Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 02380246801

Issued 04/24/02
Expires 10/24/02
Revenue Code 3157

Establishment
CLAUDIA DAVIS
T11N R5E SEC 6 QTR SE
LOT 13IT
14001 NW 126 ST-MALCOLM

FEES: $200.00

Permittee
CLAUDIA DAVIS
14001 NW 126 ST
MALCOLM NE 68402

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002206

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

A

Permit Number: 023802468

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 14001 NW 126 (no rural route) City Malcolm NE, Zip 68402

Legal Description S E 6 11N 5E 13 E.T.
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 Claudia Davis cell 525-8714 Signature C Davis

Address 14001 NW 126 City/State/Zip Malcolm NE

☐ Check if owner designed system Home Phone _____ Work Phone 402-367-4216

C. Contractor

Name STEVE MACHACEK Company Name M&W CONST cell 480-2006

Address P.O. Box 91 City/State/Zip WESTON, NE. 68070

☒ Check if contractor designed system Work Phone 402-642-5788

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**
   5-6-02 "perk" test
   5-7-02
   5-10-02 lines drainfield & tank installed
   Date rec'd 4-24-02
   Date frwd 5/16/02
   ACTION ☒ Approved ☐ Disapproved
   Signature Jerrold C. Hood

2. **Supt. Bldg. Insp. or Village Clerk**
   Date rec'd 5/14/02
   Date frwd _____
   ACTION ☐ Approved ☐ Disapproved
   Signature _____

3. **City or County Engineer**
   Date rec'd 5-26-02
   Date frwd 5-26-02
   ACTION ☐ Approved ☐ Disapproved
   Signature _____

Installation Final Written Approval

By Ron Maynard

Date 1-21-03

Business Office Use Only

Date Rec'd 04/26/02

Amt Paid 200.00

Rec'd By _____ ~~Cash~~/Check No. 4395

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

023802468

Attachment C.

Soil Absorption Test Data Report

Owner Information:

Owner _____ Phone _____
NAME

Address: _____

Location:

Township R Range 5 Sec. 6 1/4 Sec. E½ 1/4 Sec. SE

County Name LANCASTER Area: 80 Acres

Attach a sketch of the property showing the hole location.

Soil Type: (Check one)

Sand ____ Silt ____ Clay ____ Sandy Clay ____ Loamy Sand ____

Silty Clay ____ Silty Clay Loam ____ Sandy Loam ✓ Silt Loam ____

Dates of Test 5/7/02 to 5/8/02 Weather: Precipitation 0 Temp 80

Percolation Test Data

a	b	c	d	e	f	g	h	i	j	k	l	m	n
		Presaturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (min.)	Water Level Drop (in.)	Percolation Rate (Min./Inch)
1	30"	5/7	10:00	5/7	2:00	5/8	1:35	16	2:05	16¼	30	¾	40
2	30"	5/7	10:00	5/7	2:00	5/8	1:35	16	2:05	17¼	30	1¼	24
3	30"	5/7	10:00	5/7	2:00	5/8	1:35	16	2:05	19	30	3	10 MINUS (TO FAST)
4	30"	5/7	10:00	5/7	2:00	5/8	1:35	16	2:05	16¾	30	¾	40
5	30"	5/7	10:00	5/7	2:00	5/8	1:35	16	2:05	16½	30	½	60
6	30"	5/7	10:00	5/7	2:00	5/8	1:35	16	2:05	16½	30	½	60

FILLED IN

Steve Rochon M&W CONST.
Signature of Person Conducting Test

Address: P.O. BOX 91
WESTON, NE. 68070

Phone: 402-642-5788

Sum of Percolation Rates = 224

*Average of Rates in Minutes per Inch = 44.8

* If rates vary more than 20 minutes/inch. do not average but use the slowest rate for design purposes.

