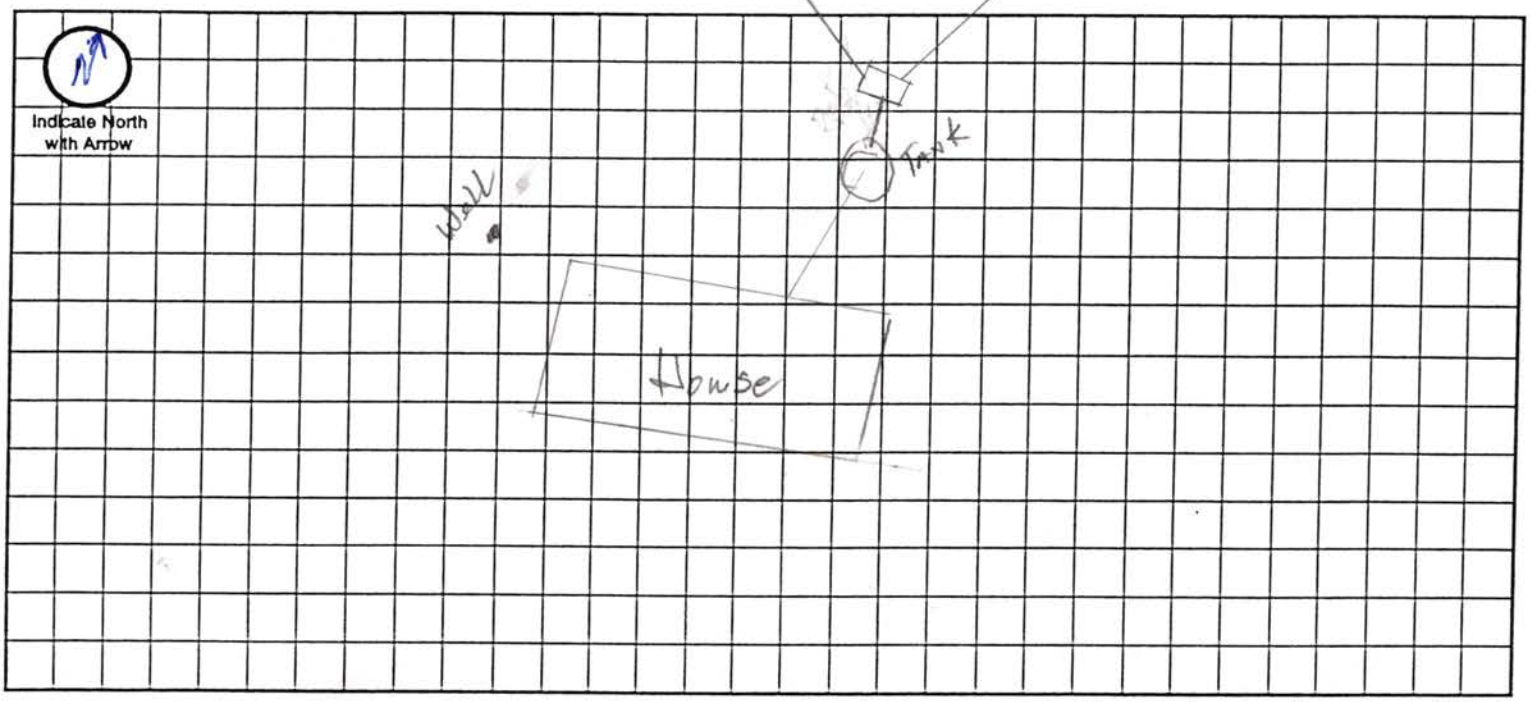
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C

Permit Number:

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) 13300 West Bullard Rd City Malcom 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 11 (min. per inch) Soil Type: SHELBY CLAY LOAM / SHARPSBURG SIRTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 512 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed 1

