Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003133

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380272601

Issued 09/24/03
Expires 03/24/04
Revenue Code 3157

Establishment: BRAD SOUTHWICK
T11N R5E SEC 16 QTR SE
LOT 17
10400 W BLUFF RD-MALCOLM

FEES: $200.00

Permittee: BRAD SOUTHWICK
17201 S 72 ST
HICKMAN NE 68372

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

OCT 1 4 2003

A

Permit Number: 03380272601

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 10400 W. Bluff Rd. City Malcolm NE, Zip 68402
(no rural route)

Legal Description ~~Lot 7~~ ~~SW~~ of SE 16 11N 5E 17
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 Nordmeyer Signature _____

Address _____ City/State/Zip LINCOLN, NE

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address ~~10400 W. Bluff Rd.~~ PO Box 72 City/State/Zip Hickman, Ne 68372

☒ Check if contractor designed system Work Phone 430-7606

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 _____ 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 9/25/03 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Gerald E. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9/29/03 Date frwd 10/01/03 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10/20/03 Date frwd 10/20/03 ACTION ☒ Approved ☐ Disapproved Signature _____

9/25/03 Line, tank, lateral. Need drawing DS

Installation Final Written Approval

By _____

Date 12/10/03

Business Office Use Only
Date Rec'd 09/24/03
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 5231

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

B

Permit Number: 033802726

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 10400 W. Bluff Rd. (no rural route) City Malcolm NE, Zip 68402

Owner Tim Nedrow Addresss

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

Date of Tests 6-23 to 6-24-03 Weather: Precipitation — Temperature 70s

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	36	6/23	7:00	6/24	5:30	6/24	8:35	25 3/4	6/24	9:05	30	1	30
2			PM		AM		AM	23 1/2		AM		3/4	40
3								24 1/4				3/4	40
4								26 1/8				1 3/8	24
5								25 3/4				1 3/4	18
6								30 1/8				2 1/8	16

Sum of Percolation Rates: 168
Average of Rates: 28
Rate Used for Calculation: 40

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 430-7606 / 475-2462
Address 17201 S. 72 nd.
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

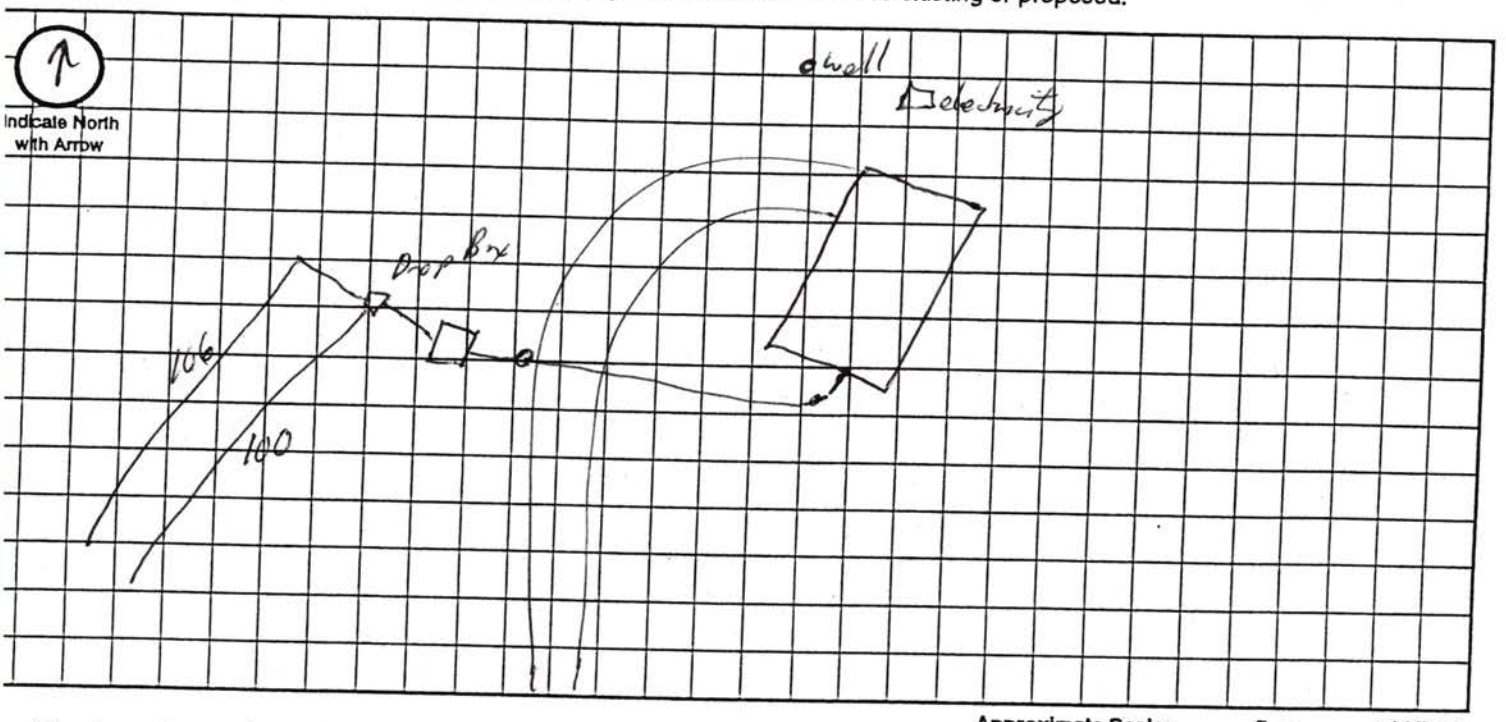
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 033802726

