Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

TIM & CINDY MARSHALL
T11N R5E SEC 18 QTR NE
PART OF N1/2 &NE1/4
13003 W WAVERLY RD-MALCOLM

Permitee

TIM & CINDY MARSHALL
4815 WOODHAVEN DR
LINCOLN NE 68516

Permit # 99380211101

Issued 11/09/99
Expires 05/09/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011164

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

A

Permit Number: 993802111

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 13003 West Waverly Rd (no rural route) City Malcolm NE, Zip 68402

Legal Description Part of N½ NE¼ 18 11 N 5 E >20 acres 26
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 Tim + Cindy Marshall Signature X Cindy Marshall

Address 4815 Woodhaven Drive City/State/Zip Lincoln / Ne 68516

☐ Check if owner designed system Home Phone 489-7872 Work Phone 489-5339

C. Contractor AL

Name Underwood Const Company Name Underwood Const LLC

Address Po Box 218 City/State/Zip Seward Ne 68434

☐ Check if contractor designed system Work Phone 643-6300

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

Designer Name Ben Earnest Firm Earnest Well Work Phone 761-2281

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 11-9-99 Date frwd 11-9-99 **ACTION** ☒ Approved ☐ Disapproved Signature Ron Zimmerman
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11-9-99 Date frwd 11-9-99 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 11-9-99 Date frwd 11-9-99 **ACTION** ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Paul Dittman

Date 9-4-00

Business Office Use Only

Date Rec'd 11/09/99

Amt Paid 150 ck

Rec'd By _____ ~~Cash~~/Check No. 2043 010

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

FORM 20105-0477
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
3140 N Street
Lincoln NE 68510
(402)-441-8022

B

FILE NO. 993802111

PROPERTY WHERE SOIL TESTED:

Location: Township 11 N ; Range 5 East; Section & ¼ Section 18.
Property Dimensions: 678 ft. x 1316 ft. Area: 20.52 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒.
Dates of Tests: 10-16-99 to 10-17-99. Weather: Precip. 0 Temp. 44°.

OWNER: Tim Marshall

Address: 4815 WoodHaven DR
Lincoln, NE 68516

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./Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	34	10-16	5:00pm	10-16	9:00pm	10-17	10:45am	8½	11:15am	7½	30	1	30 mpi
2	35	10-16	"	10-16	"	10-17	10:50am	8¾	11:20am	8	30	¾	40
3	34	10-16	"	10-16	"	10-17	10:55am	7¾	11:25am	7	30	¾	40
4	34	10-16	"	10-16	"	10-17	11:00am	8¼	11:30am	7¼	30	1	30
5	35	10-16	"	10-16	"	10-17	11:05am	8	11:35am	7¼	30	¾	40
6	35	10-16	5:00pm	10-16	7:00pm	10-17	11:10am	7½	11:40am	6½	30	1	30

Timothy Pogge
Signature of Person Conducting Test

Address 936 Jackson Ave Phone 402-643-4834

Sum of Percolation Rates: 210
Average of Rates: 35 mpi
Mean of Rates:

35
6)210
18
30
30

(Do not write below this line)

