Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

009900

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 07380331301

Issued 03/23/07
Expires 03/23/08
Revenue Code 3157

Establishment:
DARWIN & CYNTHIA EUCKER
T11N R5E SEC 17 QTR SW
10 ACRES LOT 21
11140 NW 121 PL-MALCOLM

FEES: $290.00

Permittee:
DARWIN & CYNTHIA EUCKER
BOX 32
MALCOLM NE 68402

TOTAL: $290.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

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

A

Permit Number: 07380331301 1of

Sewage Disposal System

Request for Site Clearance and Permit

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

FAXED
MAR 23 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 acres

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 11140 NW 121st Pl (no rural route) City Malcolm NE, Zip 68402
LCR 5942

Legal Description SW 17 11N 5E 21
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 Darwin & Cynthia Eucker Signature Cynthia Eucker

Address ~~3011 NW 70th St~~ P.O. Box 32 City/State/Zip ~~Lincoln, NE 68524~~ Malcolm, NE 68402

☐ Check if owner designed system Home Phone 402-796-2402 Work Phone 470-2378

C. Contractor

Name Ubuild It / Darwin + Cindy Eucker Company Name _____

Address PO Box 32 City/State/Zip Malcolm, NE 68402

☐ Check if contractor designed system Work Phone 402.304.3332

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

Designer Name Lloyd Jirkovsky Firm Raymond Contracting, Inc. Work Phone 402-890-6009

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 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 3/23/07 Date frwd 3/23/07 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 3-26-07 Date frwd 3-26-07 ACTION ☒ Approved ☐ Disapproved Signature Jim Plouzek

12/23 Liner lagoon need fence O.K.

Installation Final Written Approval

By _____

Date 3/4/08

Business Office Use Only
Date Rec'd 3/23/07
Amt Paid 290.00
Rec'd By CW Cash/Check No. 1460.

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

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

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Permit Number:

Sewage Disposal System

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☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

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PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 11140 NW 121st Pl (no rural route) City Malcolm NE, Zip 68402

Legal Description SW 17 11N 5E (1/4, 1/4, Section, Township, Range) Subdivision ____ Addition ____ Block ____ Lot 21

Geographical Location (if known): Longitude ____ Latitude ____

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

B. Owner

Name Darwin & Cynthia Eucker Signature Cynthia Eucker

Address ~~3140 N 48th St~~ P.O. Box 32 City/State/Zip ~~Lincoln, NE 68524~~ Malcolm NE 68402

☐ Check if owner designed system Home Phone 402-796-2402 Work Phone 470-2378

C. Contractor

Name Darwin / Darwin Cody Eucker Company Name ____

Address PO Box 32 City/State/Zip Malcolm, NE 68402

☐ Check if contractor designed system Work Phone 402.304.3332

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2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/26/07 Date fwd 3/26/07 ACTION ☒ Approved ☐ Disapproved Signature M. Link
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 23-100 10-95

