Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

009879

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Establishment:
KEVIN MCCALL
T11N R5E SEC 17 QTR SW
10.2 ACRES LOT 26
W BLUFFS RD-MALCOLM

Permittee:
KEVIN MCCALL
5901 N 27 ST
LINCOLN NE 68521

Permit # 07380330001

Issued 01/30/07
Expires 01/30/08
Revenue Code 3157

FEES: $290.00

TOTAL: $290.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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 West Bluffs Road (no rural route) City Malcom NE, Zip

Legal Description SW 17 11 5 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 Kevin McCall / Bugbee Homes Signature

Address 5901 N 27th City/State/Zip Lincoln, NE 68521

☐ Check if owner designed system Home Phone 580-7339 Work Phone 580-7339

C. Contractor

Name Dave Vogt Company Name Vogt Excavating

Address P.O. Box 22753 City/State/Zip Lincoln NE 68542

☒ Check if contractor designed system Work Phone 560-4267

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 3 Is there a Whirlpool Bathtub (YES) NO

☐ Commercial Establishment/Other Facility Specify

Design flow in gallons per day 400 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 1/25/07 Date fwd 1/26/07 ACTION ☒ Approved ☐ Disapproved Signature
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 2/1/07 Date fwd 2/8/07 ACTION ☒ Approved ☐ Disapproved Signature X Nadine Lenz, Clerk
3. **City or County Engineer** Date rec'd Date fwd ACTION ☐ Approved ☐ Disapproved Signature

Installation Final Written Approval

By

Date

Business Office Use Only

Date Rec'd

Amt Paid

Rec'd By Cash/Check No.

FORM 22-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

TOTAL P.02

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

A

Permit Number: 07380330001

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

FAXED JAN 30 2007 BY:

☑ 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:

10.2 acres

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address West Bluffs Road (no rural route) City Malcome NE, Zip

Legal Description HCR 5926 — SW (1/4) 17 (1/4) Section 11 Township 5 Range — Subdivision — Addition — Block 26 Lot

Geographical Location (if known): Longitude Latitude

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

B. Owner NCR 71620 / Bugbee Homes

Name Kevin McCall Signature Kevin McCall

Address 5901 N 27th City/State/Zip Lincoln, NE 68521

☐ Check if owner designed system Home Phone 580-7339 Work Phone 580-7339

C. Contractor

Name Dave Vogt Company Name Vogt Excavating

Address P.O. Box 22753 City/State/Zip Lincoln NE 68542

☒ Check if contractor designed system Work Phone 560-4267

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

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☐ Commercial Establishment/Other Facility Specify

Design flow in gallons per day 400 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 1/25/07 Date frwd 1/25/07 ACTION ☒ Approved ☐ Disapproved Signature
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd Date frwd ACTION ☐ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 2-1-07 Date frwd 2-1-07 ACTION ☒ Approved ☐ Disapproved Signature Jim Playgh

Installation Final Written Approval

By

Date 5/14/07

Business Office Use Only
Date Rec'd 1/30/07
Amt Paid 290.00
Rec'd By CW Cash/Check No. 10855

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

B

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

Permit Number:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

Bugbee

PLEASE PRINT OR TYPE

System Location (indicate correct number and street)

Address 12444 W Bluff Road (no rural route) City _____ NE, Zip _____

Owner _____ Address _____

Soil Type (SCS): Silty Loam Percolation Rate: 1/2" min./inch

Date of Tests 4-28-07 to 4-29-07 Weather: Precipitation Sunny Temperature 80°

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	30"	4-28	12:00	4-29	11:20	4-29	11:20	6"	4-29	11:50	30	1/2"	60
2	30"	4-28	12:00	4-29	11:20	4-29	11:20	6"	4-29	11:50	30	1/2"	60
3	30"	4-28	12:00	4-29	11:20	4-29	11:20	6"	4-29	11:50	30	5/8"	48
4	30"	4-28	12:00	4-29	11:20	4-29	11:20	6"	4-29	11:50	30	5/8"	48
5	30"	4-28	12:00	4-29	11:20	4-29	11:20	6"	4-29	11:50	30	3/4"	40
6	30"	4-28	12:00	4-29	11:20	4-29	11:20	6"	4-29	11:50	30	5/8"	48

Person Conducting Percolation Tests

Name: Dave Vogt
Phone: 402-560-4267
Address P.O. Box 22753
Lincoln NE 68542

Sum of Percolation Rates: 304
Average of Rates: 50.66
Rate Used for Calculation: 51