Sewage Disposal System
Preliminary Plan Specifications

raw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, ompass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



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

. System Location (Indicate correct number and street)

ddress (no rural route) 10400 W. Bluff Rd. City Malcolm NE, Zip 68402

. Proposed Septic Tank/s

ank Material: ☒ Concrete ☒ Plastic ☐ Other _____

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

rcolation Rate 40 (min. per inch) Soil Type: SHC Land Slope: 4 %

pe of Absorption System: ☒ Trench ☐ Bed ☐ Other _____

tal Square Feet of Field Required: 825 sq. ft.

pe of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: H10 Infiltrator

pacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

al Length of Laterals 206 ft. Number of Trenches 2 Trench Width _____

Setbacks Check the Boxes Below if the Required Setback has been Satisfied

istance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
ank (ft)	50 ☒	500 ☒	50 ☒	NA ☐	25 ☒	20 ☒	15 ☒	25 ☒	☒
ield (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
goon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

Required Signatures

ne Building Contractor _____ Date _____

aller Brad Smith Date 9-23-03

23-102 10-96

T11N, R5E, SEC. 16

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 9-25-03

System Location (Indicate correct number and street)
Address 10400 W. Bluff Rd (no rural route) City Malcolm NE, Zip 68402

A. Building Sewer

1. Material: Sch 40 PVC
   Diameter: 4" in.
2. Distance above basement floor: 4 in.
   or distance below basement floor: 11 in.
3. Distance between dwelling and septic tank: 125 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line >50 ft.
   stream NA ft.
   pressure line NA ft.
   property line >20 ft.

B. Septic Tank

1. Material: Plastic (Snyder)
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 18 in.
   Over outlet, diameter 18 in.
   Riser: ☐ above ☐ below grade ____ in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 14 in.
8. Distances to: Well or suction line >50 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line >20 ft.

C. Distribution Box Drop Box

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

D. Absorption Field

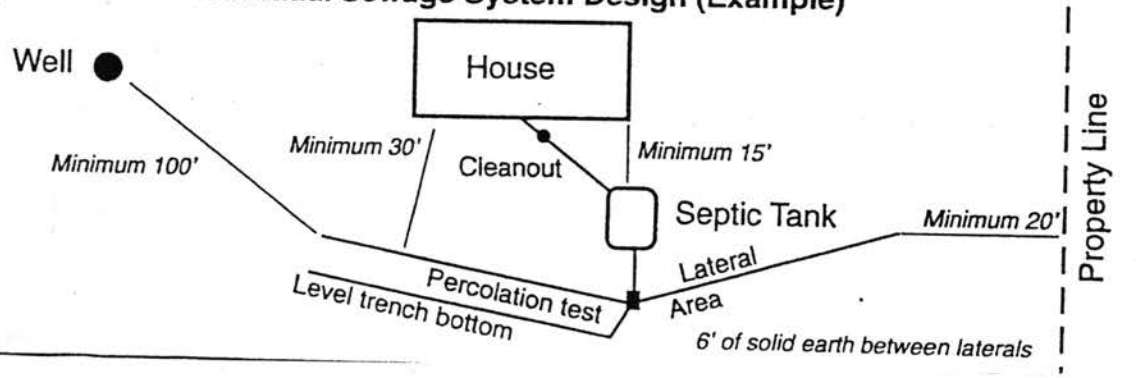
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: 36 Infiltrator
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 2
   Length of each line: 106 ft. 100 ft.
   ____ ft. ____ ft., ____ ft.
3. Trench dimensions: Width 3' ft.
   Slope 3½ in/100 ft.
   Average depth 28 in
4. Filter material: Gravelless
   Depth of material ____ in.
5. Distances to: Well or suction line >100 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line >20 ft.

