Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

009689

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit #: 06380326901

Issued: 10/30/06
Expires: 10/30/07
Revenue Code: 3157

Establishment:
HAUSMANN CONSTRUCTION
T11N R5E SEC 6 QTR SE
W 1/2
13290 MILL RD-MALCOLM

FEES: $290.00

Permittee:
HAUSMANN CONSTRUCTION
601 OLD CHENEY RD
APT C
LINCOLN NE 68512

TOTAL: $290.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

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

A

Permit Number: 0638032690 1 Mf

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 NW 126th & Mill Rd 13290 Mill Rd. City Malcolm NE, Zip NE
(no rural route)

Legal Description W 1/2 (1/4) SE 1/4 (1/4) 6 (Section) 11N (Township) 5E (Range) LCR 5883 (Subdivision) (Addition) (Block) 2 (Lot)

Geographical Location (if known): Longitude 2650 ± 5E Latitude 1324 ±

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

B. Owner

Name RISE MITCHELL Signature RISE MITCHELL Matt Schendt (BUILDER)

Address _____ City/State/Zip _____

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name MATT SCHENDT Matt Sc LM Company Name HAUSMANN CONSTRUCTION NCR 71567

Address 601 Old Cheney Rd Ste C City/State/Zip Lincoln, NE 68512

☐ Check if contractor designed system Work Phone 438-3230

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 6 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 10/30/06 Date frwd 10/30/06 ACTION ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10/30/06 Date frwd 10/30/06 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10-30-06 Date frwd 10-30-06 ACTION ☒ Approved ☐ Disapproved Signature Jim Blazek

Lines 1 lagoon 3/26/07 DH

Installation Final Written Approval

By Doug Amen

Date 6/21/07

Business Office Use Only
Date Rec'd 10/26/06
Amt Paid 290.00
Rec'd By CW Cash/Check No. 6290

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

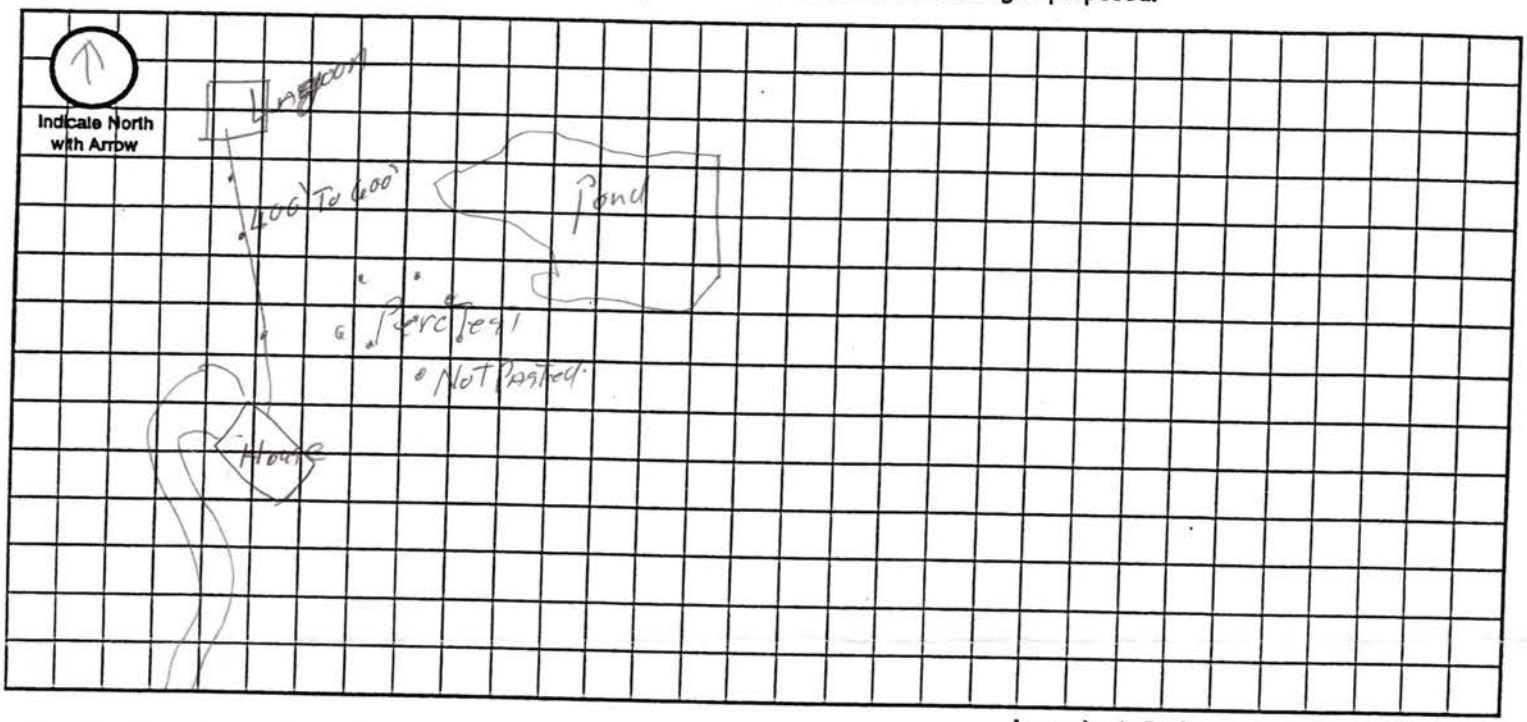
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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) NW 126 and mill City Malcolm NE, Zip 68528

