Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003135

(402) 441-8000

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380272801

Issued 10/20/03
Expires 04/20/04
Revenue Code 3157

Establishment
CY C WEMHOFF
T11N R5E SEC 17 QTR NE
LOT 15IT
11601 W WAVERLY RD-MALCOLM

FEES: $200.00

Permittee
CY C WEMHOFF
11601 W WAVERLY RD
LINCOLN NE 68402

TOTAL: $200.00

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

RECEIVED
OCT 16 2003

A

Permit Number: 033802728 HP

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 11601 W Waverly Rd (no rural route) City Malcolm NE, Zip 68402

Legal Description Lot 15 NE 17-11-5 15 I.T.
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 Cy C. Wemhoff Signature _____

Address 11601 W. Waverly Rd City/State/Zip Malcolm, NE 68402

☐ Check if owner designed system Home Phone 416-8275 Work Phone _____

C. Contractor

Name Lloyd Jakoubek Company Name Raymond Contracting Inc

Address 13800 NW 70th St 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 _____ Firm _____ Work Phone _____

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 1* Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

* currently 1 bedroom, installing a 1,500 gallon tank so homeowner can increase to 4 bedrooms

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 10/17/03 Date frwd 10/17/03 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10-20-03 Date frwd 10-20-03 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10/20/2003 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Dan Marquardt

Date 11-21-03

Business Office Use Only

Date Rec'd 10/20/03

Amt Paid 200.00

Rec'd By _____ Cash/Check No. 5100

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

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B

Permit Number: 033802728

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 11601 W. Waverly Rd (no rural route) City Malcolm NE, Zip 68402

Owner Cy Wemhoff Addresss 11601 W Waverly Rd

Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM Percolation Rate: 32 min./inch

Date of Tests 10/8/03 to 10/9/03 Weather: Precipitation ~~0~~ 0 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	27	10/8	12:30	10/8	4:30	10/9	11:15	16	10/9	3:15	30	3/4	40
2	29	"	"	"	"	"	"	"	"	"	"	1	30
3	30	"	"	"	"	"	"	"	"	"	"	1	30
4	28	"	"	"	"	"	"	"	"	"	"	3/4	40
5	28	"	"	"	"	"	"	"	"	"	"	1	30
6	30	"	"	"	"	"	"	"	"	"	"	1 1/4	24

Sum of Percolation Rates: 194

Average of Rates: 32

Rate Used for Calculation:

