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

A

Permit Number HS000881

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 N/A (no rural route) City WALTON NE Zip 68461

Legal Description N 1/2 | 1/4 | 1/4 | Section 31 | Township 10 | Range 8 | Subdivison N/A | Addition N/A | Block N/A | Lot N/A

PID 23-31-200-023-000

B. Owner

Name Lower Platte South NRD Signature

Address PO Box 83581 City/State/Zip Lincoln, NE 68501

Home Phone — Work Phone 402-476-2729

C. Certified Installer

Name: Lloyd Jahnbeck, Raymond Contracting Signature

Address 13200 NW 70th St City/State/Zip Raymond NE 68428

Work Phone 402-890-6009 or 402-783-2003

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 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres

Garbage Grinder? ☐ Yes ☐ No

☒ Commercial Establishment (Other Facility) Specify MOPAC TRAIL RESTROOM Design flow in gallons per day N/A

Type of Wastewater ☒ Domestic ☐ Non-Domestic FOR LOWER PLATTE SOUTH NRD

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 ACTION ☐ Approved ☐ Disapproved

Date fwd Signature

Comments

2. Supt. Bldg. Insp. or Village Clerk

Comments Date rec'd ACTION ☐ Approved ☐ Disapproved

Date fwd Signature

3. City or County Engineer

Comments Date rec'd ACTION ☐ Approved ☐ Disapproved

Date fwd Signature

Installation Final Written Approval

By

Date

Business Office Use Only
Date Received 3/27/14 Amount Paid 345.00
Received By SB Cash/Check No. 32752

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

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

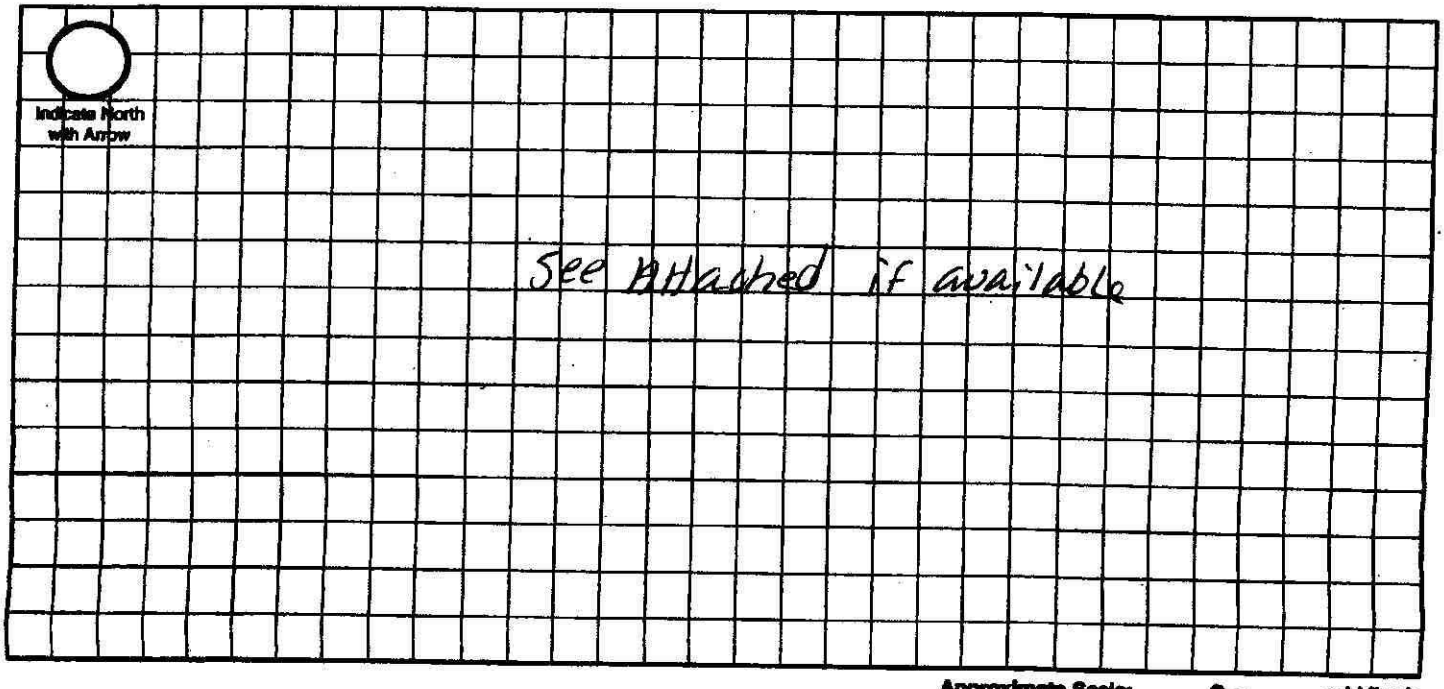
C

Permit Number: HS060881

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) NA City Walton NE, Zip 68461

