Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

009901

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 07380331201

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

Establishment: RANDY & SANDY FRANKS
T11N R5E SEC 17 QTR SW
6 ACRES LOT 19
10900 NW 121 PL-MALCOLM

FEES: $290.00

Permittee: RANDY & SANDY FRANKS
3010 PIONEERS BLVD
LINCOLN NE 68502

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: 07380331201A

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:

6 gpm

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 10900 NW 121st Pl (no rural route) City Malcolm NE, Zip 68402

LCR 594I

Legal Description SW 17 11 5 19
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 Randy & Sandy Franks Signature Sandra S Franks

Address 3010 Pioneers Blvd City/State/Zip Lincoln, NE 68502

☐ Check if owner designed system Home Phone 402-486-1803 Work Phone 402-472-5484

C. Contractor

Name Vendelle Eckis Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

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

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 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 Blomgh

Installation Final Written Approval

By _____

Date 11/21/07

Business Office Use Only
Date Rec'd 3/23/07
Amt Paid $290.00
Rec'd By CW Cash/Check No. 4611

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

A

Permit Number:

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Legal Description SW 17 11 5 19
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 Brandy & Sandy Franks Signature Sandra S Franks

Address 3010 Pioneers Blvd City/State/Zip Lincoln, NE 68502

☐ Check if owner designed system Home Phone 402-476-1803 Work Phone 402-477-5484

C. Contractor

Name Vendella Erks Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

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

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

1. Health Department — Date rec'd 3/23/07 Date fwd 3/23/07 — ACTION ☑ Approved ☐ Disapproved — Signature _____
2. Supt. Bldg. Insp. or Village Clerk — Date rec'd 3/26/07 Date fwd 3/26/07 — ACTION ☒ Approved ☐ Disapproved — Signature N. 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 10-98 White: Health Dept Yellow: Applicant Pink: Bldg. Inspector

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

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 10900 NW 12th St (no rural route) City Malcolm NE, Zip 68402

Owner Sandy Franks Addresss 3010 Pioneers Blvd Lincoln, NE 68502

Soil Type (SCS): Judson Percolation Rate: 24 min./inch

Date of Tests 9/13/05 to 9/14/05 Weather: Precipitation 0 Temperature 71°

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	26	9/13	8:00a	9/13	12:00p	9/14	7:30a	6	9/14	11:30a	30	17/16	30/1.44 = 21
2	26	"	"	"	"	"		"	"	"	"	19/16	30/1.56 = 19
3	30	"	"	"	"	"		"	"	"	"	1 1/16	30/1.06 = 28
4	28	"	"	"	"	"		"	"	"	"	1 1/8	30/1.13 = 27
5	27	"	"	"	"	"		"	"	"	"	1 1/16	30/1.06 = 28
6	30	"	"	"	"	"		"	"	"	"	1 3/8	30/1.38 = 22

Sum of Percolation Rates: 145
Average of Rates: 24
Rate Used for Calculation: 24

Person Conducting Percolation Tests

Name: Terri Jakoubek, Raymond Contracting, Inc.
Phone: 402-783-2663 or 402-890-3870
Address 13800 NW 70th St
Raymond, NE 68428 # C1198

