# Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

009903

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 07380331401

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

Establishment
ALAN YATES
T11N R5E SEC 10
12500 NW 98 ST-MALCOLM

FEES: $290.00

Permittee
ALAN YATES
1750 D ST
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: 07380331401 HOF

# 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 12500 N 40 98th St (no rural route) City Malcolm NE, Zip 68402

LCR 5943

Legal Description ____ ____ 10 11 5 ____ ____ ____ ____
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 Alan Yates Signature [signature]

Address 1750 'D' St City/State/Zip Lincoln, NE 68502

☐ Check if owner designed system Home Phone 402-476-7033 Work Phone 402-472-1820

### C. Contractor

Name Existing Home 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 [signature]
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3-26-07 Date frwd 3-26-07 ACTION ☒ Approved ☐ Disapproved Signature [signature]
3. **City or County Engineer** Date rec'd 3-26-07 Date frwd 3-26-07 ACTION ☒ Approved ☐ Disapproved Signature Jim Blouzek

## Installation Final Written Approval

By [signature]

Date 7/10/07

***Business Office Use Only***
Date Rec'd 3/23/07
Amt Paid 290.00
Rec'd By ____ Cash/Check No. 6387

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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**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 12500 NW 98th St (no rural route) City Malcolm NE, Zip 68402

Owner Alan Yates Addresss 1750 'D' St Lincoln, NE 68502

Soil Type (SCS): _____ Percolation Rate: 60 min./inch

Date of Tests 12/11/06 to 12/12/06 Weather: Precipitation 0 Temperature 34°

### 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 | 12/11 | 11:00a | 12/11 | 3:00p | 12/12 | 8:30a | 6 | 12/12 | 12:30p | 30 | 1/2 | 60 |
| 2 | 26 | " | " | " | " | " | " | " | " | " | " | 9/16 | 54 |
| 3 | 29 | " | " | " | " | " | " | " | " | " | " | 1/2 | 60 |
| 4 | 27 | " | " | " | " | " | " | " | " | " | " | 5/8 | 48 |
| 5 | 26 | " | " | " | " | " | " | " | " | " | " | 1 | 30 |
| 6 | 28 | " | " | " | " | " | " | " | " | " | " | 9/16 | 54 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

### 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

Sum of Percolation Rates: 306

Average of Rates: 51

Rate Used for Calculation: 60 (20 mpi variance)

DO NOT WRITE BELOW THIS LINE

### Reviewing Action

Remarks Good tests good PR 60 MPI was used after calculations.

