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. HS000401

System Type: LAGOON

Situs: 6177 S 138th

Legal Description: T09N-R08E-S16

Owner:

Permit Fee:	$325.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$325.00

Issued:	09/09/2010
Expires:	09/09/2011

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

BOUWENS PLUMBING
6901 FLETCHER AVE
LINCOLN NE 68507

LLCHD HS000401

18639

BOUWENS PLUMBING COMPANY, INC.
5901 FLETCHER AVE.
LINCOLN, NE 68507
(402) 466-1944

WEST GATE BANK
402-434-3456
P.O. BOX 82603
LINCOLN, NEBRASKA 68501-2603
www.westgatebank.com
43-158-1049

9/8/2010

PAY
TO THE
ORDER OF Lincoln-Lancaster County Health Dept. $ **325.00

Three Hundred Twenty-Five and 00/100********** DOLLARS

Security features. Details on back.

Lincoln-Lancaster County Health Dept.
Environmental Health Division
3140 N Street
Lincoln, NE 68510

MEMO 6177 S.138th

AUTHORIZED SIGNATURE

⑈018639⑈ ⑆104901584⑆0000020226 5⑈

BOUWENS PLUMBING COMPANY, INC.

18639

Lincoln-Lancaster County Health Dept.		9/8/2010	
Licenses and Permits	6177 S.138th		325.00

West Gate Bank	6177 S.138th	325.00

LLCHD HS000401

SCANNED

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

Permit Number: HS000401

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 6177 S 138th (no rural route) City Walton NE, Zip 68461

Legal Description S16, T9, R8, 6th Principal Meridian SW NW
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 3948

B. Owner

Name Rick Hodtwalker Signature _____

Address 13505 old Cheney Rd City/State/Zip Walton, Ne 68461

☐ Check if owner designed system Home Phone (402) 782-8755 Work Phone _____

C. Contractor

Name Gregory D Bowers Company Name Bowers Plumbing

Address 5901 Fletcher Av. City/State/Zip Lincoln, Ne 68505

☒ Check if contractor designed system Work Phone (402) 466-1944 610-2818

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 300 gpd 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 9/1/10 Date frwd 9/1/10 ACTION ☒ Approved ☐ Disapproved Signature _____

2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8-30-10 Date frwd 8-30-10 ACTION ☒ Approved ☐ Disapproved Signature _____
   locate outside of 100yr flood plain

3. **City or County Engineer** Date rec'd 8-30-10 Date frwd 8-30-10 ACTION ☒ Approved ☐ Disapproved Signature Jim Bouzek
   Locate outside of 100yr flood plain

Installation Final Written Approval

By _____

Date _____

Business Office Use Only
Date Rec'd 9-1-10
Amt Paid $325.00
Rec'd By B. Hall Cash/Check No. 18597

FORM 23-100 10-96 White - Health Dept Yellow - Engineer Pink - Bldg. Inspector

9-8-2010 11:43:12

A

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

Permit Number: HS000401

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 6177 S 138th (no rural route) City Walton NE, Zip 68461

Legal Description S16, T9, R8, 6th Principal Meridian SW NW
(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 39.48

B. Owner

Name Rick Hodtwalker Signature _____

Address 13505 old Cheney Rd City/State/Zip Walton, Ne 68461

☐ Check if owner designed system Home Phone (402) 782-8755 Work Phone _____

C. Contractor

Name Gregory D Bouwens Company Name Bowens Plumbing

Address 5901 Fletcher Av. City/State/Zip Lincoln, Ne 68505

☒ Check if contractor designed system Work Phone (402) 466-1944 610-2818

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 300 gal / 706 gal 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 9/1/10 Date frwd 9/1/10 ACTION ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8-30-10 Date frwd 8-30-10 ACTION ☒ Approved ☐ Disapproved Signature _____
   locate outside of 100yr flood plain
3. **City or County Engineer** Date rec'd 8-30-10 Date frwd 8-30-10 ACTION ☒ Approved ☐ Disapproved Signature Jim Blazek
   Locate outside of 100 yr flood plain

Installation Final Written Approval

By _____

Date _____

Business Office Use Only
Date Rec'd 9-1-10
Amt Paid $325.00
Rec'd By B. Hall Cash/Check No. 18597

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

LLCHD HS000401

Onsite Wastewater Treatment System
Soil Evaluation Report

Please Print or Type

Onsite System Location

Address 6177 SO. 138th (no rural route) City Waverly NE, Zip 68462

Owner Rick Hartwalker Address 13505 old Cheney Rd

Date of Tests 7-22-2010 to 7-23-2010 Weather: Precipitation _____ Temperature 90° F.