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

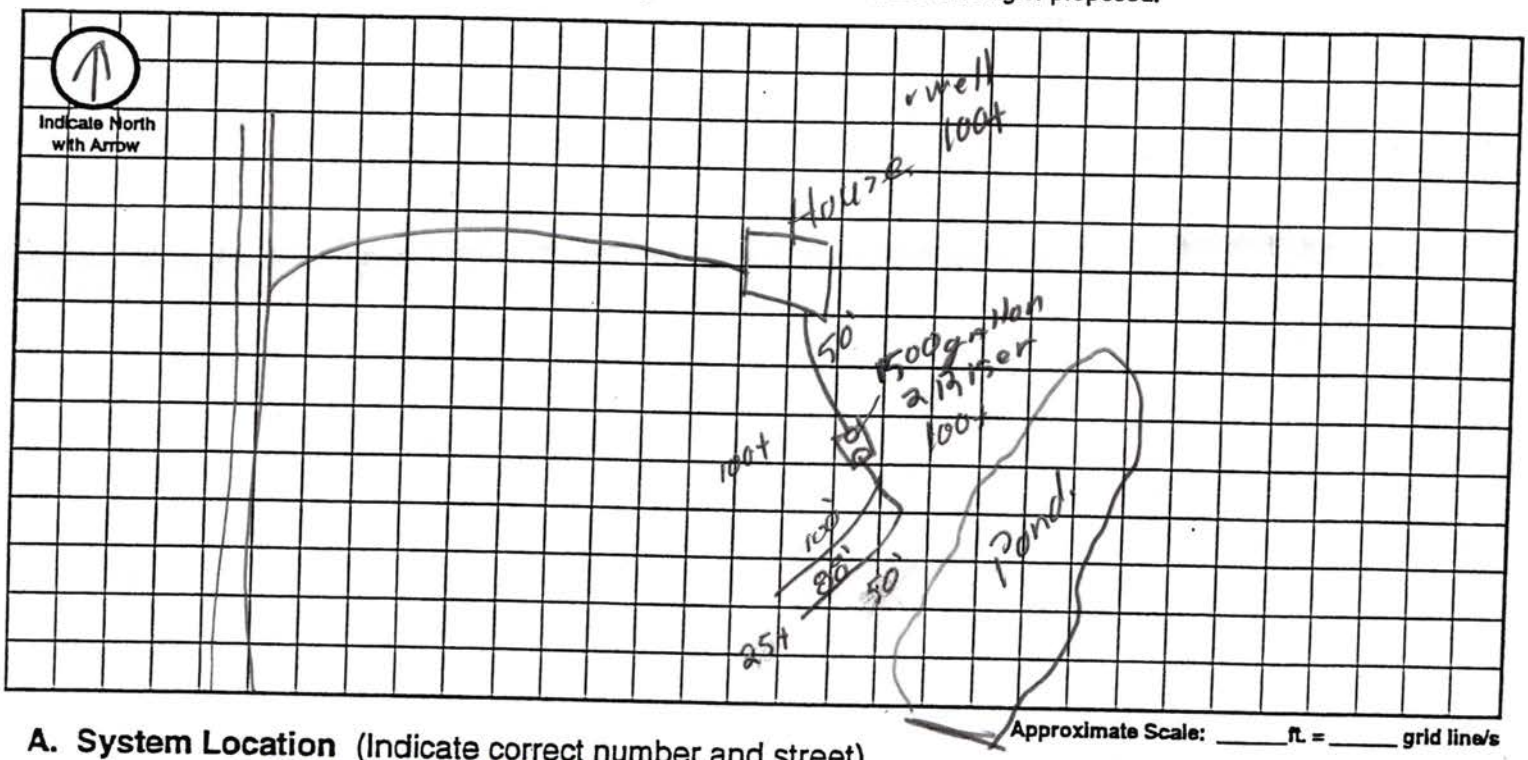
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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.



A. System Location (Indicate correct number and street)

Address (no rural route) 10400 NW 12th St Malcolm City NE, Zip 68402

SW'14 S17-T11-R5 Lot 19

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other

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

Percolation Rate 24 (min. per inch) Soil Type: Judson Land Slope: %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other

Total Square Feet of Field Required: 750 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: Infiltrator Quick 4

Capacity of Septic Tank 1500 gals Number of Absorption Beds: Number of Distribution Laterals per Bed

Total Length of Laterals 188 ft. Number of Trenches 2 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 Sandra S. Franks Date 16 Mar 07

Installer Date 3-16-07

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

D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date 11/19/07

System Location (Indicate correct number and street)
Address 10900 NW 12[1]st 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: 38 in.
3. Distance between dwelling and septic tank: 91' ft.
4. Number of clean-outs: one
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: 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: 12" 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: 2 Quick 4 End caps.
   Number available outlets: 3 per cap.
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 10' ÷ 20' ft.

