# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

## PERMIT

Permit
SEWAGE INSTALLATION
LAGOON

No. 98380178301

Issued 06/23/98
Expires 12/23/98
Revenue Code 3157

FEES: $150.00

PAID

Establishment
KURT STEWART
T11N R5E SEC 10 QTR SE
S 1/2 OF SE QTR
8700 W WAVERLY RD- MALCOLM

TOTAL $150.00

Permittee
KURT STEWART
8700 W WAVERLY RD
MALCOLM NE 68402

Issued By Health Director
Lincoln-Lancaster County Health Department

007669

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: 98801783

# 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 8700 West Waverly Rd (no rural route) City Malcolm NE, Zip 68402

Legal Description S½ SE¼ 10 11N 5 East – – – –
(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 Kurt Stewart Signature Kurt J Stewart

Address 8700 W Waverly Rd City/State/Zip Malcolm NE. 68402

☐ Check if owner designed system Home Phone (402) 796-2650 Work Phone (402) 466-8311 Ext 8453

### C. Contractor H.L. Mahlbacht

Name ~~Excavating, Inc.~~ Company Name —

Address ~~8700 NW 48~~ 14605 N 56 City/State/Zip Lincoln NE 68402

☐ Check if contractor designed system Work Phone ~~470-3100~~ 785-3815 · 430-7304

### 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 6-23-98 Date frwd 6/25/98 ACTION ☑ Approved ☐ Disapproved Signature John E Munn
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6-25-98 Date frwd 6-25-98 ACTION ☑ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 6-25-98 Date frwd 6-25-98 ACTION ☑ Approved ☐ Disapproved Signature Larry Worrell

7-2-98 rm need fence.

## Installation Final Written Approval

By Paul Dittmann

Date 5-4-99

***Business Office Use Only***

Date Rec'd 06/23/98
Amt Paid 150.00
Rec'd By LS ~~Cash~~/Check No. 5033

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: 98SR01783

# Sewage Disposal System

## Soil Absorption Test Data Report

## Annex to Application

PLEASE PRINT OR TYPE

### System Location (Indicate correct number and street)

Address 8700 WEST WAVERLY RD (no rural route) City MALCOLM NE, Zip _____

Owner _____ Addresss _____

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

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

## 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 | | | | |
| 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) |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | Failed in 90 | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

### Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

_____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: N/A

DO NOT WRITE BELOW THIS LINE

### Reviewing Action

Remarks LAGOON WILL BE CONSTRUCTED. PREVIOUS LAGOON ON THIS PROPERTY DID NOT NEED TO BE SEALED DUE TO HEAVY CLAY SOIL. SEAL IF OTHER THAN CLAY SOIL IS ENCOUNTERED.