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

B

Permit Number: 02380246B

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 14001 NW 126 (no rural route) City Malcolm NE, Zip 68402

Owner Claudia Davis + Wm Aufmuth Address Same

Soil Type (SCS): CLAY Percolation Rate: 35 min./inch

Date of Tests 5/23/01 to 5/24/01 Weather: Precipitation 0 Temperature 70°

LAST 2 4/23/02 4/24/02 TRACE 55°

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	30	5/23	9:00	5/23	4:00	5/24	9:15	12	5/24	9:45	30	1	30
2	30	5/23	9:00	5/23	4:00	5/24	9:17	12	5/24	9:47	30	3/4	40
3	30	5/23	9:00	5/23	4:00	5/24	9:20	12	5/24	9:50	30	1	30
4	30	5/23	9:00	5/23	4:00	5/24	9:22	12	5/24	9:52	30	3/4	40
5	30	4/23	12:30	4/23	5:00	4/24	1:12	12	4/24	1:42	30	1¼	~~24~~
6	30	4/23	12:30	4/23	5:00	4/24	1:13	12	4/24	1:43	30	1½	~~20~~ 35

4/23/02 TO 4/24/02

5/18 4

Sum of Percolation Rates: 140 ~~184~~

Average of Rates: 35 (31) ~~38.7~~

Rate Used for Calculation: 35/40 MIN (~~290~~ 30) PER

Person Conducting Percolation Tests

Name: STEVE MACHACEK M+W CONST

Phone: 402-642-5788 CELL 480-2006

Address P.O. BOX 91

WESTON, NE. 68070

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

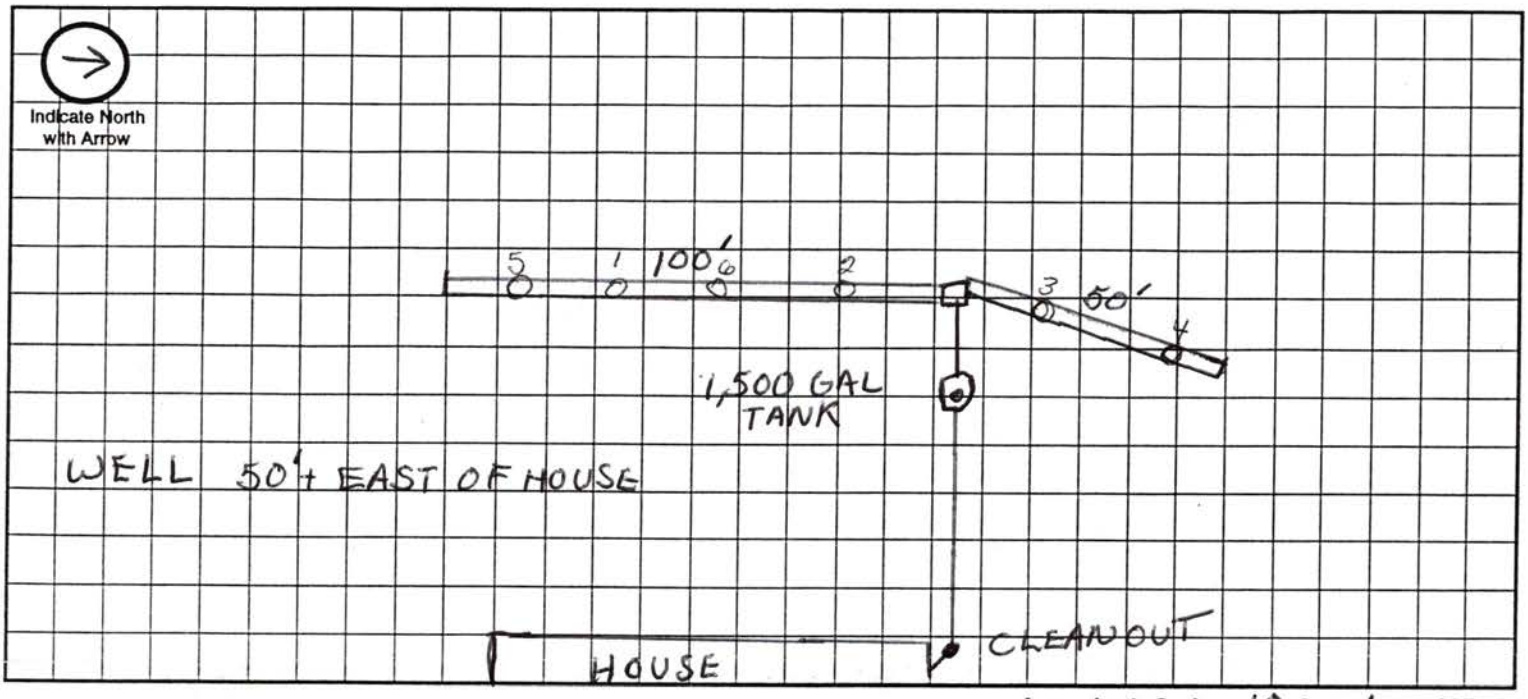
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 02380246B

