Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

RON JARECKE
T11N R5E SEC 6 QTR NE
S 1/2 OF NE 1/4
NW 126 ST-MALCOLM

Permitee

RON JARECKE
6601 S 30 ST
LINCOLN NE

Permit # 00380220701

Issued 07/05/00
Expires 01/05/01
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013481

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

A

Permit Number: 003802207

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 14701 ~~[illegible]~~ NW 126 City Malcolm NE, Zip 68402
(no rural route)

Legal Description S/2 of NE 6 11N 5E
~~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 Ron Jarecke Signature _____

Address 6601 So 30 City/State/Zip Lincoln, Ne 68516

☐ Check if owner designed system Home Phone 423-8412 Work Phone 560-5763

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 1720 So 72nd St City/State/Zip _____

☒ Check if contractor designed system Work Phone _____

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

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

Changed to 2 bedroom by owner Ronald G Jarecke 5-8-01

☒ 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 6-28-00 Date frwd 7/3/00	**ACTION** ☒ Approved ☐ Disapproved Signature Paul Dwyer	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 7/7/00 Date frwd 7/7/00	**ACTION** ☒ Approved ☐ Disapproved Signature [illegible]	
3. **City or County Engineer**	Date rec'd 7-7-00 Date frwd 7-7-00	**ACTION** ☐ Approved ☐ Disapproved Signature Terry V. Uswell	

Installation Final Written Approval

By Paul Dwyer

Date 8-31-01

Business Office Use Only
Date Rec'd 07/03/00
Amt Paid 150.00
Rec'd By CW Cash/Check No. 3965

FORM 23-100 10-96 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: 003802207

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 1479 NW 126th (no rural route) City Malcolm NE, Zip 68402

Owner Ron Jarecki Addresss 14501? NW 126th

Soil Type (SCS): PAC2 Percolation Rate: _____ min./inch

Date of Tests 9-30 to 10-1-84 Weather: Precipitation 0 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	9/30	10/AM	10/1	9/AM	10/1	9:00	34	10/1	9:30	30	—	
2	|						A	35		AM		—	
3	|							35				—	
4	|							35				—	
5	|							34				—	
6	|							35				—	
7	|							34				—	
8	↓							34				—	