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					L. M. N. Results		
		Start		End		Start		Initial	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 Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	36"	7-22	7 AM	7-23	7 AM	7-23	4:00	6	7-23	4:55	55 min	1.0"	55 min/inch
2	"	7-22	7 AM	7-23	7 AM	7-23	4:00	6	7-23	4:55	55 min	1.25"	44 min/inch
3	"	7-22	7 AM	7-23	7 AM	7-23	4:00	6	7-23	4:55	55 min	1.25"	44 min/inch
4	"	7-22	7 AM	7-23	7 AM	7-23	4:00	6	7-23	4:56	56 min	1.0"	56 min/inch
5	"	7-22	7 AM	7-23	7 AM	7-23	4:00	6	7-23	4:56	56 min	1.25"	44.8 min/inch
6	"	7-22	7 AM	7-23	7 AM	7-23	4:00	6	7-23	4:56	56 min	1.50"	37.33 min/inch
								6					
								6					

Person Conducting Percolation Test

Name: Greg Bowmans

Phone: (402) 466-1941

Address 5901 Fletcher Av

Lincoln, NE 68507

Soil type (NRCS Maps/Other) _____

Groundwater Depth _____

Sum of Percolation Rates: _____

Average of Rates: 41.85 min/inch

Rate Used for Calculation: 51-60 min per inch

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.) _____

Signature of Reviewing Official _____ Date _____

Onsite Form B 12_06

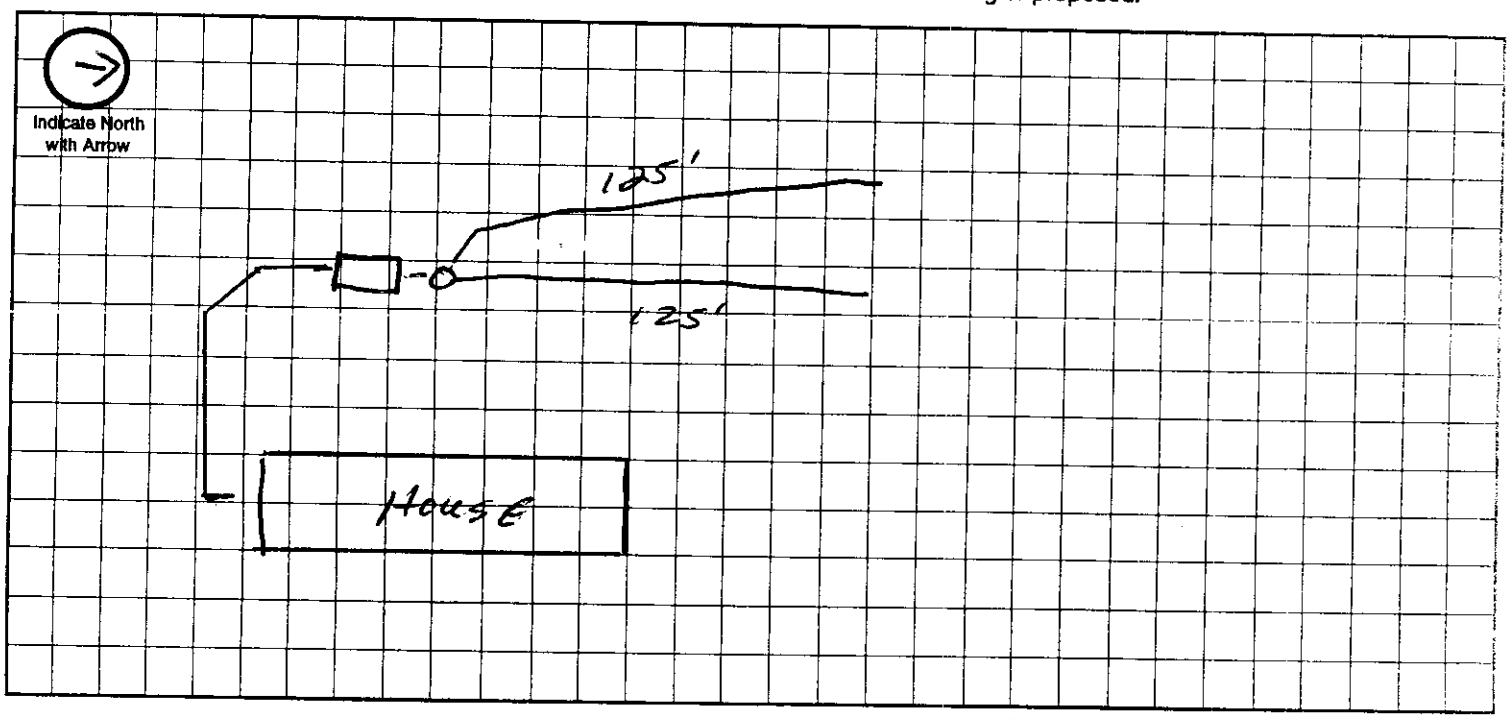
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 6177 S 138th City Walton NE, Zip 68461

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____

C. Proposed Absorption System: (See Form B for Percolation Information)

Percolation Rate 46.85 5'-6" (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 700 sq. ft.

