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

FEB 17 2015

**A**

Permit Number
HS001027

# 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 11777 Forgo Pl (no rural route) City Walton, NE Zip 68461

Legal Description _____ Windhoek 7th 1

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

PID 23-31-411-001-000

## B. Owner

Name William & Quim Lawton Signature _____

Address 6701 S 86th ST City/State/Zip Lincoln NE 68526

Home Phone _____ Work Phone _____

## C. Certified Installer

Name: Jason Kubik Signature _____

Address 105 Lower St City/State/Zip Pickrell 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 6 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.38

Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day _____

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 _____ Date rec'd _____ Date frwd _____
Comments _____
**ACTION** ☐ Approved ☐ Disapproved
Signature _____

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

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

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

***Business Office Use Only***
Date Received 2-17-15 Amount Paid $375.00
Received By SB Cash/Check No. 2224

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

FEB 17 2015

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

**B**

Permit Number: HS001027

# Onsite Wastewater Treatment System
## Soil Evaluation Report

PLEASE PRINT OR TYPE

### Onsite System Location

Address 11801 Fargo Place (no rural route) City Walton NE, Zip 68461

Owner _____ Address Windhoek 7th Addition, Lot 1

Date of Tests 6/18/14 to 6/19/14 Weather: Precipitation trace Temperature 85

### 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 | | | End | | | | |
| Hole No. | Hole Depth (in) | Date (Mo/Da) | Time (Hr/Min) | Date (Mo/Da) | Time (Hr/Min) | Date (Mo/Da) | Time (Hr/Min) | Initial Water Lev (in.) | Date (Mo/Da) | Time (Hr/Min) | Elapsed Time Interval | Water Level Drop (in) | Percolation Rates (Min/in = mpi) |
| 1 | 27 | 6/18 | 3:00 | 6/19 | 10:30 | 6/19 | 2:30 | 6 | 6/19 | 3:00 | 30 | 1 | 30 |
| 2 | 20 | 6/18 | 3:00 | 6/19 | 10:30 | 6/19 | 2:30 | 6 | 6/19 | 3:00 | 30 | 5/8 | 48 |
| 3 | 25 | 6/18 | 3:00 | 6/19 | 10:30 | 6/19 | 2:30 | 6 | 6/19 | 3:00 | 30 | 1 | 30 |
| 4 | 27 | 6/18 | 3:00 | 6/19 | 10:30 | 6/19 | 2:30 | 6 | 6/19 | 3:00 | 30 | 1 | 30 |
| 5 | 29 | 6/18 | 3:00 | 6/19 | 10:30 | 6/19 | 2:30 | 6 | 6/19 | 3:00 | 30 | 5/8 | 48 |
| 6 | 28 | 6/18 | 3:00 | 6/19 | 10:30 | 6/19 | 2:30 | 6 | 6/19 | 3:00 | 30 | 5/8 | 48 |
| | | | | | | | | 6 | | | | | |
| | | | | | | | | 6 | | | | | |

### Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-440-7606
Address 105 Locust St
Hickman NE 68372

Sum of Percolation Rates: 234
Average of Rates: 39
Rate Used for Calculation: 40

Soil type (NRCS Maps/Other) _____

Groundwater Depth _____

***DO NOT WRITE BELOW THIS LINE***

### Reviewing Action

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

Signature of Reviewing Official _____ Date _____

**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. HS001027**

**System Type:** Standard

**Situs:** 11777 FORGO PL, RURAL, NE

Issued: 2/17/2015

Expires: 2/17/2016

**Description:** WINDHOEK 7TH ADDITION, Lot 1

**Owner:** LAWTON, WILLIAM II & QUINN
6701 S 86 ST
LINCOLN, NE 68526

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

SOUTHWICK LIQUID WASTE INC
105 LOCUST ST
HICKMAN, NE 68372

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

Exhibit 5

Permit Number: HS001027

# Onsite Wastewater Treatment System

Inspection Sheet Windhoek 7th — Lot 1

Date 8/14/15 Legal Description ___ / ___ 31 / 10 / 8
¼ ¼ Section/Township/Range

## Onsite System Location

Address (no rural route) 11772 Fargo Pl. City Walton

Owner ___ Address ___

**Mark One:** ☐ Dwelling ☐ Non-dwelling

☒ New System ☐ Alteration [☐ Tank Only ☐ Trench Only] ☐ Lateral Only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): ___

