LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 97380158601

Issued 06/03/97
Expires 12/03/97
Revenue Code 18754

Establishment

JAMIE KAYLOR
T11N R5E SEC 4
14260 NW 112 STREET

FEES: $150.00

TOTAL $150.00

Permittee

JAMIE KAYLOR
14260 NW 112 ST
MALCOLM NE 68402

Issued By M. Jane Ford
Health Director

4775

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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

A

Permit Number:

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 14260 NW 112th (no rural route) City Malcom NE, Zip 68402

80 ACRES

Legal Description NW SW 4 11N 5E
Lots 5 & 6 IJ (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 Jamie Kaylor Signature J D Kaylor

Address 14260 City/State/Zip Malcom Ne. 68402

☐ Check if owner designed system Home Phone 796-9522 Work Phone _____

C. Contractor

Name Steve Douglas Company Name Morton Buildings

Address Rt 1 Box 122A City/State/Zip Waverly Ne. 68462

☐ Check if contractor designed system Work Phone 7863000

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

Designer Name Clint Presnell Firm Wellmann Plumbing Work Phone 434-2400

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 1 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify Personal Office with 1 Stool, 1 Lav and 1 Floor Drain

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 5/29/97 Date frwd 5/29/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5/29/97 Date frwd 5/29/97 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 05/29/97 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Ron Maynard

Date Jan-6-98

Business Office Use Only 3197

Date Rec'd 05/20/97

Amt Paid 150 ck

Rec'd By ls Cash/Check No. 2252

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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B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 14260 N.W. 112th (no rural route) City Malcom NE, Zip 68402

Owner Jamie Kayler Addresss 14620 N.W. 112th

Soil Type (SCS): Clay Loam Percolation Rate: 60 min./inch

Date of Tests 3-25-97 to 3-26-97 Weather: Precipitation Dry Temperature 50°

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	3-25	9:00 am	3-26	9:00 am	3-26	9:00 am	6	3-26	1:00 pm	30	1	30
2	"	"	"	"	"	"	"	6	"	"	30	½	60
3	"	"	"	"	"	"	"	6	"	"	30	5/8	48
4	"	"	"	"	"	"	"	6	"	"	30	½	60
5	"	"	"	"	"	"	"	6	"	"	30	7/8	34
6	"	"	"	"	"	"	"	6	"	"	30	½	60

Person Conducting Percolation Tests

Name: Clint Presnell (Wellmann Plumbing)
Phone: 434-2400
Address 3301 So 6th
Lincoln Ne. 68502

Sum of Percolation Rates: 292
Average of Rates: 49
Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

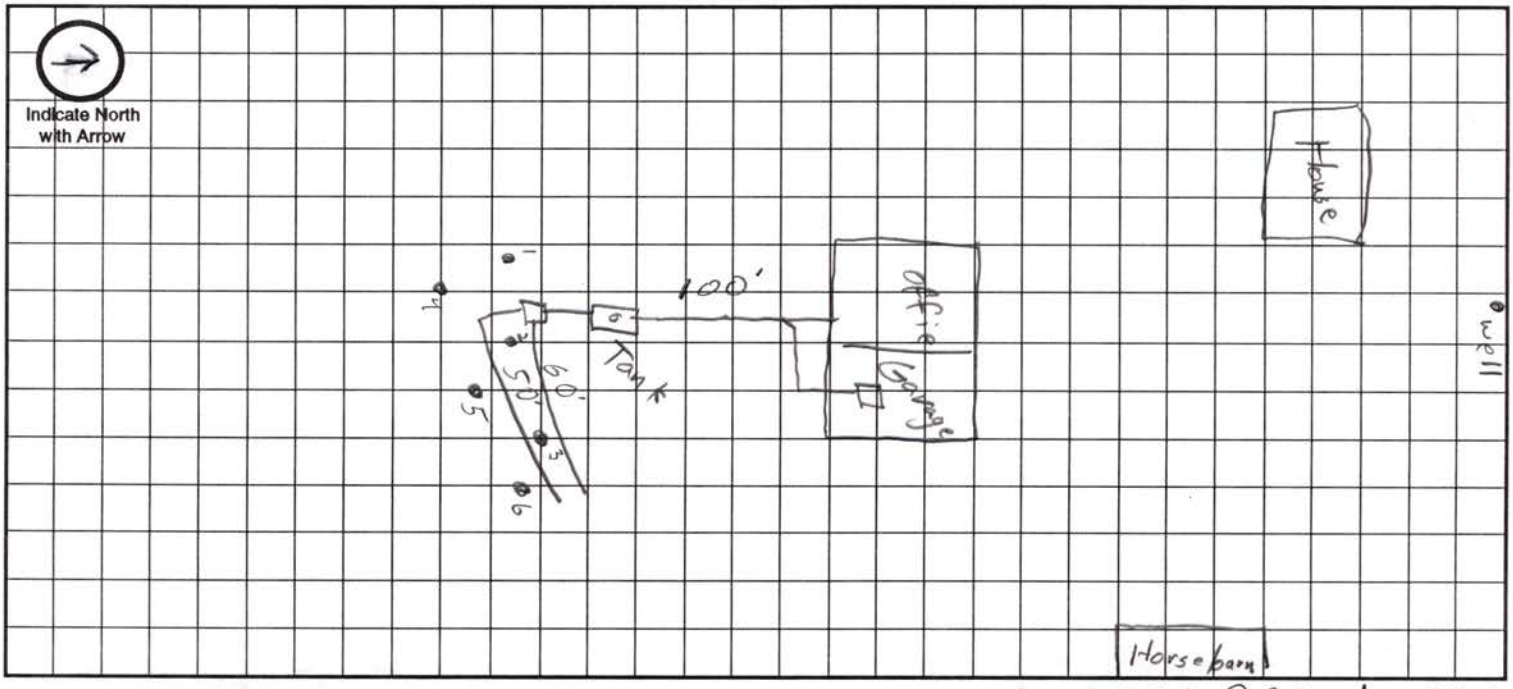
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 14260 N.W. 112th City Malcom 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 Clay Loam Land Slope: 2 %

