# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

## PERMIT

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 98380183501

Issued 08/25/98
Expires 02/25/99
Revenue Code 3157

FEES: $150.00

PAID

TOTAL $150.00

Establishment

JAMIE KAYLOR
T11N R5E SEC 4 QTR SW
NW QTR OF SW QTR
14200 NW 112 ST-MALCOLM

Permittee

JAMIE KAYLOR
14260 NW 112 ST
MALCOLM NE 68402-9507

Issued By Health Director
Lincoln-Lancaster County Health Department

008054

**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: 98380183501

# 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 14200 NW 112th (no rural route) City Malcolm NE, Zip 68402

Legal Description NW (1/4) SW (1/4) 4 (Section) 11N (Township) 5E (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 * James Kaylor

Address 14200 NW 112th City/State/Zip Malcolm NE 68402

☐ Check if owner designed system Home Phone 402-796-9522 Work Phone _____

### C. Contractor

Name Steve Douglas Company Name Morton Buildings Inc

Address RR1 Box 122A City/State/Zip Waverly, NE 68462

☐ Check if contractor designed system Work Phone 402-786-3000

### 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 _____ Is there a Whirlpool Bathtub YES (NO)

☒ Commercial Establishment/Other Facility Specify Horse Barn/Restroom w/ ½ Bath

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 8-24-98 Date frwd 8-24-98 **ACTION** ☒ Approved ☐ Disapproved Signature [signature]
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8-24-98 Date frwd Mike **ACTION** ☒ Approved ☐ Disapproved Signature [signature]
3. **City or County Engineer** Date rec'd 8-24-98 Date frwd 8-24-98 **ACTION** ☒ Approved ☐ Disapproved Signature [signature]

### Installation Final Written Approval

By [signature]

Date 10-13-98

***Business Office Use Only***

Date Rec'd 08/24/98

Amt Paid 150.00

Rec'd By L Cash/Check No. 65403

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: 98380183501

# Sewage Disposal System

## Soil Absorption Test Data Report

## Annex to Application

PLEASE PRINT OR TYPE

**System Location (Indicate correct number and street)**

Address 14200 N.W. 12th (no rural route) City Malcolm NE, Zip 68402

Owner Jamie Kaylor Addresss same

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

Date of Tests 8-15-98 to 8-16-98 Weather: Precipitation Dry Temperature 90°

## 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" | 8-15 | 8 am | 8-16 | 8 am | 8-16 | 8 am | 6 | 8-16 | 12 pm | 30 | 5/8 | 48 |
| 2 | " | " | " | " | " | " | " | 6 | " | " | 30 | 1/2 | 60 |
| 3 | " | " | " | " | " | " | " | 6 | " | " | 30 | 1 | 30 |
| 4 | " | " | " | " | " | " | " | 6 | " | " | 30 | 7/8 | 34 |
| 5 | " | " | " | " | " | " | " | 6 | " | " | 30 | 1/2 | 60 |
| 6 | " | " | " | " | " | " | " | 6 | " | " | 30 | 1/2 | 60 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