White - Health Dept Yellow - Engineer Pink - Bldg. Inspector

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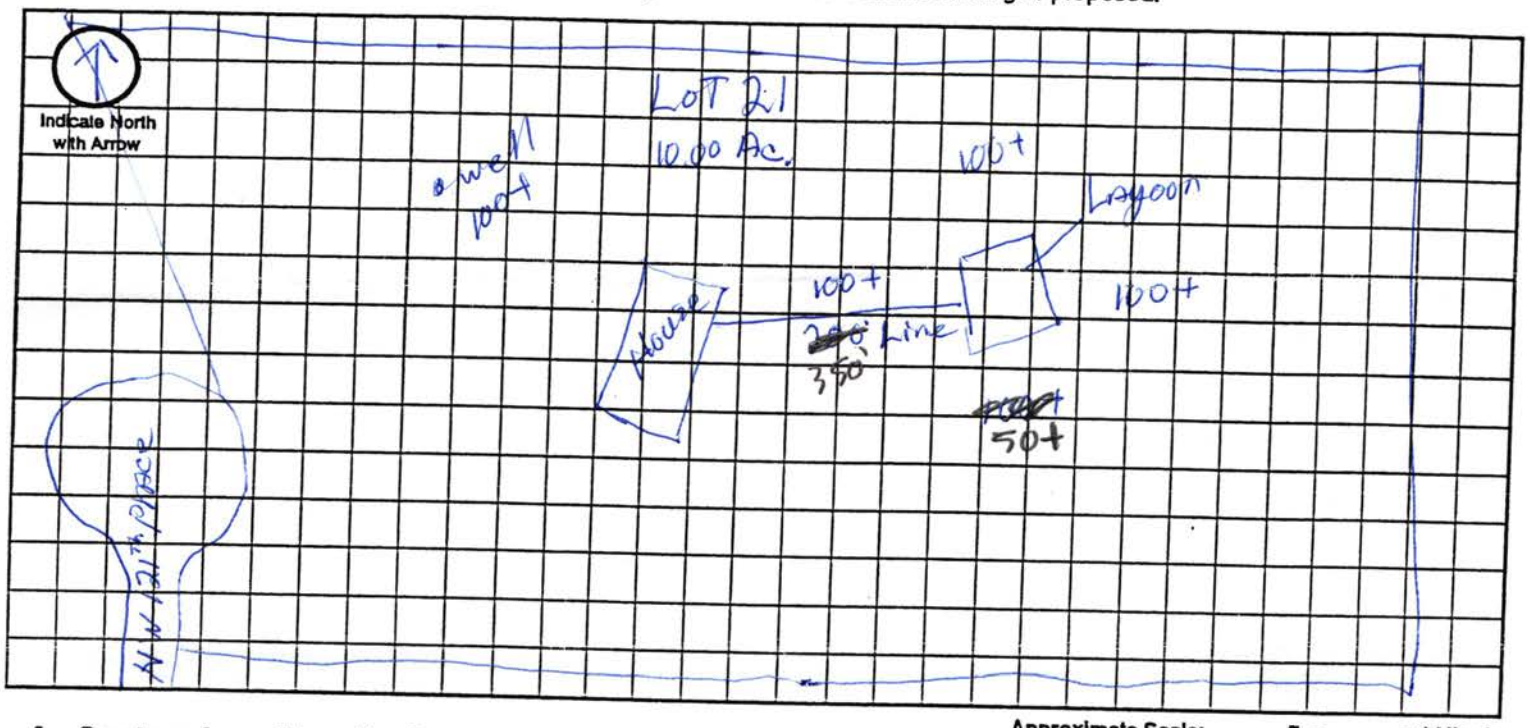
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 11140 NW 121st Place 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: _____ %

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 Cindy Eucker Date 3/15/07

Installer Mark S. Johnson Date 2-1-06

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

OCT 26 2007

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 10/23/07

System Location (Indicate correct number and street)
Address 11140 NW 121st Pl (no rural route) City Malcolm NE, Zip 68402

A. Building Sewer

1. Material: SDR26
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and septic tank: 371 ft.
4. Number of clean-outs: 5
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: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

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

D. Absorption Field

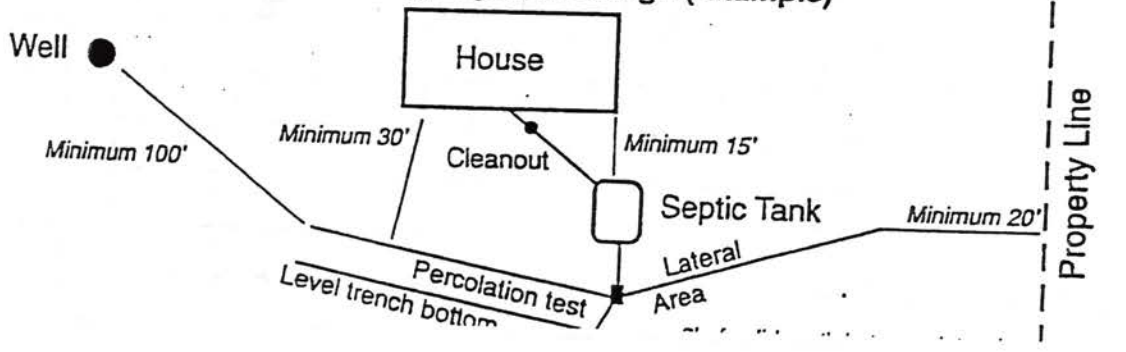
(Provide as-built drawings on back of this form)

