Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 01380231501

Issued 05/16/01
Expires 11/16/01
Revenue Code 3157

FEES: $200.00

Establishment

HARRY C JOHNSON
T11N R5E SEC 8 QTR NW
12303 W MILL RD-MALCOLM

Permittee

HARRY C JOHNSON
12303 W MILL RD
MALCOLM NE 68402

TOTAL: $200.00

[redacted], Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

015712

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

A

Permit Number: 01380315

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 12303 W. Mill Rd (no rural route) City Malcolm, Ne. NE, Zip 68402

Legal Description N.W. 1/4 1/4 Section 8 Township 11N Range 5E 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 Harry + Phyllis Johnson Signature Harry E Johnson Phyllis L Johnson

Address 12303 W. Mill Rd City/State/Zip Malcolm, Ne. 68402

☐ Check if owner designed system Home Phone 796-2538 Work Phone _____

C. Contractor

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 _____ 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 _____

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 5/16/01 Date frwd 5/16/01 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5/17/01 Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5/17/01 Date frwd 5/17/01 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Paul Drotzmann

Date 9-27-01

Business Office Use Only

Date Rec'd 05/16/01

Amt Paid 200.00

Rec'd By LS Cash/Check No. 6009

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

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

B

Permit Number: 013802315

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 12303 W. Mill Rd (no rural route) City Malcolm NE, Zip 68402

Owner Harry Johnson Addresss 12303 W. Mill Rd Malcolm, Ne.

Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM Percolation Rate: 60 min./inch

Date of Tests 5/14/01 to 5/15/01 Weather: Precipitation Dry. Temperature 70-90°

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	27"	5/14	12:00	5/14	12:00	5/15	12:00	16"	5/15	4:00	1/2 hr	1 7/8	
2	27"		12:00		4:00		12:00	16"	5/15	4:00	1/2 hr	7/8	
3	27"		12:00		4:00		12:00	16"	5/15	4:00	1/2 hr	1/2	
4	27"		12:00		4:00		12:00	16"	5/15	4:00	1/2 hr	1 1/4	
5	27"		12:00		4:00		12:00	16"	5/15	4:00	1/2 hr	1"	
6	27"		12:00		4:00		12:00	16"	5/15	4:00	1/2 hr	2"	

Person Conducting Percolation Tests

Name: Raymond Contracting.

Phone: 890-6009

Address 12800 NW 70.

Sum of Percolation Rates:

Average of Rates:

Rate Used for Calculation: 60 MIN/IN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Wood R.E.H.S. Date MAY 16, 2001

