Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

DALE F LEFFERS
T11N R5E SEC 9 QTR NE
NE 1/4 OF NE 1/4 LOT 24IT
9901 W MILL RD-MALCOLM

Permittee

DALE F LEFFERS
4010 N 14 ST
LINCOLN NE 68521-1977

Permit # 01380239301

Issued 10/30/01
Expires 04/30/02
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000226

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

A

Permit Number: 013802393

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 9901 West Mill Road (no rural route) City Malcolm. NE, Zip 68402

Legal Description NE (1/4) NE (1/4) 9 (Section) 11N (Township) 5E (Range) NA (Subdivision) NA (Addition) NA (Block) Lot 1

Geographical Location (if known): Longitude _____ Latitude _____

☒ Check if system mail address is not the same as the owner's address

B. Owner

Name Dale F. Leffers Signature Dale F Leffers

Address 4010 N. 14th St City/State/Zip Lincoln.

☒ Check if owner designed system Home Phone 477-8542 Work Phone 783-2100.

C. Contractor

402-649-8275

Name Lloyd J. Jakoubek Company Name Raymond Contracting.

Address 12800 NW 70th. City/State/Zip Raymond NE 68428

☐ Check if contractor designed system Work Phone 890-6009.

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

Designer Name Raymond Contracting Firm _____ Work Phone 890-6009.

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 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 10-29-01 Date frwd 10/30/01	**ACTION** ☒ Approved ☐ Disapproved Signature Paul Dahlman	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 10-30-01 Date frwd 10-30-01	**ACTION** ☒ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 10/30/01 Date frwd 10/30/01	**ACTION** ☒ Approved ☐ Disapproved Signature	

11/16 - needs sign off

Installation Final Written Approval

By _____

Date 5/9/07

Business Office Use Only

Date Rec'd 10/30/01

Amt Paid 200.00

Rec'd By LS ~~Cash~~/Check No. 4253

FORM 23-100 9-00 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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

B

Permit Number: 013802393

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 9901 West Mill Road (no rural route) City Malcom NE, Zip 68402

Owner Dale F. Leffers Addresss 4010 N 14th St. Lincoln.

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

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature 70°.

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"	9/17	6:00 P										
2	36"	9/17	6:00P										
3	36"	9/17	6:00P										
4	36"	9/17	6:00P										
5	36"	9/17	6:00P										
6	36"	9/17	6:00P										

Person Conducting Percolation Tests

Name: Dale F Leffers

Phone: 477-8542 or 783-2100

Address 4010 N 14th St Lincoln NE.

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Lagoon sealed with bentonite

