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. HS000330

System Type:	STANDARD
Situs:	17801 MIDWAY RD
Legal Description:	T09N-R08E-S24
Owner:	OETJEN, HENRY CHRISTOPHER IV & 17801 MIDWAY RD WALTON NE 68461

Permit Fee:	$325.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$325.00
Issued:	04/09/2010
Expires:	04/09/2011

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

SHELTON BROS CONST
1640 W PLUM ST.
LINCOLN NE 68522

LLCHD HS000330

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

SCANNED

A

Permit Number
HS000330

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

Legal Description S24, T9, R8 6th Principle Meridian Lot 15 SW
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: 2.21

B. Owner

Name Henry Ochsen Signature Henry Ochsen

Address 17801 Midway Rd City/State/Zip Walton, NE, 68461

☐ Check if owner designed system Home Phone _____ Work Phone 402-274-7822

C. Contractor

Name: Aaron Skelton Company Name Skelton Bros Const LLC

Address 1640 W Plum St City/State/Zip Lincoln, NE, 68522

☐ Check if contractor designed system Work Phone 430-3630

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

Designer Name [illegible] Firm [illegible] Work Phone 402-430-2916

E. This system will serve a

☐ Residential Dwelling Number of Bedrooms 5 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 _____ 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 _____
Date _____

Business Office Use Only
Date Received 4-6-10 Amount Paid 325.00
Received By RHall Cash/Check No. 2077

4-7-2010 11:25: 2

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
HS000330

Onsite Wastewater Treatment System Request for Site Clearance and Permit

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(no rural route)

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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: 2.21

B. Owner

Name Henry Ostjen Signature Henry Ostjen

Address 17801 Midway Rd City/State/Zip Walton, NE, 68461

☐ Check if owner designed system Home Phone _____ Work Phone 402-274-7822

C. Contractor

Name: Aaron Shelton Company Name Shelton Bros Const LLC

Address 1640 W Plum St City/State/Zip Lincoln, NE, 68522

☐ Check if contractor designed system Work Phone 430-3630

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

Designer Name [illegible] Firm [illegible] Work Phone 402-430-2916

E. This system will serve a

☐ Residential Dwelling Number of Bedrooms 5 Is there a Whirlpool Bathtub? ☐ Yes ☐ No

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

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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 _____
Date _____

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

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

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

A

Permit Number
H5000330

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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

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

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❑ Check if system mail address is not the same as the owner's address Total Acres: 2.21

B. Owner

Name Henry Octjen Signature Henry Octjen

Address 17801 Midway Rd City/State/Zip Walton, NE, 68461

❑ Check if owner designed system Home Phone _____ Work Phone 402-274-7822

C. Contractor

Name: Aaron Shelton Company Name Shelton Bros Const LLC

Address 1640 W Plum St City/State/Zip Lincoln, NE, 68522

❑ Check if contractor designed system Work Phone 430-3630

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

Designer Name Mark Mustoe Firm Mustoe Trenching Inc. Work Phone 402-430-2946

E. This system will serve a

❑ Residential Dwelling Number of Bedrooms 5 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 7/29/10 tank, partial lateral
Date rec'd 4/9/10
Date frwd 4/9/10
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 Arnold
Date 8/2/10

1/3-40 tank + partial on lateral observed.

System Replacement

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

SCANNED

A

Permit Number
HS000330

Onsite Wastewater Treatment System Request for Site Clearance and Permit

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

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❑ Check if contractor designed system Work Phone 430-3630

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Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

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

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Comments _____
Date rec'd _____ Date frwd _____
ACTION ❑ Approved ❑ Disapproved
Signature _____

Installation Final Written Approval
By _____

Date _____

Business Office Use Only
Date Received 4-6-10 Amount Paid 325.00
Received By BHall Cash/Check No. 2077

SCANNED

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

Form A Updated: 5-07

PE/LS, INC. 04-005

Engineering **Surveying**

6037 OAKCREST PLAZA, OMAHA, NEB. 68137 891-0654

SOIL ABSORPTION TEST DATA REPORT

Property Where Soil Tested:

Owner: Hank Oetjen Address: 17801 Midway Rd, Walton, NE 68461

Location: _____ Property Dimensions: ____ X ____ Lot Size: 2.21 acres
(attach sketch of property showing hole location)

Soil Type:

Silty Clay ☐ Silty Clay Loam ☐ Sandy Loam ☐
Silty Loam ☐ Clay Loam ☒ Sandy Clay ☐

