LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION
3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 98380188701

Issued 11/06/98
Expires 05/06/99
Revenue Code 3157

FEES: $150.00

PAID

Establishment
TROY & MICHELLE RIVERS
T11N R5E SEC 15 QTR NW
W 1/2 OF W 1/2
9701 W WAVERLY RD--MALCOLM

TOTAL $150.00

Permittee
TROY & MICHELLE RIVERS
3445 N 70 ST
LINCOLN NE 68507-2107

Issued By Health Director
Lincoln-Lancaster County Health Department

008282

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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

A

Permit Number: 98380/887

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 ~~N.W. 98th and~~ (9701) W. Waverly Rd. City Malcolm NE, Zip _____
(no rural route)

Legal Description W. ½ OF W. ½ N.W. ¼ SEC. 15 TOWNSHIP 11 N. RANGE 5E.
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 Tray E. and Michelle L. Rivers Signature [signature]

Address 3445 N. 70th st. City/State/Zip Lincoln, Ne 68507

☐ Check if owner designed system Home Phone 464-8179 Work Phone 466-4011

C. Contractor

Name Rick and Sue Pickel Company Name Pickel and Sons Construction

Address 7265 PARKRIDGE CR. City/State/Zip LINCOLN NE 68516

☐ Check if contractor designed system Work Phone 488-2237

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

Designer Name John Strohmyer Firm Excavating Inc. Work Phone 430-6023

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 11/5/98 Date frwd 11/5/98 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold E. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11.5.98 Date frwd 11.5.98 **ACTION** ☒ Approved ☐ Disapproved Signature [signature] must get EP permit
3. **City or County Engineer** Date rec'd 11/5/98 Date frwd 11/5/98 **ACTION** ☒ Approved ☐ Disapproved Signature [signature]

Installation Final Written Approval

By James E Bauer

Date 2-11-99

Business Office Use Only 3086

Date Rec'd 11/05/98

Amt Paid 150.00

Rec'd By ks ~~Cash~~/Check No. 10132

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: 98380188?

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 9701 W. Waverly Rd City Malcolm NE, Zip 68402
(no rural route)

Owner Troy Byers Addresss 3415 N. 70th Lincoln NE 68507

Soil Type (SCS): ~~Silty Clay~~ JUDSON loam Percolation Rate: _____ min./inch

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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	30"	10/9	9:30 AM	10/10	9:30 AM	10/10	2:00	6	10/10	2:30	30	1	30
2	29"	10/9	9:30	10/10	9:30	10/10	2:00	6	10/10	2:30	30	1	30
3	31"	10/9	9:30	10/10	9:30	10/10	2:00	6	10/10	2:30	30	3/4	40
4	30"	10/9	9:30	10/10	9:30	10/10	2:00	6	10/10	2:30	30	7/8	34
5	30"	10/9	9:30	10/10	9:30	10/10	2:00	6	10/10	2:30	30	1	30
6	30"	10/9	9:30	10/10	9:30	10/10	2:00	6	10/10	2:30	30	1 1/4	27

Sum of Percolation Rates: 191
Average of Rates: 32
Rate Used for Calculation: _____