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 [signature] - Hausmann Construction Date 10/24/06

Installer [signature] Date 10/26/06

ORM 23-102 10-96

mitchell

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 3/23/07

System Location (Indicate correct number and street)

Address 13290 W Mill Rd (no rural route) City malcolm NE, Zip 68402

A. Building Sewer

1. Material: class 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 40" in.
3. Distance between dwelling and septic tank: 614 ft.
4. Number of clean-outs: 10
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 50+ 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

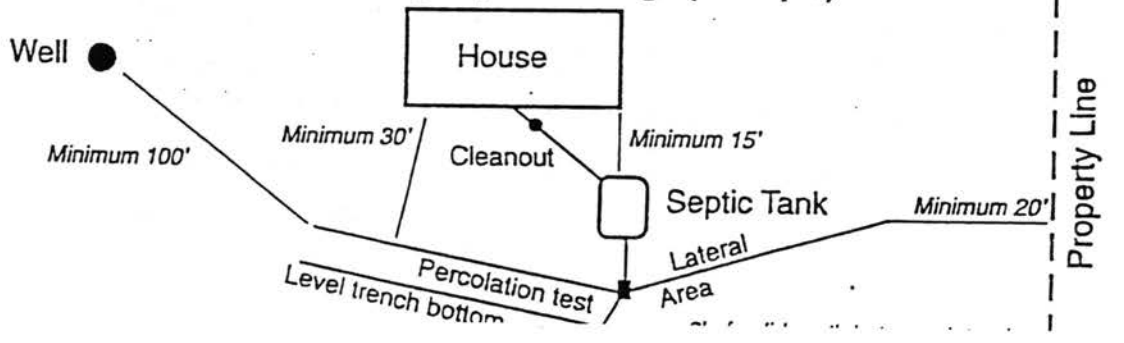
(Provide as-built drawings on back of this form)

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.