B. Proposed Septic Tank/s - Holding Tank / Vault Toilet

Septic Tank Cap. 1000 gals Tank Material: [x] Concrete [x] Plastic ☐ Other _____ ☐ Lagoon (Max. seepage 1/8" per day)

Note : Vault has ABS cast in plastic liner.

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

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

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

Total length of laterals _____ Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches _____ Width _____ No. of drop boxes _____ Distrubtion Box _____

No. of absorption beds _____ Width _____ No of Distribution lines per bed _____

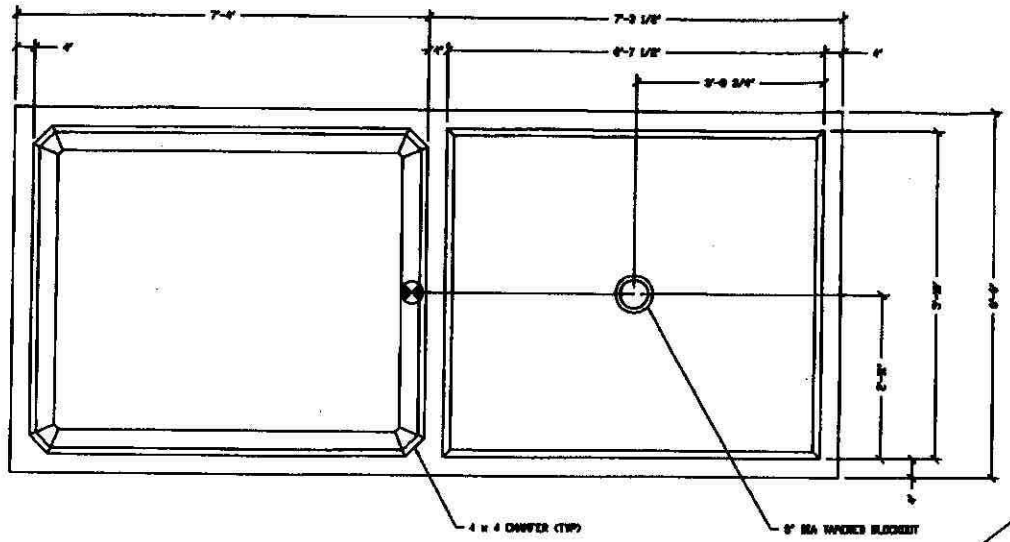
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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

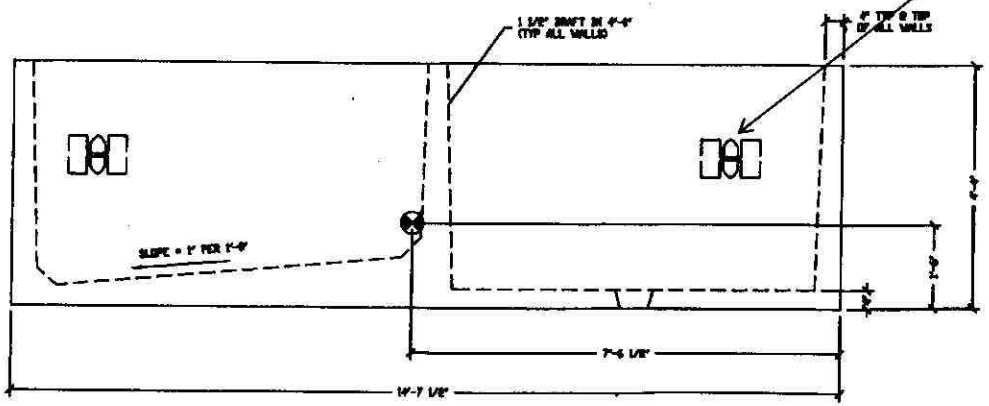
Home Building Contractor _____ Date _____

Installer Mark L. Jakubek for Lloyd Date 3/17/14

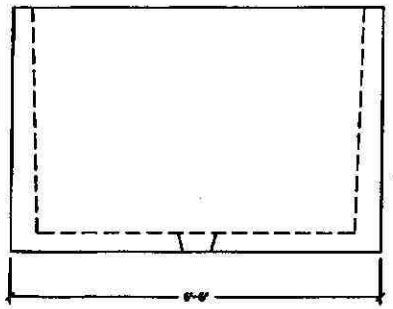


PLAN VIEW

LIFTING BURKE - 2 PER SIDE
LIFTING CLUTCHES PROVIDED
BY CXT.