Total Length of Laterals 171 ft. Number of Trenches 3 Trench Width 3 ft

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

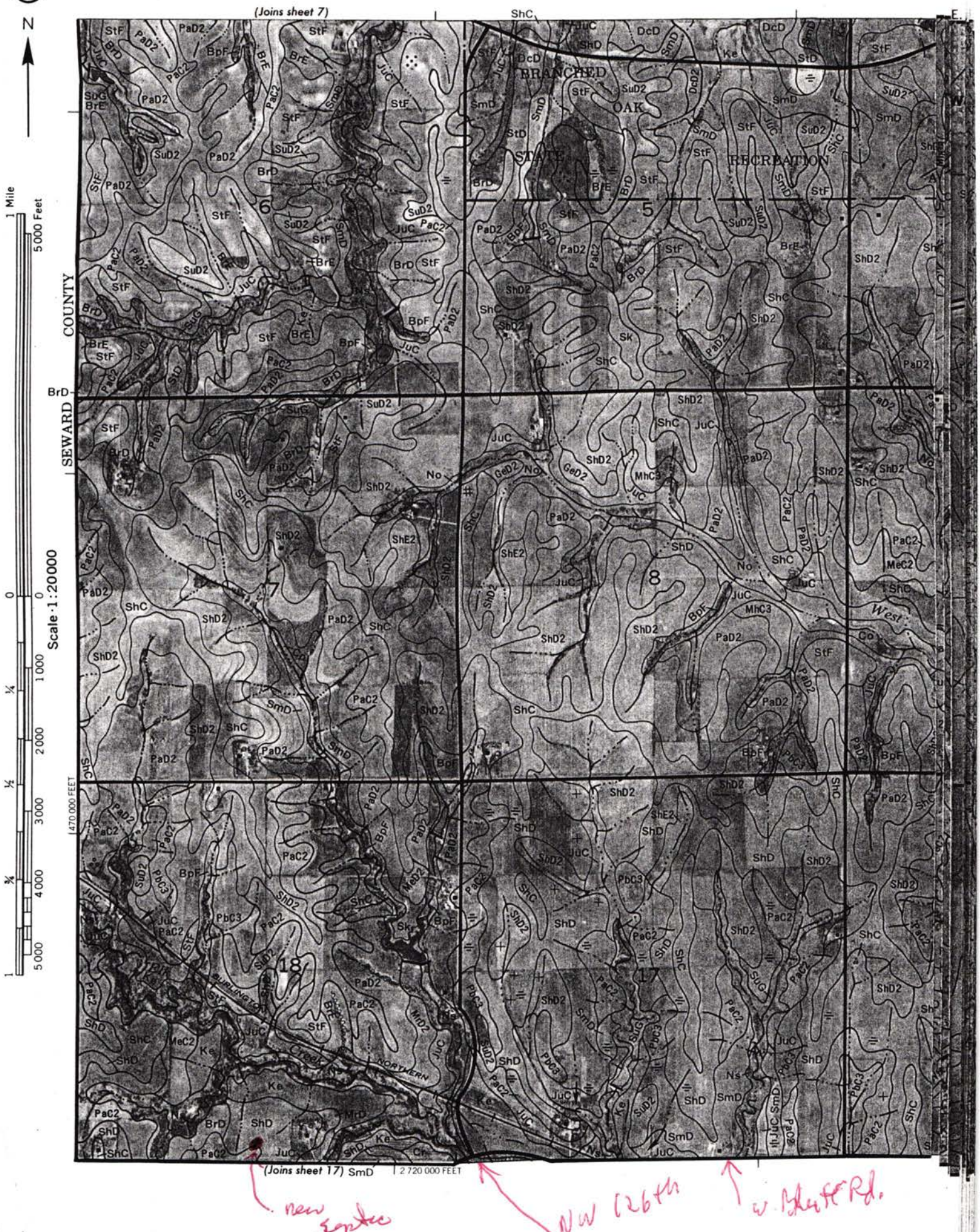
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☐	50 ☑	NA ☐	25 ☑	20 ☑	15 ☑	25 ☑	☐
Field (ft)	100 ☑	500 ☐	50 ☑	4 ☐	30 ☑	20 ☑	30 ☑	40 ☑	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor Jerry Ritchey Date 5/4/99

Installer Jerry Ritchey Date 5/4/99

FORM 23-102 10-96


N
(Joins sheet 7)
E.
W
BRANCHED OAK STATE RECREATION
COUNTY
SEWARD
BrD
1 Mile
5000 Feet
Scale 1:20000
0
1000
2000
3000
4000
5000
470 000 FEET
(Joins sheet 17) SmD
2 720 000 FEET
West
Co
Creek
BURLINGTON
NORTHERN
new Exeter
NW 126th
W Yutan Rd.