D. Absorption Field

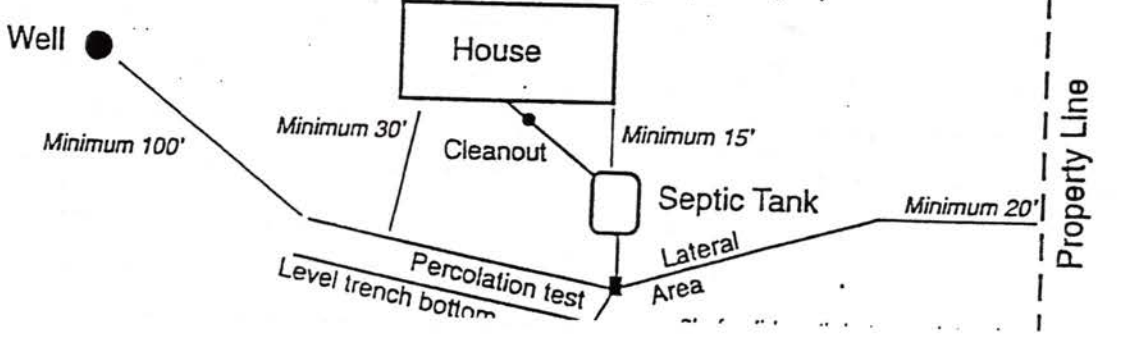
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 12" Tall x 34" wide.
   or perforated pipe: _____
   Material: ☑ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 102'
   Length of each line: 98' ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 40" ft.
   Slope Flat' in/100 ft.
   Average depth 30"- 48" in
4. Filter material: Dirt
   Depth of material 30" - 48" 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

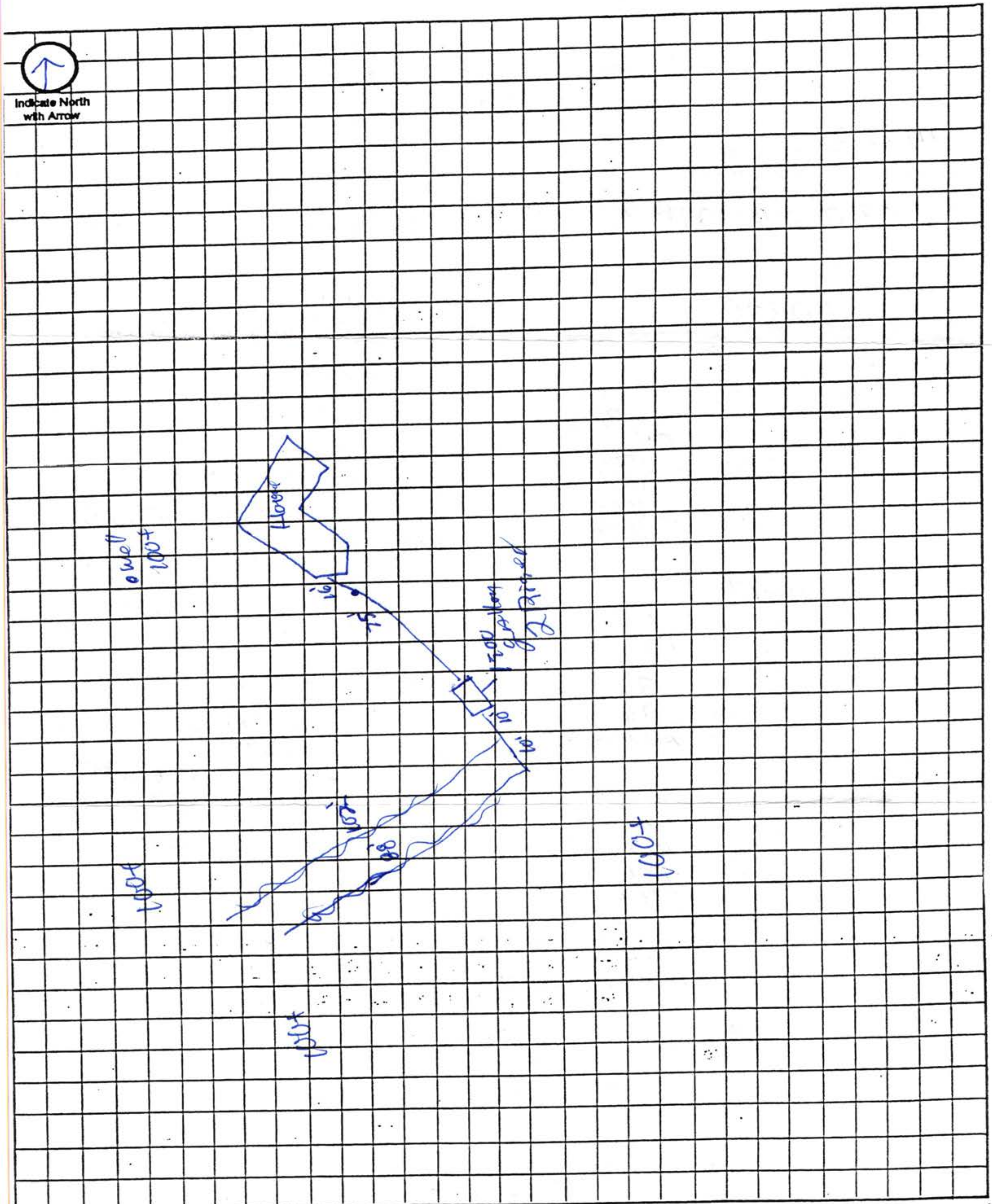
Complete "As Built" drawing on back of this form.