191

Person Conducting Percolation Tests

Name: John STrohmyer
Phone: 420-3100
Address 6667 N. W. 48th
Lincoln NE. 68524

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date NOVEMBER 5, 1998

FORM 23-101 10-96

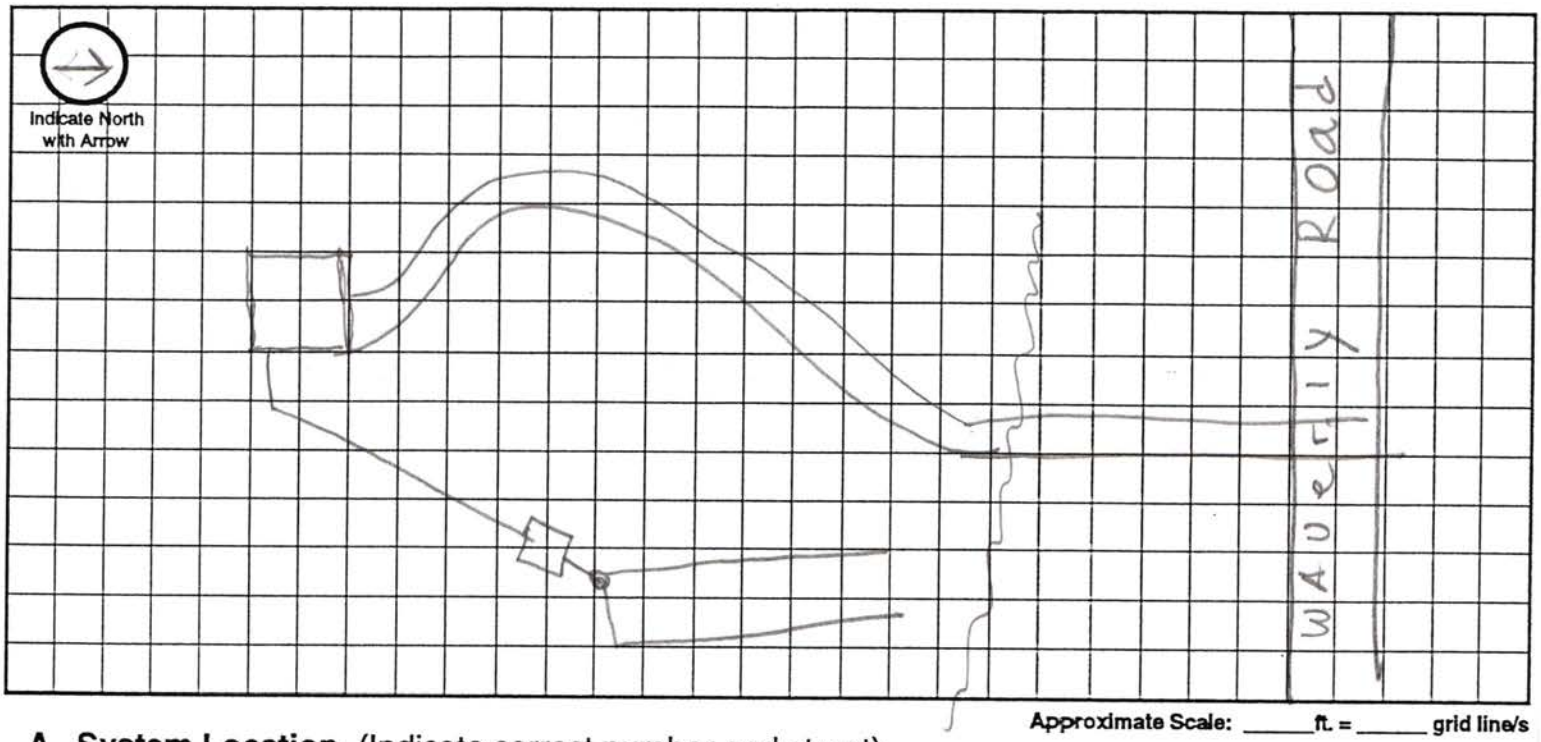
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 9838 01887

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) 9701 W. Waverly Rd. City Malcome 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: Silty clay loam Land Slope: _____ %

Type of Absorption System: ☑ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 774 sq. ft.

Type of Lateral: ☑ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Infiltrator

Capacity of Septic Tank 1250 gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed _____

Total Length of Laterals 700 194 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 Keith Ricker Date 1/12/98

Installer John Steinmeyer Date 11/2/98

FORM 23-102 10-96

FEB 10 1999

D

Permit Number: 98380187

Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

Troy Rivers

Sewage Disposal System

As Built Plans & Specifications

Date 2-8-99

System Location (Indicate correct number and street)

Address 9781 W. Waverly Rd. (no rural route) City Malcolm NE, Zip 68507

A. Building Sewer

1. Material: Class 160 Plastic
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 5' in.
3. Distance between dwelling and septic tank: 200+ ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line _____ ft.
   stream NA ft.
   pressure line 5 ft.
   property line ~~½ mile~~ 300 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1250 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: 3 in.
8. Distances to: Well or suction line 100+ ft.
   Stream NA ft.
   Pressure line 120' ft.
   Property line ~~½ mile~~ 300 ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 31 ft.

D. Absorption Field

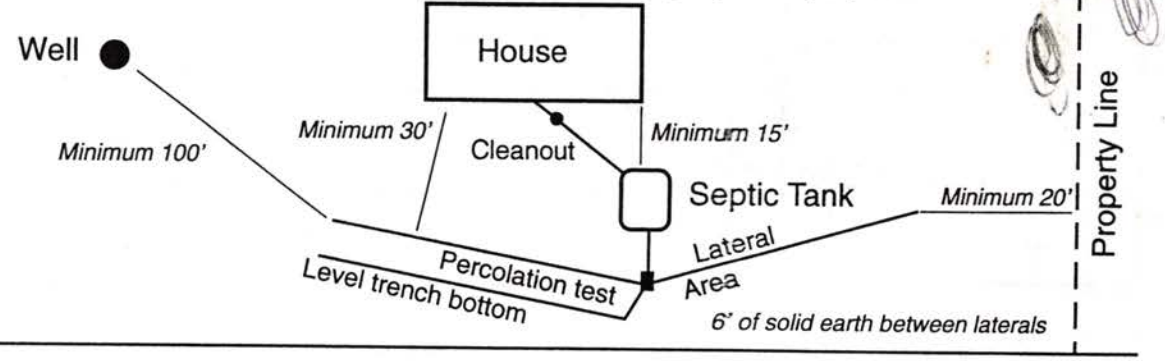
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: infiltrator on
   or perforated pipe: ground
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 100 ft. 100 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 1 in/100 ft.
   Average depth 22 in
4. Filter material: gravel
   Depth of material 10 in.
5. Distances to: Well or suction line 100+ ft.
   Stream NA ft.
   Pressure line 47' ft.
   Property line 300 ft.

