Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

002288

(402) 441-8000

Permit SEWAGE INSTALLATION
LAGOON

Permit # 03380264501

Issued 05/21/03
Expires 11/21/03
Revenue Code 3157

Establishment TODD WILLET
T11N R5E SEC 8 QTR SE
LOT 21IT
11400 W WAVERLY RD-MALCOLM

FEES: $200.00

Permittee TODD WILLET
7701 NW 27 ST
LINCOLN NE 68524

TOTAL: $200.00

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: 03380264501

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 11400W Waverly Rd. (no rural route) City Malcolm NE, Zip 68402.

Legal Description Lot 21 S E 1/4 Sect 8-11-5 21.7
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 [signature] Signature Todd Willet

Address 7701 NW 27 City/State/Zip Lincoln NE. 68524.

☐ Check if owner designed system Home Phone _____ Work Phone 560-2636

C. Contractor

Name Lloyd Jakoubek. Company Name Raymond Contracting.

Address 12800 NW 20th. 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 _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 2 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify 52' Lagoon Top

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 5/21/03 Date frwd 5/22/03 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-22-03 Date frwd 5-22-03 ACTION ☒ Approved ☐ Disapproved Signature [signature]
3. **City or County Engineer** Date rec'd 5/22/03 Date frwd 5/22/03 ACTION ☒ Approved ☐ Disapproved Signature [signature]

5-22-03 mm need form

Installation Final Written Approval

By Ron Mayer

Date 12-3-03

Business Office Use Only

Date Rec'd 05/21/03
Amt Paid 200.00
Rec'd By [signature] Cash/Check No. 4918

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

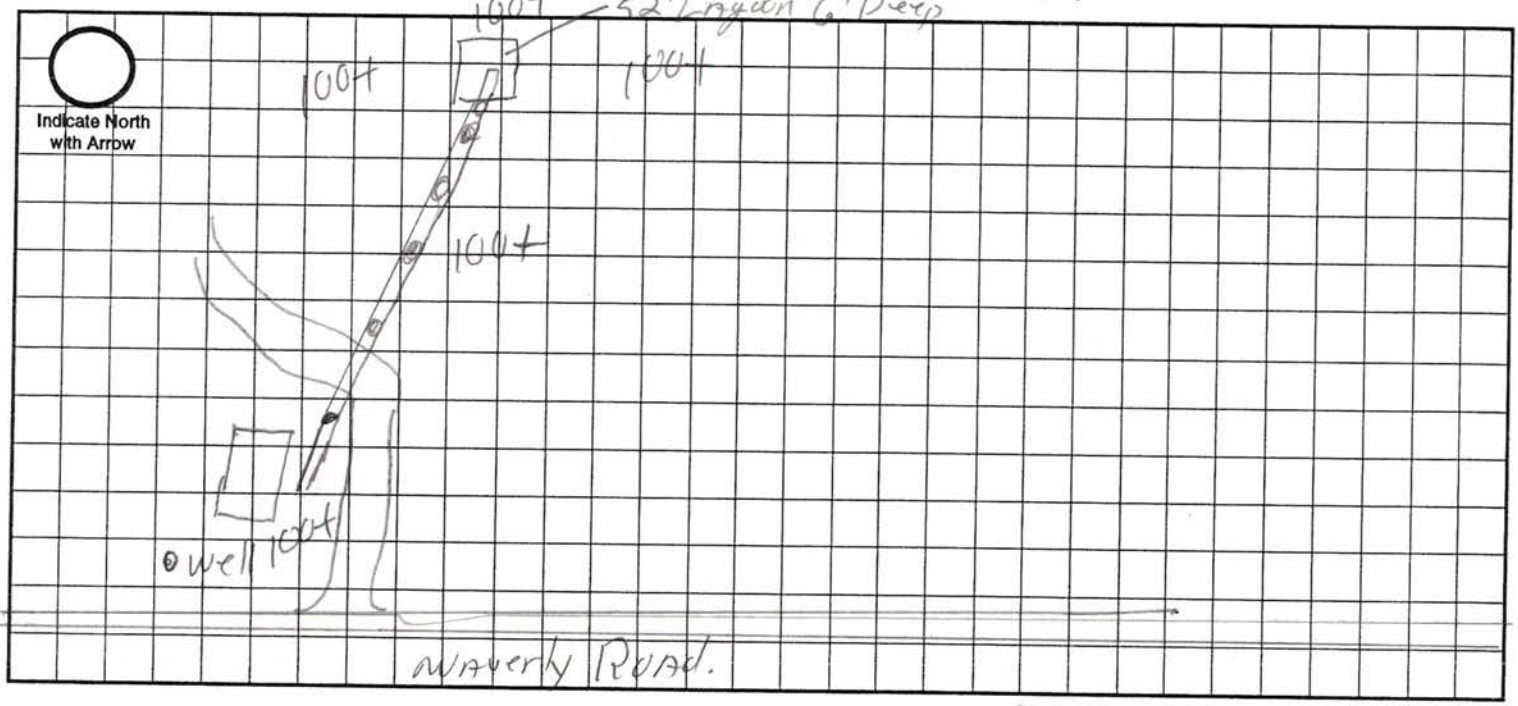
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 033802645