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

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 250 ft. Number of Trenches 2 Trench Width 3'

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

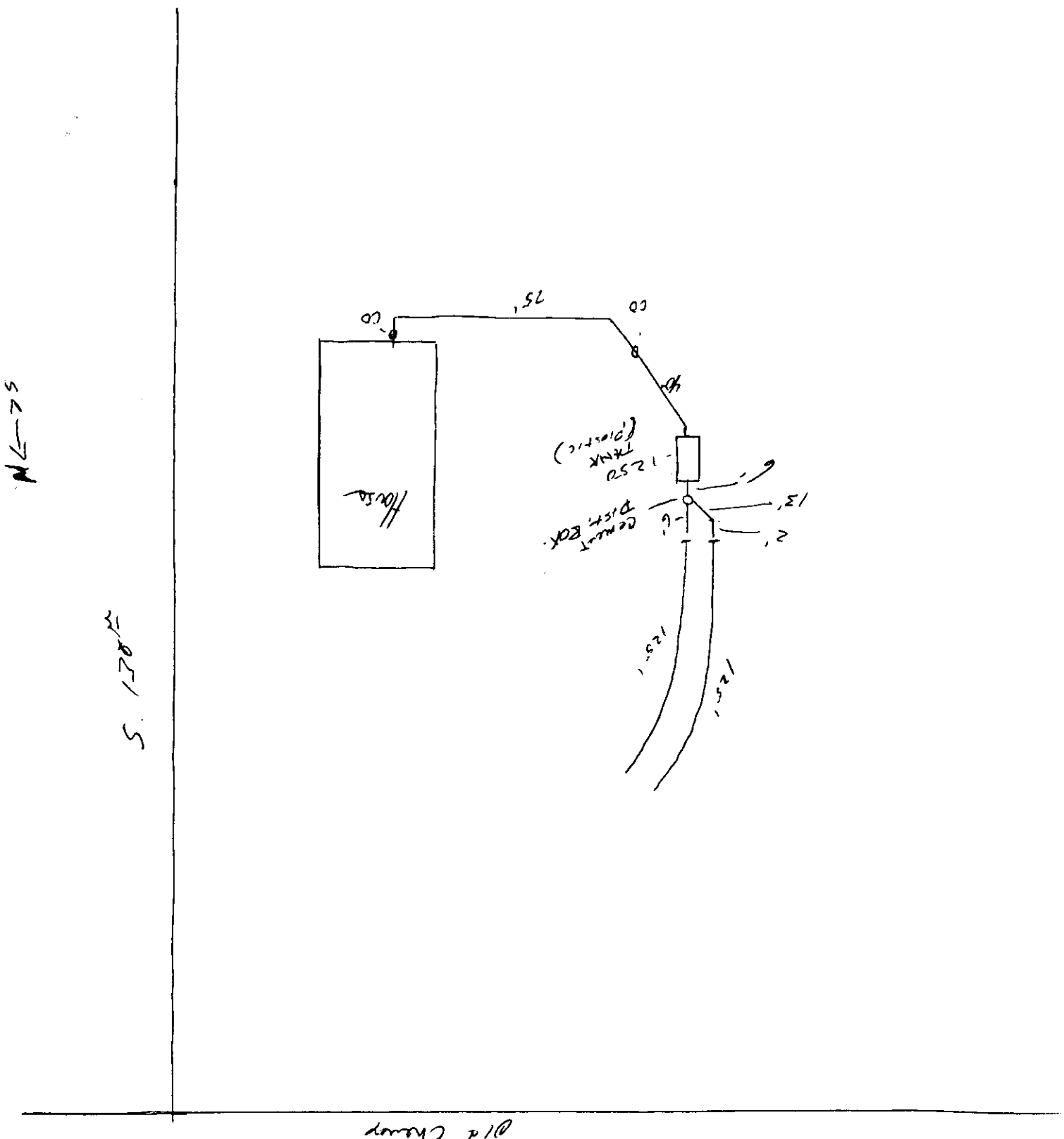
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☒	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date _____

Installer _____ Date _____

FORM 23-102 10-96


House
1250 TANK (Plastic)
Pressure Dist. Box
75'
Old Chevy