LLCHD HS000591

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

**A**

Permit Number HS000591

# 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 17700 SHASTA LANE (no rural route) City WALTON, NE Zip 68461

Legal Description 12 9 8 CEDAR GROVE ESTATES 1
(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: 6.68

## B. Owner

Name SEAN & TANA Wilson Signature _____

Address _____ City/State/Zip _____

☐ Check if owner designed system Home Phone _____ Work Phone 402 730 7326

## C. Contractor

Name: KEVIN L. TROYER Company Name Z/AB / TROYER CONSTRUCTION INC

Address 9055 TURNBERRY CIR City/State/Zip LINCOLN, NE 68526

☐ Check if contractor designed system Work Phone 402 430 7429

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

Designer Name [illegible] #2040 Firm Southwick Sewer & Drain Work Phone 430-7604

## 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 3/9/12
Date frwd 3/9/12
ACTION ☐ Approved ☐ Disapproved
Signature [illegible]

**2. Supt. Bldg. Insp. or Village Clerk**
Comments _____
Date rec'd 3-8-12
Date frwd 3-8-12
ACTION ☒ Approved ☐ Disapproved
Signature [illegible]

**3. City or County Engineer**
Comments _____
Date rec'd 3-8-2012
Date frwd 3-8-2012
ACTION ☐ Approved ☐ Disapproved
Signature [illegible]

**Installation Final Written Approval**
By _____
Date _____

***Business Office Use Only***
Date Received 3-9-12 Amount Paid 345.—
Received By BA Cash/Check No. 9789

Processed as a Lagoon 3/9/12

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

3-12-2012 12:11:46

Form A Updated: 5-07

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**B**

Permit Number:

# Sewage Disposal System

## Soil Absorption Test Data Report

## Annex to Application

PLEASE PRINT OR TYPE

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

Address Shasta LANE 17700 City WALTON NE, Zip 68461
(no rural route)

Owner _____ Addresss _____

Soil Type (SCS): _____ Percolation Rate: 40 MIN min./inch

Date of Tests 11/15/11 to 11/16/11 Weather: Precipitation — Temperature 70

### 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 | 30" | 11/15 | | 11/16 | | 11/16 | 8:00 AM | 24" | 11/16 | 3:30 | 30 MIN | 1" | 38 |
| 2 | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | 7/8 | 36 |
| 3 | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | 7/8 | 38 |
| 4 | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | 3/4 | 42 |
| 5 | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | 3/4 | 46 |
| 6 | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | 5/8 | 42 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Sum of Percolation Rates: 242
Average of Rates: 40.3
Rate Used for Calculation: 40

### Person Conducting Percolation Tests

Name: Jason Kuster #2040
Phone: 402 - 440 - 7006
Address 105 Locust St
Hickman NE 68372