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: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

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

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 35 (min. per inch) Soil Type: CLAY Land Slope: 20 %

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

Total Square Feet of Field Required: 580 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: INFILTRATOR 24

Capacity of Septic Tank 1,500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 150 ft. Number of Trenches 2 Trench Width 60"

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 Steve Machacek M+W CONST. Date 4/1/02

FORM 23-102 10-96

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 _____

System Location (Indicate correct number and street)

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

A. Building Sewer

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

B. Septic Tank

1. Material: CONC.
   Number of compartments: 1
2. Capacity: 1,500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 8 in.
   Over outlet, diameter 8 in.
   Riser: ☐ above ☒ below grade 6 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 100'+ ft.
   Stream NA ft.
   Pressure line 50' ft.
   Property line 100'+ ft.

C. Distribution Box

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

D. Absorption Field

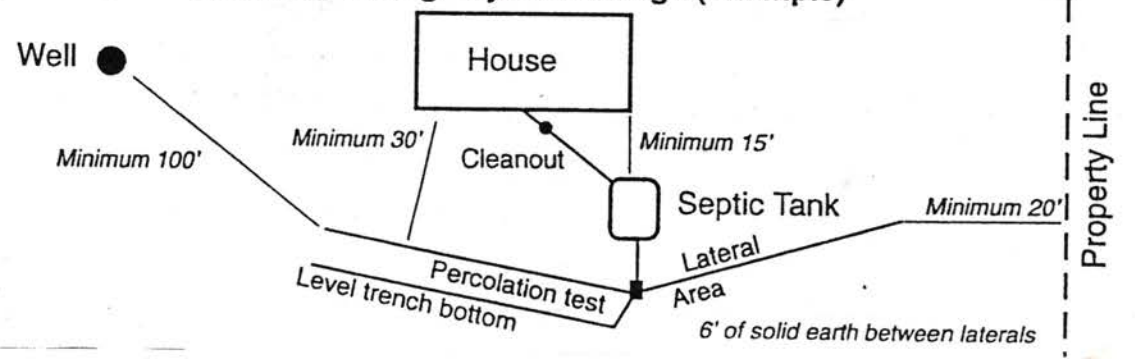
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: EQUIL, 24
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 1
   Length of each line: 140 ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 60" ft.
   Slope 0 in/100 ft.
   Average depth 28" in
4. Filter material: GRAVEL
   Depth of material 14 in.
5. Distances to: Well or suction line 100+ ft.
   Stream NA ft.
   Pressure line 40 ft.
   Property line 100+ ft.