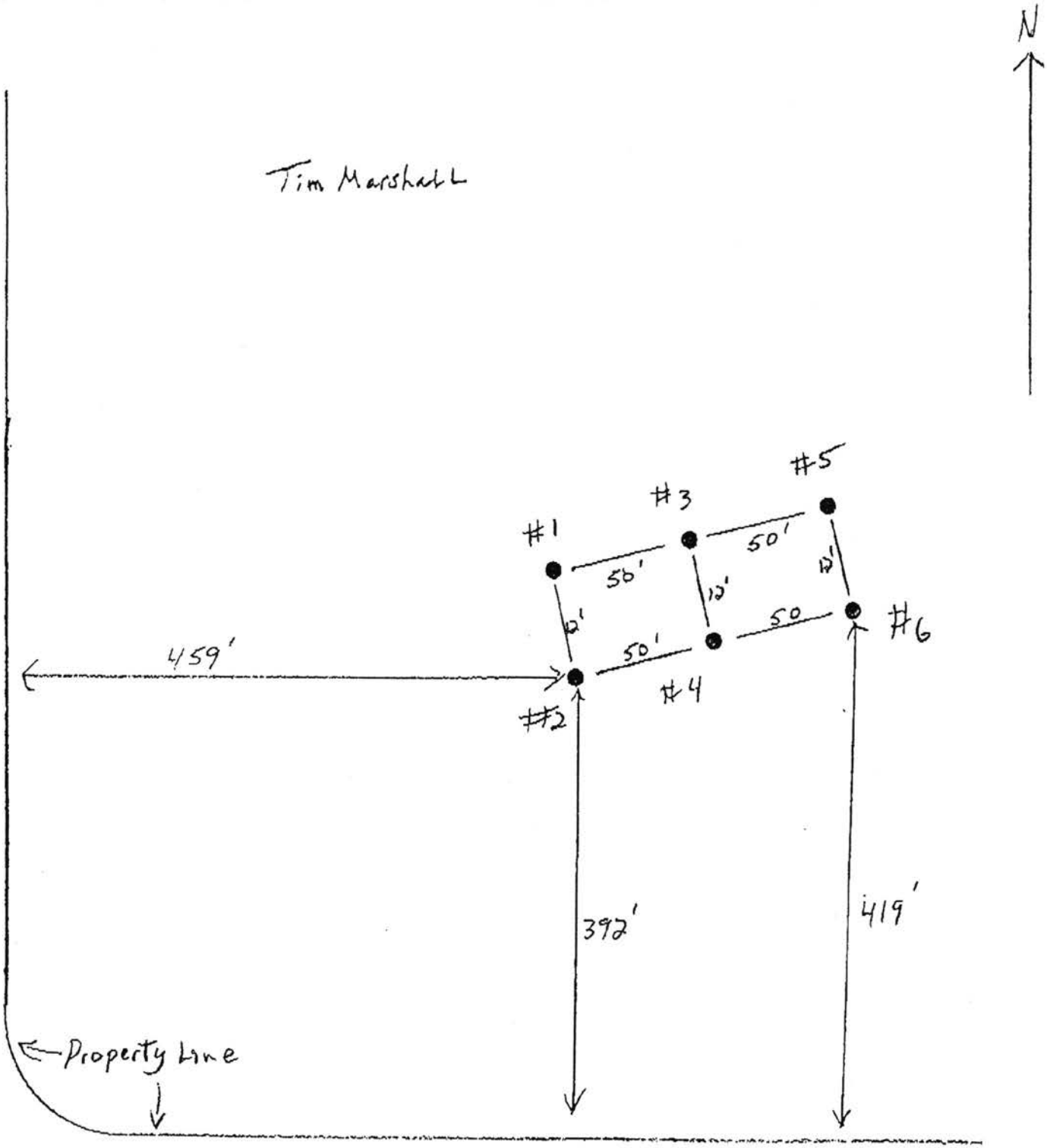
REVIEWING ACTION

Remarks:

Soil Type (SCS): Sharpsburg

Date: 11-9-99

Approved Percolation Rate (a)
A. 35 min./inch
B. _____ min./inch
C. _____ min./inch


N
Tim Marshall
#5
#3
#1
50'
50'
12'
12'
50
#6
459'
50'
#4
#2
392'
419'
Property Line