## Drainfield Absorption System:

☒ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 1,692 Sq. Ft. Tank Size 2000 gals

Total length of laterals 470' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) ___

No. of Absorption Laterals 5 Width 3.6 Excta No. of Drop Boxes ___ Distribution Box 3

Leveling Method Used Laser

## 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 |
|---|---|---|---|---|---|---|
| Tank (ft) | 50 ☒ | 500 ☒ | 50 ☒ | NA ☒ | 10 ☒ | 5 ☐ |
| Field (ft) | 100 ☒ | 500 ☒ | 50 ☐ | 4 ☒ | 25 ☐ | 5 ☐ |

**Geographical Coordinates to 6 Decimals:**

Tank ___

Lateral #1 NA Lateral #3 ___

Lateral #2 ___ Lateral #4 ___

**Comments:**

Inspections prior to Final Approval
Initial ___ Date 8/14/15

Follow-Up ___ Date ___

Follow-Up ___ Date ___

Installation Final Written Approval
By Doug Ansel

Date 8/14/15

**Field Note Drawing (See Reverse Side):**

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

SCANNED
FEB 17 2015

A

Permit Number
HS001027

# Onsite Wastewater Treatment System
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**A. Onsite System Location**

Address 11777 Forgo Pl (no rural route) City Walton, NE Zip 68461

Legal Description ___ 31 10 8 Windhoek 7th 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 23-31-411-001-000

**B. Owner**

Name William & Quin Lawton Signature ___

Address 6701 S 86th ST City/State/Zip Lincoln NE 68526

Home Phone ___ Work Phone ___

**C. Certified Installer**

Name: Jason Kubik Signature ___

Address 105 Louis St City/State/Zip Pickrell 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 6 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.38

Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify ___ Design flow in gallons per day ___

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 ___
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Date frwd 2/17/15
ACTION ☒ Approved ☐ Disapproved
Signature ___

**2. Supt. Bldg. Insp. or Village Clerk**
Comments ___
Date rec'd 2-17-15
Date frwd 2-17-15
ACTION ☒ Approved ☐ Disapproved
Signature ___

**3. City or County Engineer**
Comments ___
Date rec'd 2-17-15
Date frwd 2-17-15
ACTION ☒ Approved ☐ Disapproved
Signature Jim Plouzek

**Installation Final Written Approval**
By ___
Date 8/14/15

7207 7050
7231
7666

**Business Office Use Only**
Date Received 2-17-15 Amount Paid $375.00
Received By SB Cash/Check No. 2224

White - Health Department Yellow - Engineer Pink - Building & Safety Form A Updated: 1

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

**A**

Permit Number
1L0112x7

# Onsite Wastewater Treatment System
# Request for Site Clearance and Permit

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**PLEASE PRINT OR TYPE**

## A. Onsite System Location

Address 11111 Forge Pl (no rural route) City Walton, NE Zip 68461

Legal Description ____ ____ Windhaven 7th 1

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

PID 23-31-411-001-000

## B. Owner

Name William + Quinn Lawlor Signature ____

Address 6101 S 86th ST City/State/Zip Lincoln NE 68526

Home Phone ____ Work Phone ____

## C. Certified Installer

Name: Jason Kubik Signature Jason Kubik

Address 105 Locust St City/State/Zip Fairbury NE 68352

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 6 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.35

Garbage Grinder? ☒ Yes ☐ No

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**1. Health Department**
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Date rec'd 2/17/15
Date frwd 2/17/15
**ACTION** ☒ Approved ☐ Disapproved
Signature ____

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Comments ____
Date rec'd 2-17-15
Date frwd 2-17-15
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Comments ____
Date rec'd 2-17-15
Date frwd 2-17-15
**ACTION** ☒ Approved ☐ Disapproved
Signature ____

**Installation Final Written Approval**
By ____
Date 8/14/15

7207 7050 7231 7666

***Business Office Use Only***
Date Received 2-17-15 Amount Paid $200.00
Received By JS Cash/Check No. 2111

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