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

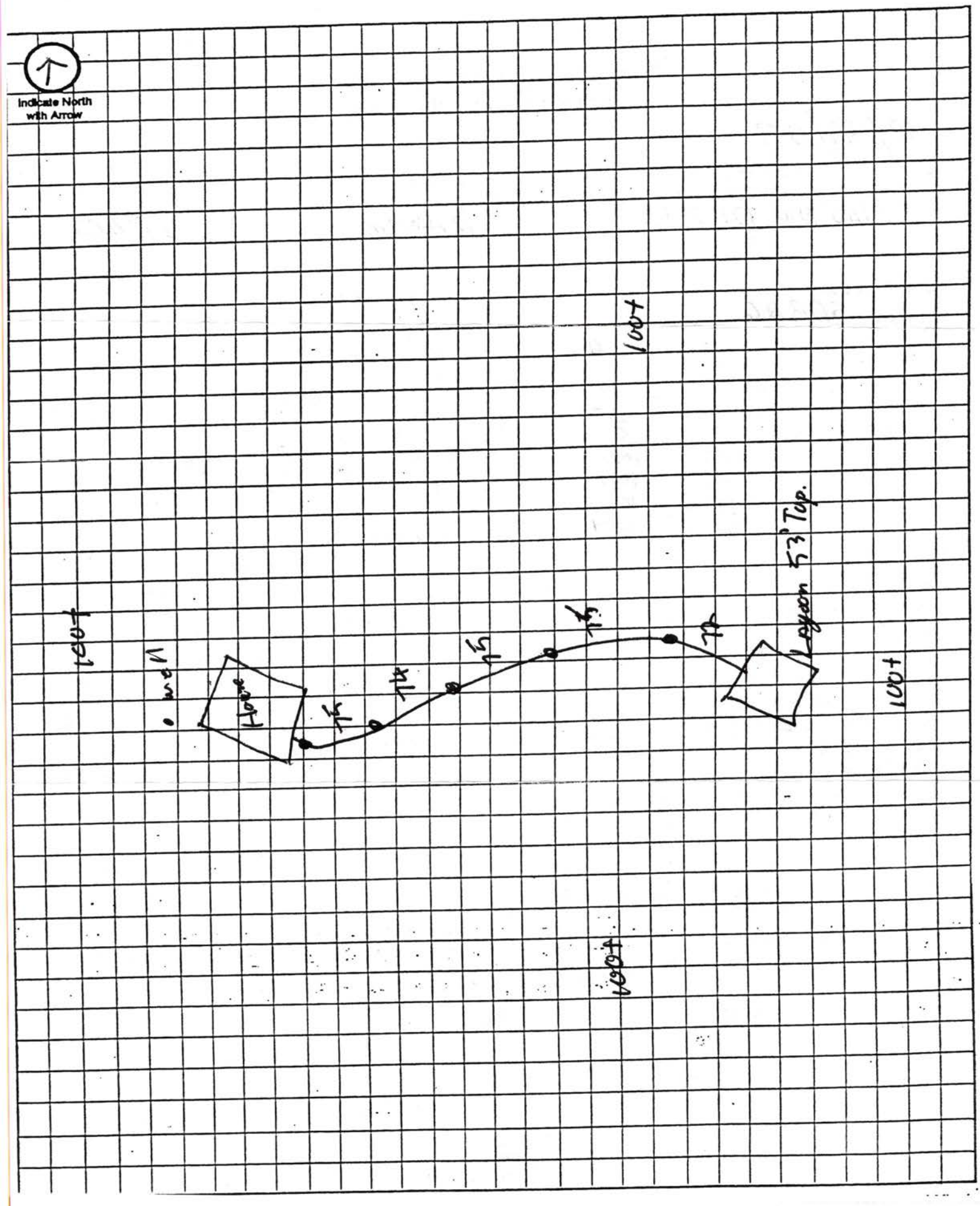