FORM 23-101 10-96

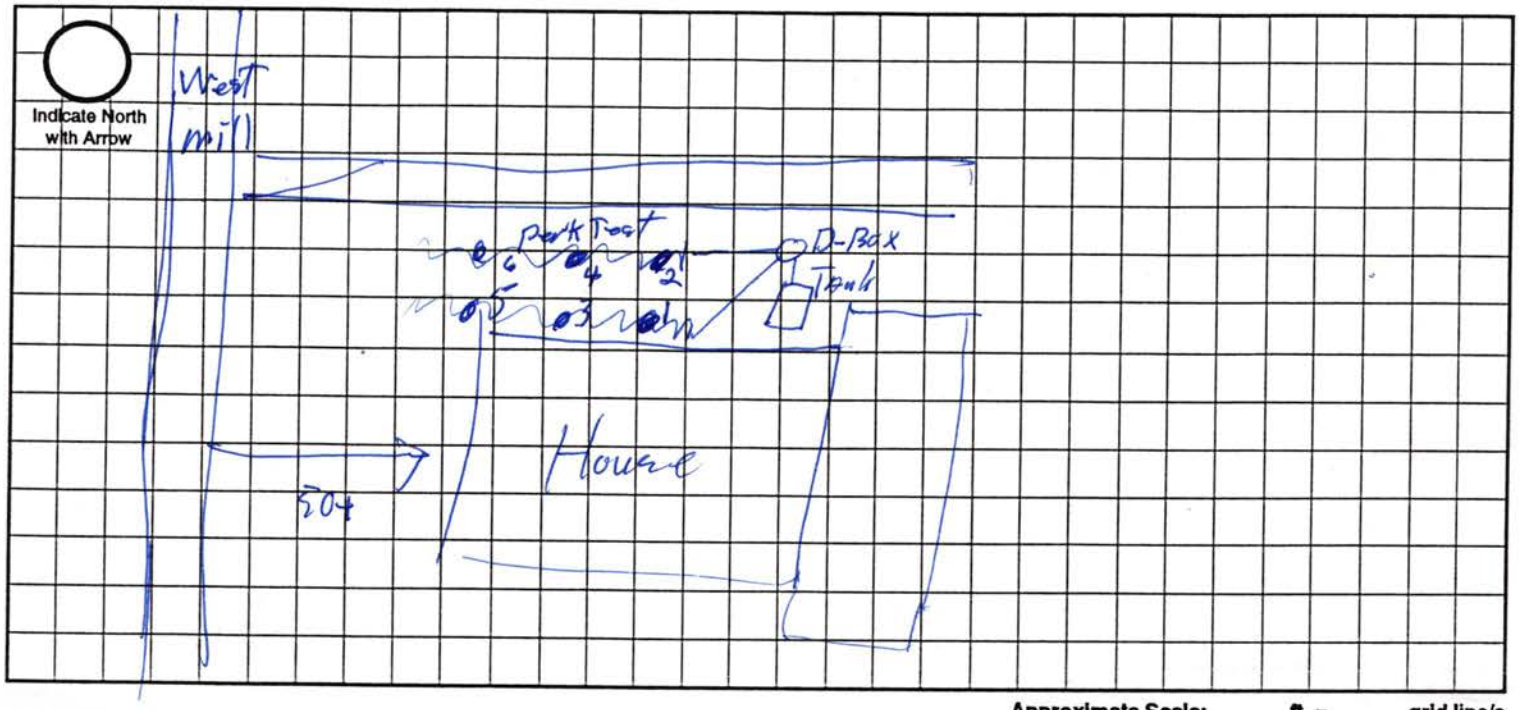
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Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 01380235

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) 12303 W. Mill Rd 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: SHARPSBURG SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 700 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 175 ft. Number of Trenches _____ 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 Raymond Contracting Date 5/16/01

Installer Raymond Contracting Date 5/16/01

FORM 23-102 10-96

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

D

Permit Number: 013802315

Sewage Disposal System

As Built Plans & Specifications

Date 9/26/01

System Location (Indicate correct number and street)

Address 12303 W. Mill Rd (no rural route) City Malcolm NE, Zip 68402

A. Building Sewer

1. Material: ☒ 4" plastic. Diameter: ____ in.
2. Distance above basement floor: 36 in.
   or distance below basement floor: ____ in.
3. Distance between dwelling and septic tank: 60' ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 60+ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 2
2. Capacity: ____ gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter ____ in.
   Over outlet, diameter ____ 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: 8 in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 50+ ft.

C. Distribution Box

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

D. Absorption Field

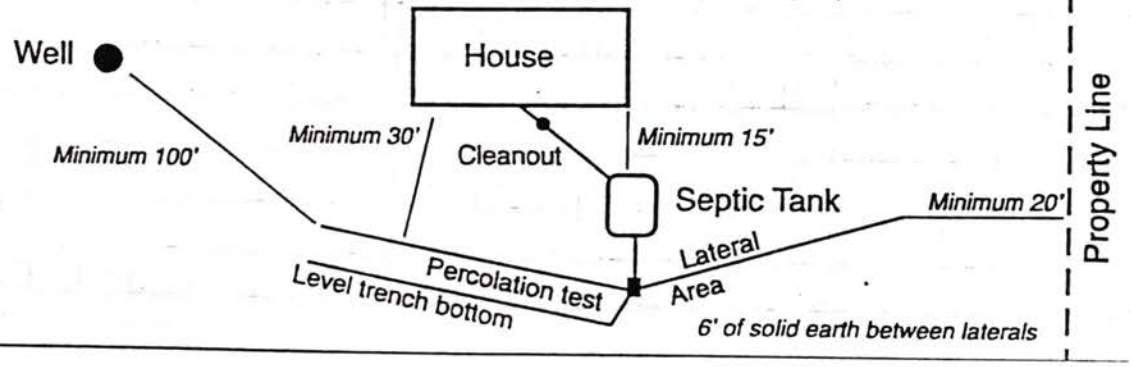
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: ____
   or perforated pipe: Equlizer
   Material: ☒ fiberglass ☐ plastic ☐ concrete ☐ other ____
2. Lateral lines: Number 2
   Length of each line: 102 ft. 102 ft.
   ____ ft. ____ ft., ____ ft.
3. Trench dimensions: Width 4' ft.
   Slope FLAT in/100 ft.
   Average depth 24" in
4. Filter material: Gravel
   Depth of material 16" in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 60+ ft.