Person Conducting Percolation Tests

Name: Brad Smithmier

Phone: 475-2462 - 430-7606

Address 17501 So 72nd

Hickman Ne 68372

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

all of Pa Soak water remained in percolation Holes

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

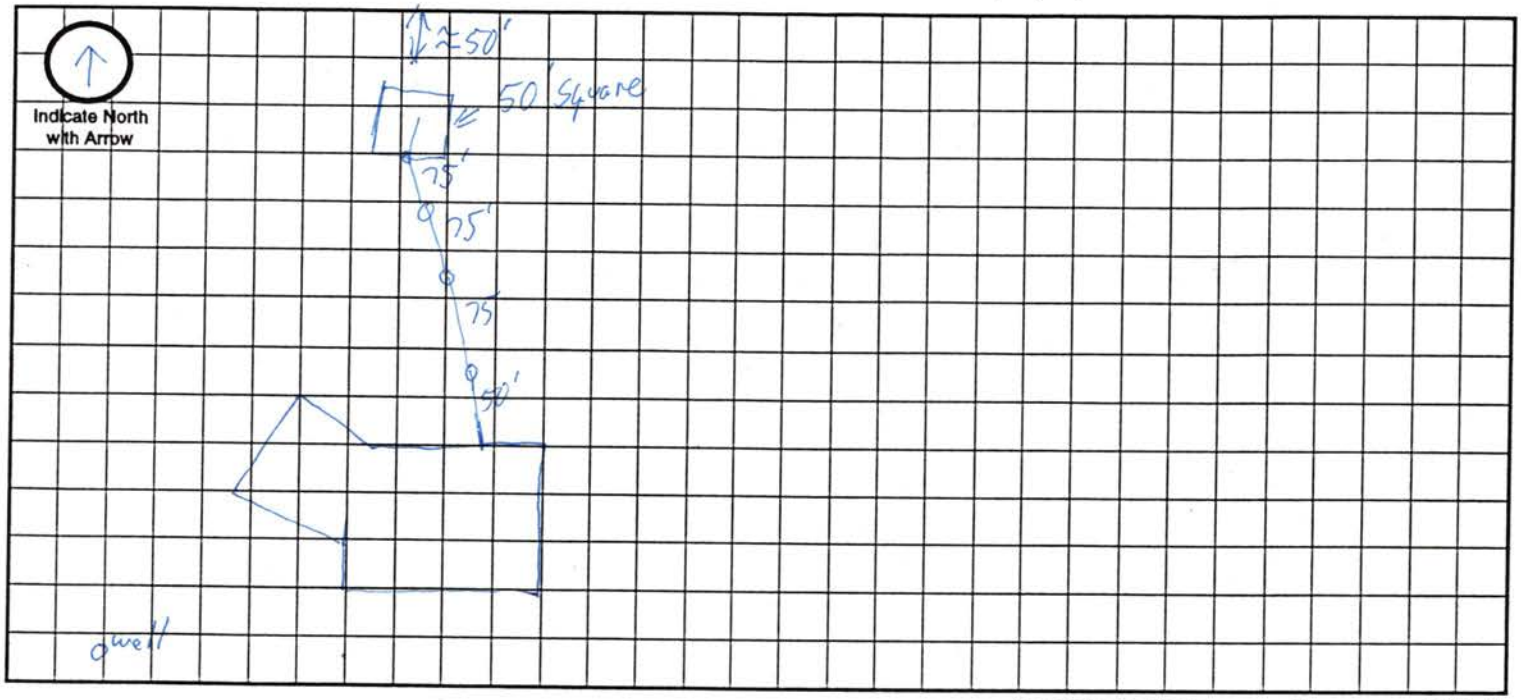
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 00380220 7

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) 14701 NW 126th 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 _____ (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 Brad Southard Date 6-28-06

Lincoln-Lancaster County Health Department
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D

Permit Number: 003802207

Sewage Disposal System

As Built Plans & Specifications

Date 7-00

System Location (Indicate correct number and street)

Address 1470/ NW 126th (no rural route) City Malcolm NE, Zip 68402

A. Building Sewer

1. Material: 4" Sch 40 PVC
   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: 4
5. Distances to: well or suction line >50' ft.
   stream NA ft.
   pressure line NA ft.
   property line >20 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

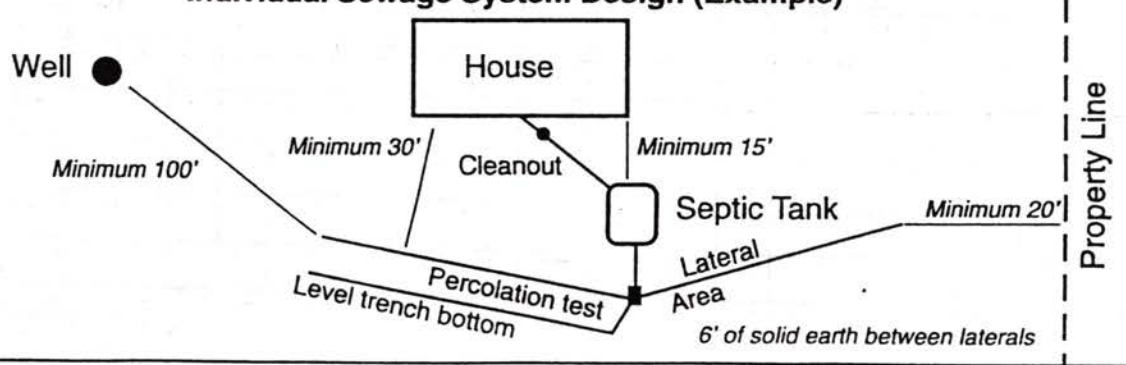
(Provide as-built drawings on back of this form)

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.

