LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 91380072801

Issued 07/18/91
Expires 01/18/92

ESTABLISHMENT

KIM VANDERKOLK
T11N R5E SEC 15
LOT 7

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

KIM VANDERKOLK
9800 W BLUFF RD
MALCOLM NE 68402

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
7/18/91	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: _____

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 11 N ; Range 5E ; Section 15 ;
   Block / : Lot 7 I.T. : Addition /
   Street Address 9800 West Bluff Road

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: _____ ft.

Kenneth J. Vanderbeek
Signature of Applicant (Owner or Lessee)

9800 West. Bluff Road
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/17/91. Date Frwd. 7/18/91. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 7/18/91. Date Frwd. 7/18/91. ACTION: Approved ☒ Disapproved ☐ Signature: Don Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 23-43

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: _____

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 11N ; Range 5E ; Section 15 ;
   Block / : Lot 7 I.T. : Addition /
   Street Address 9800 West Bluff Road

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: _____ ft.

Kenneth J. Vanderbeek
Signature of Applicant (Owner or Lessee)

9800 West. Bluff Road
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/17/91. Date Frwd. 7/18/91. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7-26-91. Date Frwd. 7-26-91. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 7/18/91. Date Frwd. 7/18/91. ACTION: Approved ☑ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-23-91 by: [illegible]
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-23-91 By: Ron Maynard

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 23-43

3'-222'
4'-166

3 bedroom

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: Lancaster N. 98th + West Bluff Rd.

Location: Township 11N ; Range 5E ; Section & ¼ Section 15.
Property Dimensions: _____ ft. x _____ ft. Area: 17 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐
Dates of Tests: 11-14-90 to 11-15-90. Weather: Precip. 0 Temp. 40°-75°

OWNER: Kim Vanderkolk

Address: Rt. 1 Box 80-B Malcolm, Ne. 68402

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36"	10/14	6:45 pm	10/15	9:45 pm	10-15	5:00 pm	12"	9 pm	5¾"	30	⅜"	37.62
2	36"	10/14	"						10-15	4¾		⅝"	33.1
3	36"	10/14	"							0		2¼	20
4	36"	10/14	"							4½		1½"	33.1
5	36"	10/14	"							½"		2¼"	20.87
6	36"	10/14	"							2"		1"	24

Kim Vanderkolk
Signature of Person Conducting Test

Address Rt. 1 Box 80-B Malcolm, 68402 Phone 796-2145

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

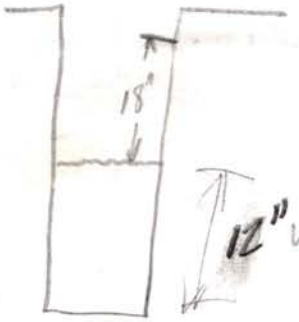
Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: December 14, 1990

Approved Percolation Rate (a)
A. 23 min./inch
B. _____ min./inch
C. _____ min./inch

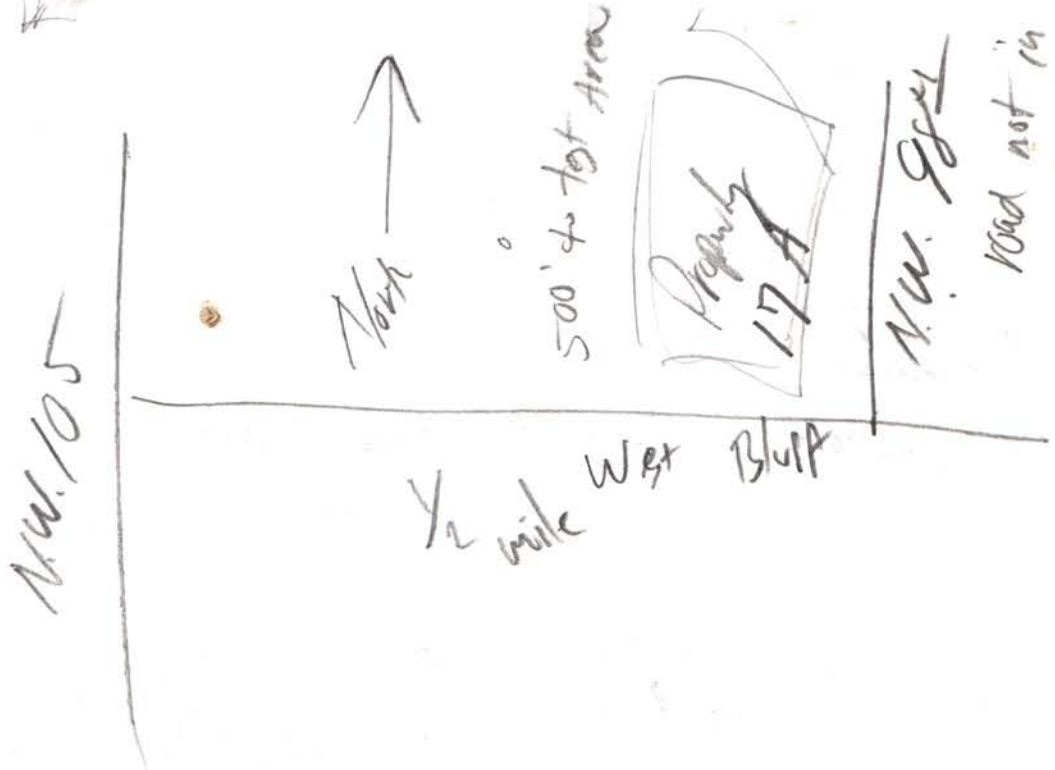
Gerald C. Wood
Signature of Reviewing Official