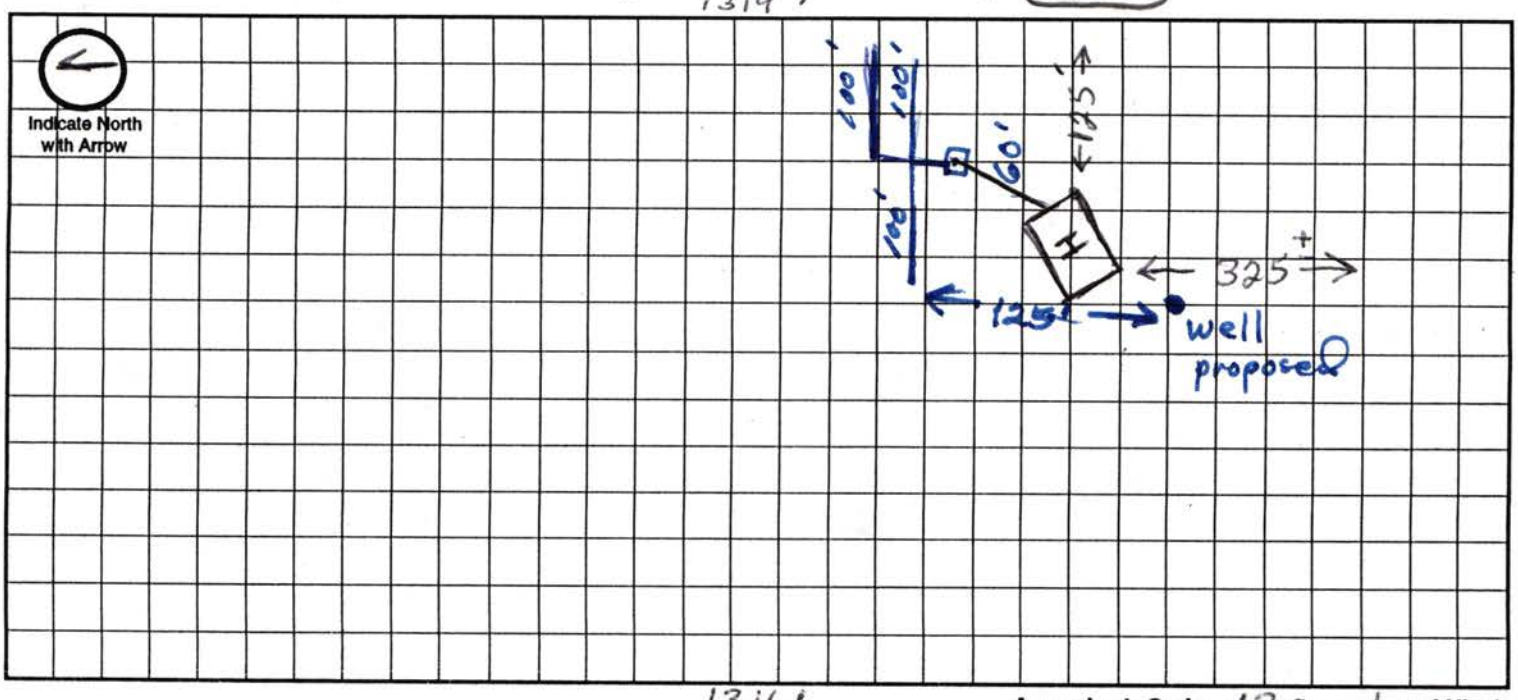
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 99380211

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: 43 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 13003 West Waverly Rd 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 35 (min. per inch) Soil Type: ~~Clay Loam~~ Sharpsburg Land Slope: 20% %

Type of Absorption System: ☑ Trench 810 ☐ Bed ☐ Other _____

Total Square Feet of Field Required: ~~825~~ sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 3 Number of Distribution Laterals per Bed _____

Total Length of Laterals ~~300~~ 270 ft. Number of Trenches 3 Trench Width 36"

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 Woodward Const LLC W. A. Woodward Date Oct 30 1999

Installer X _____ Date _____

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: 993802111

Sewage Disposal System
As Built Plans & Specifications

Date 4/5/00

Tim Marshall 13003 W. Waverly Rd

System Location (Indicate correct number and street)
Address 13003 W. Waverly Rd (no rural route) City Malcolm NE, Zip 68402

A. Building Sewer

1. Material: Plastic SDR 26
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12" in.
3. Distance between dwelling and septic tank: 91 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 200' ft.
   stream N/A ft.
   pressure line over 300' ft.
   property line over 300 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 24" in.
   Over outlet, diameter 24" in.
   Riser: ☑ above ☐ below grade _____ in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 24 in.
8. Distances to: Well or suction line over 300' ft.
   Stream N/A ft.
   Pressure line over 300' ft.
   Property line over 400' ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 2
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 24 ft.