Signature of Reviewing Official _____ Date 6-23-98

FORM 23-101 10-96

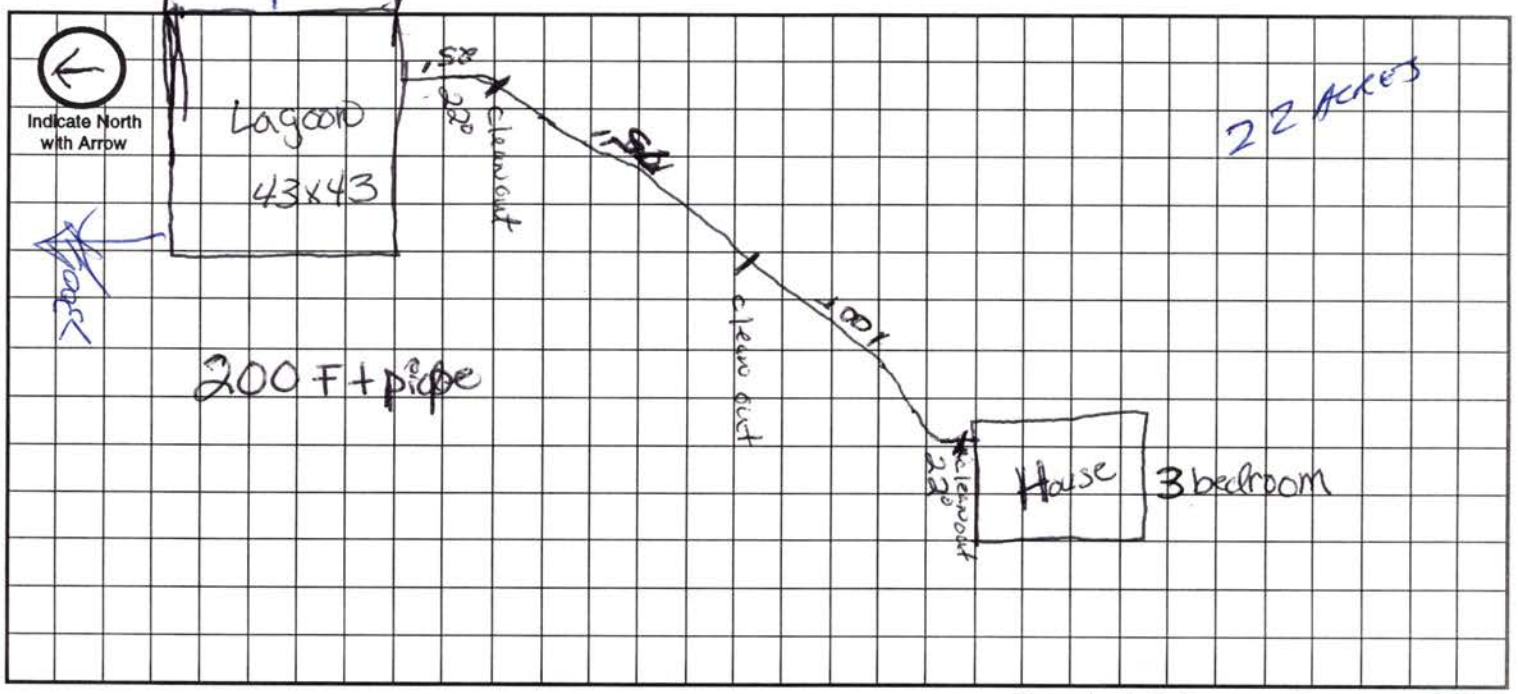
**Lincoln-Lancaster County Health Department**
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 98801783

# 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) _____ City _____ NE, Zip _____

## 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 _____ Date _____

Installer H. L. MAHLBACH + OWNER Date Stephanie Stewart 6/23/98

FORM 23-102 10-96

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

**D**

Permit Number: 98380178

# Sewage Disposal System

## As Built Plans & Specifications

Date _____

**System Location (Indicate correct number and street)**

Address 8700 W Waverly Rd (no rural route) City Malcolm NE, Zip 68402

## A. Building Sewer

1. Material: Schedule 40
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ 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

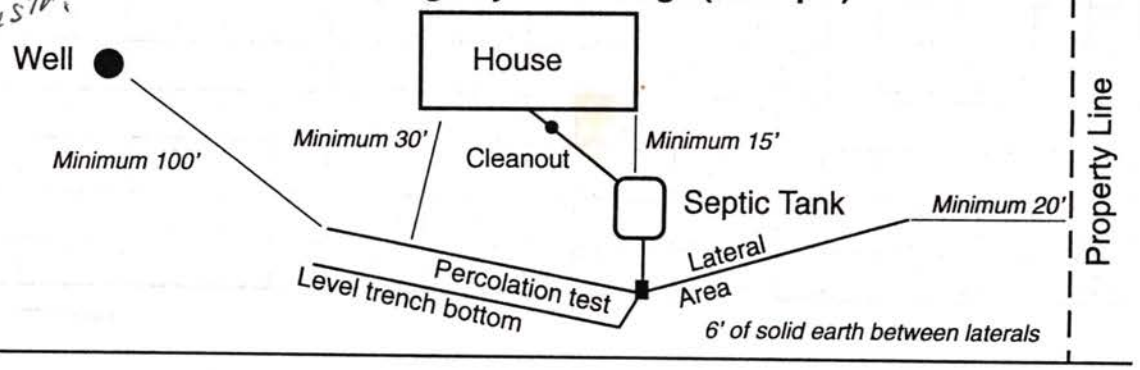
*(Provide as-built drawings on back of this form)*