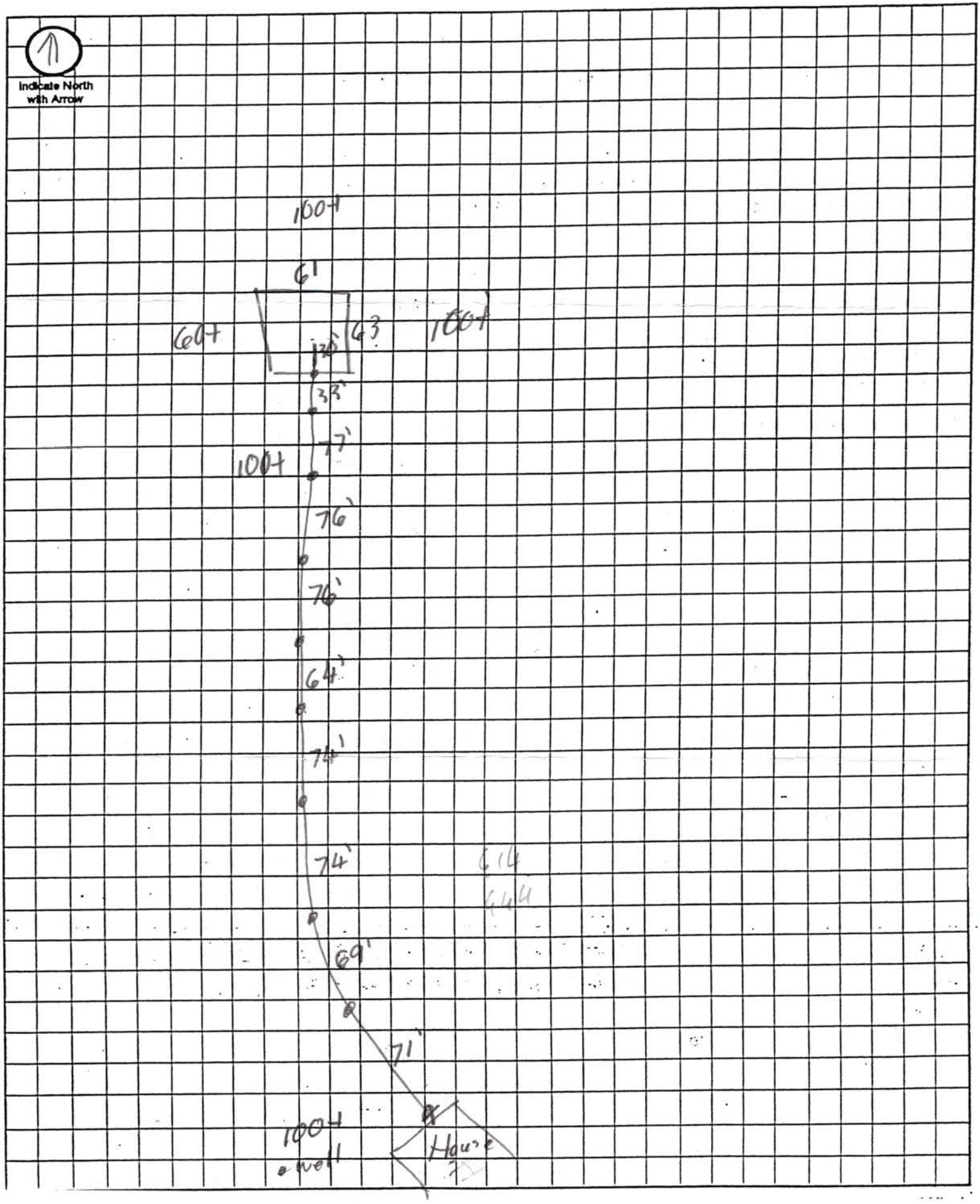
Indicate North with Arrow

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

Individual Sewage System Design (Example)