Signature of Reviewing Official _____ Date 3/23/07

FORM 23-101 10-96

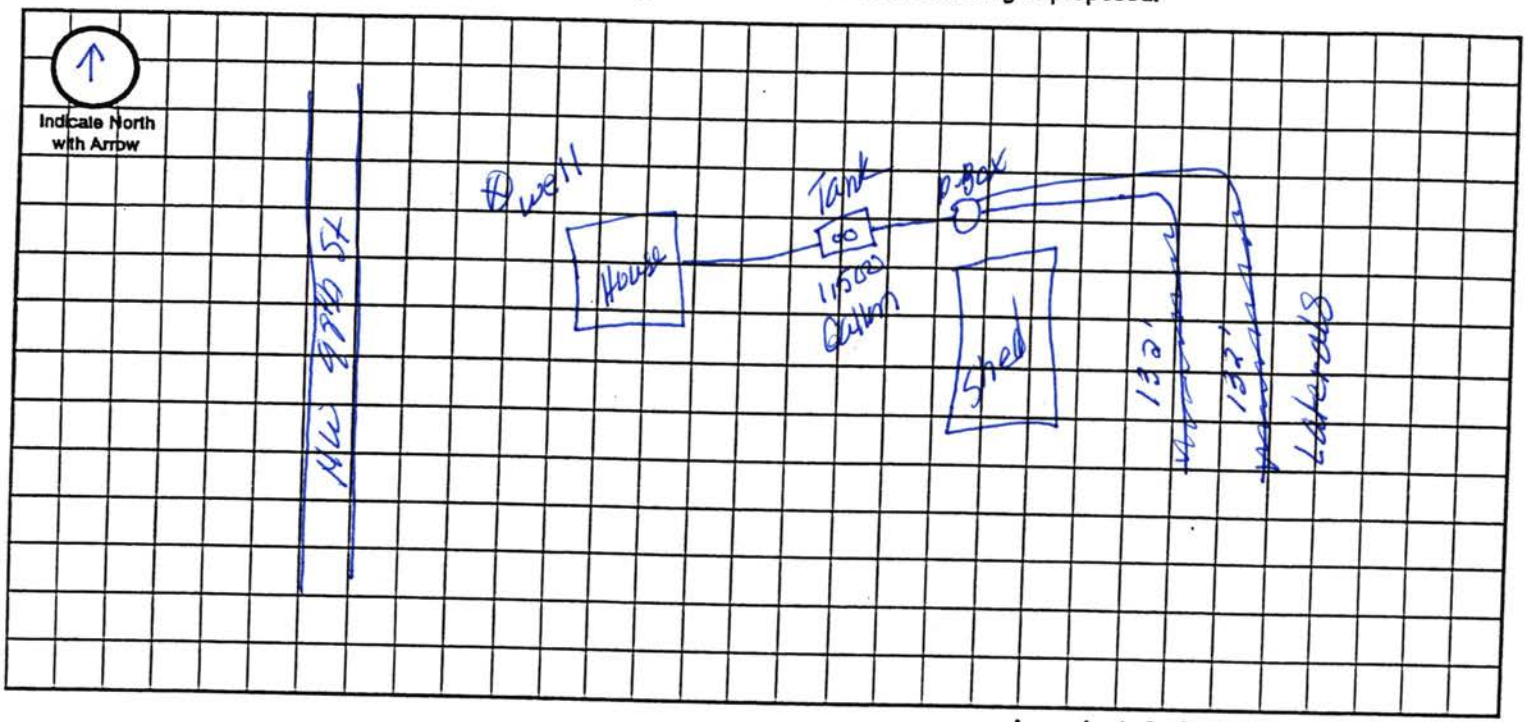
Lincoln-Lancaster County Health Department
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Phone: 402-441-8022

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.




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

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

Address (no rural route) 12500 NW 98th St City Malcolm 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 60 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1,050 sq. ft.

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

Capacity of Septic Tank 1,500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 263 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 _____ Date 3-21-07

Installer Kevin M. Gabrielsen Date 3-21-07

ORM 23-102 10-96

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**D**

Permit Number:

# Sewage Disposal System

## As Built Plans & Specifications

Date 3-28-07

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

Address 12500 NW 98th St (no rural route) City Malcolm NE, Zip 68402

### A. Building Sewer

1. Material: Sch - 40
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18" in.
3. Distance between dwelling and septic tank: 187' ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line 50+ 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: 30 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-Endcaps
   Number available outlets: 6
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 6' - 16' ft.

### D. Absorption Field

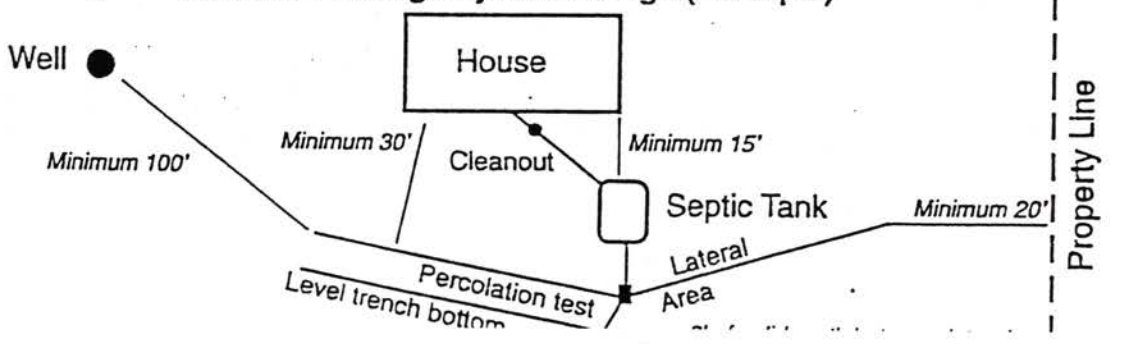
*(Provide as-built drawings on back of this form)*