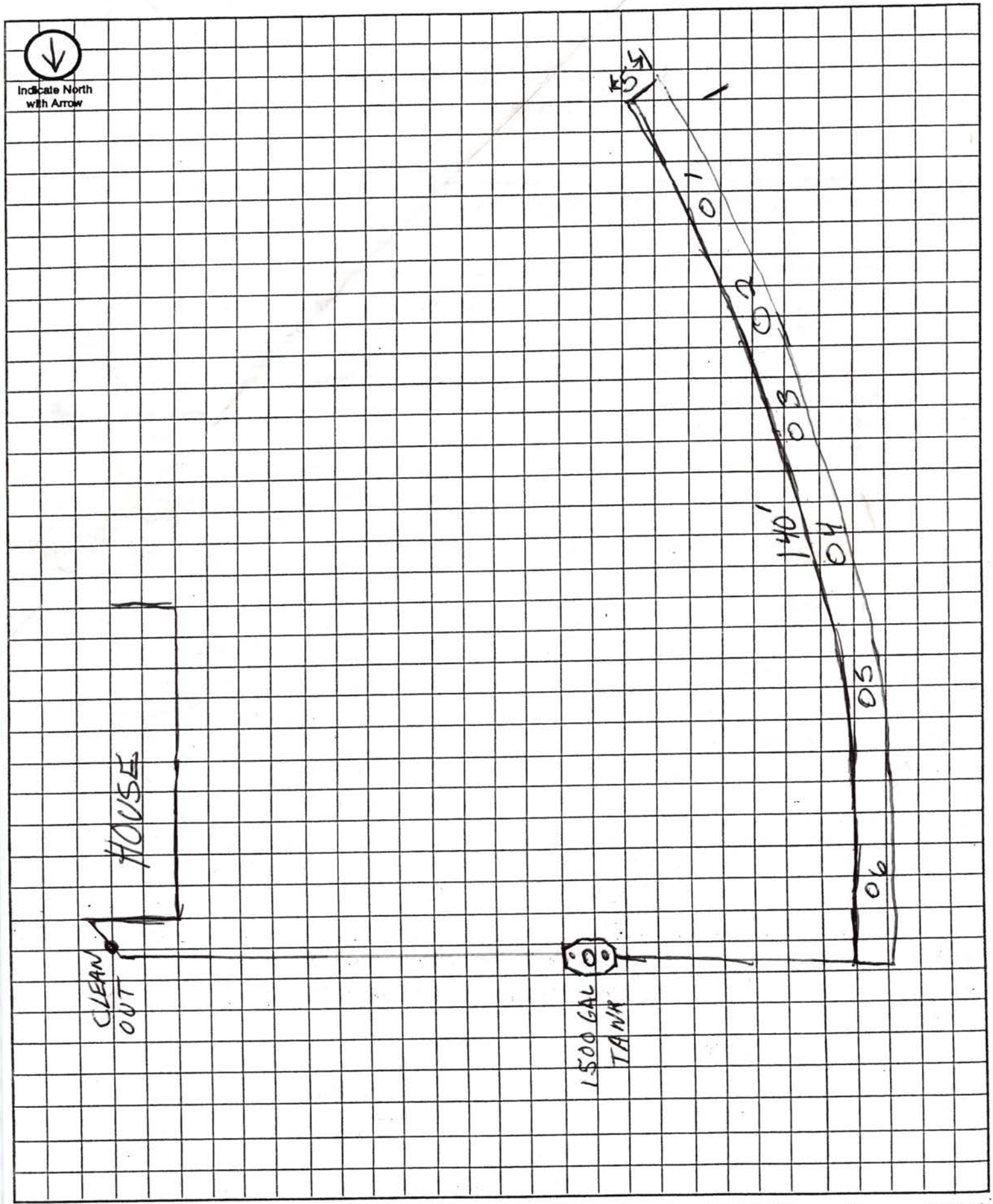
Indicate North with Arrow

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

Individual Sewage System Design (Example)



As Built Drawing



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

JAN 17 2003

D

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 1/3/03 6-11-5

System Location (Indicate correct number and street)

Address 14001 NW 126 (no rural route) City Malcom NE, Zip 68402

A. Building Sewer

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

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: 1
2. Capacity: 1,500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 6" in.
   Over outlet, diameter 12 in.
   Riser: ☐ above ☒ below grade 6 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 18 in.
8. Distances to: Well or suction line 100+ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

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

D. Absorption Field

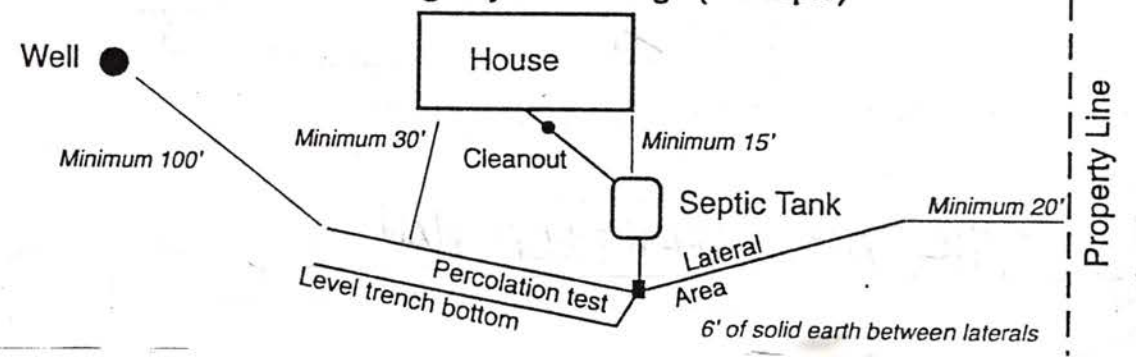
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: EQUILIZER 24
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 1
   Length of each line: 140' ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 60" ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: GRAVEL
   Depth of material 16 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.