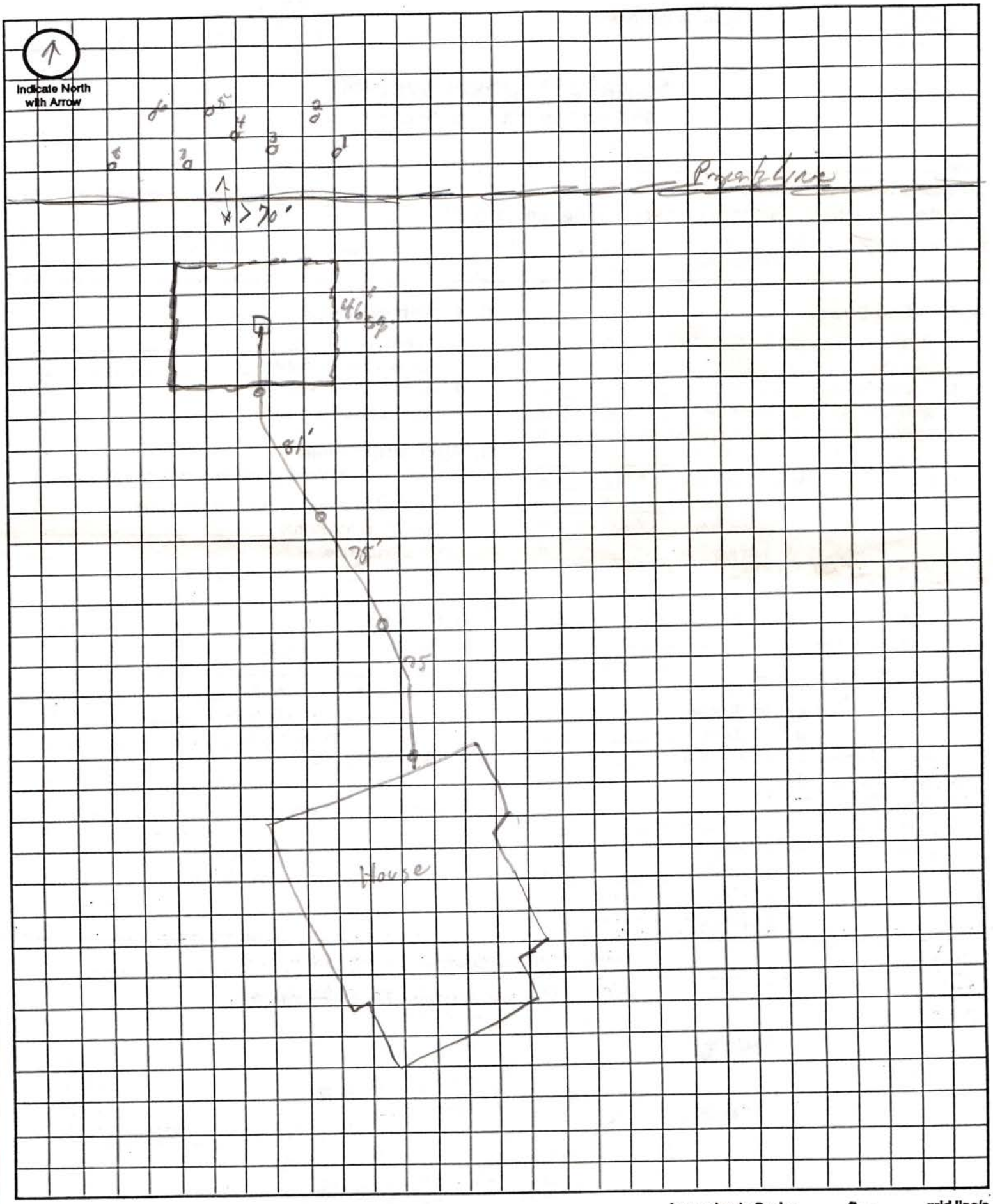
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Legal Description _____ Location _____

