Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

000439

(402) 441-8000

Permit SEWAGE INSTALLATION

Permit # 03380260201

Issued 03/10/03

Expires 09/10/03

Revenue Code 3157

Establishment MARK HUTCHINGS
T11N R5E SEC 6 QTR SE
E1/2 OF SE1/4 LOT 12IT
NW CORNER/MILL RD & NW 126

FEES: $200.00

TOTAL: $200.00

Permittee MARK HUTCHINGS
8900 PIONEERS BLVD
LINCOLN NE 68520

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: 03380260201

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 SEE LEGAL DESCRIPTION (13801 NW 12th) City MALCOLM RURAL ROUTE NE, Zip 68402
(no rural route)

Legal Description EAST 1/2 OF SE QUARTER SECTION 6, TOWNSHIP 11 N, RANGE 5 East 12 Ft.
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): ~~Longitude~~ NW CORNER OF NW RD & NW 12TH STREET ~~Latitude~~

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

B. Owner

CONTACT DANNY PETERSEN (CONTRACTOR) WITH PROBLEMS OR QUESTIONS. → 432-8146 CELL (402) 438-6000 OFC.

Name MARK HUTCHINGS Signature

Address 8900 PIONEERS BLVD City/State/Zip LINCOLN NE 68520

☒ Check if owner designed system Home Phone (773) 342-9663 Work Phone (312) 441-6879

C. Contractor

Name MICHAEL CASEMENT Company Name CAPITAL TRENCHING

Address 2141 West Plum City/State/Zip LINCOLN NE. 68522

☐ Check if contractor designed system Work Phone 476-6313 OR 432-2494

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 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 3/10/03 Date frwd 3/10/03 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3-10-03 Date frwd 3-10-03 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 3-10-03 Date frwd 3-10-03 ACTION ☒ Approved ☐ Disapproved Signature Jim Plough

Installation Final Written Approval

By Ron Mayfield

Date 9-26-03

Business Office Use Only

Date Rec'd 03/10/03

Amt Paid 200.00

Rec'd By ~~Cash~~/Check No. 1252

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: 033802607

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 13901 NW 126th ST. (SEE LEGAL ON A) City MALCOLM NE, Zip 68402
(no rural route)

Owner MARK HUTCHINGS Addresss 8900 PIONEERS BLVD LINCOLN NE 68520

Soil Type (SCS): STEINAUER LOAM Percolation Rate: 30.67 min./inch

Date of Tests 9/21/02 to 9/22/02 Weather: Precipitation Ø Temperature 70's

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	9/21	5:00pm	9/21	7:00pm	9/22	5:30pm	6	9/22	6:00pm	30	1"	30
2	36	9/21	6:00pm	9/21	9:00pm	9/22	5:35pm	6	9/22	6:05pm	30	1¼"	24
3	36	9/21	5:00pm	9/21	9:00pm	9/22	5:40pm	6	9/22	6:10pm	30	1"	30
4	36	9/21	6:00pm	9/21	9:00pm	9/22	5:45pm	6	9/22	6:15pm	30	1"	30
5	36	9/21	5:00pm	9/21	9:00pm	9/22	5:50pm	6	9/22	6:20pm	30	1"	30
6	36	9/21	5:00pm	9/21	9:00pm	9/22	5:55pm	6	9/22	6:25pm	30	¾"	40

Person Conducting Percolation Tests

Name: JUSTIN PETERSON
Phone: (402) 761-2414
Address 742 1ST STREET
MILFORD, NE 68405

Sum of Percolation Rates: 184 MIN
Average of Rates: 30.67 MIN/INCH
Rate Used for Calculation: ~~30.67~~ 31 min/inch