DO NOT WRITE BELOW THIS LINE

### Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

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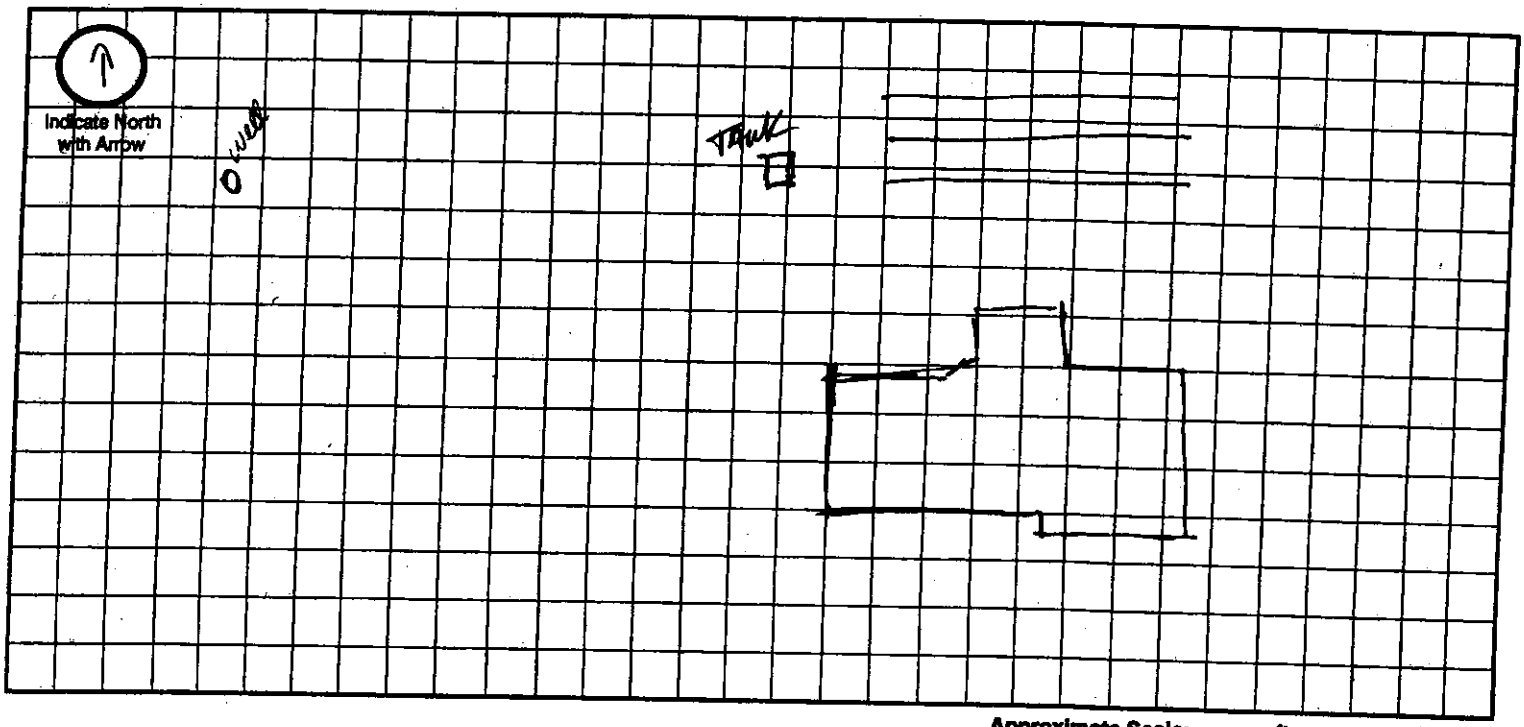
**C**

Permit Number:

# Onsite Wastewater Treatment System

## Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.




Approximate Scale: _____ft. = _____ grid line/s

## A. Onsite System Location

Address (no rural route) Shasta City Walton NE, Zip 68461

## B. Proposed Septic Tank/s

Septic Tank Cap. 1500 gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

## C. Reserve Area for Replacement Onsite System

☒ Drainfield Absorption Area (percolation test required) ☐ Lagoon

## D. Drainfield Absorption System

Percolation Rate 40 (min/inch = mpi) No. of Bedrooms 4 Soil Type_____ Land Slope_____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1100 sq.ft.

Total length of laterals 300' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 3 Width 3' No. of drop boxes 3 Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

## E. 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 ☐ | ☐ |

## F. Required Signatures

Home Building Contractor Ken C Date 3.6.12

Installer Dan Kuta #2040 Date 3/6/12

**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. HS000591**

| | |
|---|---|
| **System Type:** | LAGOON |
| **Situs:** | 8100 S 176 ST |
| **Legal Description:** | T09N-R08E-S12-Lot 1 |
| **Owner:** | WILSON, SEAN R & TANA L<br>6000 QUEENS DR<br>LINCOLN NE<br>68516 |

| | |
|---|---|
| Permit Fee: | $345.00 |
| Variance Fee: | $0.00 |
| Extension Fee: | $0.00 |
| Total Fees: | $345.00 |
| Issued: | 03/09/2012 |
| Expires: | 03/09/2013 |

