Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT

No. HS000101

System Type: STANDARD

Situs: 12401 EMMAWALTER RD RUR

Legal Description: T11N-R07E-S09-Lot 10

Owner:

Permit Fee:	$305.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$305.00

Issued:	05/12/2008
Expires:	05/12/2009

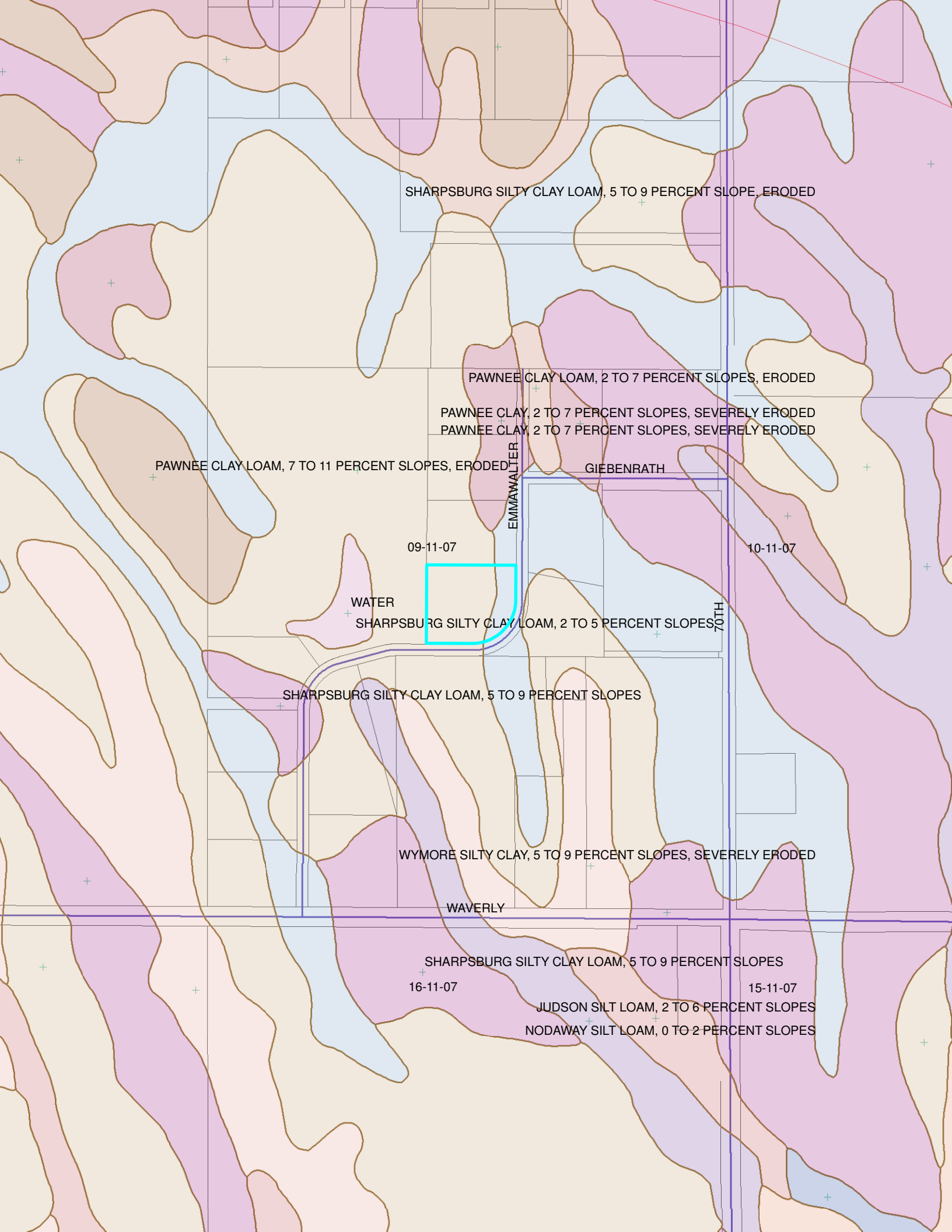
Bruce D. Dart, PhD, Health Director

On-site Waste System Permit Holder:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

