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. HS000142

System Type: LAGOON

Situs: 2535 S. 154th St.

Legal Description: T10N-R08E-S34-Lot 5

Owner:

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

Issued:	08/20/2008
Expires:	08/20/2009

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

ADAMS ENTERPRISES
201 N 8TH ST. SUITE 430
LINCOLN NE 68508

LLCHD HS000142

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

AUG 13 2008

A

Permit Number
HS000142

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.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 2535 S. 154th St. (no rural route) City Walton, NE Zip

Legal Description 34 10 8 Prairie Creek Estates Addition Lot 5

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: 3.1 3.2 acres

B. Owner

Name Signature

Address City/State/Zip

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name: Mike A. Adams Company Name Adams Custom Homes

Address 201 N. 8th St. Suite 430 City/State/Zip Lincoln NE 68508

☐ Check if contractor designed system Work Phone 499-8635

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

Designer Name Mike Cincoski Firm Cincoski Trucking Work Phone 432-7880

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 4 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
Date frwd
ACTION ☑ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 8/19/08
Date frwd 8/19/08
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments Top of dike to be at 1279.5 or higher.
Date rec'd 8/19/08
Date frwd 8/19/08
ACTION ☒ Approved ☐ Disapproved
Signature

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

8-20-2008 14:53:48

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

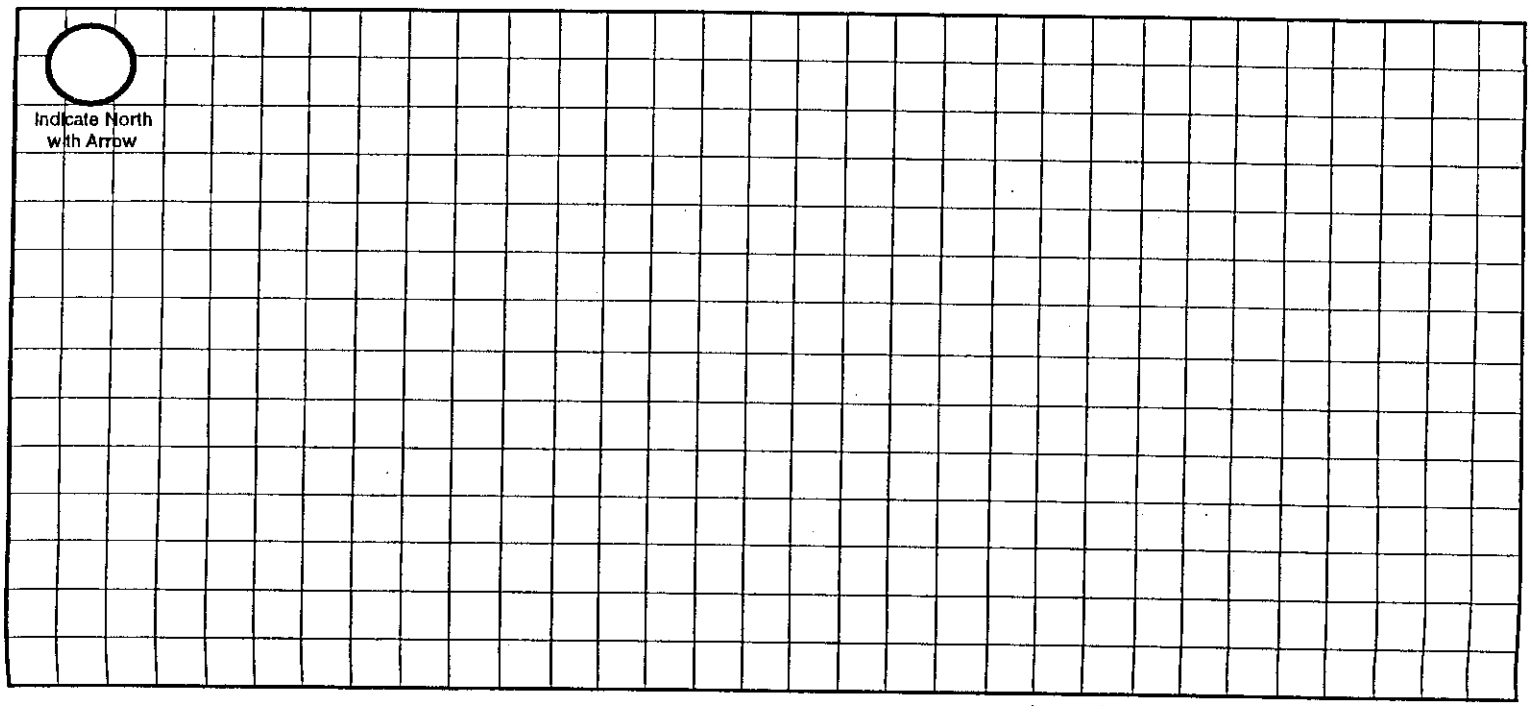
AUG 13 2008

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: _____ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 2535 S. 154½ St. City Walton NE, Zip _____

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 8-12-08

Installer _____ Date _____

FORM 23-102 10-96

LLCHD HS000142

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

AUG 1 3 2008

A

Permit Number
HS000142

Onsite Wastewater Treatment System Request for Site Clearance and Permit

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

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.

LEASE PRINT OR TYPE

A. Onsite System Location

Address 2535 S. 154th St. (no rural route) City Walton, NE Zip

Legal Description Prairie Creek Estates Addition Lot 5

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: 3.1 3.2 acres

B. Owner

Name Signature

Address City/State/Zip

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name: Mike A. Adams Company Name Adams Custom Homes

Address 201 N. 8th St. Suite 430 City/State/Zip Lincoln NE 68508

☐ Check if contractor designed system Work Phone 499-8635

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

Designer Name Mike Cincoski Firm Cincoski Trucking Work Phone 432-7880

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 4 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

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

Health Department
te visits
Date rec'd
Date frwd
ACTION ☑ Approved ☐ Disapproved
Signature

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

City or County Engineer
omments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

stallation Final Written Approval
/
ate

Business Office Use Only
Date Received 8/14/08 Amount Paid 305.00
Received By Cash/Check No. 4159

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

Form A Updated: 5-07

8-14-2008 15:47:40