**Person Conducting Percolation Tests**

Name: Clint Presnell (Wellmann)
Phone: 402-434-2400
Address 3130 S. 6th

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

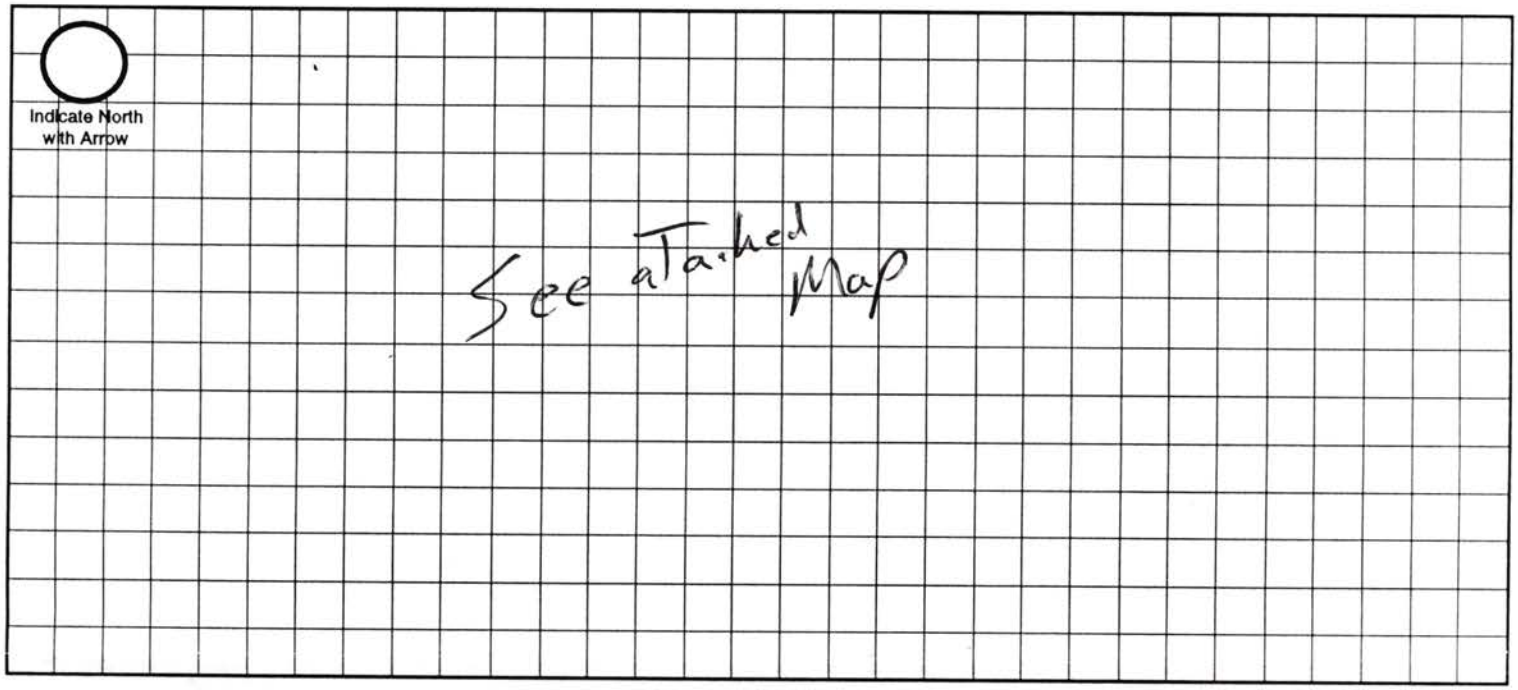
**Lincoln-Lancaster County Health Department**
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

**C**

Permit Number: 98380183501

# 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) 14200 NW 112th 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 60 (min. per inch) Soil Type: 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: 2 Number of Distribution Laterals per Bed _____

Total Length of Laterals 110 ft. Number of Trenches 2 Trench Width 36"