Person Conducting Percolation Tests

Name: Terri Jakoubek, Raymond Contracting

Phone: 890 3870

Address 13800 NW 70th St

Raymond, NE 68428

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

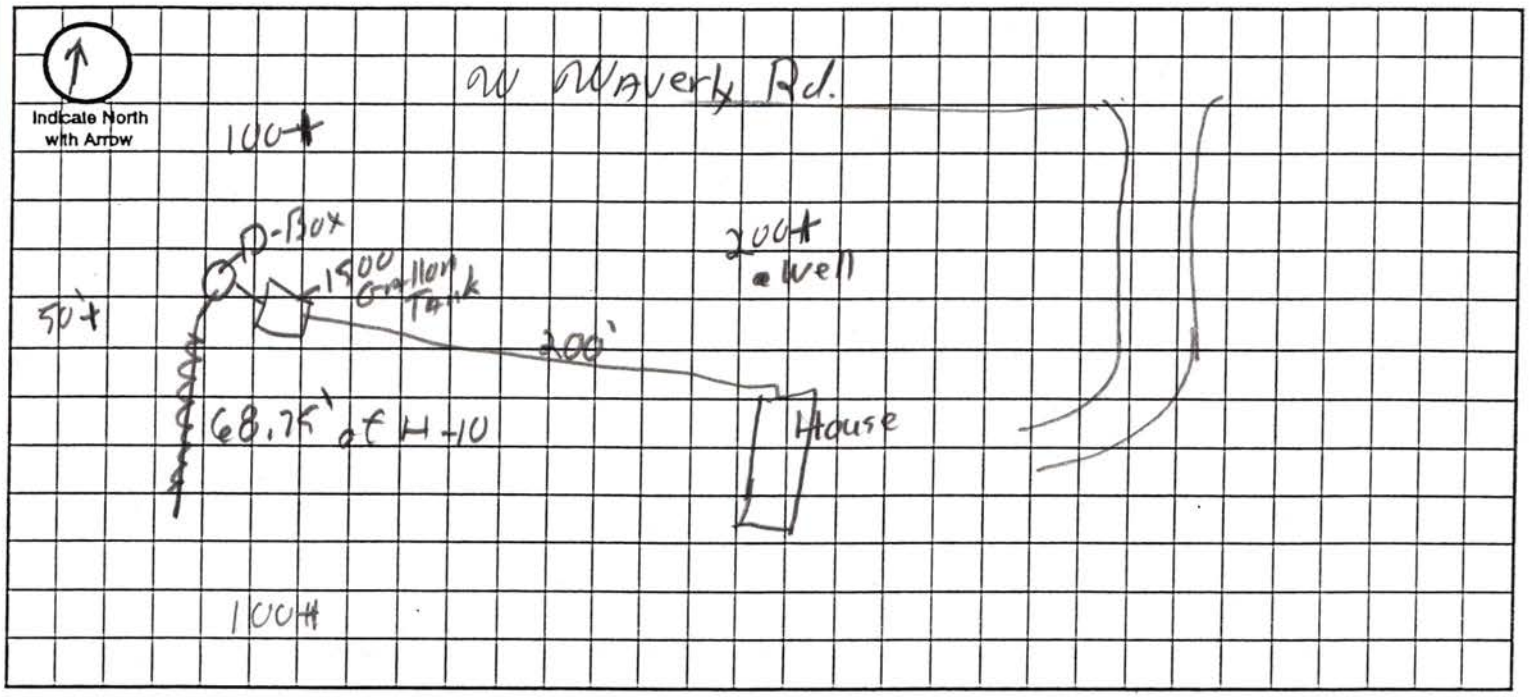
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C

Permit Number: 033802728

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) 11601 W. 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 32 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM 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: H-10 equalizer

Capacity of Septic Tank 1,500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 69 ft. Number of Trenches 1 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 Mark T. Johnson Date 10/14/03

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NOV 2 5 2003

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 11/21/03

System Location (Indicate correct number and street)

Address 11601 W-Waverly Rd. (no rural route) City Malcolm NE, Zip 68402

A. Building Sewer

1. Material: Class 160
   Diameter: 4" in.
2. ~~Distance above basement floor:~~ _____ in.
   or distance below basement floor: 24 in.
3. Distance between dwelling and septic tank: 297' ft.
4. Number of clean-outs: 5
5. Distances to: well or suction line 60+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: concrete
   Number of compartments: one
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☐ below grade At grade in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 18 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: Plastic
   Number available outlets: 3
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: 11' ft.

D. Absorption Field

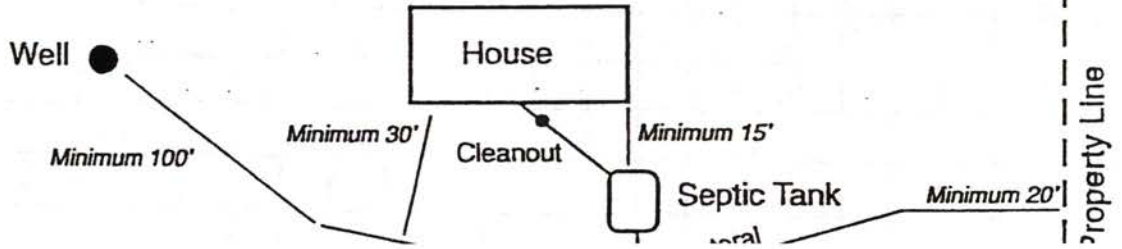
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 34"
   or perforated pipe: _____
   Material: ☒ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number one
   Length of each line: 68' ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4' ft.
   Slope Flat in/100 ft.
   Average depth 24" in
4. Filter material: Dirt
   Depth of material 24 in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



As Built Drawing