Indicate North with Arrow

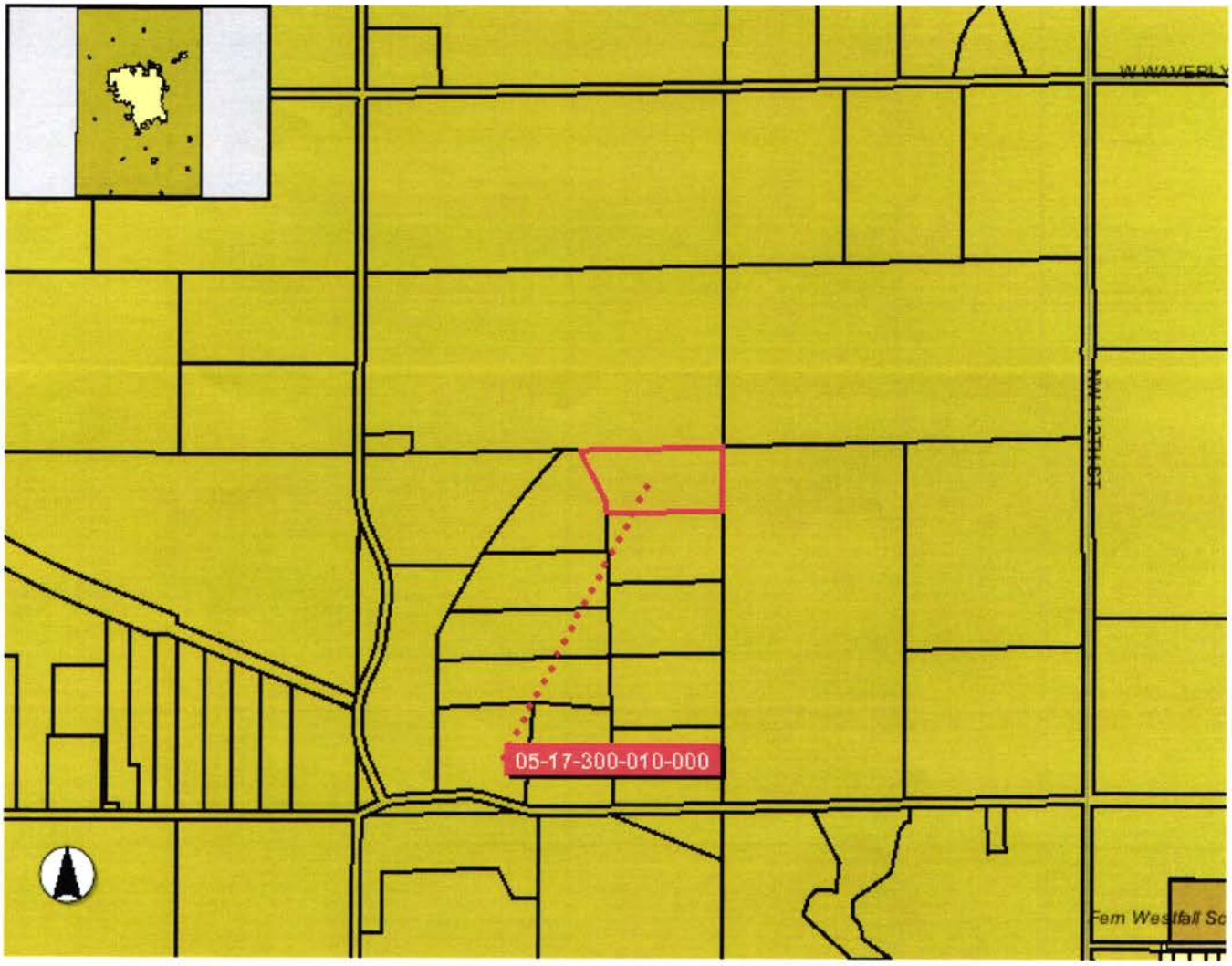
Complete "As Built" drawing on back of this form.

