LLCHD HS000699

NOV 29 2012

A

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

Permit Number HS000699

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 3601 S. 148th St (no rural route) City Walton, NE Zip 68461

Legal Description SE 4 9N 8E 22
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: PID 22-04-400-004-000

B. Owner

Name Jeff & Anne Johnson Signature See Attached

Address 3015 O'Neil Pl City/State/Zip Lincoln, NE 68516

Home Phone Work Phone

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Signature Lloyd Jakoubek for Lloyd

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-783-2603 / 402-890-6009

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 20

☐ 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 12-3-12 Amount Paid 355.—
Received By BM Cash/Check No. 8015

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

Form A Updated: 5/10

12-6-2012 16:24: 6

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B

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

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 3601 S. 148th St (no rural route) City Waltm NE, Zip 68461

Owner Jeff Johnson Addresss 3015 O'Neil PL Lincoln, NE 68516

Soil Type (SCS): Silty Clay Loam Percolation Rate: 60 min./inch

Date of Tests 7/20/12 to 7/21/12 Weather: Precipitation 0 Temperature 91

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	28	7/20	8:00a	7/20	12:00p	7/21	12:00p	6	7/21	12:30p	30	2	15
2	24	"	"	"	"	"	"	"	"	"	"	1/2	60
3	30	"	"	"	"	"	"	"	"	"	"	5/8	48
4	27	"	"	"	"	"	"	"	"	"	"	1	30
5	24	"	"	"	"	"	"	"	"	"	"	1/2	60
6	27	"	"	"	"	"	"	"	"	"	"	5/8	48

Person Conducting Percolation Tests

Name: Terri L. Jirkoubek, Raymond Contracting, Inc.
Phone: 402-783-2603 or 402-890-3870
Address 13800 NW 70th St
Raymond, NE 68428 H C1198

Sum of Percolation Rates: 253
Average of Rates: 42
Rate Used for Calculation: 60 (20 mpi Variance)

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96
12-6-2012 16:24: 7

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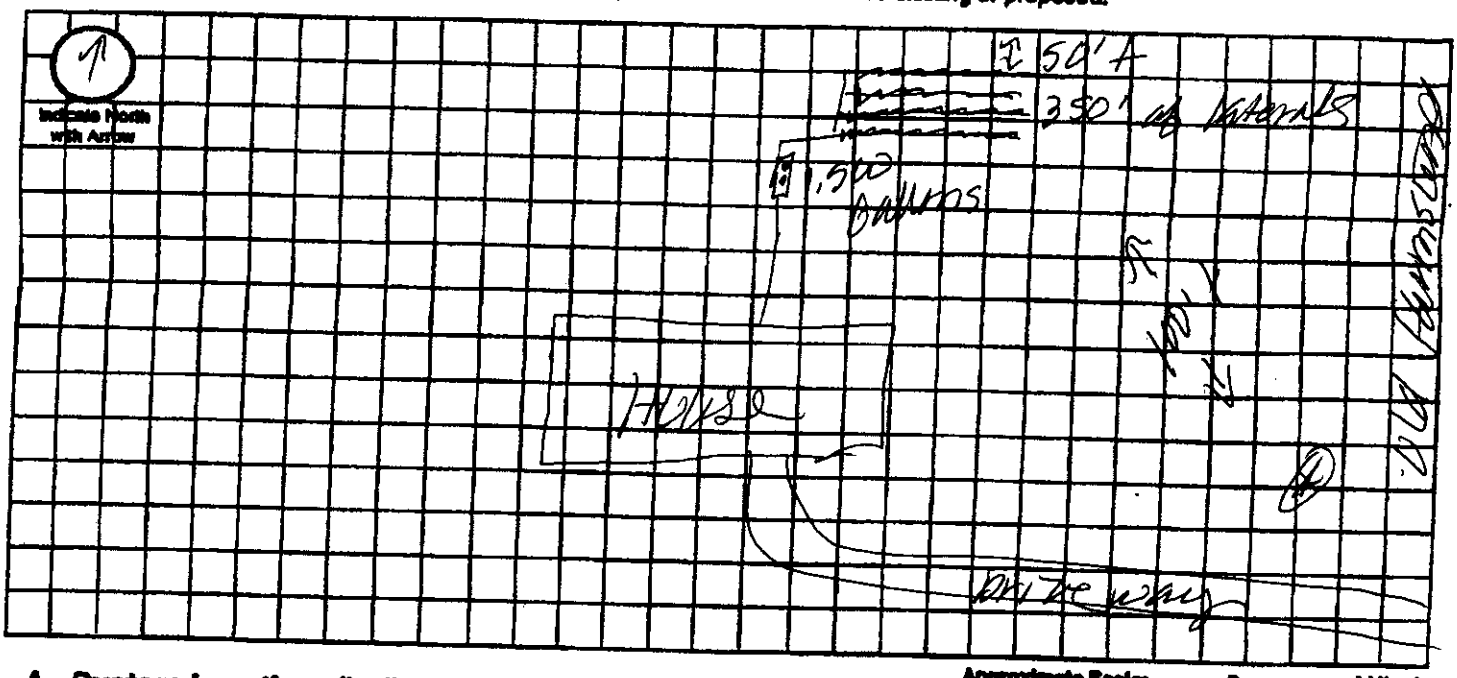
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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 lines

A. System Location (Indicate correct number and street)

Address (no rural route) 3601 S. 148th St 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 60 (min. per inch) Soil Type: silty clay loam Land Slope: _____ %

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

Total Square Feet of Field Required: 1,400 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☑ Other Lateral Material: ADS Gravelless chambers

Capacity of Septic Tank 1,500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 350 ft. Number of Trenches 4 Trench Width 40"

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

Distance From	Private Well	Public Well	Surface Water	Ground 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 11/25/12

Installer _____ Date 11-14-12

FORM 23-102 10-96

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. HS000699

System Type: STANDARD

Situs: 3601 S 148 ST

Legal Description: T09N-R08E-S04-Lot 22

Owner: JOHNSON, JEFFREY A & ANNE M
3015 O'NEIL PL
LINCOLN NE
68516

Permit Fee:	$355.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$355.00
Issued:	12/03/2012
Expires:	12/03/2013

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

RAYMOND CONTRACTING
13800 NW 70TH
RAYMOND NE 68428