## 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 Steve Douglas Norton Bldgs Inc Date 8-21-98

Installer Chris Smith (Wellmann) Date 8-21-98

FORM 23-102 10-96

466 8195

**Wellmann**

**PLUMBING, INC.** **HEATING & AIR, INC.**

3301 South 6th Street • Lincoln, NE 68502
Phone (402) 434-2400 • FAX (402) 434-2402

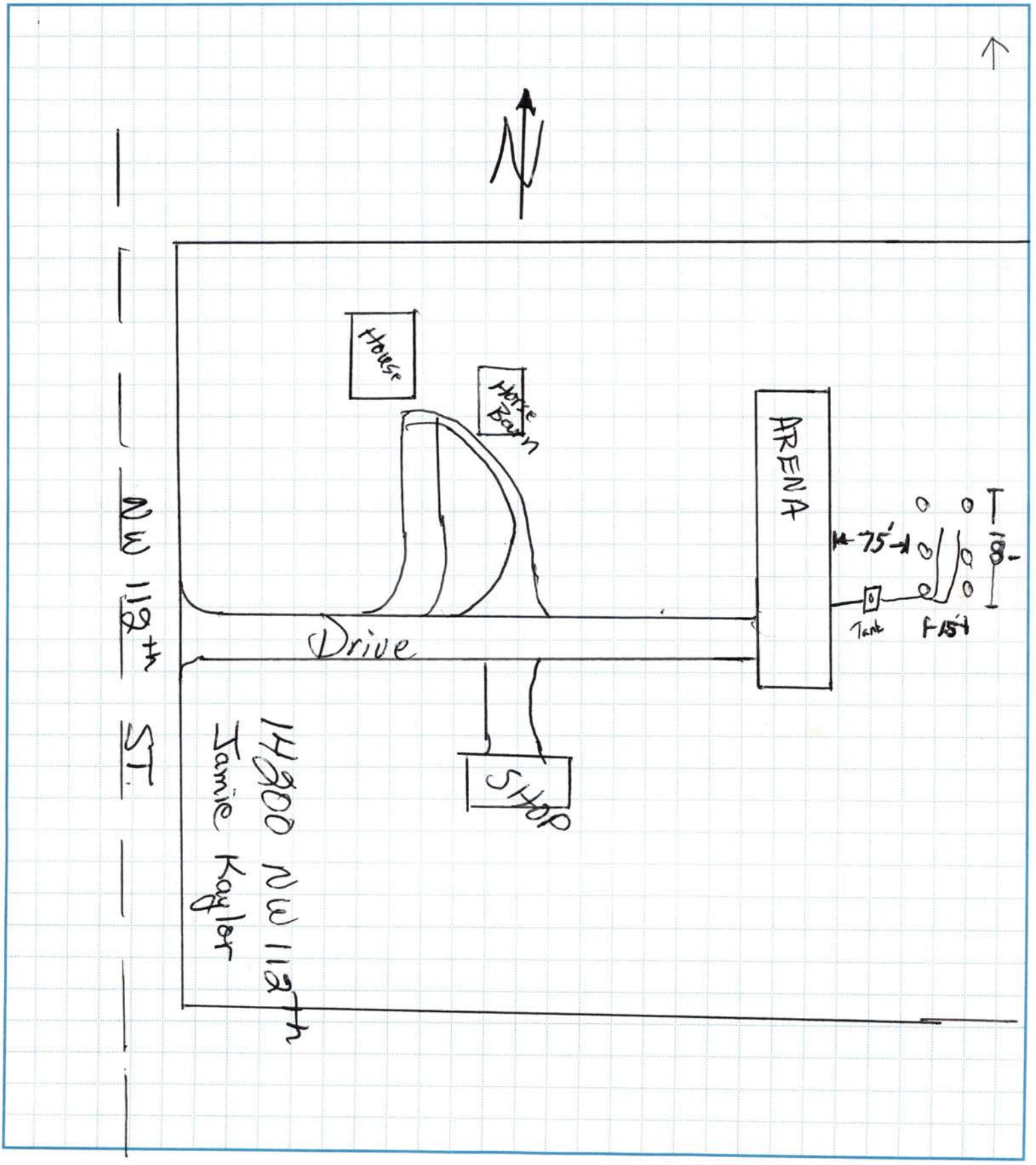
JOB 14200 NW 112th

SHEET NO. _____ OF _____

CALCULATED BY _____ DATE _____

CHECKED BY _____ DATE _____

~~SCALE~~ Kaylor Residence



**Lincoln-Lancaster County Health Department**
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**D**

Permit Number: 98380183501

# Sewage Disposal System

## As Built Plans & Specifications

Date 10-12-98

**System Location (Indicate correct number and street)**

Address 14200 NW. 112th (no rural route) City _____ NE, Zip _____

## A. Building Sewer

1. Material: 4" PVC CL 160
   Diameter: 4" in.
2. Distance above basement floor: ——— in.
   or distance below basement floor: 16" in.
3. Distance between dwelling and septic tank: 45 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 50+ ft.
   stream 10+ ft.
   pressure line 3+ ft.
   property line 20+ ft.

## B. Septic Tank

1. Material: Concrete
   Number of compartments: 2
2. Capacity: 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☑ above ☐ below grade 2 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 50+ ft.
   Stream 25+ ft.
   Pressure line 25+ ft.
   Property line 20+ ft.

## C. Distribution Box

1. Material: Plastic
   Number available outlets: 2
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 19' ft.

## D. Absorption Field

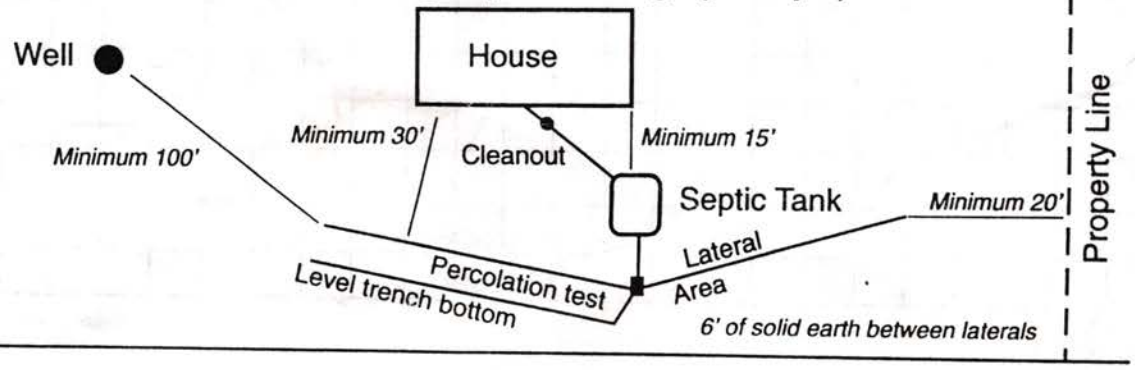
*(Provide as-built drawings on back of this form)*

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 3 ft.
   Slope 6 in/100 ft.
   Average depth 40 in
4. Filter material: Gravel
   Depth of material 24 in.
5. Distances to: Well or suction line 100+ ft.
   Stream 50+ ft.
   Pressure line 30+ ft.
   Property line 20+ ft.