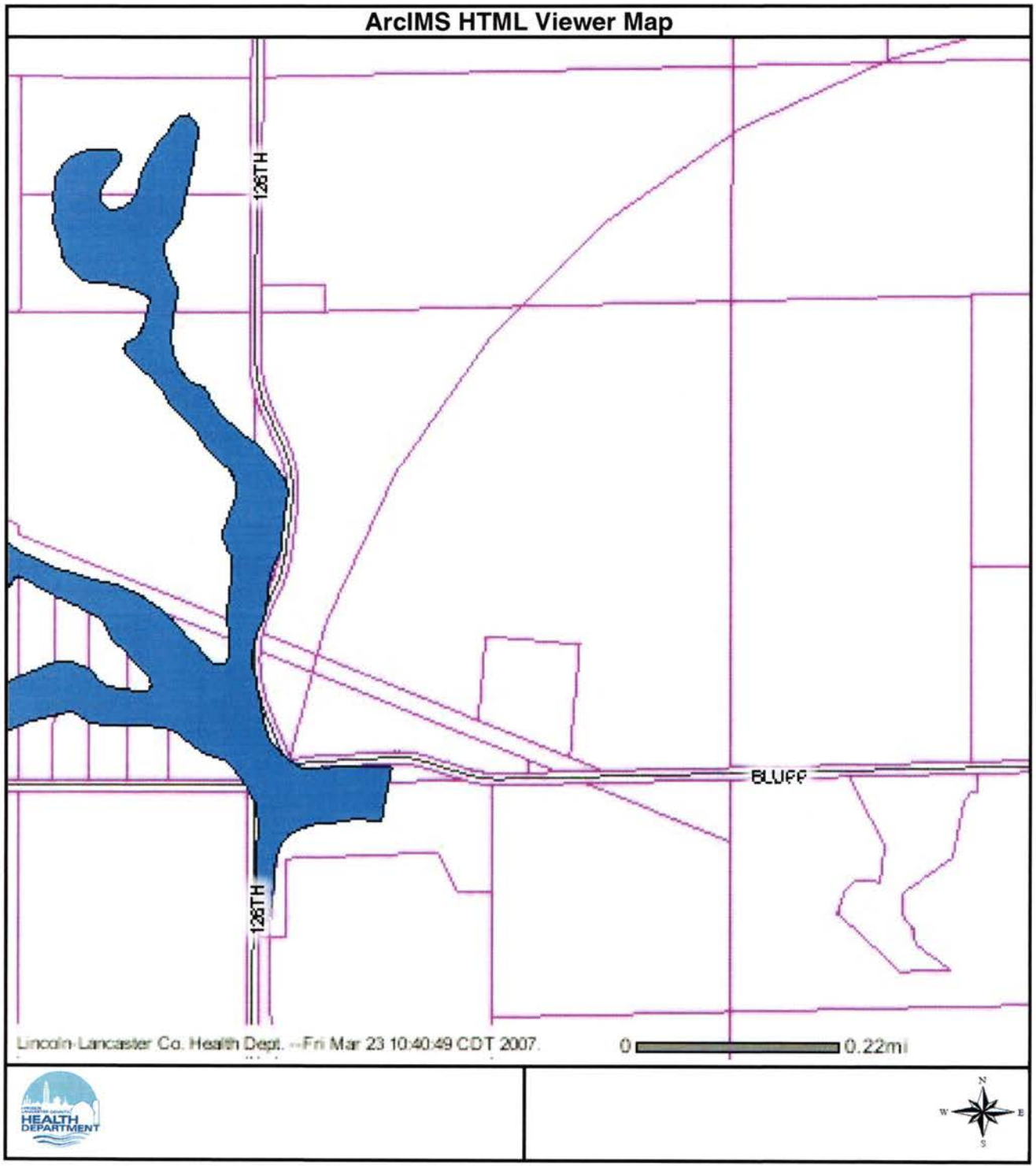
Individual Sewage System Design (Example)