Dates of Test: 4-3-10 Weather: Precipitation N/A Temperature 60's

PERCOLATION TEST DATA TABLE

A	B	C	D	E	F	G	H	I	J	K	L	M	N
		Pre-Saturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole #	Hole Depth (ins.)	Date	Time	Date	Time	Date	Time	Water Level	Time	Water Level	Elapsed Time (min.)	Water Level Drop (in.)	Perc. Rate
~~1~~	~~36"~~	~~4-2~~	~~9:00A~~	~~4-3~~	~~12:30P~~	~~4-3~~	~~12:30P~~	~~15~~	~~10:00A~~	~~21~~	~~30~~	~~9~~	~~.93~~
2	36"	4-8	9:00A	4-9	9:30A	4-9	9:30A	16	10:00A	17	30	1	30
3	36"	4-8	9:00A	4-9	9:30A	4-9	9:30A	12	10:00A	12.5	30	½	60
4	36"	4-8	9:00 A	4-9	9:30 A	4-9	9:30 A	13	10:00 A	13.5	30	½	60
5	36"	4-8	9:00 A	4-9	9:30 A	4-9	9:30 A	12	10:00 A	12.75	30	¾	45
6	36"	4-8	9:00 A	4-9	9:30 A	4-9	9:30 A	15	10:00 A	16	30	1	30
7	36"	4-8	9:00 A	4-9	9:30 A	4-9	9:30 A	12	10:00 A	12.5	30	½	60

Sum of Percolation Rates ~~.93~~ 285

Average of Rates ~~.93~~ 47.5

Inches Per Minute ~~.93~~ .48

Signature of Person Conducting Test

PE/LS, Inc. 6037 Oakcrest Plaza, Omaha, Ne. 68137

(402) 891-0654

DO NOT WRITE BELOW THIS LINE

Remarks: _____

Reviewing Action

Approved Perc. Rate: _____

Signature of Reviewing Offical Date

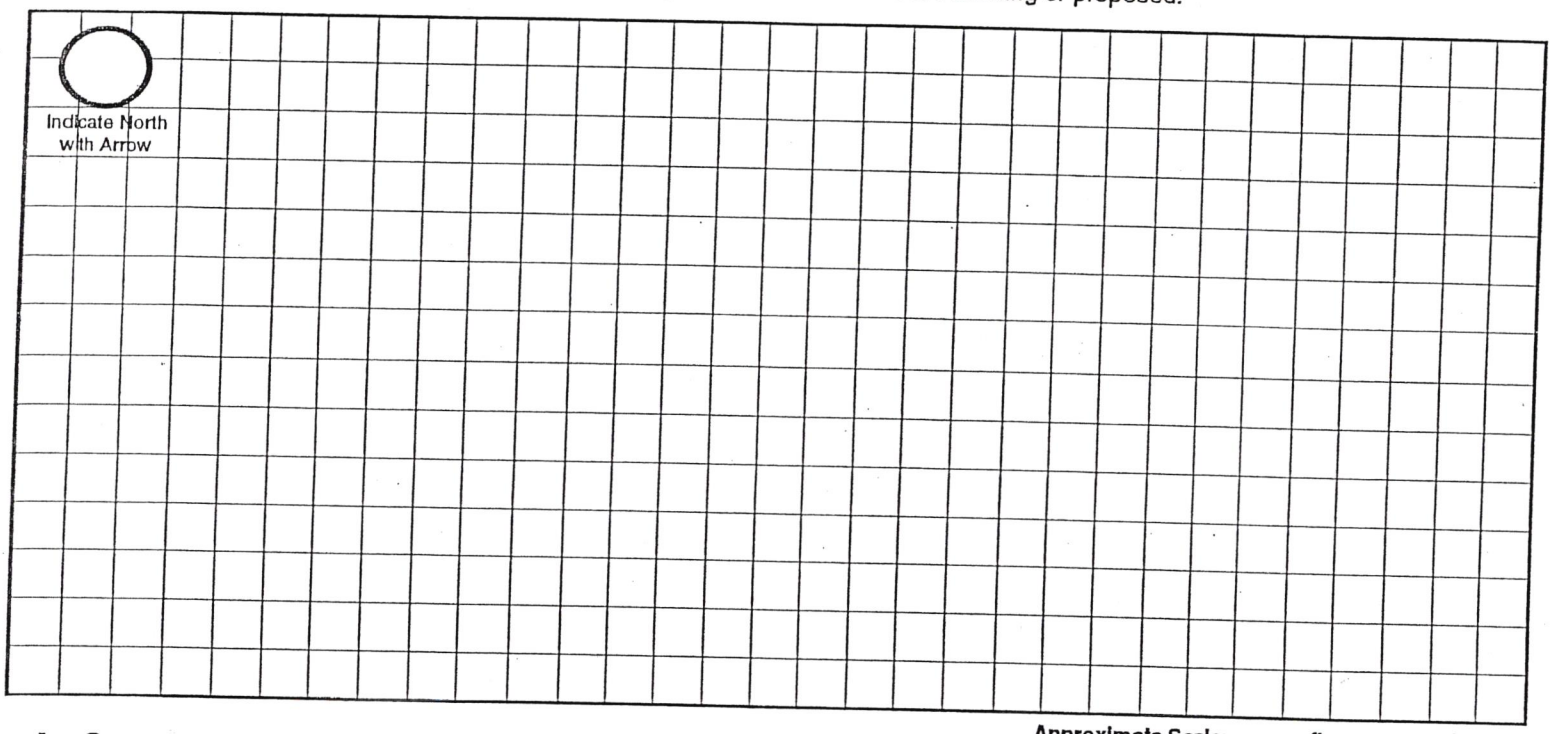
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: _____ **ft. =** _____ **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 Infiltrator

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 3/18/10

Installer _____ Date _____