Indicate North with Arrow

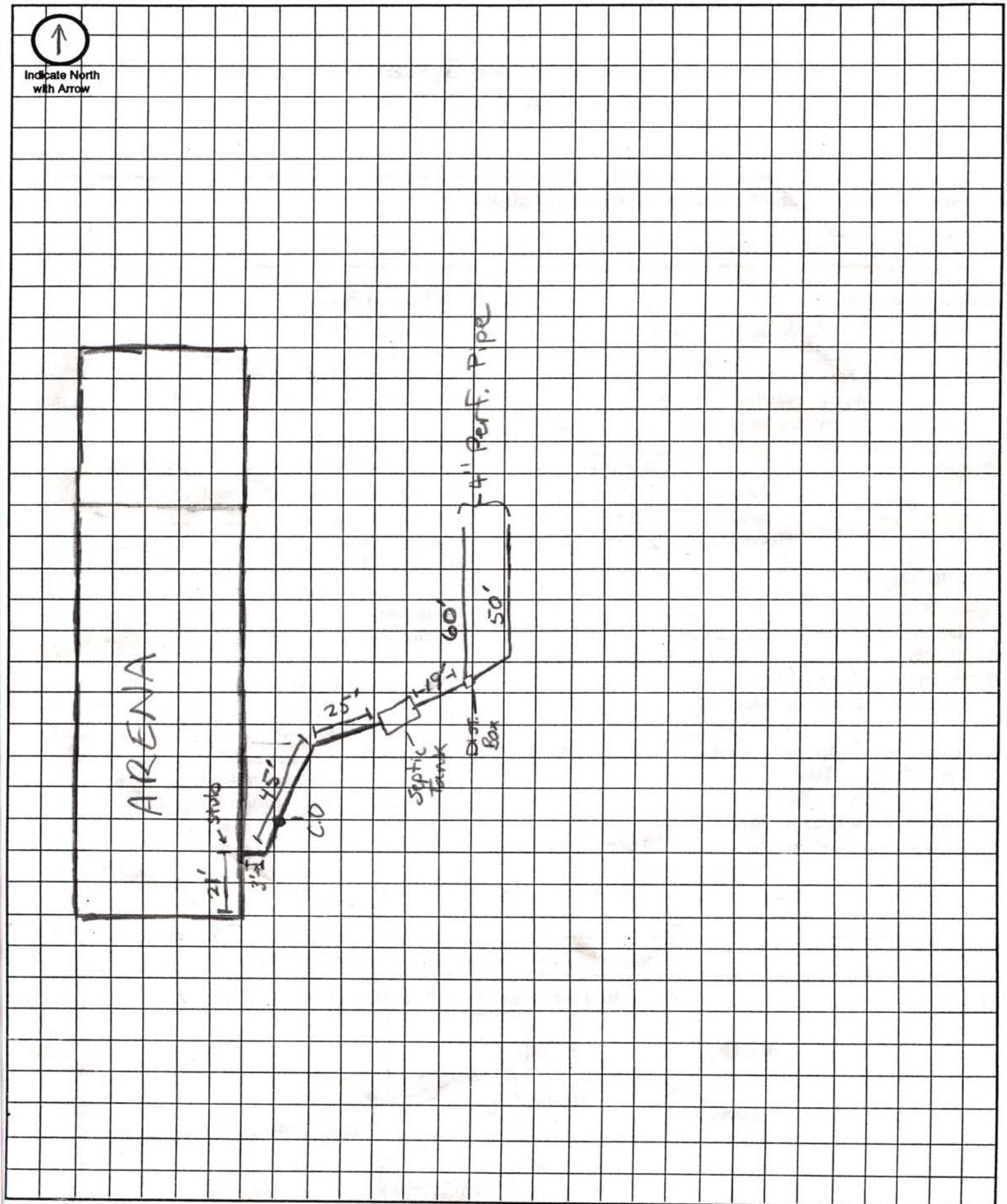
**Complete "As Built" drawing on back of this form.**

**Individual Sewage System Design (Example)**




FORM 23-103 10-96

# As Built Drawing




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