Bruce D. Dart, PhD
Health Director

DIRT WORKS PLUS
6667 NW 48TH STE 1
LINCOLN NE 68524


SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
PAWNEE CLAY, 2 TO 7 PERCENT SLOPES, SEVERELY ERODED
PAWNEE CLAY, 2 TO 7 PERCENT SLOPES, SEVERELY ERODED
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
GIEBENRATH
EMMAWALTER
09-11-07
10-11-07
WATER
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
70TH
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
WAVERLY
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
16-11-07
15-11-07
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
NODAWAY SILT LOAM, 0 TO 2 PERCENT SLOPES

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

A

Permit Number
H5000101

Onsite Wastewater Treatment System Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

West of 70 & Waverly Rd. 66th & Waverly

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 12401 Emmawalter Dr. (no rural route) City Lincoln, NE Zip 68527

Legal Description Lot 10 Viewpointe North 11-7-9

1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

Geographical Location (if known): Longitude: _____ Latitude: _____

☐ Check if system mail address is not the same as the owner's address Total Acres: _____

B. Owner

Name Greg Schwinn Homes LLC Signature Jean Scali per Greg Schwinn

Address 7737 S. 23rd City/State/Zip Lincoln NE 68512-9604

☐ Check if owner designed system Home Phone 402-416-4597 Work Phone 402-416 4597

C. Contractor

Name: Dirt Works Plus, Inc Company Name PJ Stephenson

Address 6667 N W 48th - Ste 1 City/State/Zip Lincoln NE 68524

☐ Check if contractor designed system Work Phone 402-325-0529

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 3 Is there a Whirlpool Bathtub? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day _____

Type of Wastewater ☐ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☑ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits _____
Date rec'd 5/11/08
Date frwd 5/11/08
ACTION ☑ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd _____
Date frwd _____
ACTION ☑ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 5-12-08
Date frwd 5-12-08
ACTION ☑ Approved ☐ Disapproved
Signature Bruce Briney

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received _____ Amount Paid _____
Received By _____ Cash/Check No. _____

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 5-07

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

A

Permit Number 4500101

Onsite Wastewater Treatment System Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

West of 70 & Wavarly Rd. 66th & Waverly

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 12401 Emmawalter Dr. City Lincoln, NE Zip 68527
(no rural route)

Legal Description Lot 10 Viewpointe North 11-7-9
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Longitude: _____ Latitude: _____

☐ Check if system mail address is not the same as the owner's address Total Acres: _____

B. Owner

Name Greg Schwinn Homes LLC Signature Jean Seale per Greg Schwinn

Address 7737 S. 23rd City/State/Zip Lincoln NE 68512-9604

☐ Check if owner designed system Home Phone 402-416-4597 Work Phone 402-416 4597

C. Contractor

Name: Dirt Works Plus, Inc Company Name PAT Stephenson

Address 6667 N W 48th - Ste 1 City/State/Zip Lincoln NE 68524

☐ Check if contractor designed system Work Phone 402-325-0529

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

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

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DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits _____
Date rec'd _____ Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd _____ Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd _____ Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

Installation Final Written Approval
By Doug Rowe
Date 9/17/08

Business Office Use Only
Date Received 5/12/08 Amount Paid 305 cc
Received By AP Cash/Check No. 10133

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 5-07

B 6BR

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

Permit Number:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

SCANNED

PLEASE PRINT OR TYPE

System Location (indicate correct number and street)

Address 12401 Emawalters Rd. (no rural route) City _____ NE, Zip _____

Owner Josh Engel Address _____

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

Date of Tests 5/3/08 to 5/4/08 Weather: Precipitation trace Temperature 60-70

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. Results		N.
		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 Rate (Min/in)
1	37	5/3	9:00	5/4	8:00	5/4	11:30	30 1/4	5/4	12:00	30	30 3/4 (1/2)	60
2	36	5/3	9:00	5/4	8:00	5/4	11:30	31 5/8	5/4	12:00	30	32 1/8 (1/2)	60
3	39	5/3	9:00	5/4	8:00	5/4	11:30	31 1/2	5/4	12:00	30	32 1/8 (5/8)	48
4	37	5/3	9:00	5/4	8:00	5/4	11:30	32 1/4	5/4	12:00	30	32 3/4 (1/2)	60
5	37	5/3	9:00	5/4	8:00	5/4	11:30	31 1/2	5/4	12:00	30	32 (1/2)	60
6	36	5/3	9:00	5/4	8:00	5/4	11:30	32 5/8	5/4	12:00	30	32 5/8 (1/2	60