Indicate North with Arrow

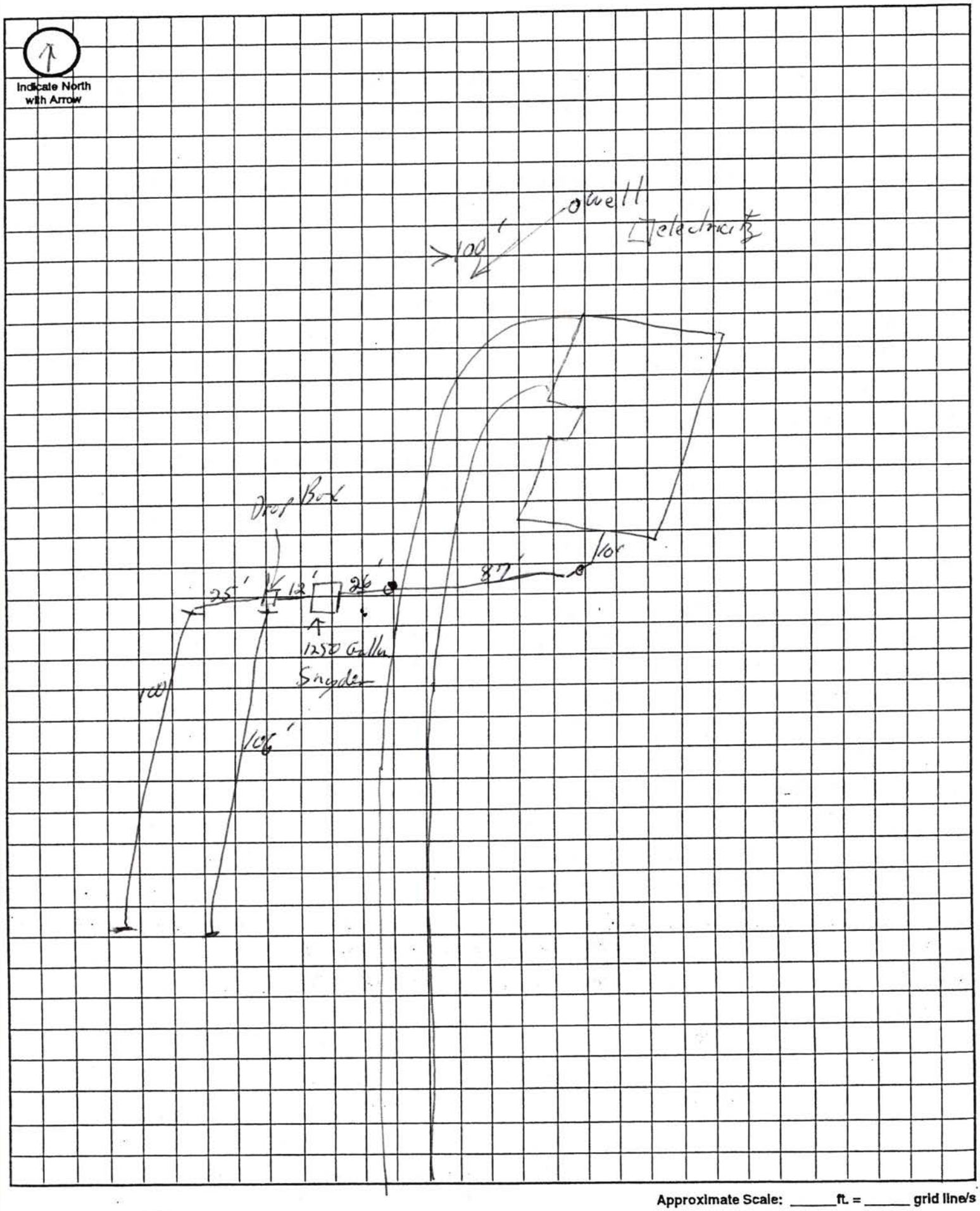
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