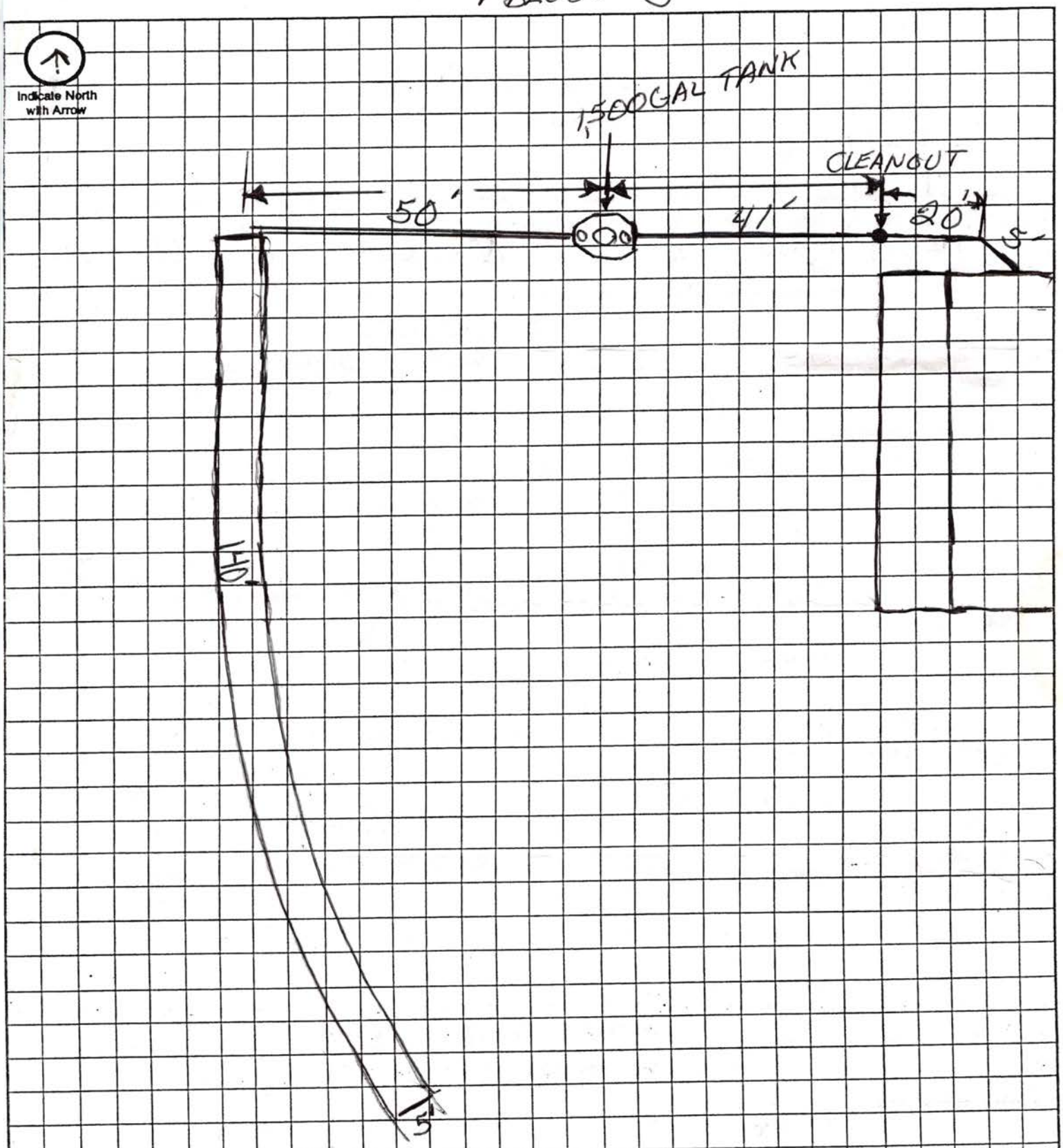
Individual Sewage System Design (Example)