Owner/Requestor _____

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

_____ New system, initial
_____ New system, followup
_____ Existing system, repair
_____ Existing system, followup
_____ Loan approval
_____ Consultation
_____ Other (Specify)

REMARKS Lagoon size changed to 2 bedroom by owner to meet minimum size requirements because approval would not be given due to slope of berms see back side drawing

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   A. Leach Field
   B. Septic Tank
   C. Sewer Line
   D. Frost-Proof Hydrant
   E. Lagoon
   F. Accumulated Manure
   G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

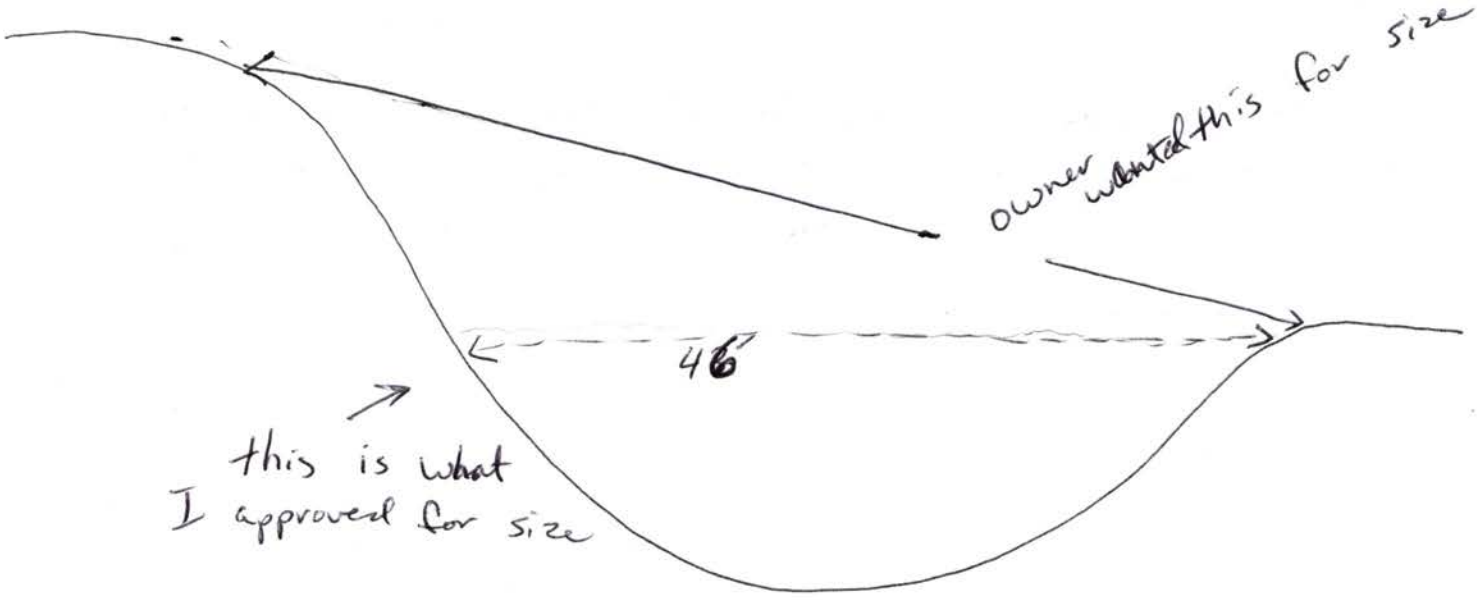
Sewage System ___ Septic ___ Lagoon

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + Installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: Paul Dostermann Received by: _____

Date: _____

WA1002


owner wanted this for size
46'
this is what
I approved for size