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.**

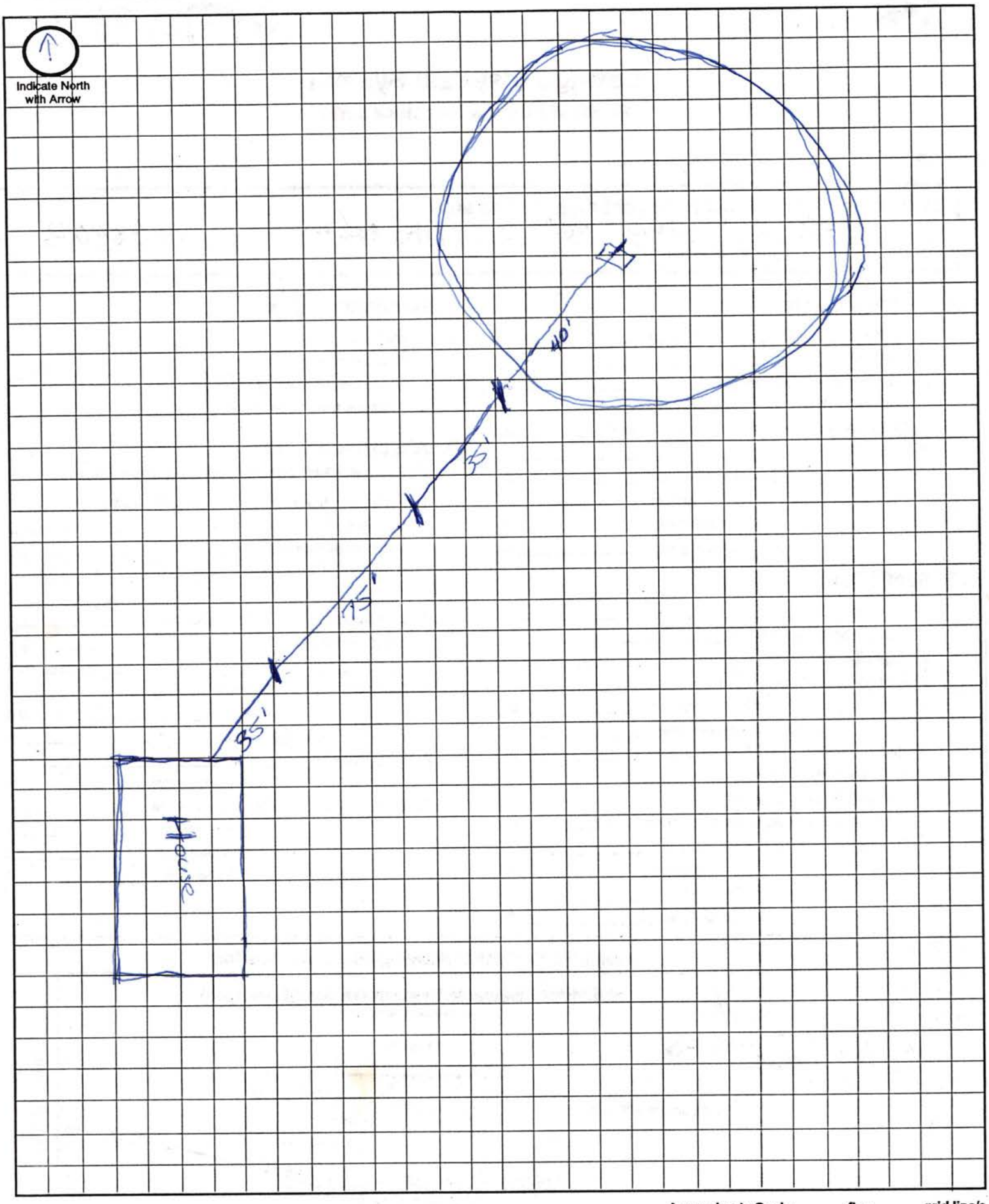
### Individual Sewage System Design (Example)