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) 11400 W Waverly Rd. City Malcolm NE, Zip 68402.

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other Lagoon

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 Jaksonbek Date 5/21/03

FORM 23-102 10-96

MAY 2 7 2003

D

Permit Number:

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

Sewage Disposal System

As Built Plans & Specifications

Date 5/21/03

System Location (Indicate correct number and street)

Address 11400 W Waverly Rd. (no rural route) City Malcolm NE, Zip 68402.

A. Building Sewer

1. Material: 4" PVC class 160
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
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

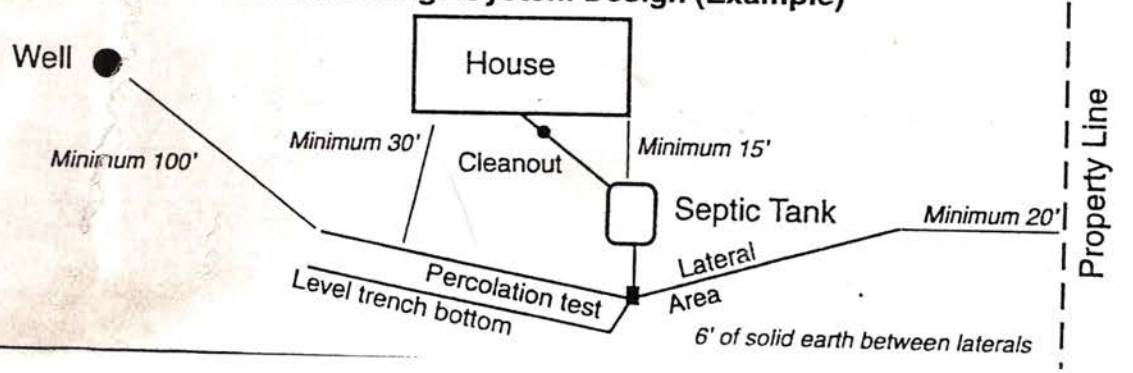
(Provide as-built drawings on back of this form)

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.