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-95

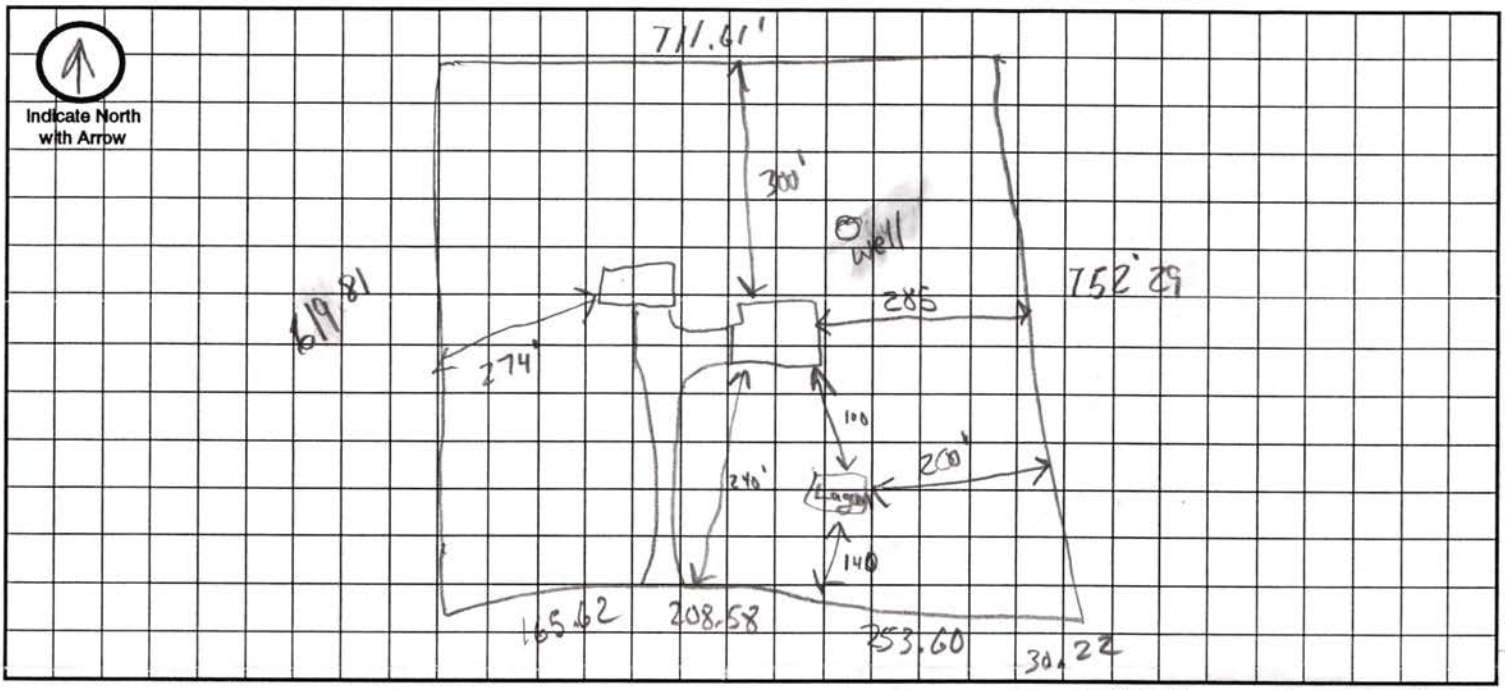
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 12444 West Bluffs Road City Malcom NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other Fuy Con

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

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

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 1250 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 Fuy Bh Date 1-29-07

Installer _____ Date _____

Sewage Disposal System

As Built Plans & Specifications

Date 5-11-07

System Location (Indicate correct number and street)

Address 12444 W. Bluff Road (no rural route) City Malcom NE. Zip

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: 60 in.
   or distance below basement floor: ____ in.
3. Distance between dwelling and septic tank: 90 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 6 ft.
   property line 200+ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 18 in.
   Over outlet, diameter 18 in.
   Riser: ☒ above ☐ below grade 1 in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 16 in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 75'+ ft.
   Property line 200+ ft.

C. Distribution Box

1. Material: PVC 2-Drop Box
   Number available outlets: ____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 12 ft.