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks 5 Lines Loam

Signature of Reviewing Official Ron Yoyes Date 3-7-03

FORM 23-101 10-96

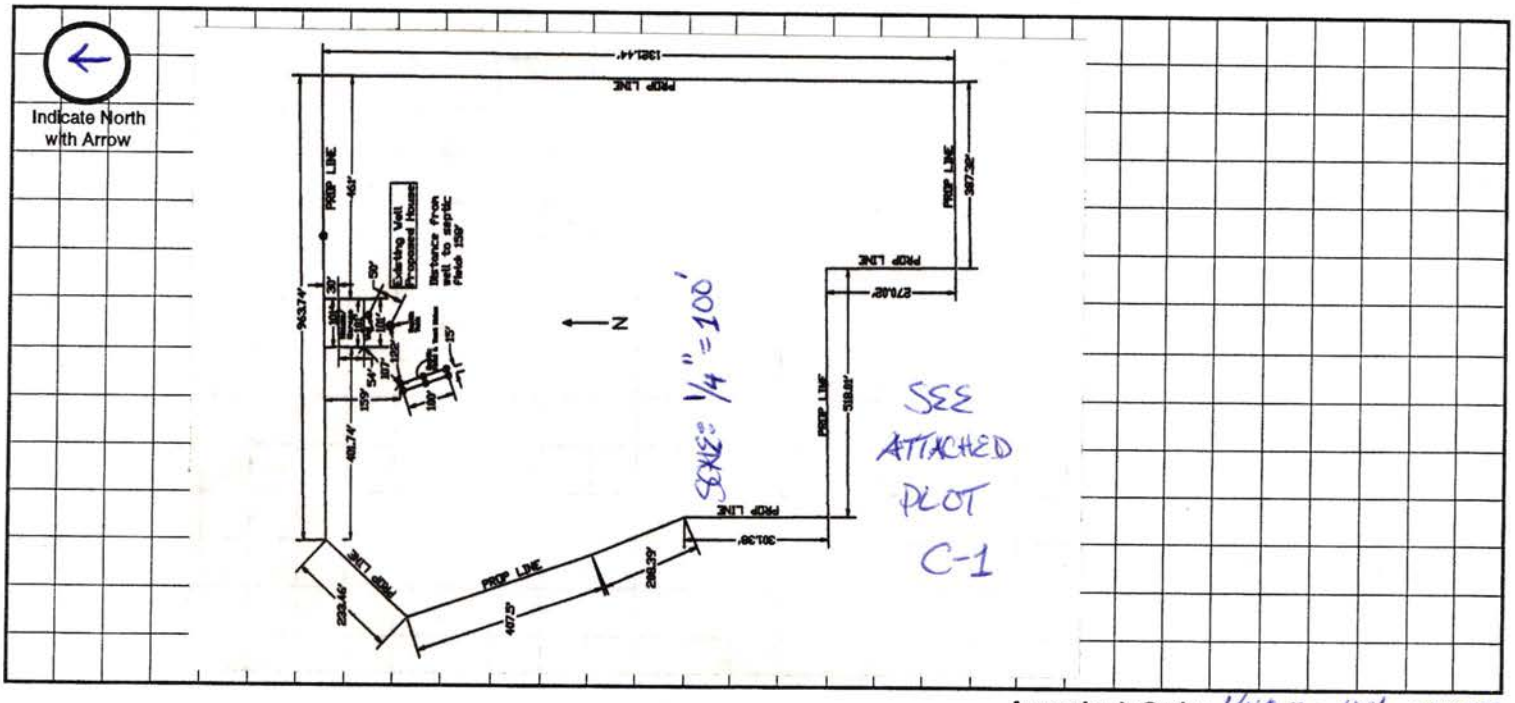
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Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 033802602

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: 1/4 in. ft. = 100' grid lines

A. System Location (Indicate correct number and street)

Address (no rural route) 13901 NW 12th ST. (SEE LEGAL ON A) 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 30.67 (min. per inch) Soil Type: STEINAUER LOAM Land Slope: 11% %

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

Total Square Feet of Field Required: 1100 sq. ft.