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 12" Tall 34" wide
   or perforated pipe: _____
   Material: ☒ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 150 ft. 115 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 40" ft.
   Slope Flat in/100 ft.
   Average depth 26" - 50" in
4. Filter material: Dirt
   Depth of material 26" - 50" 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

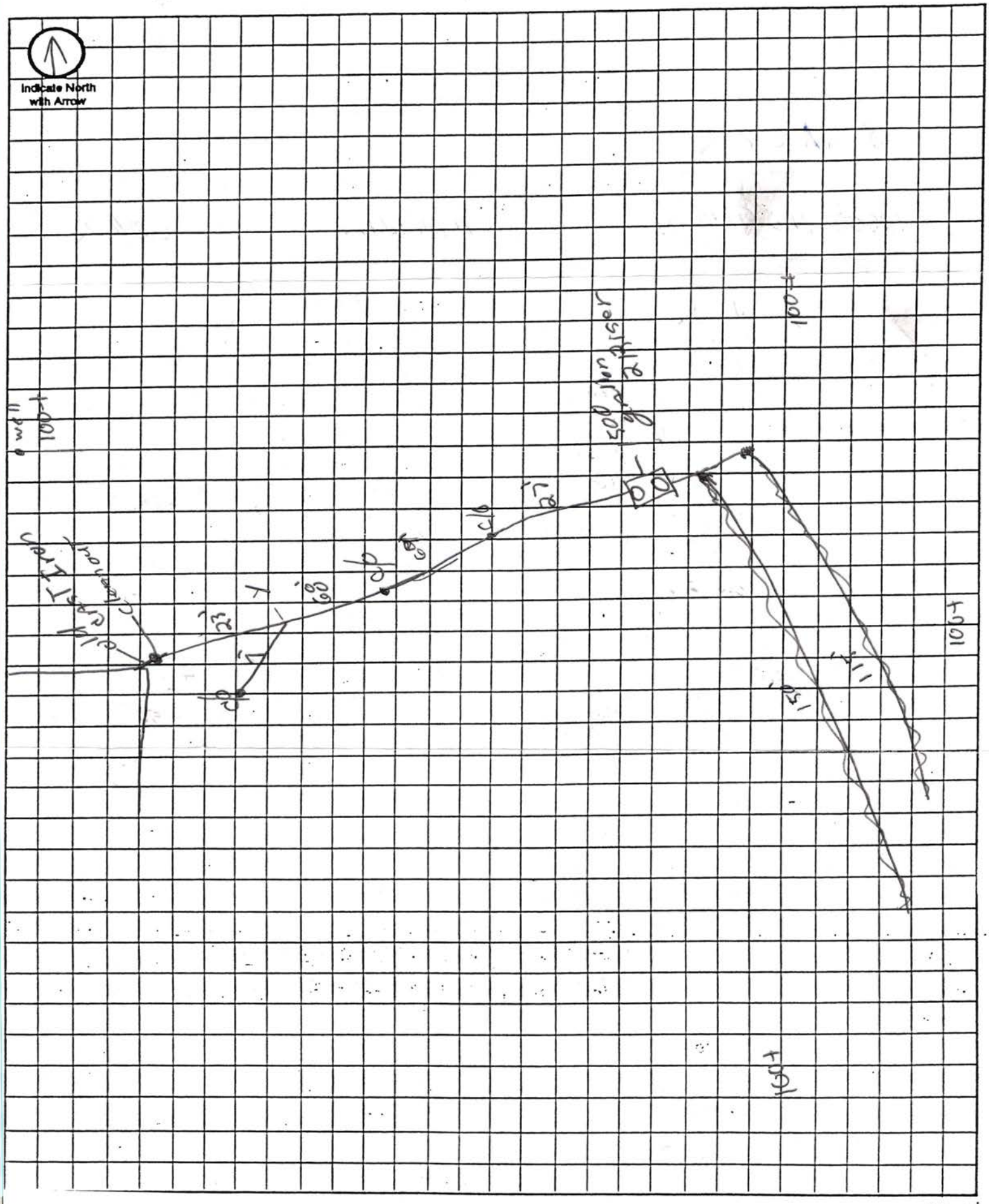
**Complete "As Built" drawing on back of this form.**