drop rate

	1	2	3	4 refill	5	6
500 start	O	O	O	O	O	O
1 5:30	1¼	1⅜	2⅛	4½	2¼	2¼
2 6:00	2	2¼	3⅝	6"	3⅜	3½
3 6:30	2½	3"	4⅜	7"	4½	4½
4 7:00	3½	3¾	6"	8"	6"	5⅝
5 7:30	4⅜	5¼	8"	9⅜	7¼	7¼
6 8:00	5¼	6⅝	9⅜	10½	8½	8½
7 9:30	6"	7¼	10½	12"	9¼	9"
8 9:00	6⅝		12"		11½	10"



water @ 18' below nail start of ready



FORM 20102-0477 PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application) City Ordinance No. 9150 ☐ County Resolution No. 2832 ☒	LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT Division of Environmental Health 2200 St. Marys Avenue Lincoln, Nebraska 68502 Phone: 471-7800 **C**
Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.	FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.

REVIEWING ACTION

Remarks: _____

Date: July 17, 1991

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 665 sq.ft.

Gerrold E. Hood
Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

D

DATE: _____

FILE NO. _____

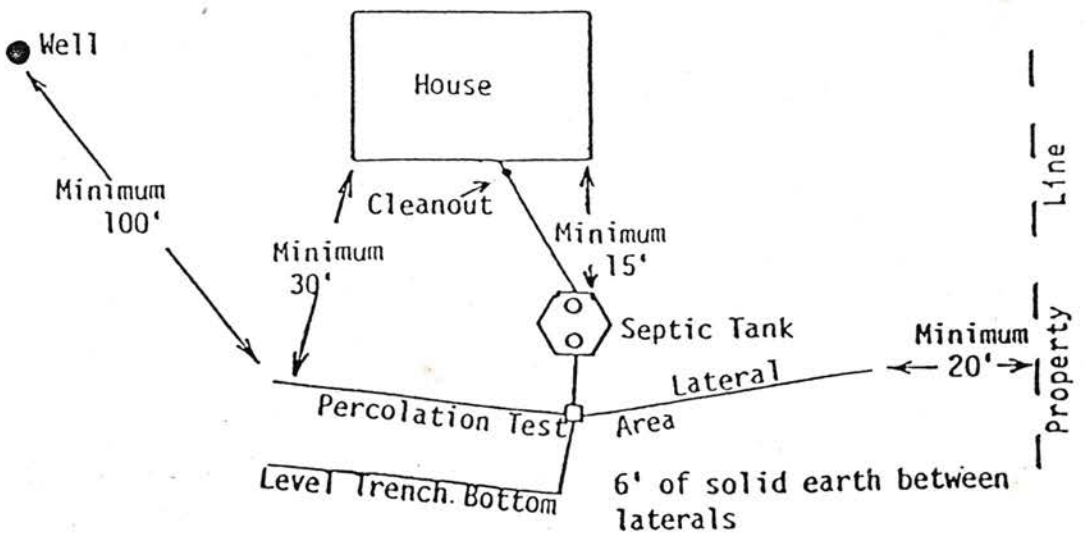
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material 160 ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 66 ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Precast ; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade _____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade 8" in.
8. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Precast ; Number - available outlets _____.
2. Factory Built: Yes ☐ No ☐
(Company _____)
3. Distance from Septic Tank _____ ft.