ELEVATION



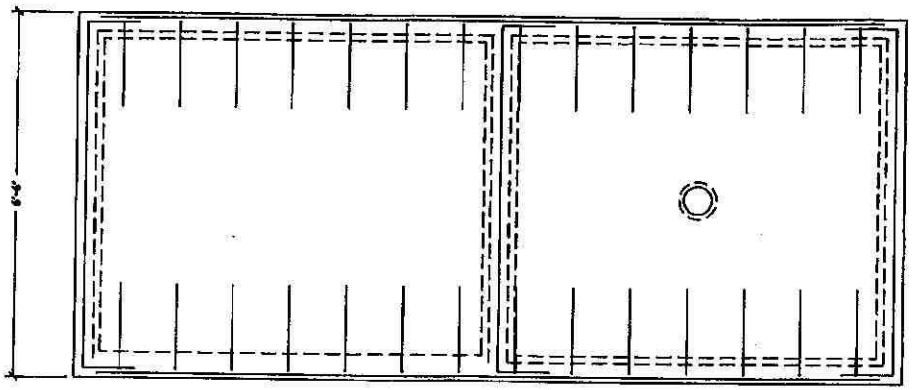
END VIEW

CXT
Precast Products

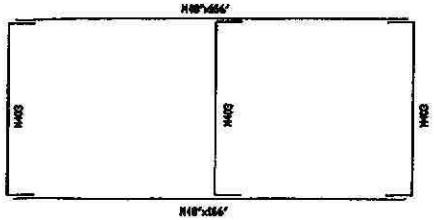
VAULT 2

VAULT DIMENSIONS

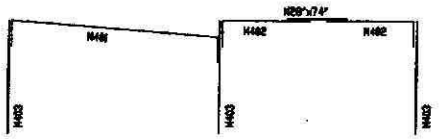
V2-1 | 1/2 | B



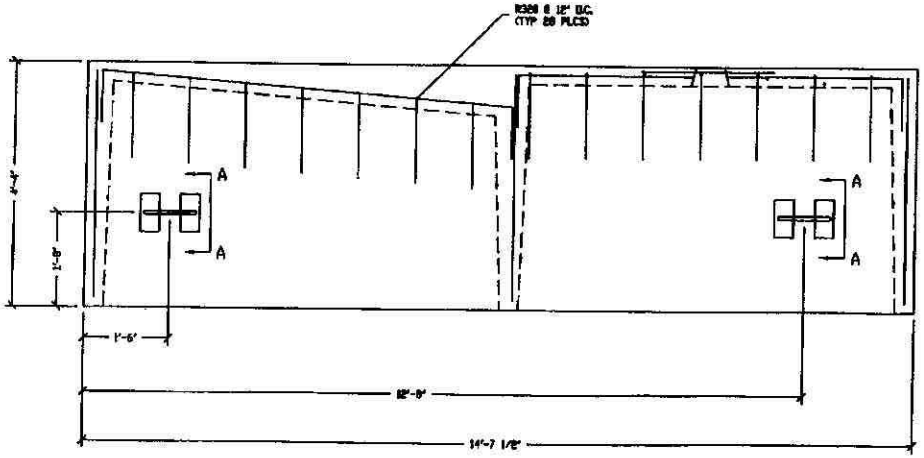
PLAN VIEW



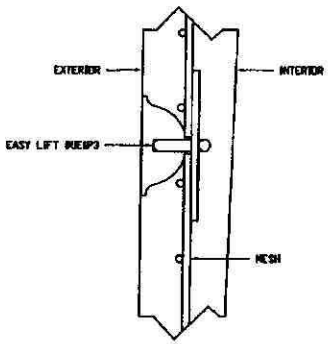
PLAN
MESH LAYOUT



ELEVATION
MESH LAYOUT



ELEVATION



A - A

CXT
Precast Products

VAULT 2
CXT STANDARD VAULT

VAULT REINFORCEMENT

V2-2 | SHEET 2/2 | REV. C

LOWER PLATTE SOUTH NATURAL RESOURCES DISTRICT

3125 PORTIA STREET
P.O. BOX 83581 · LINCOLN, NE 68501-3581
(402) 476-2729 · FAX (402) 476-6454
www.lpsnrd.org

March 20, 2014

Lincoln-Lancaster County Health Department
Attn: Nate Hartman
3140 N Street
Lincoln, NE 68510

Dear Nate:
Enclosed is a check for **$365.00** for the Onsite Wastewater Treatment System Request for Site Clearance and Permit. This is for the MoPac East Trail vault restroom to be located near Walton, NE. Also, enclosed is a copy of permit forms A and C and the single vault drawing.