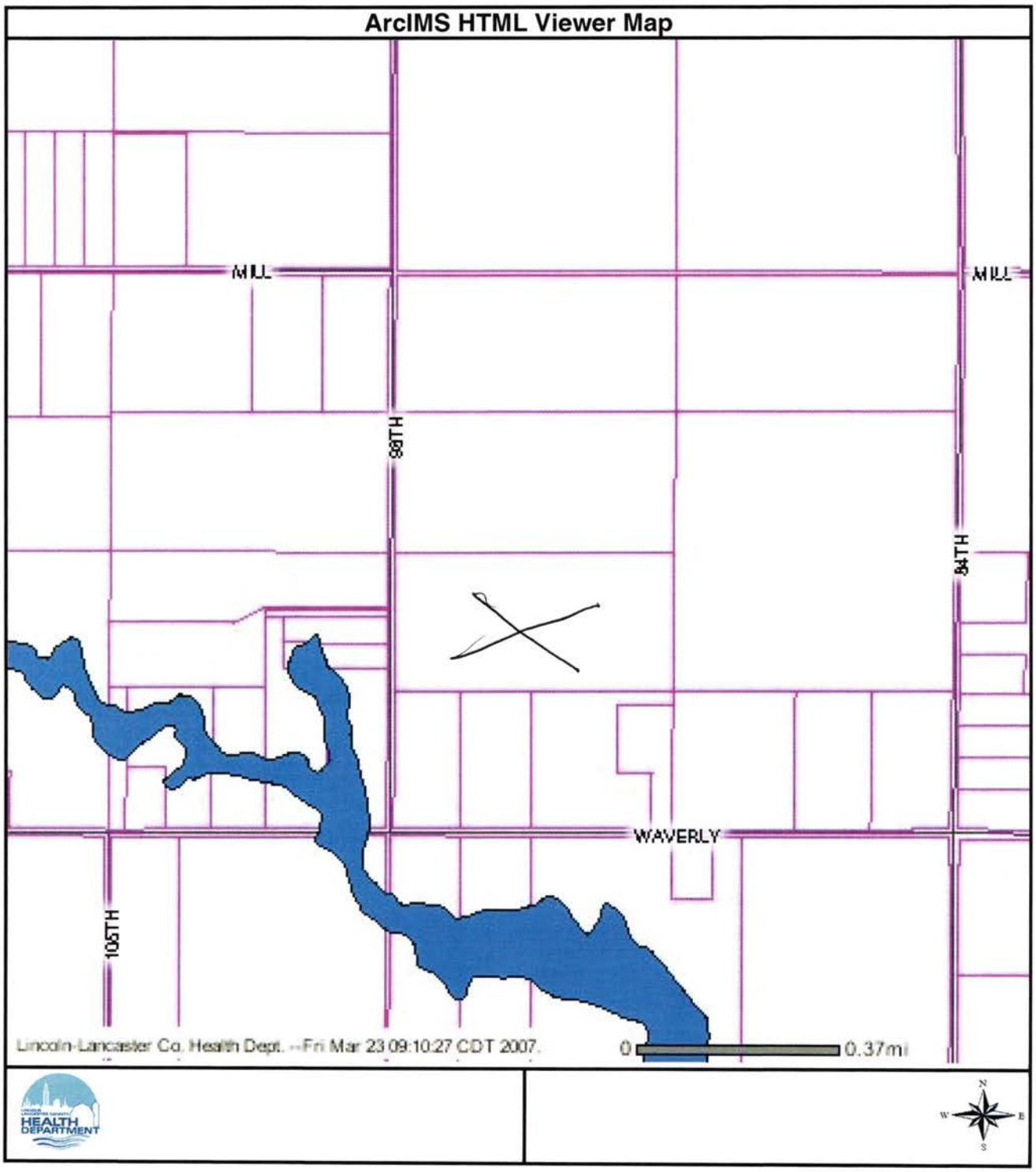
**Individual Sewage System Design (Example)**