Judith A Halstead

Judith A. Halstead, MS, Health Director

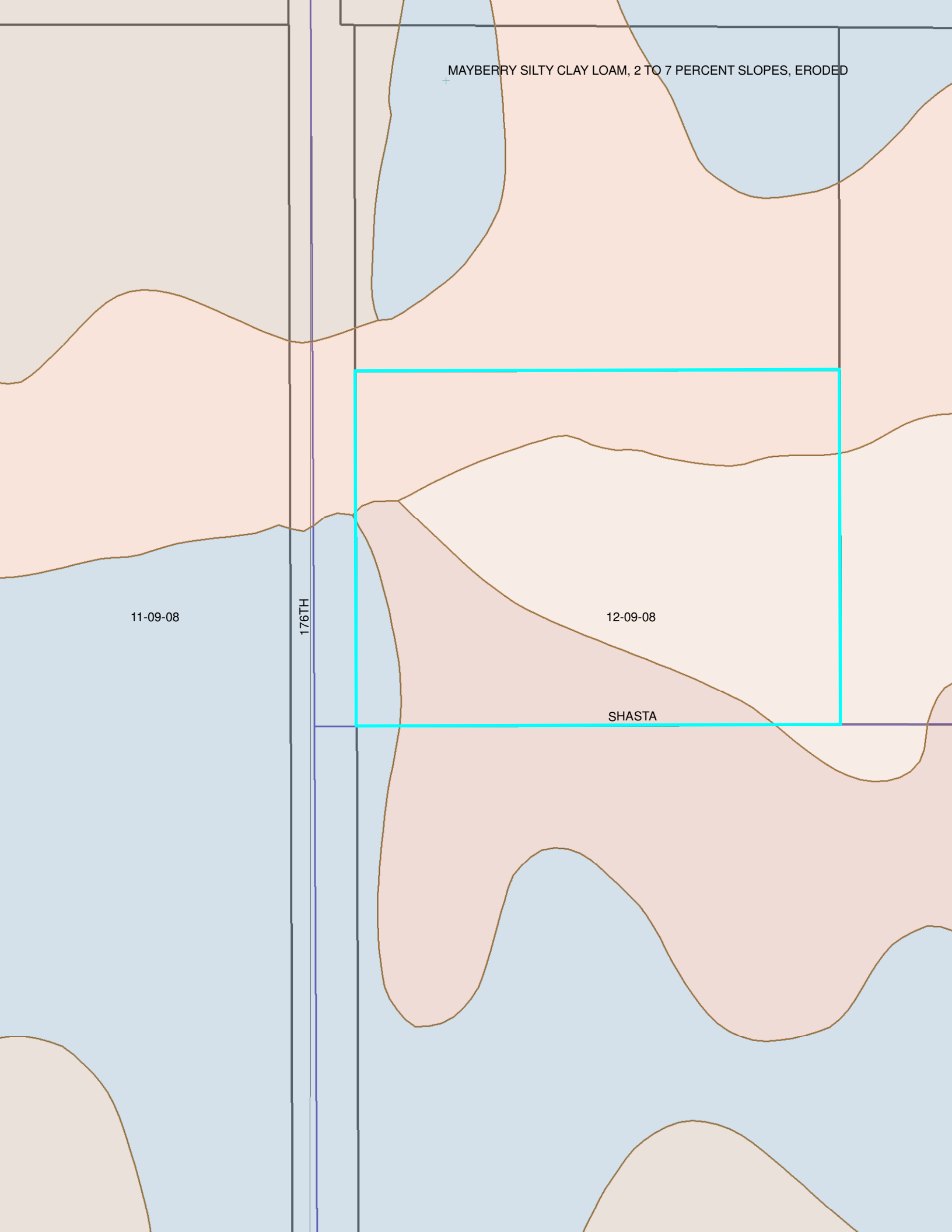
On-site Waste System Permit Holder:

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.

Judith A Halstead

Judith A. Halstead, MS
Health Director

ZLAB/TROYER CONST
9055 TURNBERRY LN
LINCOLN NE 68526


MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
11-09-08
176TH
12-09-08
SHASTA