Indicate North with Arrow

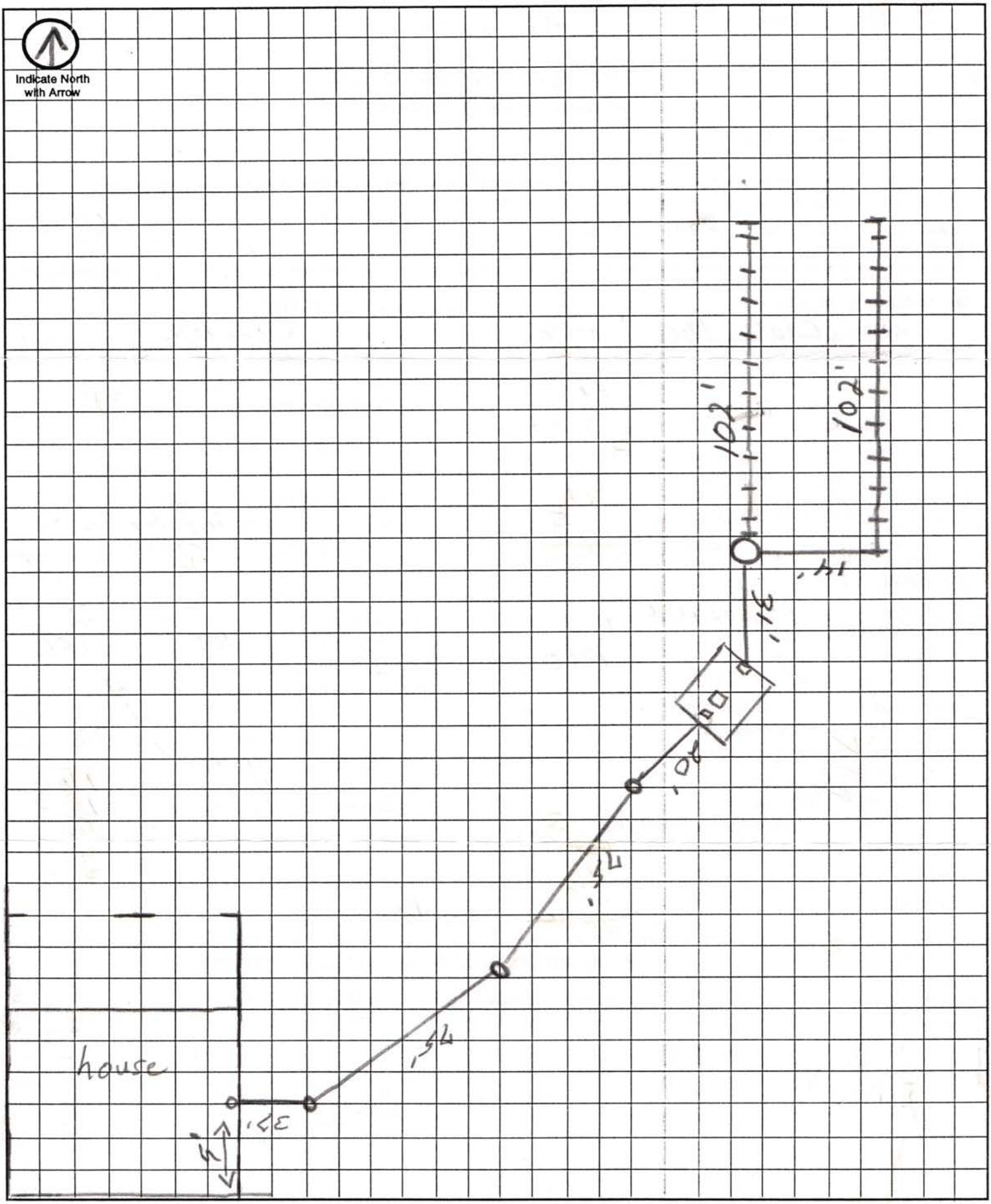
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)