Person Conducting Percolation Tests

Name: CLAUDE OIE PE-3939

Phone: 402-480-4444

Address 6645 S. 66th St. Lincoln Ne. 68516

Sum of Percolation Rates: 348

Average of Rates: 58

Rate Used for Calculation: 60

5/8/08

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

RM 23-101 10-96

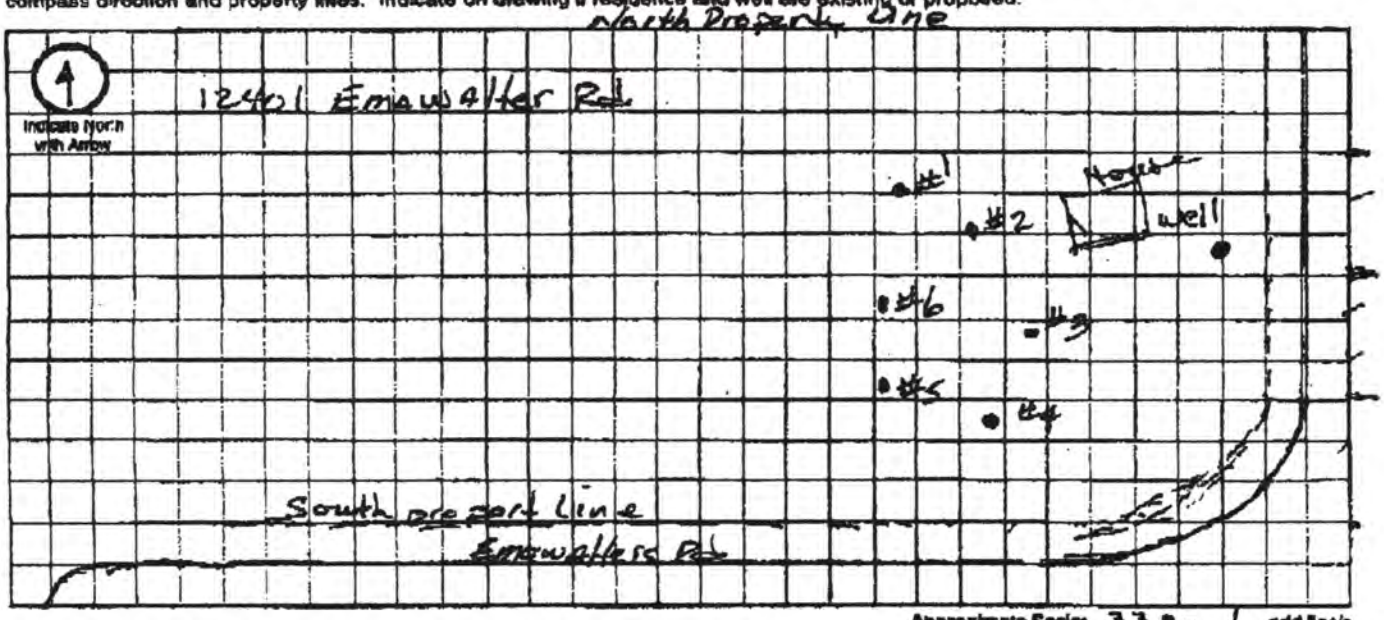
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: 33 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 12401 Emaw Walters Rd 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 60 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1400 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☑ Other Lateral Material: Infiltrator Hi Cap

Capacity of Septic Tank 1750 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 350 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 ☐	600 ☐	50 ☐	N/A ☐	50 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor Jean Stoltzfus per Jay Schwinn Date 5/9/08

X Installer Pat Stoltzfus Date 5/8/08

FORM 23-102 10-96