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

Capacity of Septic Tank 1,250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 366 / 278 ft. Number of Trenches 4 / 3 Trench Width 3' / 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 ☐ N/A	50 ☒	NA ☐	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☐	500 ☐ N/A	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
Lagoon (ft)	100 ☐ N/A	500 ☐ N/A	50 ☐ N/A	N/A ☐	30 ☐ N/A	50 ☐ N/A	100 ☐ N/A	200 ☐ N/A	☐ N/A

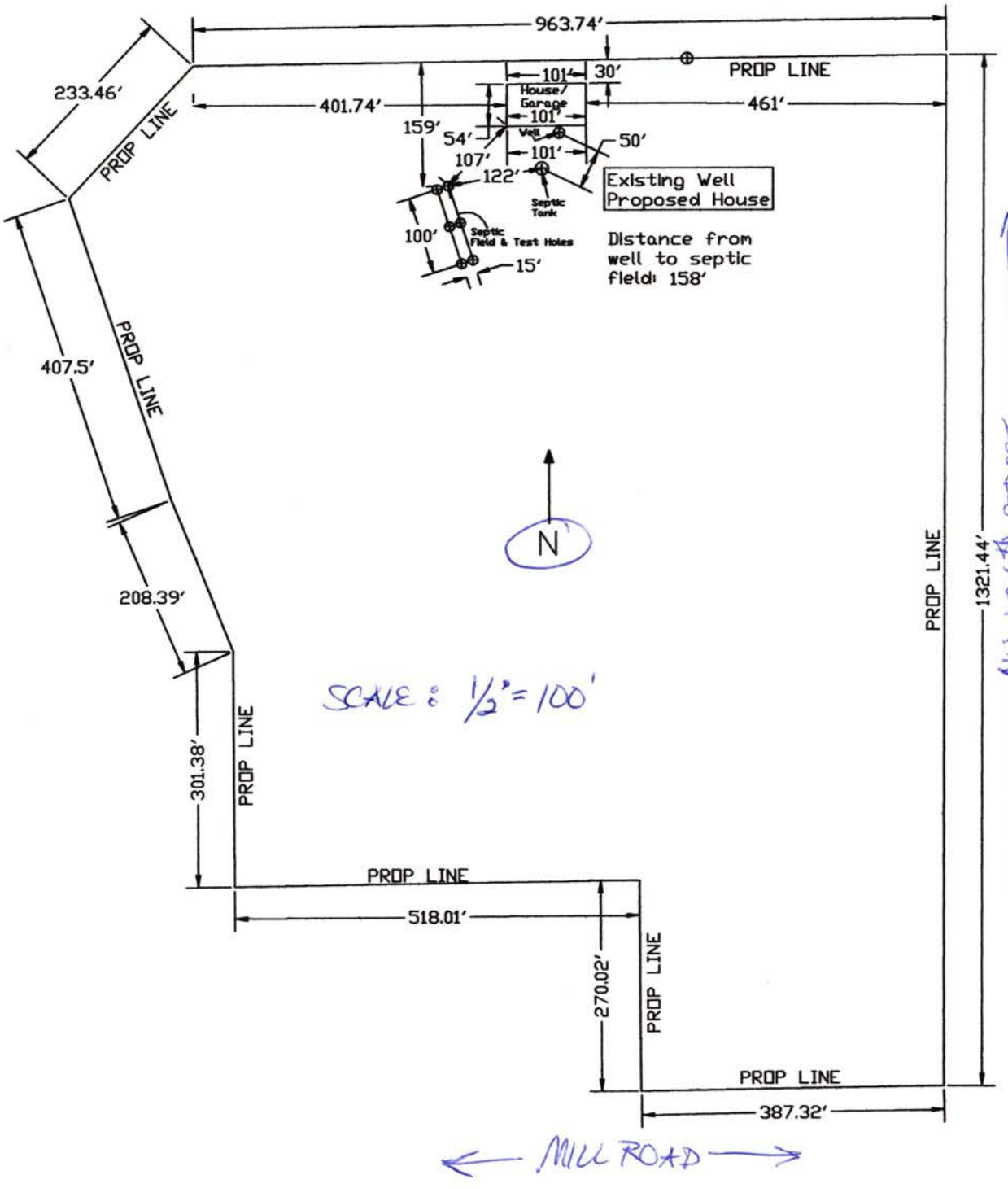
E. Required Signatures

Home Building Contractor Dan R. Peterson DBS PK CONSTRUCTION, INC Date 3/3/03

Installer Michael Adams Capital City Trenching Date 3-3-03

FORM 23-102 10-96

C-1


963.74'
233.46'
PROP LINE
401.74'
101'
30'
PROP LINE
House/ Garage
101'
461'
159'
54'
Well
50'
107'
101'
122'
Existing Well
Proposed House
Septic Tank
100'
Septic Field & Test Holes
15'
Distance from well to septic field: 158'
407.5'
PROP LINE
N
208.39'
SCALE: 1/2" = 100'
301.38'
PROP LINE
PROP LINE
1321.44'
PROP LINE
NW 126th STREET
PROP LINE
518.01'
270.02'
PROP LINE
PROP LINE
387.32'
MILL ROAD

Lincoln-Lancaster County Health Department