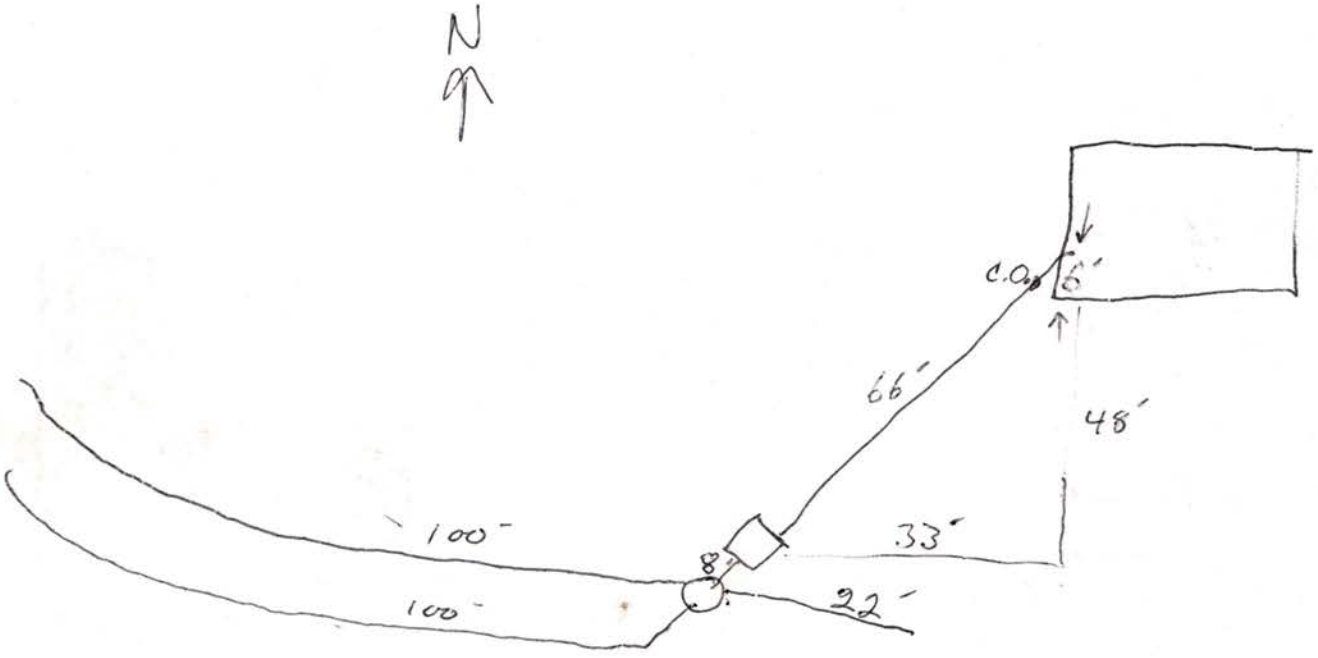
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒
Diameter of Half Round _____ or
Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 3 ; Length of each line 100 , 100 , 22 , _____ , _____ ft.;
Total length of laterals 222 ft.;
Distance between lateral lines 6 ft.
3. Trench dimensions: Width 3 ft.;
Slope 3" in/100 ft.; Average Depth 32" in.
4. Filter Material: Road Gravel
Depth of Material _____ in.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Larry Schwarck

8-23-91



APPLICATION FOR WELL REGISTRATION AND SAMPLING Bac-O

DATE:

Legal Description of Property 16-11-5
Directions to Property ½ mile north & ½ mile east of Malcolm

Land Owners
Name: KIM VANDERKOLK
Address: 9800 WEST BLUFF ROAD
Phone: 796-2145

Send Results to:
Name:
Address: SAME AS OWNER
Phone:

Land Owners Signature [signature]

I hereby authorize the Health Department to inspect, sample, and register the well on the above property.

Well Data: Please fill in the following information as thoroughly as possible. Leave blank any areas that are unknown.

Approximate Depth of well	240'
Casing Material	PVC
Casing Diameter	4" or 5"
Is well located in a pit	no
Type of pump	submersible

POINT SOURCES - DISTANCE WITHIN 1/2 MILE OF WELL FROM: UPHILL/DOWNHILL FROM WELL

HOUSE FOUNDATION	160' (distance)	FEET	U/D
CESSPOOL	/	FEET	U/D
SEPTIC TANK	200'	FEET	U/D
SEWAGE DISTRIBUTION FIELD	250'	FEET	U/D
WASTE STABILIZATION LAGOON	/	FEET	U/D
BARN YARD	150	FEET	U/D
NEAREST WELL	600	FEET	U/D ?
NEAREST PASTURELAND	200	FEET	U/D
NEAREST CROPLAND	1000	FEET	U/D
SHOP	150	FEET	U/D
GRAINERY	/	FEET	U/D
FUEL TANKS	/	FEET	U/D
OTHER POTENTIAL CONTAMINATION SOURCE		FEET	WHAT?

ADM.0002/34