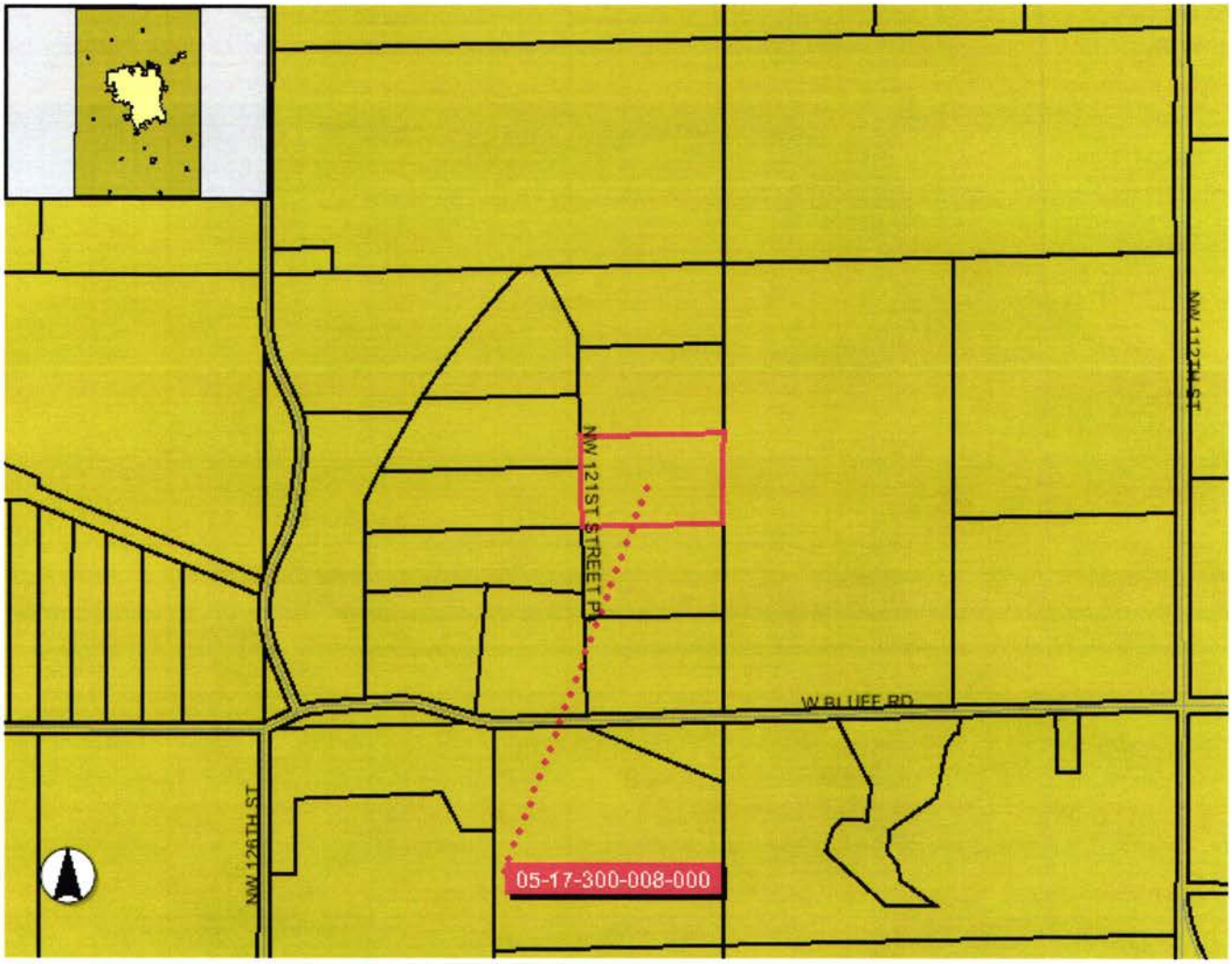
Individual Sewage System Design (Example)