Environmental Health Division
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D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 9/23/03

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

A. Building Sewer

1. Material: SCH40
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 25 ft.
   stream NA ft.
   pressure line 25 ft.
   property line 100+ ft.

B. Septic Tank

1. Material: POLY
   Number of compartments: 1
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 3 in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line 62 ft.
   Stream NA ft.
   Pressure line 60 ft.
   Property line 100+ ft.

C. Distribution Box

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

D. Absorption Field

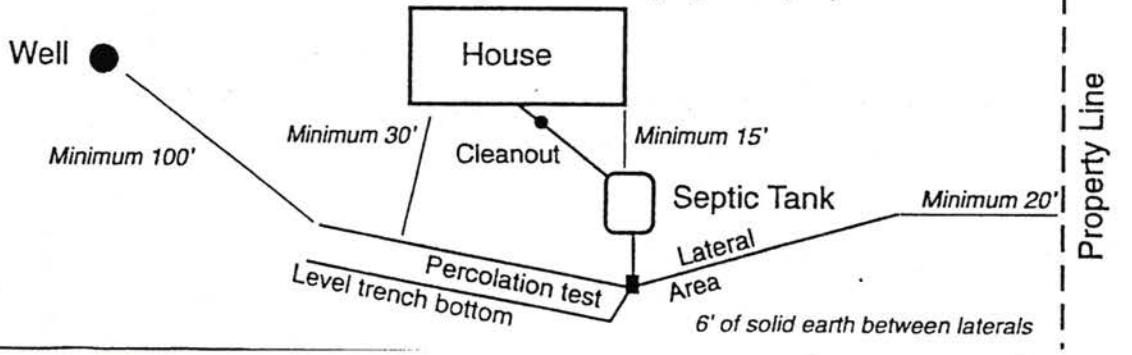
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 36
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 94 ft. 94 ft.
   94 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 36 in/100 ft.
   Average depth 24 in
4. Filter material: GRAVEL LESS
   Depth of material _____ in.
5. Distances to: Well or suction line 107 ft.
   Stream NA ft.
   Pressure line 100 ft.
   Property line 100+ ft.