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

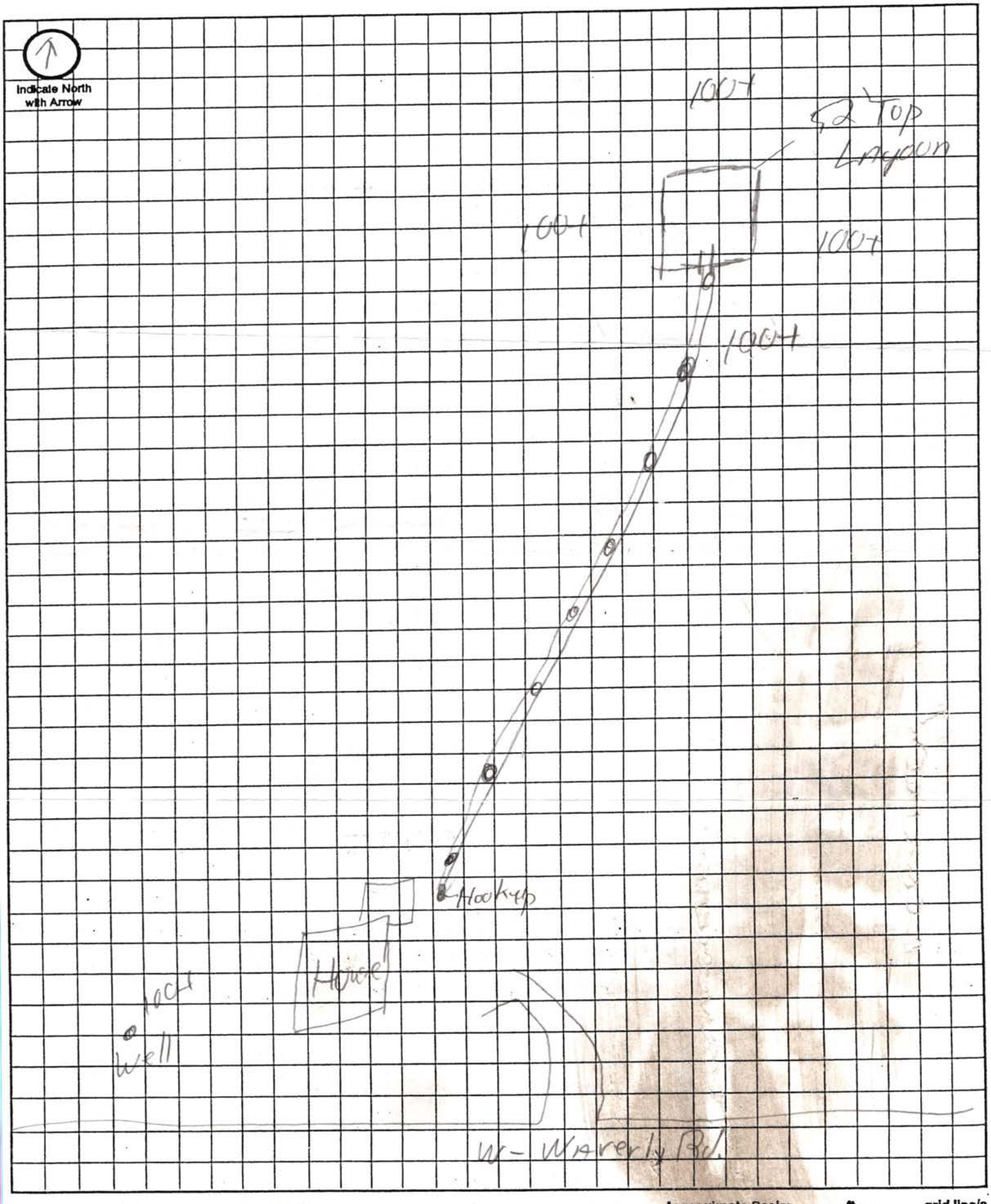
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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

OCT 3 0 2002

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☒ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 11400 W. Waverly Road, Malcolm, NE 68402

Parcel ID 05 - 08 - 400 - 008 - 000 (i.e. 99-99-999-999-999)

Twp 8 Range 11N Section 5E 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property 1/4 mile west of N.W.112 and 1½ miles north of malcolm, NE

Location of Well south of house Tap Location: Inside ☐ Outside ☒

Location of Sewage System east of house & garage, north of shop, fenced Year Installed lagoon 1980? well 7-15-92

Site Hazards (dogs, etc.) NO

	NAME	ADDRESS	PHONE
Present Owner:	Dean & Maria Cadwallader	3028 Ashland Road Valparaiso, NE 68065	784-0321 (499-1803 cell)
Tenant/Buyer:	Todd & Brenda Willet	7701 NW 27 Street Lincoln, NE	730-6599 or 470-3595
Return to:	Dean & Maria Cadwallader	3028 ASHLAND Road Valparaiso, NE 68065	784-0321 (Fax)

Signature of Applicant Maria M Cadwallader Address same as above Date 10/29/02

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 10/30/02 Amount $200.00 RC ✓ Check No. 1217 ✓ Initials MP

DATA ENTRY Date ___/___/___ Case No. ___ Initials ___

PRELIMINARY STATUS--By Ron Marquart **DATE:** 10/31/02

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☒ fill around casing (Corrected 11-27-02)
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.7 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐ (corrected 5-22-03)
Disapproved	☒ (tap & small lagoon need abandoned.)

Additional Site Visits

Date 11/27/02 by RM

Date 5/22/03 by RM

Date ___/___/___ by ___

Comments: piles of tires need to be properly disposed

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☐ Provisional Approval ☐

Approved by ___ Date ___/___/___

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

11-27-02 clr-0 Prelim-0

P21372-24

White - Applicant after approval Yellow - Environmental Health

Revised/Reprint: 9-00