Signature of Reviewing Official Paul Dryden Date 10-30-01

FORM 23-101 10-96

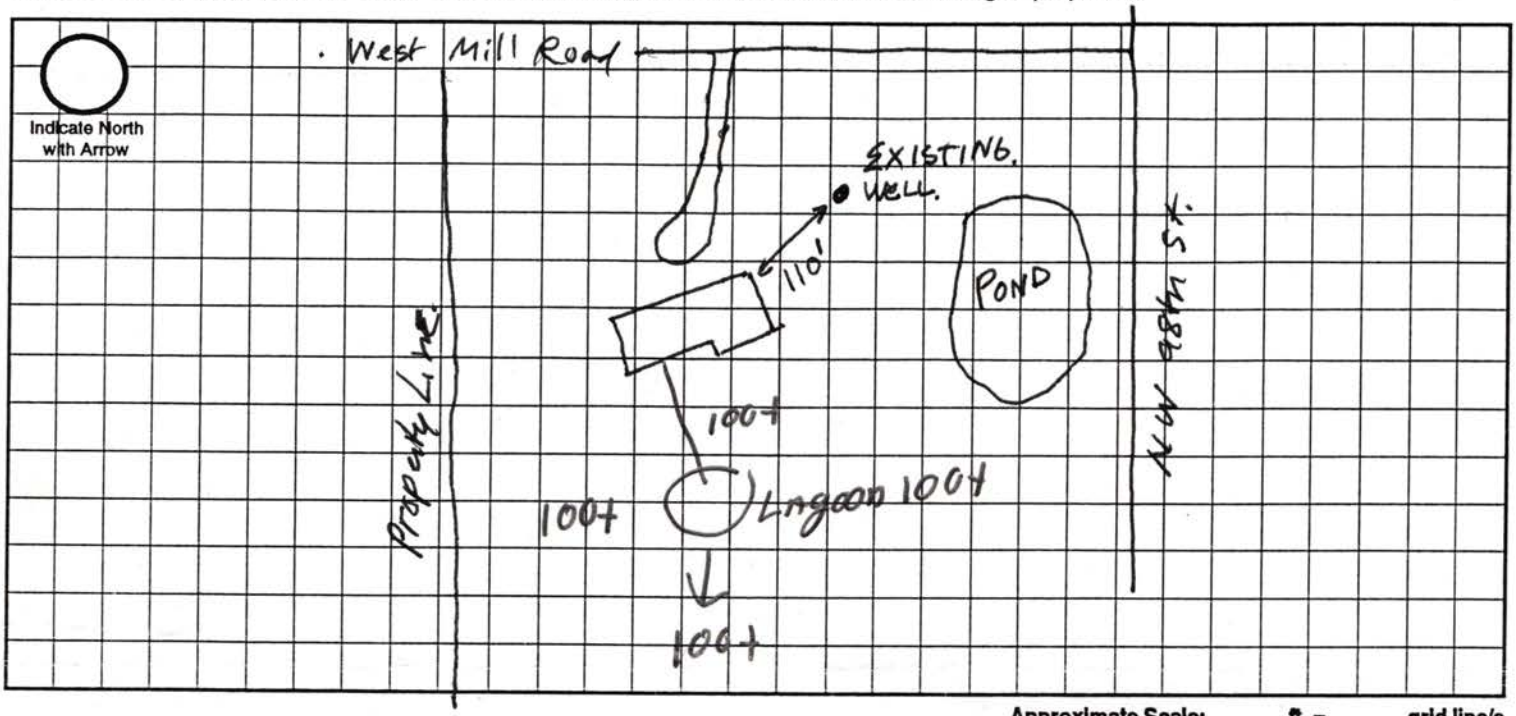
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 013802393

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) 9901 West Mill Road City Malcom. 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: _____ 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 Lloyd J. Schmeeckle Date 10/5/01

FORM 23-102 10-96

300' - 4"
C - Cleanout
Glue - Cleaner
Goop

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Phone: 402-441-8022

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 10/29/01

Dale F. Letter

System Location (Indicate correct number and street)

Address 9901 West Mill Rd. (no rural route) City Malcolm NE, Zip 68428

A. Building Sewer

1. Material: Plastic
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 42" in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 5
5. Distances to: well or suction line 100'+ ft.
   stream 100'+ ft.
   pressure line 100+ ft.
   property line 100+ 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

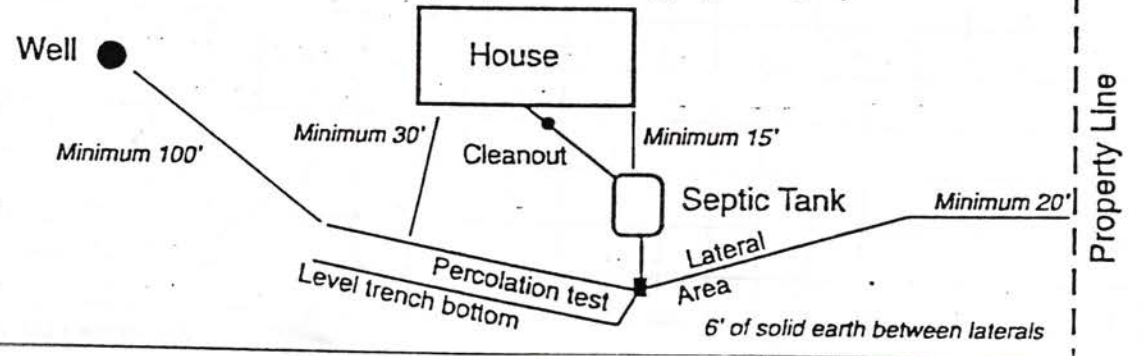
(Provide as-built drawings on back of this form)

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)



As Built Drawing