Indicate North with Arrow

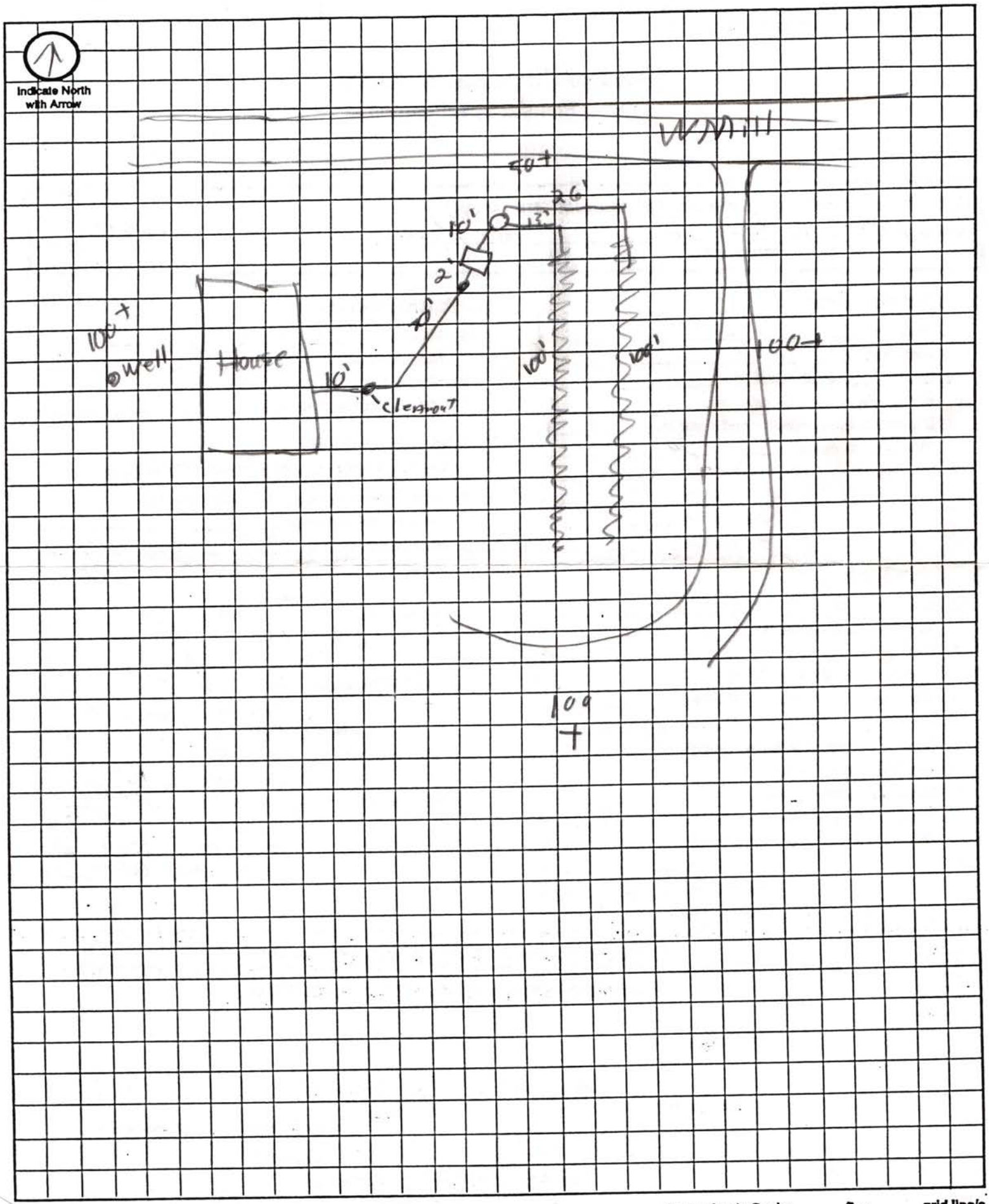
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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