As Built Drawing

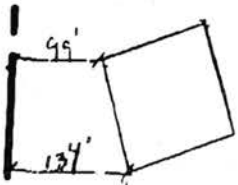


ATTN: Nate or Jim
441-8692

LOT 2, W 1/2 SE 1/4
SEC 6, T11N, R5E

2656'±

2660'±



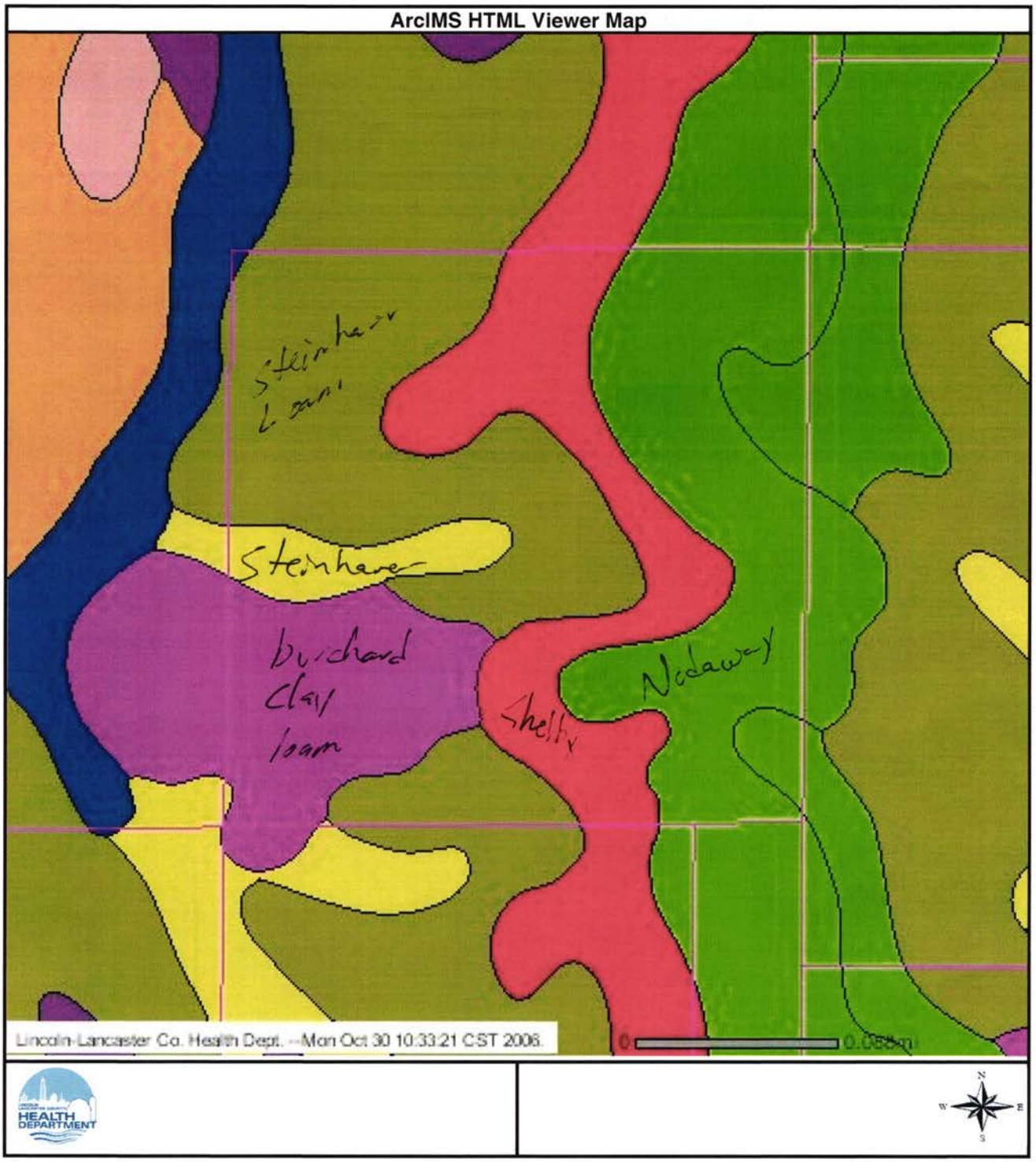
516'

1324'±

WEST MILL ROAD

N

SCALE: 1" = 200'


ArcIMS HTML Viewer Map
Steinhauer Loam
Steinhauer
Burchard Clay loam
Shelby
Nodaway
Lincoln-Lancaster Co. Health Dept. -- Mon Oct 30 10:33:21 CST 2006.
HEALTH DEPARTMENT
N
W
E
S