D. Absorption Field

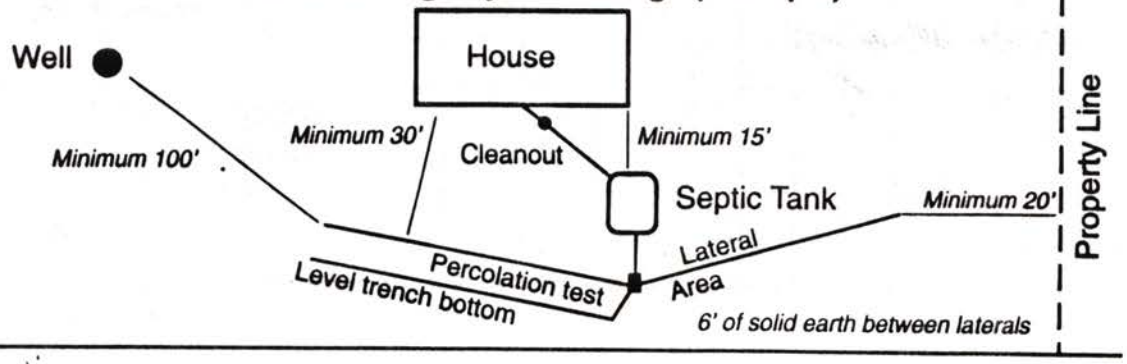
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other Infiltrator EQ24
2. Lateral lines: Number 3
   Length of each line: 100 ft. 100 ft.
   100 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 2 in/100 ft.
   Average depth 36" in
4. Filter material: Road Gravel
   Depth of material 8" to 12" in.
5. Distances to: Well or suction line over 300 ft.
   Stream N/A ft.
   Pressure line over 300' ft.
   Property line over 400' ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



