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

A

Permit Number
HS000688

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 15333 Pioneers City Walton, NE Zip 68461
(no rural route)

Legal Description Lot 25 Located in NW¼ of Sec 10 Township 9 North Range 8 East of 6th PM
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: PID 22-10-100-008-000

B. Owner

Name Brent Bunz Signature
Address 15333 Pioneers City/State/Zip Walton, NE 68461
Home Phone Work Phone

C. Certified Installer

Name: ~~Bob~~ Mitchell Trenching Svc Signature
Address 1345 N 26th Rd City/State/Zip Syracuse, Ne 68446
Work Phone 402-430-2946

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 6 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 5
☐ 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 11/13/12
Date frwd 11/13/12
ACTION ☑ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 11/13/12
Date frwd 11/13/12
ACTION ☑ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 11-13-2012
Date frwd 11-13-2012
ACTION ☑ Approved ☐ Disapproved
Signature Kenneth D. Schroeder

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 11-13-12 Amount Paid 355.00
Received By BH Cash/Check No 3430

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 15333 Pioneers (no rural route) City Walton NE, Zip 68461

Owner Brent Bunz Address 15333 Pioneers

Date of Tests 8-8-12 to 8-9-12 Weather: Precipitation 0 Temperature 92°

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"	8-8-12	3:00p	8-9-12	3:00p	8/9/12	3:00p	6	8/9/12	3:30p	30 min	7/8"	38
2	36"	"	"	"	"	"	"	6	"	"	30 min	7/4"	45
3	36"	"	"	"	"	"	"	6	"	"	30 min	1"	30
4	36"	"	"	"	"	"	"	6	"	"	30 min	7/8"	38
5	36"	"	"	"	"	"	"	6	"	"	30 min	7/4"	45
6	36"							6			30 min	1"	30
								6					
								6					

2"
34.29
45
34.29
45

Person Conducting Percolation Test

Name: [illegible]

Phone: 402-430-2946

Address Syracuse, NE 68312

Soil type (NRCS Maps/Other) Silty Clay loam

Groundwater Depth N/A

Sum of Percolation Rates: 226

Average of Rates: 37.667

Rate Used for Calculation: 37.667

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 Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

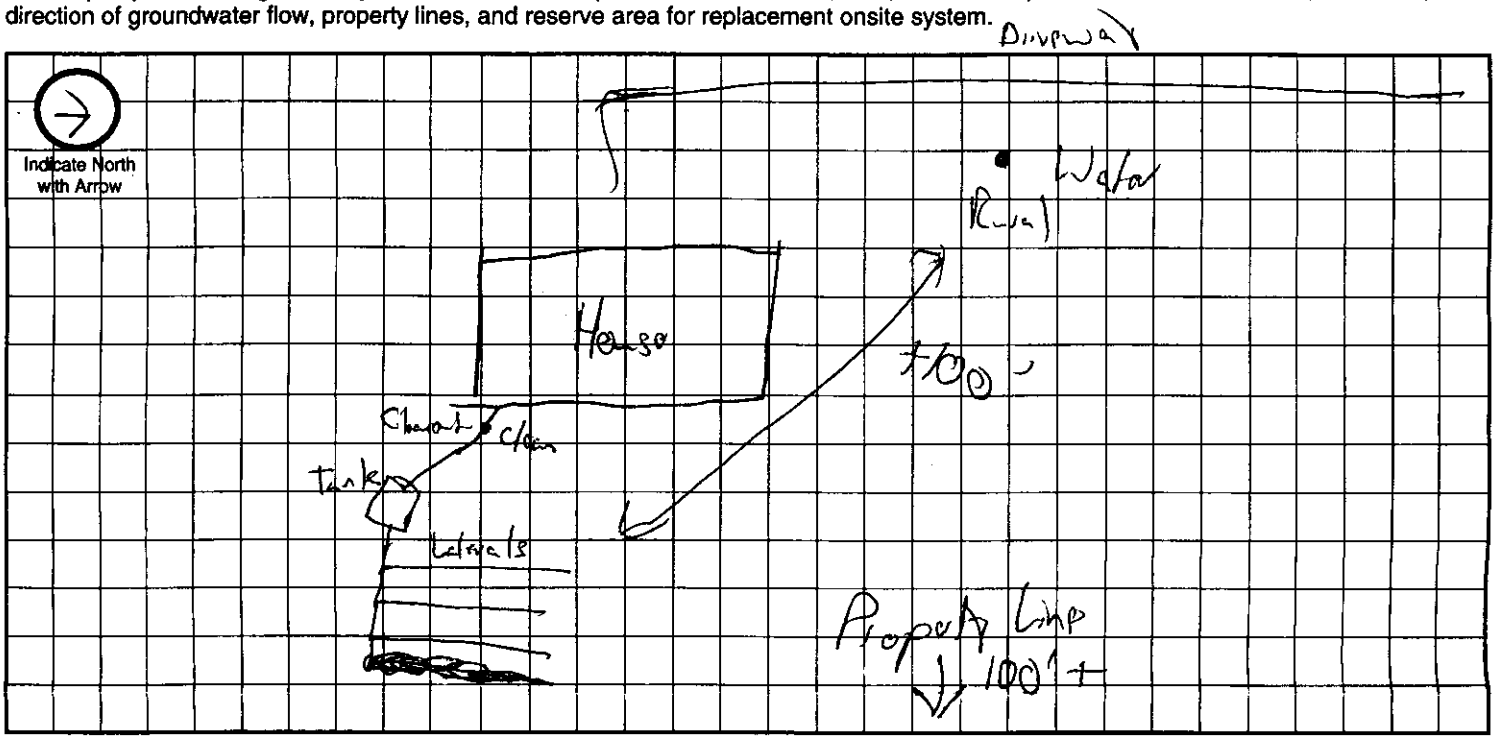
C

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) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap. 2000 gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percoloation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 37 (min/inch = mpi) No. of Bedrooms 6 Soil Type Silty clay Land Slope _____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1650 sq.ft.

Total length of laterals 366' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 3 Width 3' No. of drop boxes _____ Distrubtion Box 1

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 _____ Date _____

Installer _____ Date 11-8-12

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. HS000688

System Type:	STANDARD
Situs:	15333 PIONEERS BLVD
Legal Description:	T09N-R08E-S10-NW1/4-Lot 25
Owner:	BUNZ, BRENT C & TAMARA L 15333 PIONEERS BLVD WALTON NE 68461

Permit Fee:	$355.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$355.00
Issued:	11/13/2012
Expires:	11/13/2013

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

VOGTSCAPES
6000 SOUTHDALE RD
LINCOLN NE 68516