Sincerely,

Ariana Kennedy
Resources Conservationist

Enclosures

PC: MoPac East Trail file

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS000881

System Type: Standard

Situs: No Site Address Specified

Issued: 3/28/2014

Expires: 3/28/2015

Description: S31, T10, R8, 6th Principal Meridian, VAC MO PACIFIC RR ROW LYING 50'N & 50'S OF CENTER OF MAIN TRACK EX PTS IN N & E FOR RD (EX DESC IN INST# 92-40378) IN N1/2 (PT OF RR LYING IN SID #8)

Owner: LOWER PLATTE SOUTH N R D
PO BOX 83581
LINCOLN, NE 68501

Judith A Halstead
Judith A. Halstead, MS, Health Director

Dear Applicant:

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

LOWER PLATTE SOUTH NATURAL RESOURCES
DISTRICT
3125 PORTIA ST
P O BOX 83581

SCANNED

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

A

Permit Number HS000881

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 N/A (no rural route) City WALTON NE Zip 68461

Legal Description N 1/2 | 31 | 10 | 8 | N/A | N/A | N/A | N/A
(1/4 — 1/4) Section | Township | Range | Subdivison | Addition | Block | Lot

PID 23-31-200-023-000

B. Owner

Name Lower Platte South NRD Signature

Address PO Box 83581 City/State/Zip Lincoln, NE 68501

Home Phone — Work Phone 402-476-2729

C. Certified Installer

Name: Lloyd Jahnsen, Raymond Contracting Signature

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

Work Phone 402-890-6009 or 402-783-2103

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 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres
Garbage Grinder? ☐ Yes ☐ No

☒ Commercial Establishment (Other Facility) Specify MOPAC TRAIL RESTROOM FOR LOWER PLATTE SOUTH NRD Design flow in gallons per day N/A

Type of Wastewater ☒ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits
Comments
Date rec'd 3/28/14
Date fwd 3/28/14
ACTION ☒ Approved ☐ Disapproved
Signature

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

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

Installation Final Written Approval
By Jim Merriman
Date 8/14/2014

Business Office Use Only
Date Received 3/27/14 Amount Paid 345.00
Received By SB Cash/Check No. 32750

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

AUG 19 2014

D

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

Permit Number: HS000881

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date August 14, 2014 Legal Description N 1/2 1/4 1/4 31 Section 10N Township 8E Range

Onsite System Location

Address (no rural route) NA (MoPac Trail) City Walton NE, Zip 68461

Owner Lower Platte South NRD Address P.O. Box 83581 Lincoln, NE 68501

A. Sewer Pipe

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank - Holding Vault Toilet

☐ Label with Manufacturer, address and gallon capacity

1. Material: Concrete
   Number of compartments: 2
2. Capacity: 1,000 gal.
3. Factory built: ☒ Yes ☐ No
4. ~~Manholes:~~ ~~Over inlet, diameter~~ _____ in.
   ~~Over outlet, diameter~~ _____ in.
   ~~Riser:~~ ☐ ~~above~~ ☐ ~~below~~ grade _____ in.
5. ~~Inlet:~~ ☐ ~~baffle~~ ☐ ~~tee~~ ☐ ~~6" dia. inspection pipe~~
6. ~~Outlet:~~ ☐ ~~baffle~~ ☐ ~~tee~~ ☐ ~~6" dia. inspection pipe~~
7. Depth to top of tank, below unfinished grade: Cut to Grade in.
8. Distances to: Well or suction line 159 ft.
   Stream NA ft.
   Pressure line 95 ft.
   Property line 5' ± ft.

C. ☐ Distribution Box ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Drainfield Absorption

☐ Trench ☐ Bed ☐ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width _____ ft.
   Distribution Pipe Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   House or building _____ ft.
   Lake or Stream _____ ft.

Complete As-Built drawing on the back fo this form.

Onsite Wastewater System Design (Example)

Indicate North with Arrow