H.L. Muhlbach Constr.
Nancy J. Muhlbach

FORM 23-103 10-96

# As Built Drawing




Approximate Scale: _____ft. = _____ grid line/s

# 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. 91380076501

Issued 10/18/91
Expires 04/18/92

ESTABLISHMENT

KURT STUART
T11N R5E SEC 10
8700 W WAVERLY ROAD

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

KURT STUART
521 W BUTLER ST
LINCOLN NE 68521

Issued By COUNTY HEALTH

| VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE | |
|---|---|
| DATE | AMOUNT |
| 10/18/91 | 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. 11N ; Range 5E ; Section 10 ; SEE ATTACHED
   Block _____ : Lot _____ : Addition _____
   Street Address 8700 WEST WAVERLY Road

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe 1988 14x70 Ember North Mobile Home 2bath

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

4. Distance to public sewer: _____ ft.

Kurt J Stuart
Signature of Applicant (Owner or Lessee)

521 West Butler Lincoln NE 68521
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/16/91. Date Frwd. 10/17/91. ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10-17-91. Date Frwd. 10-23-91. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bowman
3. City or County Engineer: Date Rec'd. 10/17/91. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Chuck Wiseman

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10-28-91 by: mm read drainfield
Date: 1-9-92 by: mm
Date: _____ by: _____

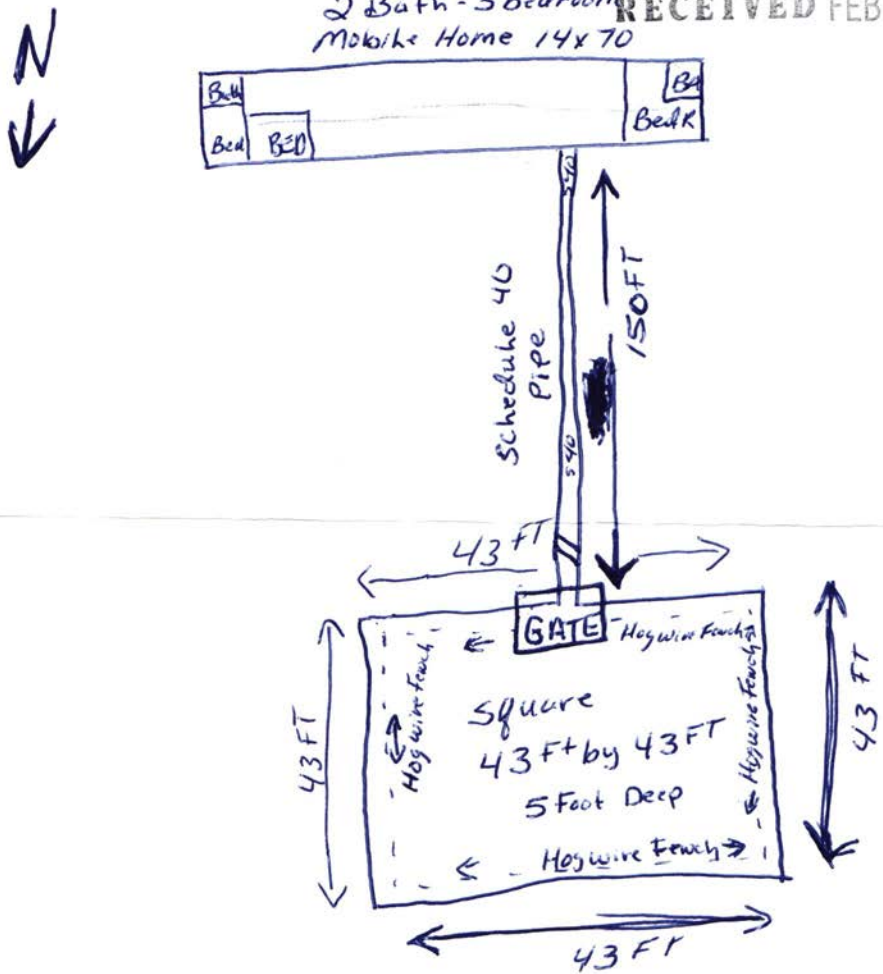
INSTALLATION FINAL WRITTEN APPROVAL
Date: 2-7-92 By: Ron Mayard