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

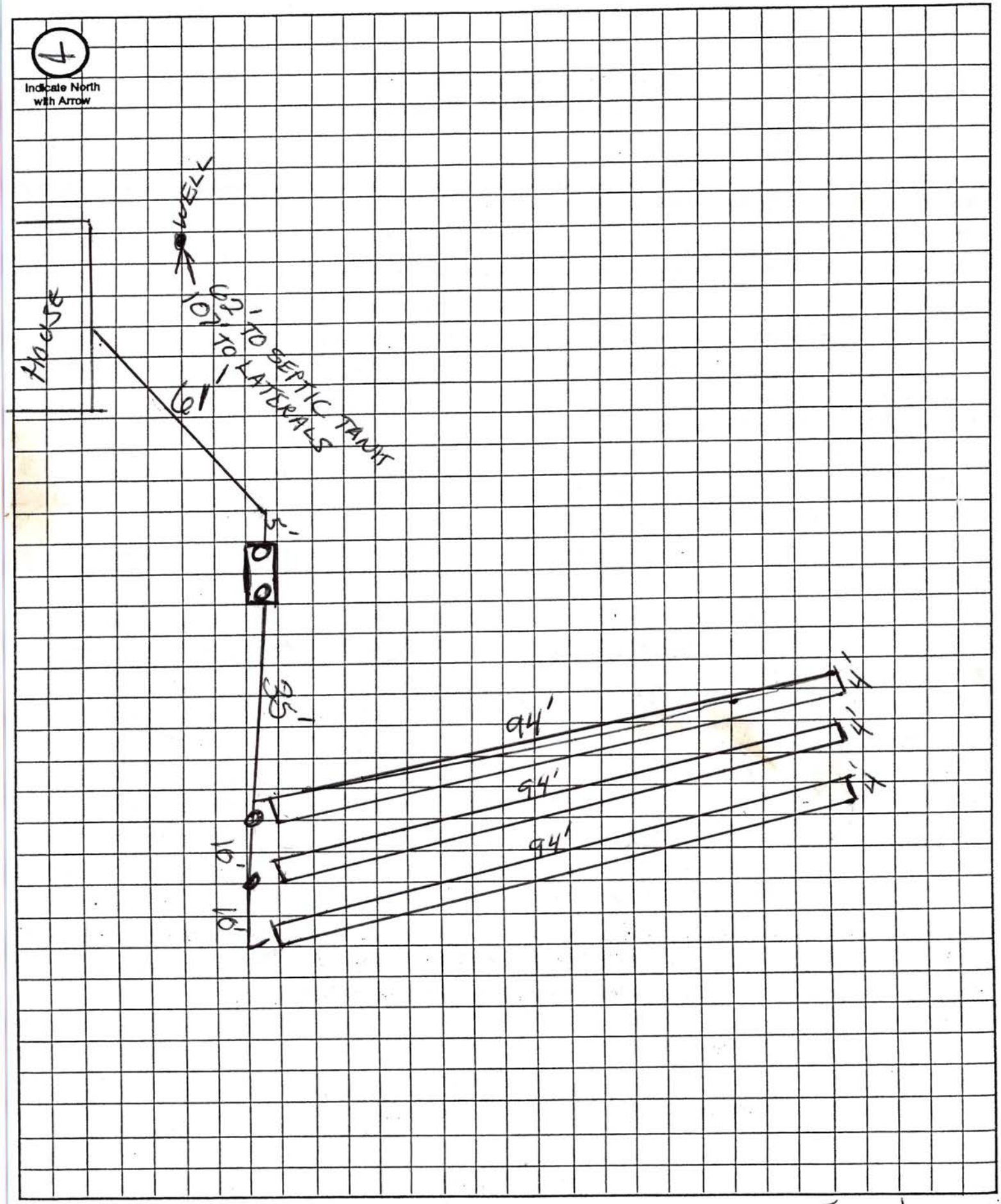
Indicate North with Arrow

Individual Sewage System Design (Example)