FORM 23-103 10-96

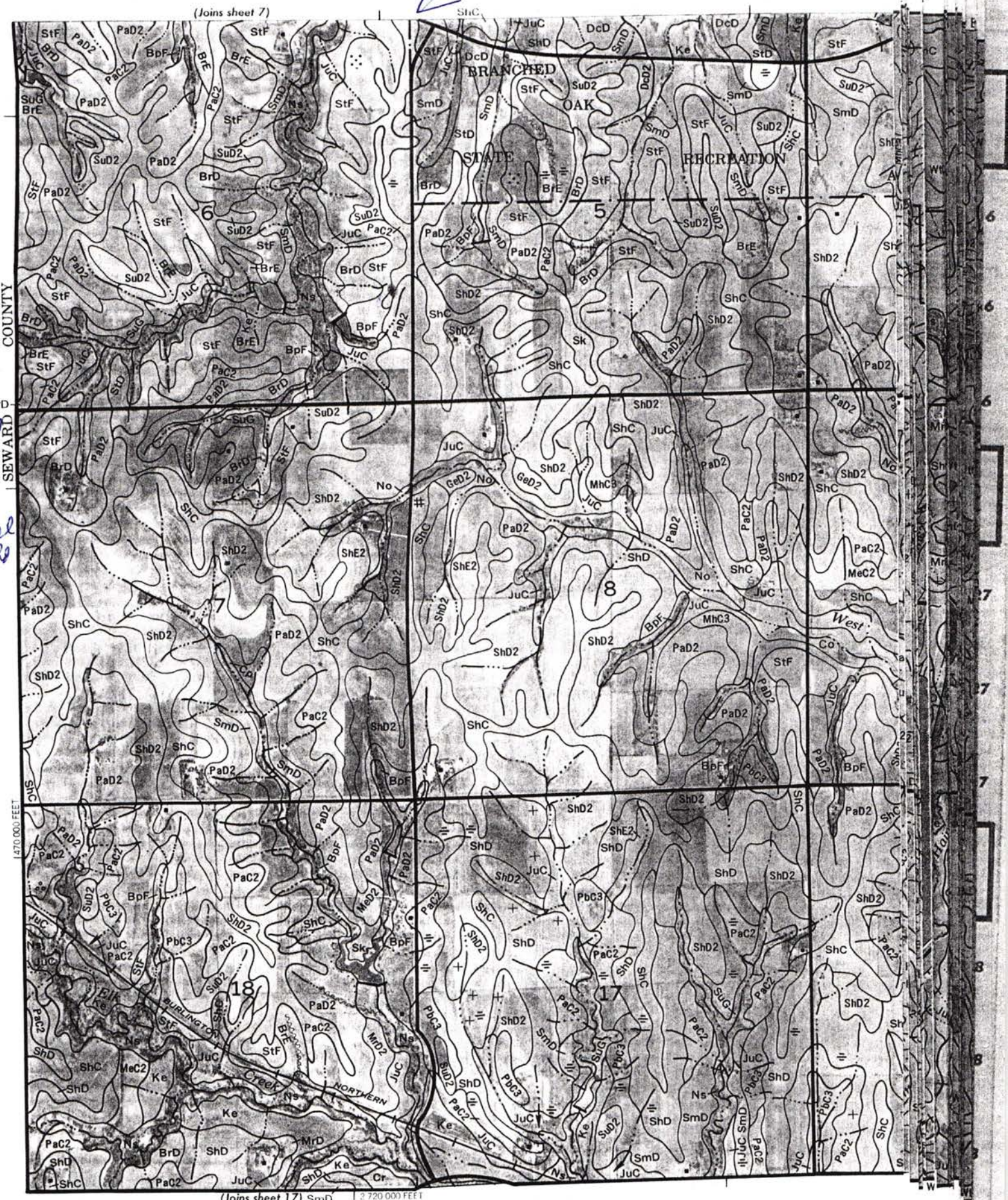
As Built Drawing

1 BLOCK = 5'



SEPTIC TANK & DRAIN FIELD PLAN

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


(Joins sheet 7)
BRANCHED OAK STATE RECREATION
SEWARD COUNTY
Scale 1:20000
5000 Feet
1000
0
2000
3000
4000
5000
470 000 FEET
2 720 000 FEET
(Joins sheet 17)
Elk Creek
BURLINGTON NORTHERN
West
Hoa
Mill Rd
6
5
7
8
18
17