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

FORM 23-43

RECEIVED FEB 07 1992

Kurt Stewart
8700 W WAVERLY RD
Malcolm NE 68402
2-4-92
796-2650



PARCEL A

PART OF THE S 1/2 SE 1/4 SECTION 10-TOWNSHIP 11 NORTH-RANGE 5 EAST, 6TH PRINCIPAL MERIDIAN, LANCASTER COUNTY, NEBRASKA FURTHER DESCRIBED AS:

THE EAST 790.0 FEET SAID S 1/2 SE 1/4 CONTAINING 24 ACRES MORE OR LESS INCLUDING ROADWAY RIGHT OF WAY AND 22.42 ACRES MORE OR LESS EXCLUDING 33.0-FOOT ROADWAY RIGHT OF WAY ON EAST AND SOUTH SIDES.

PARCEL B

PART OF THE S 1/2 SE 1/4 SECTION 10-TOWNSHIP 11 NORTH-RANGE 5 EAST, 6TH PRINCIPAL MERIDIAN, LANCASTER COUNTY, NEBRASKA FURTHER DESCRIBED AS:

THE WEST 724.0 FEET OF EAST 1514.0 FEET SAID S 1/2 SE 1/4 CONTAINING 22.0 ACRES MORE OR LESS INCLUDING ROADWAY RIGHT OF WAY AND 21.45 ACRES MORE OR LESS EXCLUDING 33.0-FOOT ROADWAY RIGHT OF WAY ON SOUTH SIDE.

PARCEL C

PART OF THE S 1/2 SE 1/4 SECTION 10-TOWNSHIP 11 NORTH-RANGE 5 EAST, 6TH PRINCIPAL MERIDIAN, LANCASTER COUNTY, NEBRASKA FURTHER DESCRIBED AS:

COMMENCING AT A POINT ON THE SOUTH LINE SAID SE 1/4, 1514.0 FEET WEST OF SOUTHEAST CORNER SAID SE 1/4; THENCE NORTHERLY PARALLEL TO EAST LINE SAID SE 1/4 A DISTANCE OF 33.0 FEET TO POINT OF BEGINNING; THENCE WESTERLY ON AN ASSUMED BEARING OF NORTH 89° 59' 53" WEST, A DISTANCE OF 1150.89 FEET TO A POINT ON WEST LINE S 1/2 SE 1/4; THENCE NORTHERLY ALONG QUARTER SECTION LINE NORTH 00° 28' 41" EAST, A DISTANCE OF 1290.39 FEET TO A POINT ON NORTH LINE SAID S 1/2 SE 1/4; THENCE EASTERLY ALONG NORTH LINE SAID S 1/2 SE 1/4, NORTH 90° 00' 00" EAST, A DISTANCE OF 1156.62 FEET TO A POINT 1514.0 FEET WEST FROM EAST LINE SAID S 1/2 SE 1/4; THENCE SOUTHERLY PARALLEL TO AND 1514.0 FEET WEST FROM SAID EAST LINE SE 1/4, SOUTH 00° 43' 57" WEST, 1290.46 FEET TO POINT OF BEGINNING. CONTAINING 35.05 ACRES MORE OR LESS INCLUDING ROADWAY RIGHT OF WAY ON SOUTH SIDE AND 34.18 ACRES MORE OR LESS EXCLUDING ROADWAY RIGHT OF WAY ON SOUTH.

EXHIBIT "B"