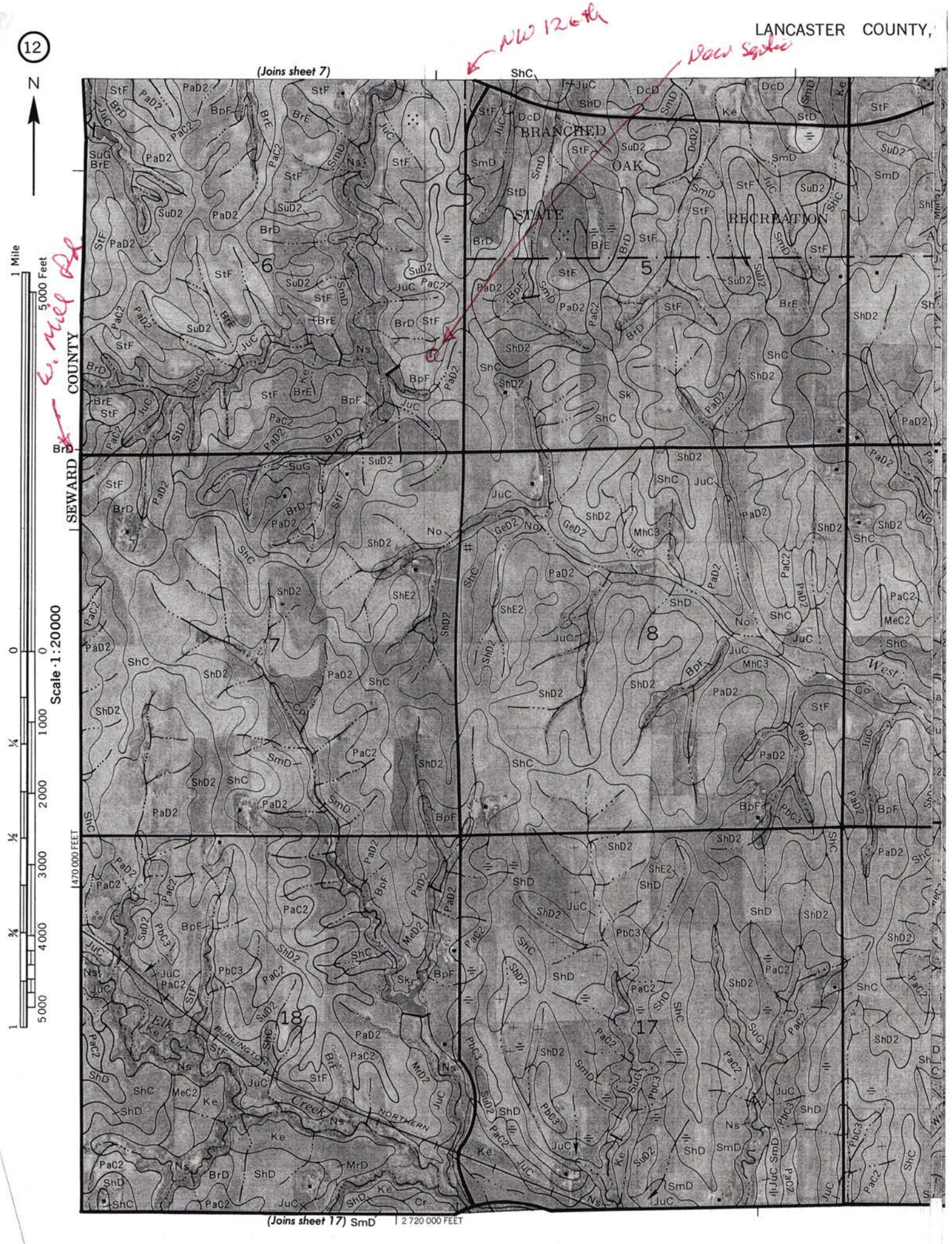


FORM 23-103 10-96

As Built Drawing



Approximate Scale: 5 ft. = 1 grid line/s


NW 126th
Davey Station
(Joins sheet 7)
BRANCHED OAK STATE RECREATION
SEWARD COUNTY
West
Creek
BURLINGTON NORTHERN
(Joins sheet 17)
1 Mile
5000 Feet
Scale 1:20000
470 000 FEET
2 720 000 FEET