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

Total Square Feet of Field Required: 330 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 1 Number of Distribution Laterals per Bed 2

Total Length of Laterals 110 ft. Number of Trenches 2 Trench Width 3'

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 ☑	☑
NA Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor Morton Builders Inc / Steven Douglas Date 5/20/97

Installer Clint Pratt (Wellmann Plumbing) Date 4-23-97

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 6-10-97 Kahler 4-11-5

System Location (Indicate correct number and street)

Address 14200 NW 112th (no rural route) City ~~Lincoln~~ Malcolm NE, Zip

A. Building Sewer

1. Material: Schedule 40 PVC
   Diameter: 4" in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 24 in.
3. Distance between dwelling and septic tank: 60 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 500+ ft.
   stream — ft.
   pressure line — ft.
   property line 400+ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 3
2. Capacity: 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter — in.
   Over outlet, diameter — in.
   Riser: ☑ above ☐ below grade 0 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 500+ ft.
   Stream — ft.
   Pressure line — ft.
   Property line 400+ ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 8 ft.

D. Absorption Field

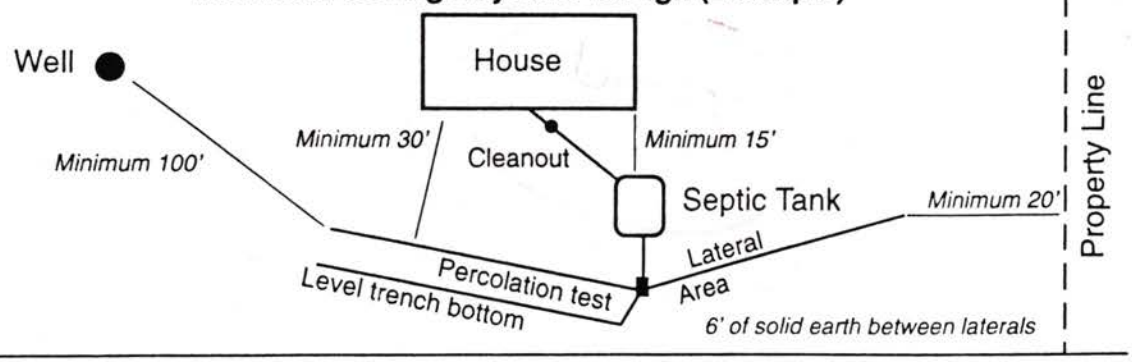
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☑ Perforated pipe
   Diameter of half round: —
   or perforated pipe: 4"
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other
2. Lateral lines: Number 2
   Length of each line: 60 ft. 50 ft.
   ____ ft. ____ ft., ____ ft.
3. Trench dimensions: Width 36" ft.
   Slope 1" in/100 ft.
   Average depth 24 in
4. Filter material: Gravel
   Depth of material 18 in.
5. Distances to: Well or suction line 500+ ft.
   Stream — ft.
   Pressure line — ft.
   Property line 400+ ft.

