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. HS000679

System Type: STANDARD

Situs: 4830 S 148th

Legal Description: T09N-R08E-S10-Lot 35

Owner:

Permit Fee:	$345.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$345.00

Issued: 10/23/2012
Expires: 10/23/2013

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

SOUTHWICK SEWER
PO BOX 191
HICKMAN NE 68372

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number HS000679

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 4830 S. 148 (no rural route) City Walton, NE Zip 68461

Legal Description 10 9 8

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

Geographical Location (if known): Lat/Long: PID 22-10-100-010-000

B. Owner

Name David Lockridge Signature

Address 6712 S. 88 City/State/Zip Lincoln, Ne 68526

Home Phone Work Phone 423-2337

C. Certified Installer

Name: Brad Southwick Signature Brad Southwick

Address 191 105 Locust City/State/Zip Hickman, Ne 68372

Work Phone

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres

☐ 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 Date rec'd **ACTION** ☐ Approved ☐ Disapproved
Site visits Date frwd Signature

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

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

Installation Final Written Approval
By

Date

Business Office Use Only
Date Received 10-23-12 Amount Paid 345.00
Received By BH Cash/Check No. 1395

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

LLCHD HS000679

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number
HS000679

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 4830 S. 148 (no rural route) City Walton, NE Zip 68461

Legal Description NW 10 9 8 35
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: PID 22-10-100-010-000

B. Owner

Name David Lockridge Signature

Address 6712 S. 88 City/State/Zip Lincoln, Ne 68526

Home Phone Work Phone 423-2337

C. Certified Installer

Name: Brad Southwick Signature Brad Southwick

Address 191 105 Locust City/State/Zip Hickman, Ne 68372

Work Phone

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 19.25

☐ 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 10/23/12 Date frwd 10/23/12
ACTION ☐ Approved ☐ Disapproved Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 10-23-12 Date frwd 10-23-12
ACTION ☒ Approved ☐ Disapproved Signature

3. City or County Engineer
Comments
Date rec'd 10-23-2012 Date frwd 10-23-2012
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 (LLCHD)
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 4830 So. 148 (no rural route) City Walton Lincoln 68461 NE, Zip 68526

Owner David Lockridge Address 6712 So. 88 Lincoln, Ne 68526

Date of Tests 10/20 to 10/22 Weather: Precipitation T Temperature 60

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	30	10/20	4:00 PM	~~8:00~~ 10/22	8:00 AM	10/22	10:40 AM	6	10/22	11:10 AM	30	7/8	34
2								6				7/8	34
3								6				5/8	48
4								6				3/4	40
5								6				3/4	40
6								6				3/4	40
								6					
								6					

Person Conducting Percolation Test

Name: Brad Southwick
Phone: 430-7606
Address 105 Locust P.O. 191
Hickman, Ne 68372
Soil type (NRCS Maps/Other) 5hc
Groundwater Depth >10'

Sum of Percolation Rates: 236
Average of Rates: 39
Rate Used for Calculation: 40

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

Onsite Form B 12_06

Congradulations
THIS ONE IS
A Hurry up
call David at 450-5739
when permit is issued.
wanted Building Permit but didn't have
Perc Test. Thanks
Brad