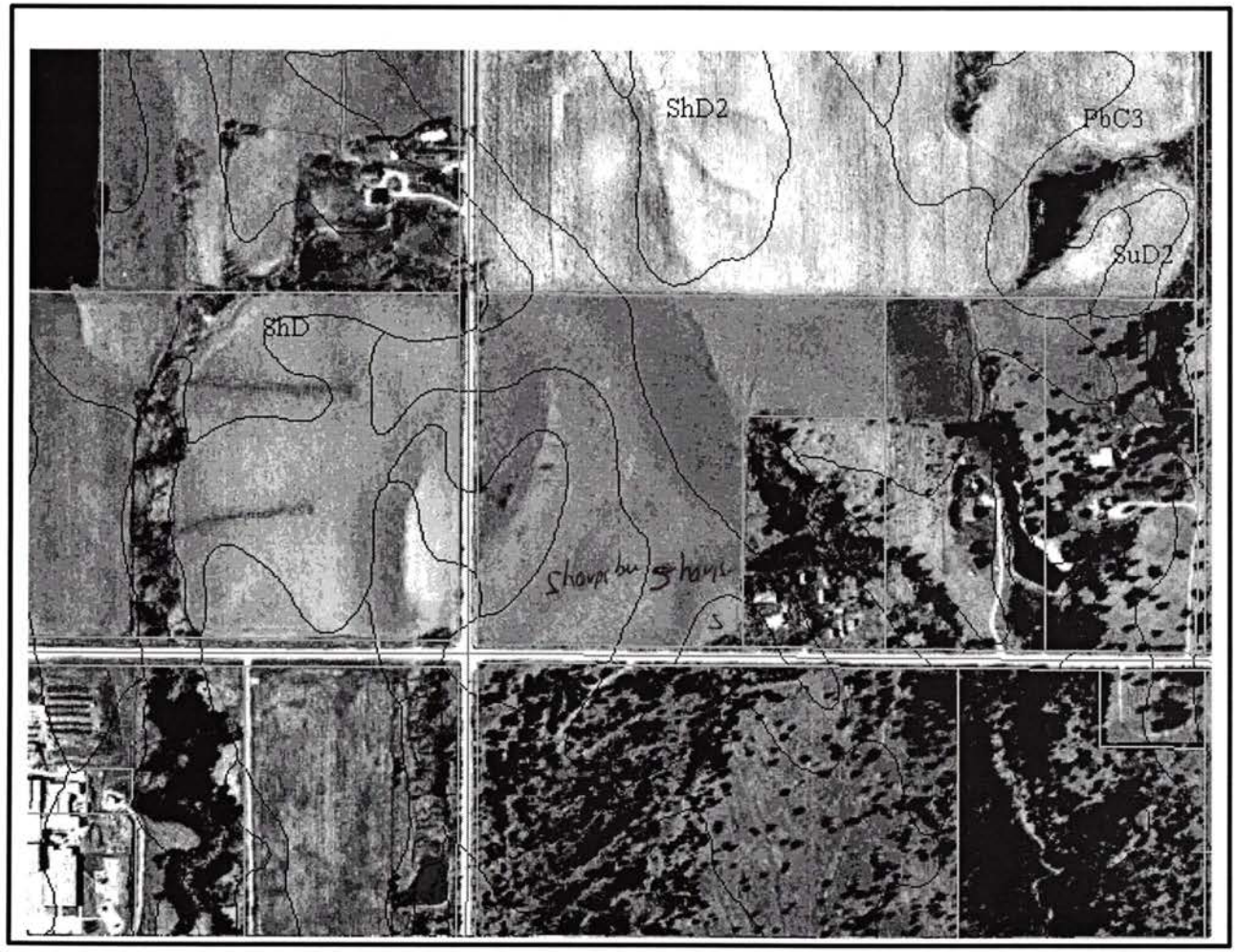
As Built Drawing



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

ESRI ArcExplorer 2.0

Map Title



streets
Parcels
soils (MUSYM)

N

Wednesday, Sep 24 2003

ESRI ArcExplorer 2.0

West Bluff



streets

Parcels

N

Wednesday, Sep 24 2003