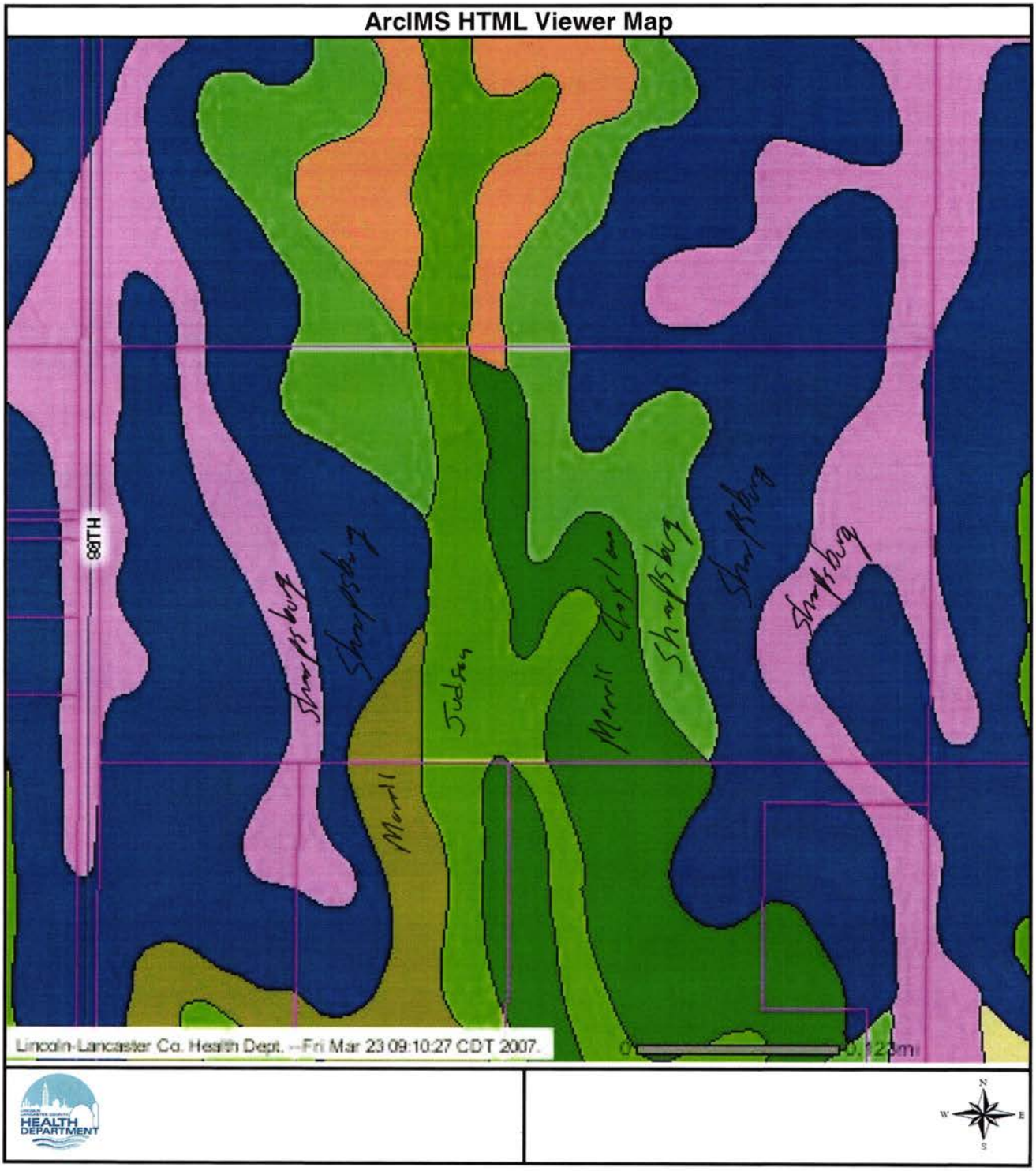



FORM 23-103 10-96

# As Built Drawing




ArcIMS HTML Viewer Map
MILL
MILL
98TH
84TH
WAVERLY
105TH
Lincoln-Lancaster Co. Health Dept. --Fri Mar 23 09:10:27 CDT 2007.
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HEALTH DEPARTMENT
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ArcIMS HTML Viewer Map
98TH
Sharpsburg
Judson
Merrill
Lincoln-Lancaster Co. Health Dept. -- Fri Mar 23 09:10:27 CDT 2007.
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