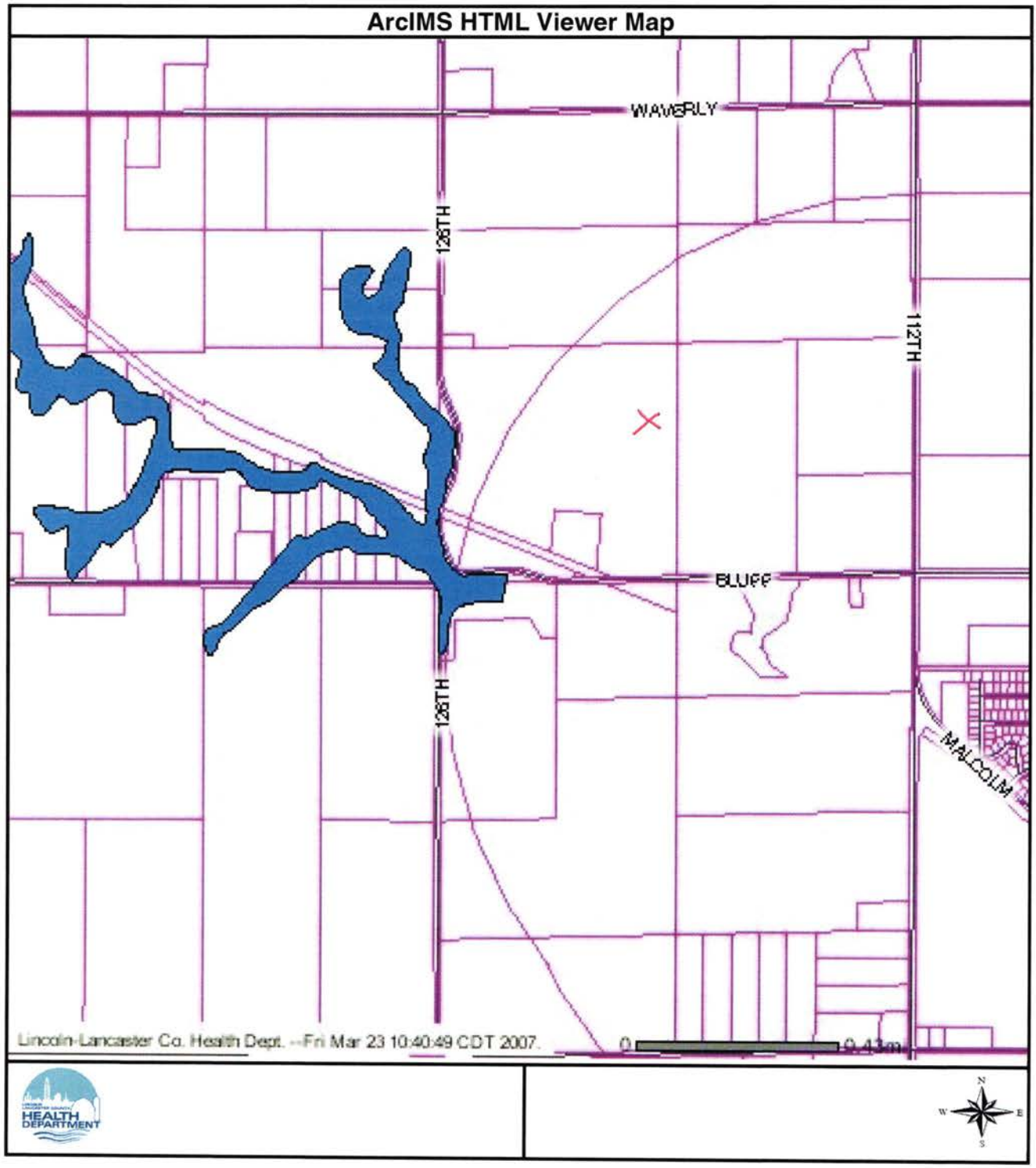


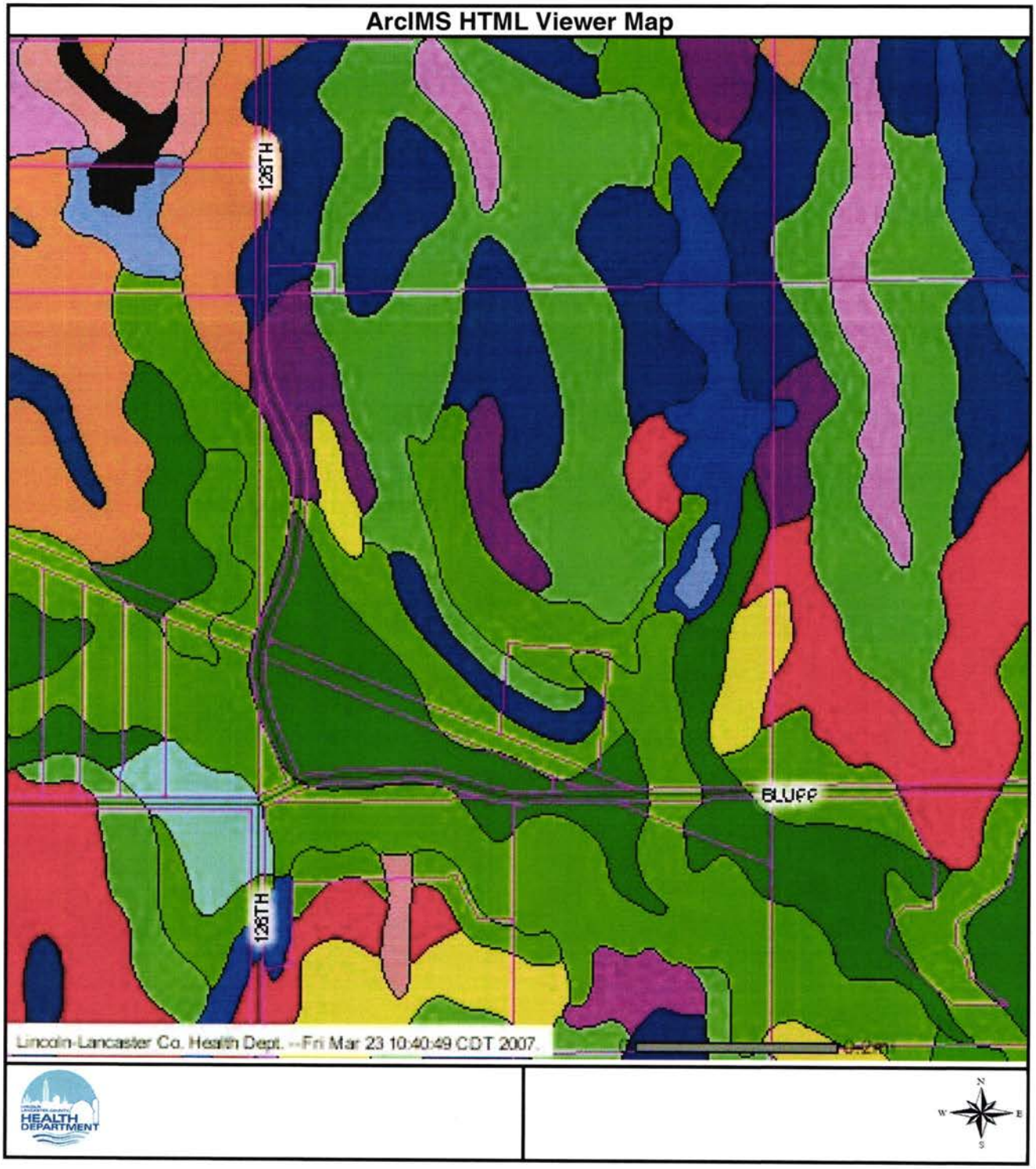
FORM 23-103 10-96

As Built Drawing




NW 121ST STREET PL
W BLUFF RD
NW 126TH ST
NW 112TH ST
05-17-300-008-000


ArcIMS HTML Viewer Map
WAVERLY
126TH
112TH
BLUFF
126TH
MALCOLM
Lincoln-Lancaster Co. Health Dept. --Fri Mar 23 10:40:49 CDT 2007.
0
0.43mi
HEALTH DEPARTMENT
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ArcIMS HTML Viewer Map
126TH
BLUFF
126TH
Lincoln-Lancaster Co. Health Dept. --Fri Mar 23 10:40:49 CDT 2007.
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