D. Absorption Field

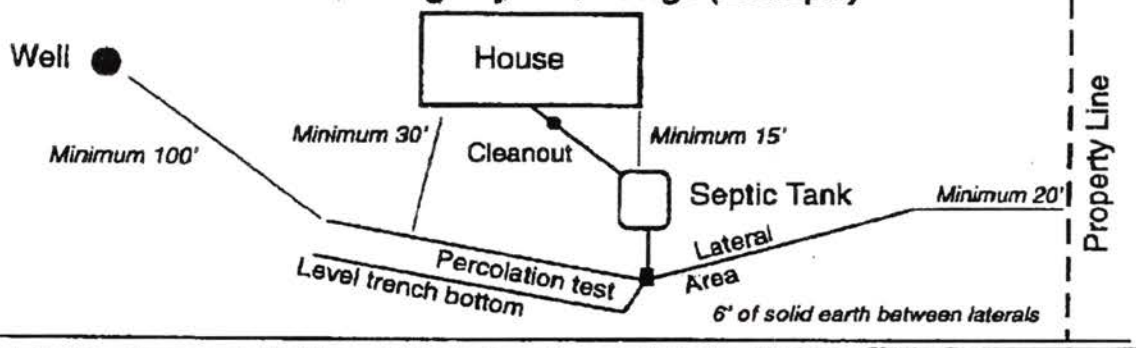
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: 3"
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other Infiltrator
2. Lateral lines: Number 3
   Length of each line: 72 ft. 98 ft.
   94 ft. ____ ft., ____ ft.
3. Trench dimensions: Width 2' ft.
   Slope 1 in/100 ft.
   Average depth 30 in
4. Filter material: Dirt
   Depth of material ____ in.
5. Distances to: Well or suction line 101 ft.
   Stream 200+ ft.
   Pressure line 100+ ft.
   Property line 200+ ft.