Indicate North with Arrow

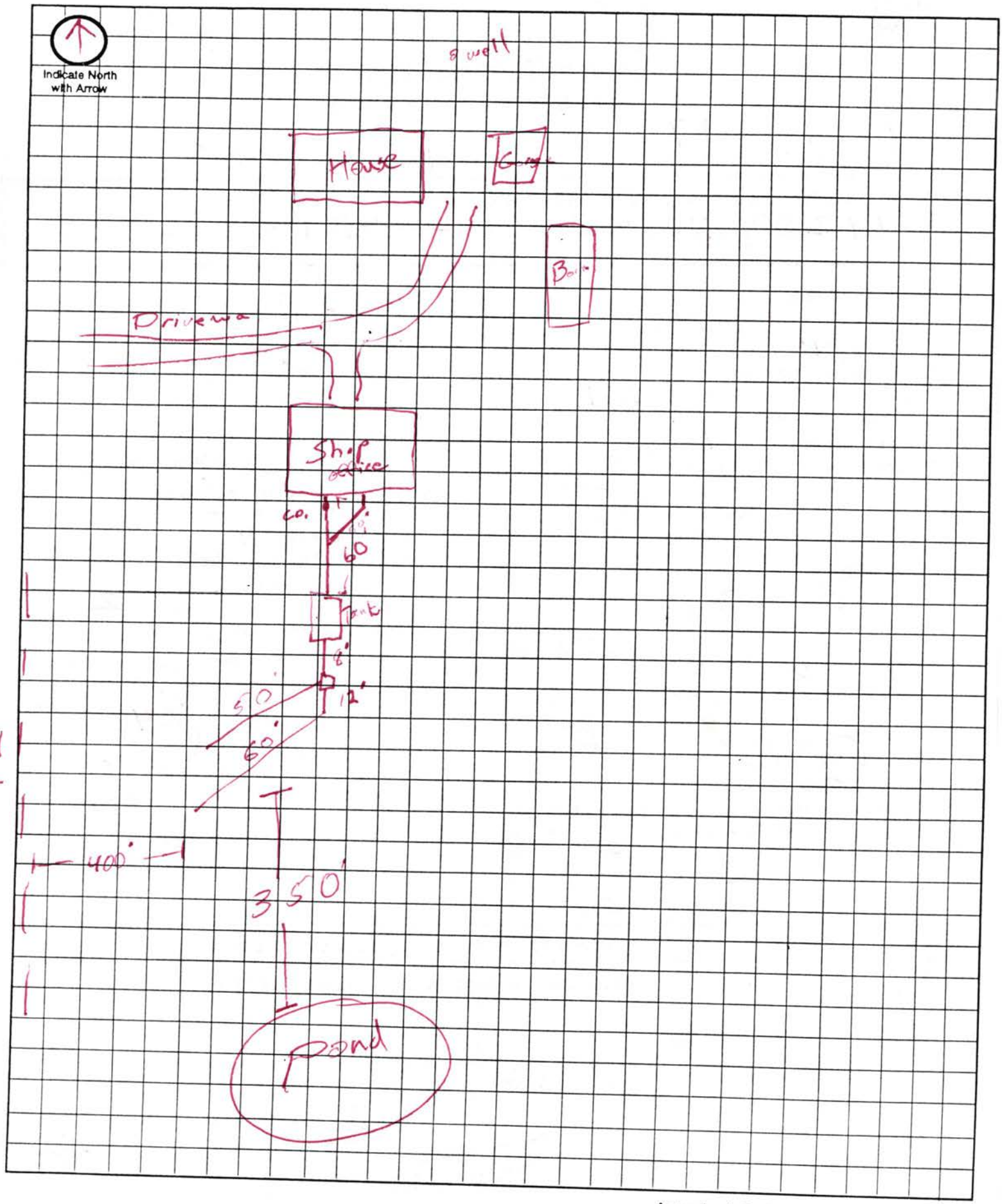
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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


BRANCHED
OAK
STATE
RECREATION
AREA
New
Sapa
West
Co
Oak
Creek
1
2
3
4
5
6
7
8
9
10
15
16
17
18