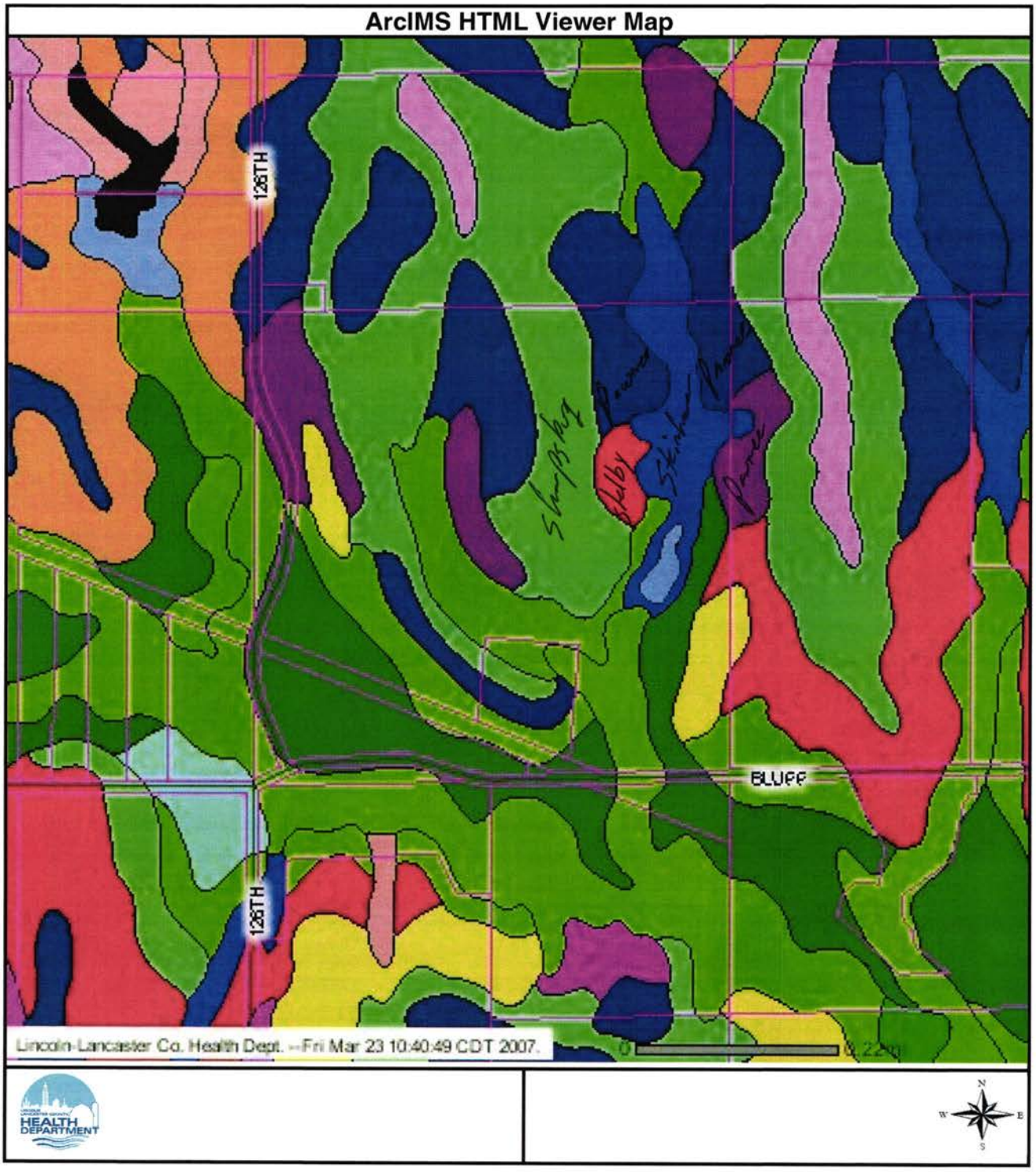


As Built Drawing




W WAVERLY
NW 112TH ST
05-17-300-010-000


ArcIMS HTML Viewer Map
126TH
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Lincoln-Lancaster Co. Health Dept. --Fri Mar 23 10:40:49 CDT 2007.
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ArcIMS HTML Viewer Map
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