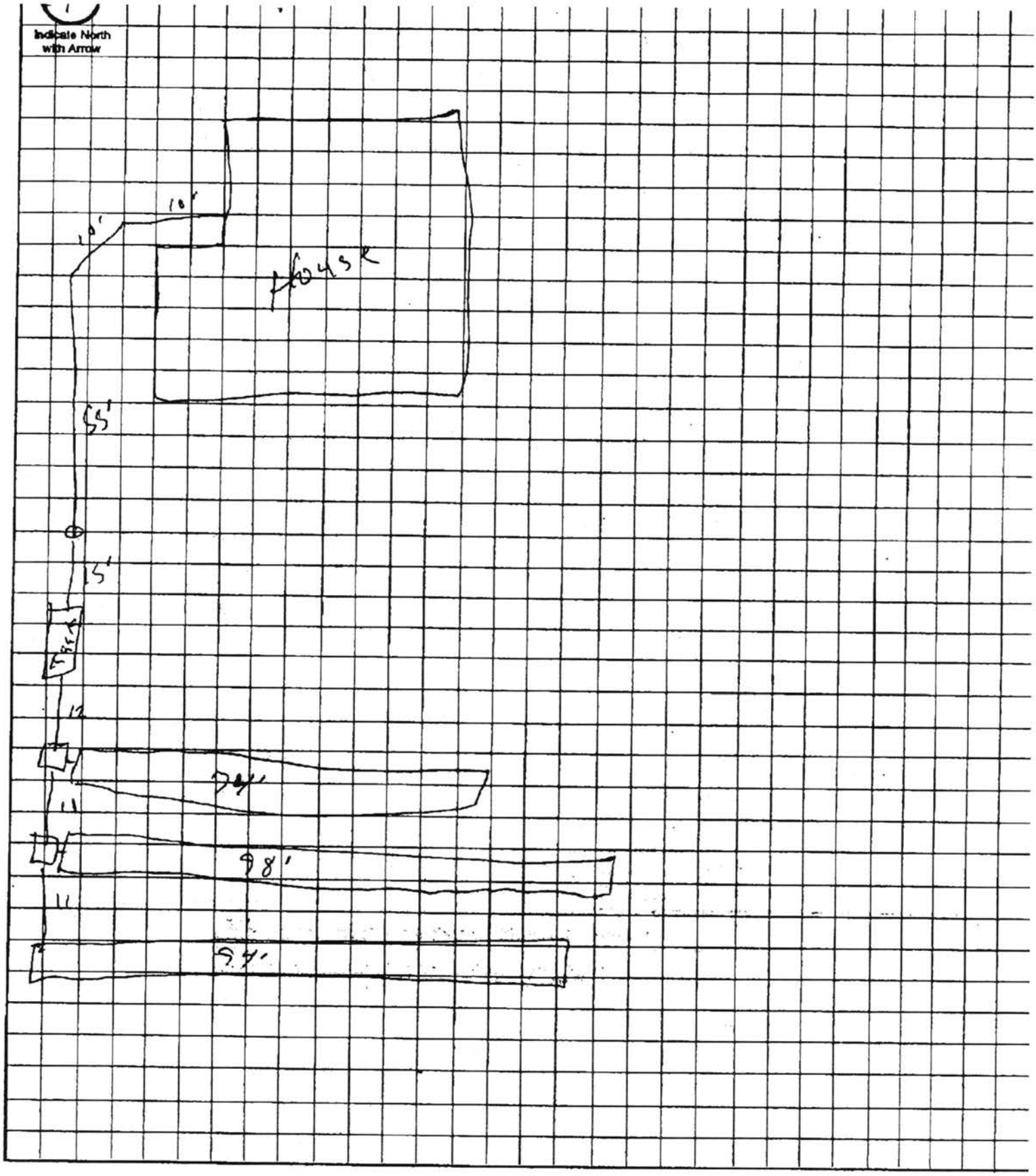
Indicate North with Arrow

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

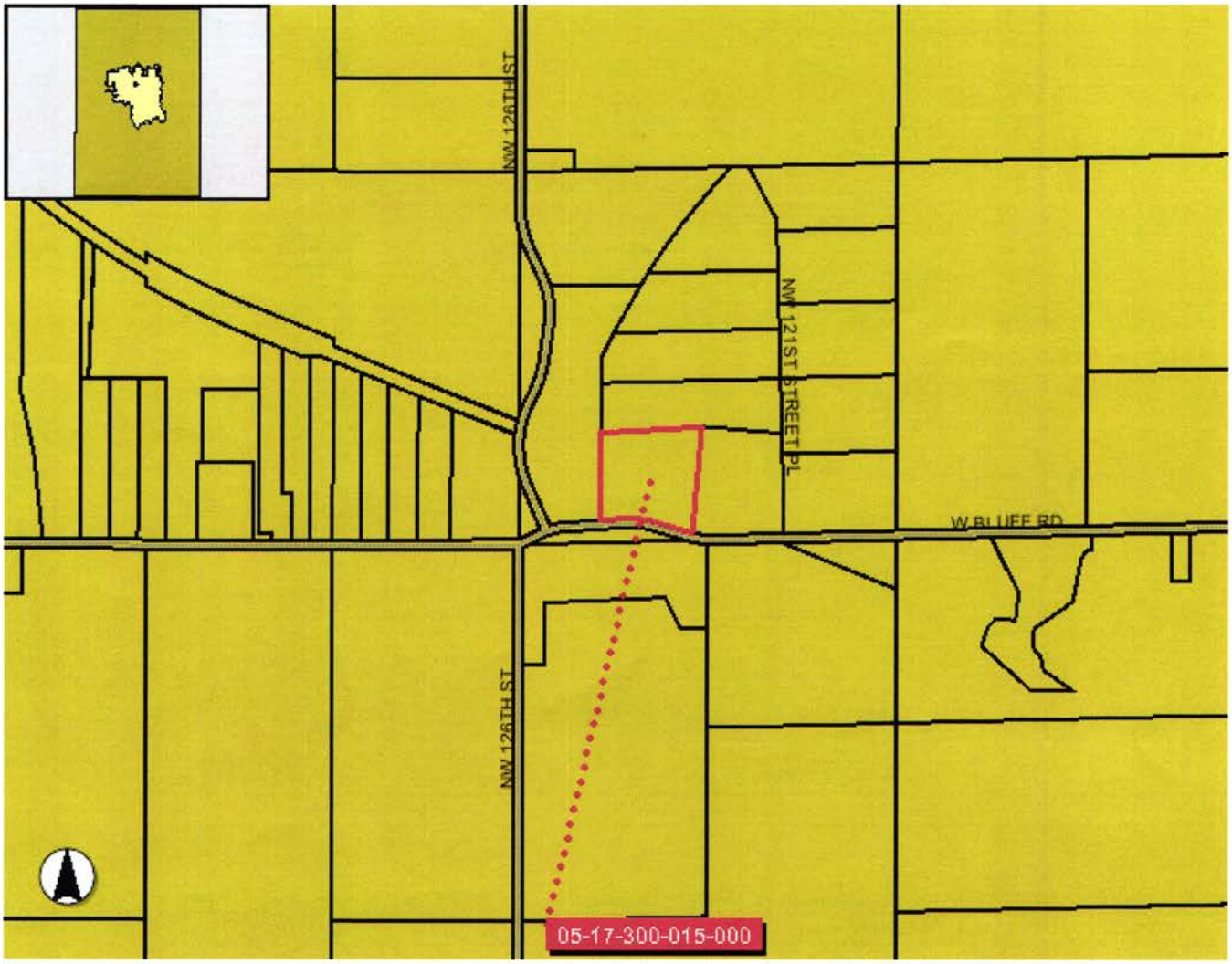
Individual Sewage System Design (Example)