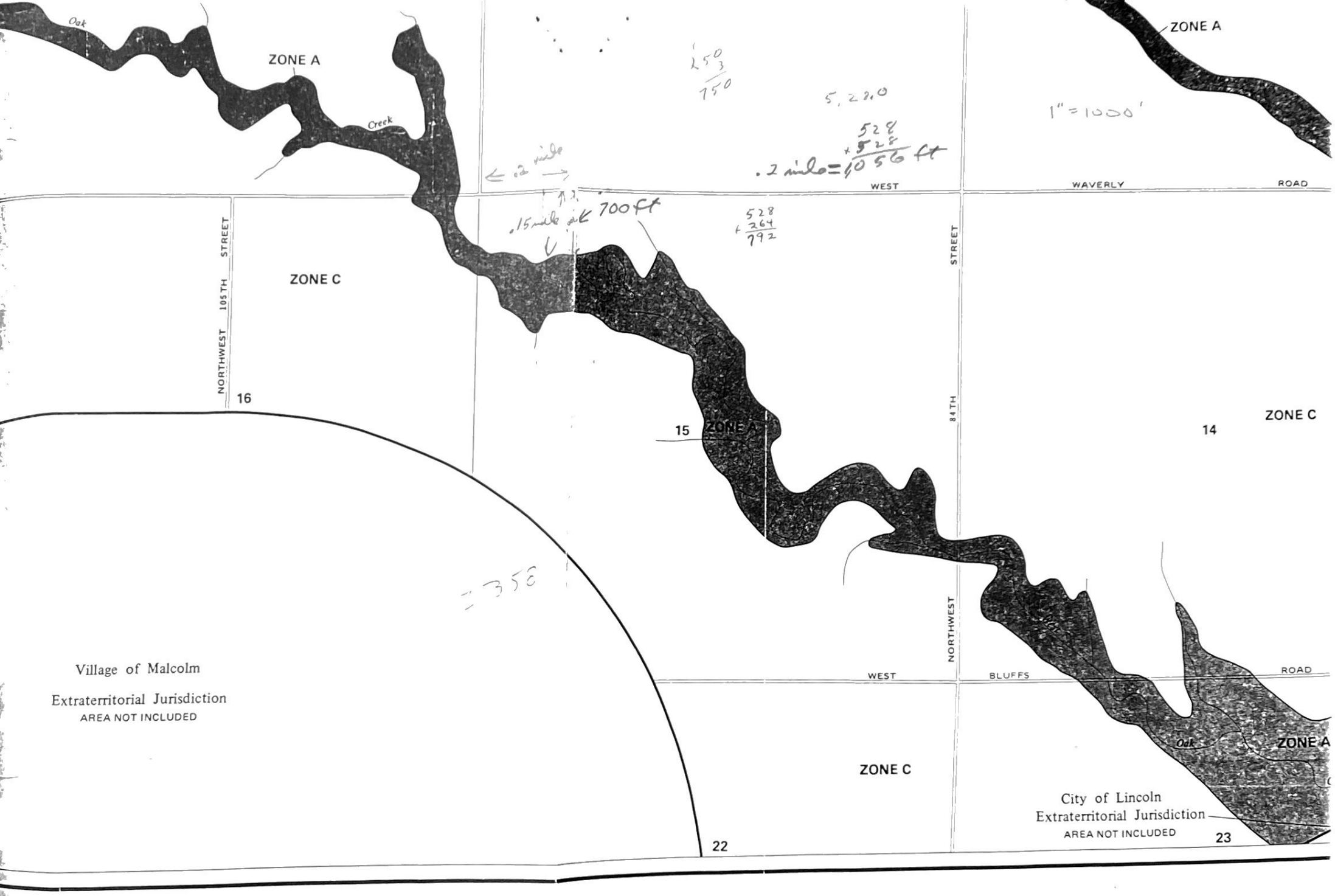


FORM 23-103 10-96

As Built Drawing



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


ZONE A
Oak
Creek
ZONE A
1"=1000'
WEST
WAVERLY
ROAD
NORTHWEST 105TH STREET
ZONE C
16
15
ZONE A
84TH STREET
ZONE C
14
NORTHWEST
WEST
BLUFFS
ROAD
Village of Malcolm
Extraterritorial Jurisdiction
AREA NOT INCLUDED
ZONE C
22
Oak
ZONE A
City of Lincoln
Extraterritorial Jurisdiction
AREA NOT INCLUDED
23