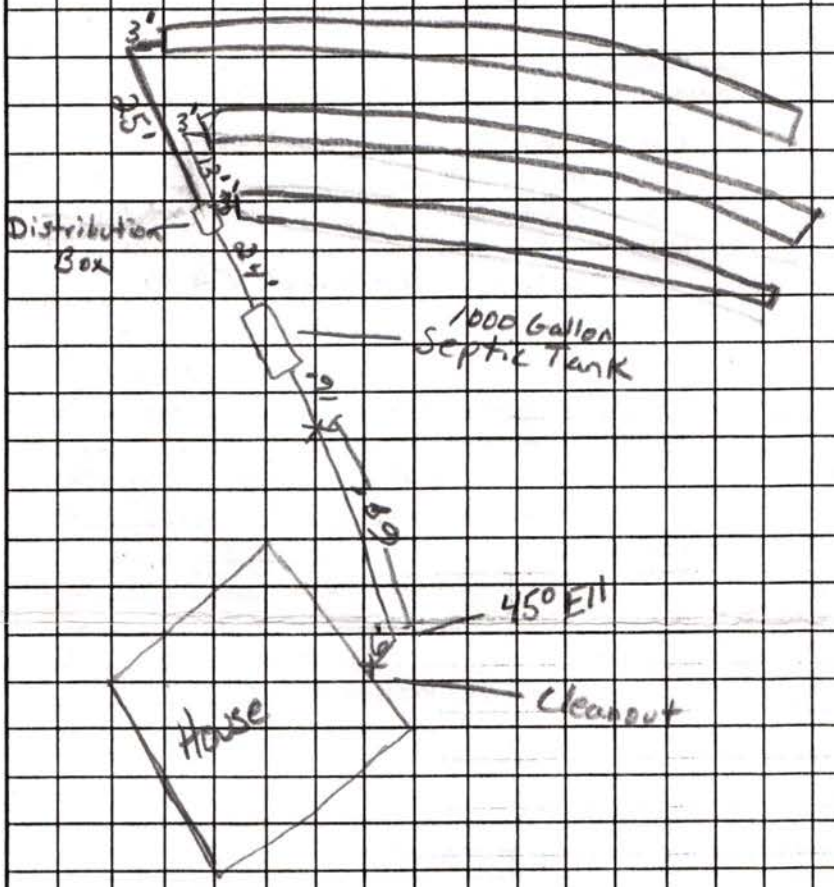
FORM 23-103 10-96

As Built Drawing

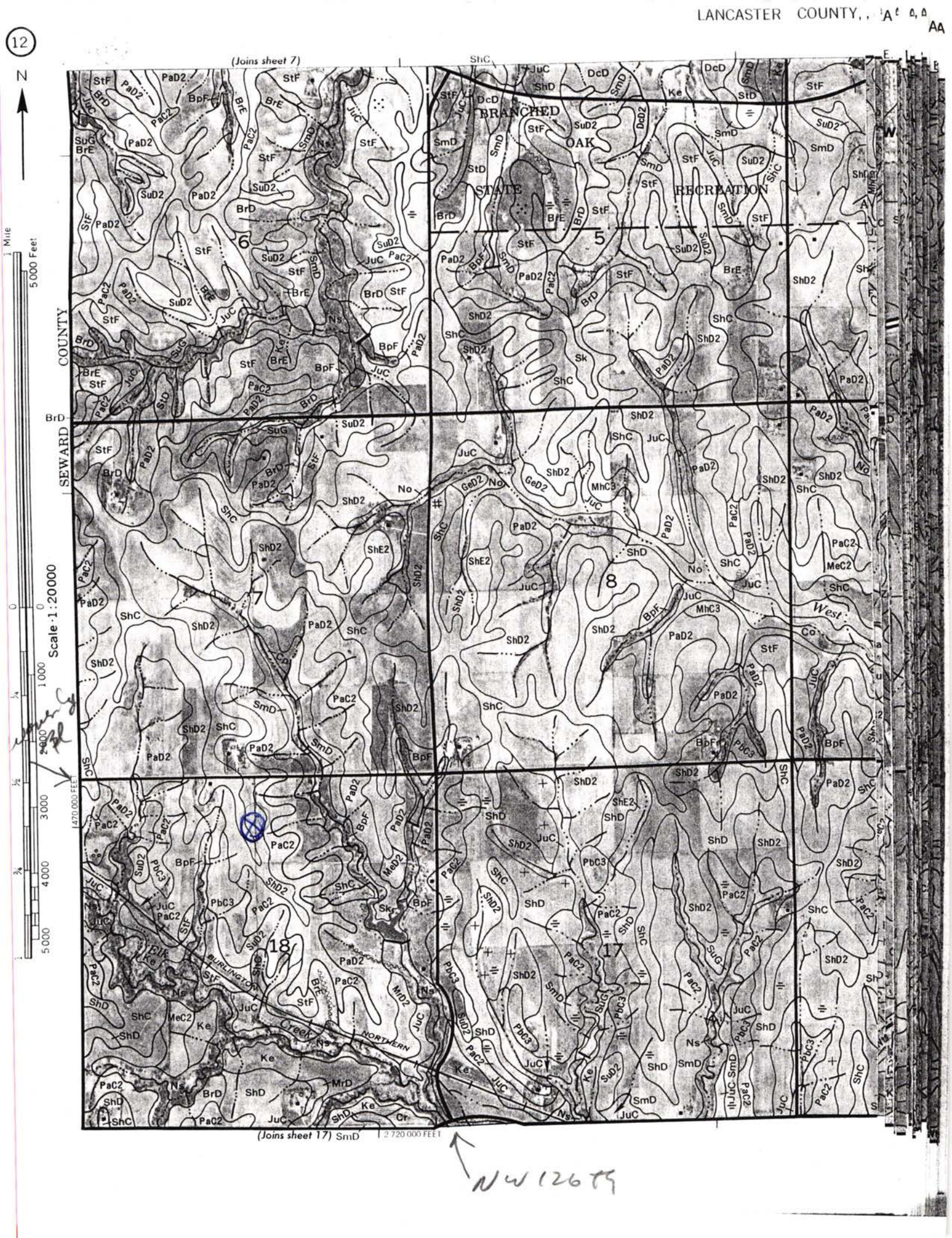
APR 10 2000

Indicate North with Arrow

Lateral Fields 3 runs 3' wide 100' Long



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


12
N
(Joins sheet 7)
BRANCHED OAK STATE RECREATION
SEWARD COUNTY
Scale 1:20000
1 Mile
5000 Feet
470 000 FEET
2 720 000 FEET
(Joins sheet 17)
Elk Creek
BURLINGTON NORTHERN
West
6
5
7
8
18
17
NW 126 TR

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Legal Description 11-5-18 Blk 26 Location 13003 W. Waverly Rd

Owner/Requestor Tim Marshall

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

- X New system, initial
- ___ New system, followup
- ___ Existing system, repair
- ___ Existing system, followup
- ___ Loan approval
- ___ Consultation
- ___ Other (Specify)

REMARKS Soil type witnessed causes concern of the perc. test accuracy. Soil appeared to be ~~Kenney~~ clay w/ large amounts of calcium deposits. System construction appeared to be satisfactory but soils may not be suitable for a sub-surface system. System approved but w/ discretion

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   - A. Leach Field
   - B. Septic Tank
   - C. Sewer Line
   - D. Frost-Proof Hydrant
   - E. Lagoon
   - F. Accumulated Manure
   - G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System X Septic ___ Lagoon

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + Installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: Paul Drotzmann Received by: _____

Date: 4-4-00

WA1002