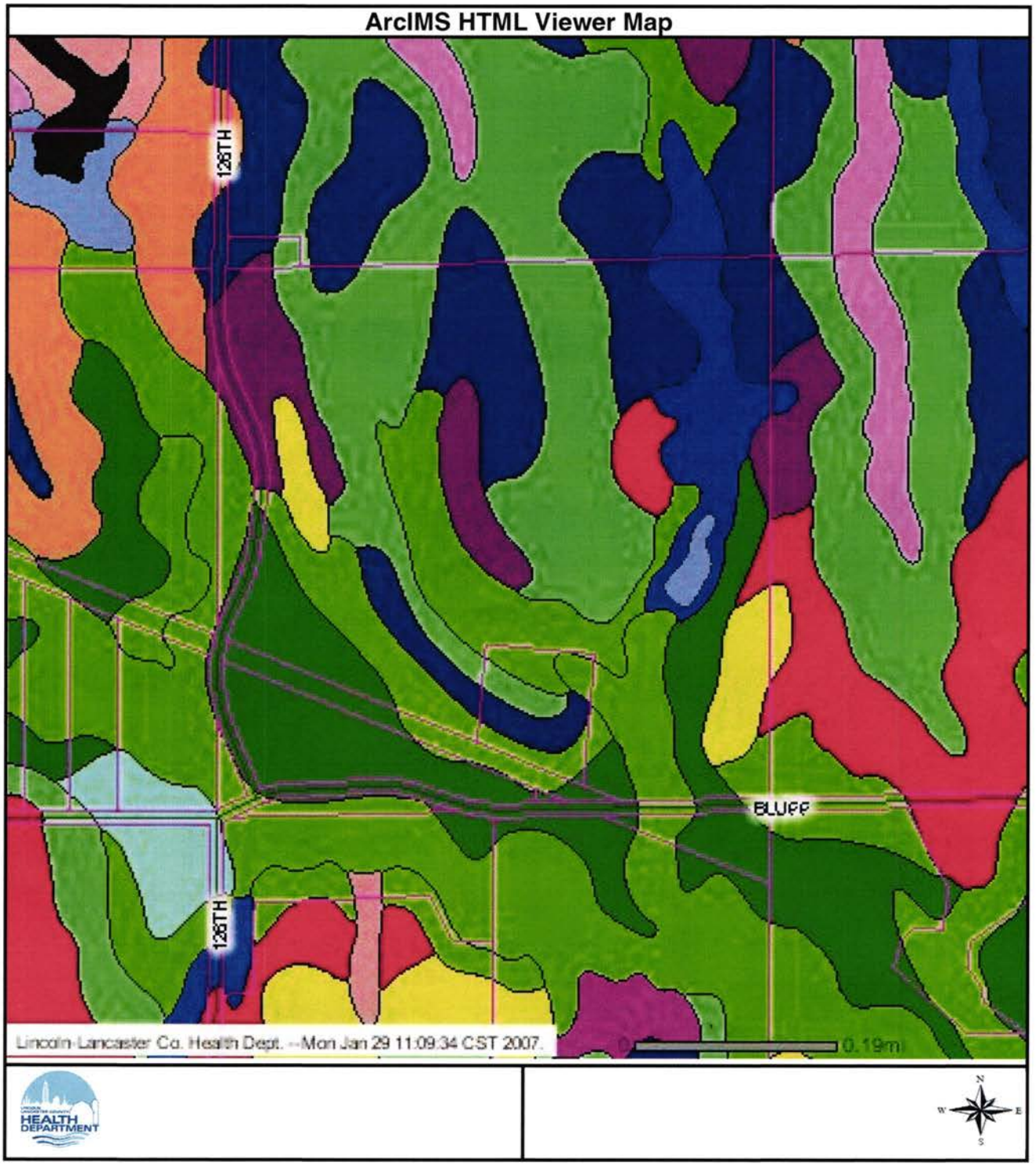


FORM 23-103 10-96



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


NW 126TH ST
NW 121ST STREET PL
W BLUFF RD
NW 126TH ST
05-17-300-015-000


ArcIMS HTML Viewer Map
126TH
BLUFF
126TH
Lincoln-Lancaster Co. Health Dept. --Mon Jan 29 11:09:34 CST 2007.
0.19mi
HEALTH DEPARTMENT
N
W
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S