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

A

Permit Number
HS001067

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 2001 S 134th (no rural route) City Walton, NE Zip 68461

Legal Description S32, T10, R8 6th Principal Meridian Lots 9 & 10 NE

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

Geographical Location (if known): Lat/Long: _____ PID 23-32-200-007-000

B. Owner

Name Dan Whitney Signature _____

Address 2001 S 134th City/State/Zip Walton, Ne 68461

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Gregory D Bowens Signature Gregory D Bowens

Address 5901 Fletcher Av City/State/Zip Lincoln, Ne 68507

Work Phone 402-466-1944 Cell 402-610-2818

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 _____ Is there a Whirlpool Bathtub? ☐ Yes ☐ No Total Acres _____

☒ Commercial Establishment/Other Facility Specify house barn Design flow in gallons per day 200

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 _____ Date frwd _____
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 5-19-15 Amount Paid $375.00
Received By SB Cash/Check No. 10092

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

Form A Updated: 5/10

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

B

Permit Number: HS001067

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 2001 S. 134 St. (no rural route) City Lincoln NE, Zip _____

Owner Dan Whitney Address same

Date of Tests MAY 1-15 to MAY-215 Weather: Precipitation less than ½" 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			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	36	5/1	4:00	5/2	10:00	5/2	1:30	6	5/2	2:00	30	1 3/4	17
2	36	5/1	4:00	5/2	10:00	5/2	1:30	6	5/2	2:00	30	1 1/2	20
3	40	5/1	4:00	5/2	10:00	5/2	1:30	6	5/2	2:00	30	1 1/4	24
4	36	5/1	4:00	5/2	10:00	5/2	1:30	6	5/2	2:00	30	1 1/4	24
5	36	5/1	4:00	5/2	10:00	5/2	1:30	6	5/2	2:00	30	1 1/2	20
6	40	5/1	4:00	5/2	10:00	5/2	1:30	6	5/2	2:00	30	1 3/4	17
								6					
								6					

Person Conducting Percolation Test

Name: Claude Oie PF-3939
Phone: 402-486-4446
Address 6645 S. 66th St. Lincoln Ne.
Soil type (NRCS Maps/Other) Silt Some Sand
Groundwater Depth N.A.

Sum of Percolation Rates: 122
Average of Rates: 20
Rate Used for Calculation: 20

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

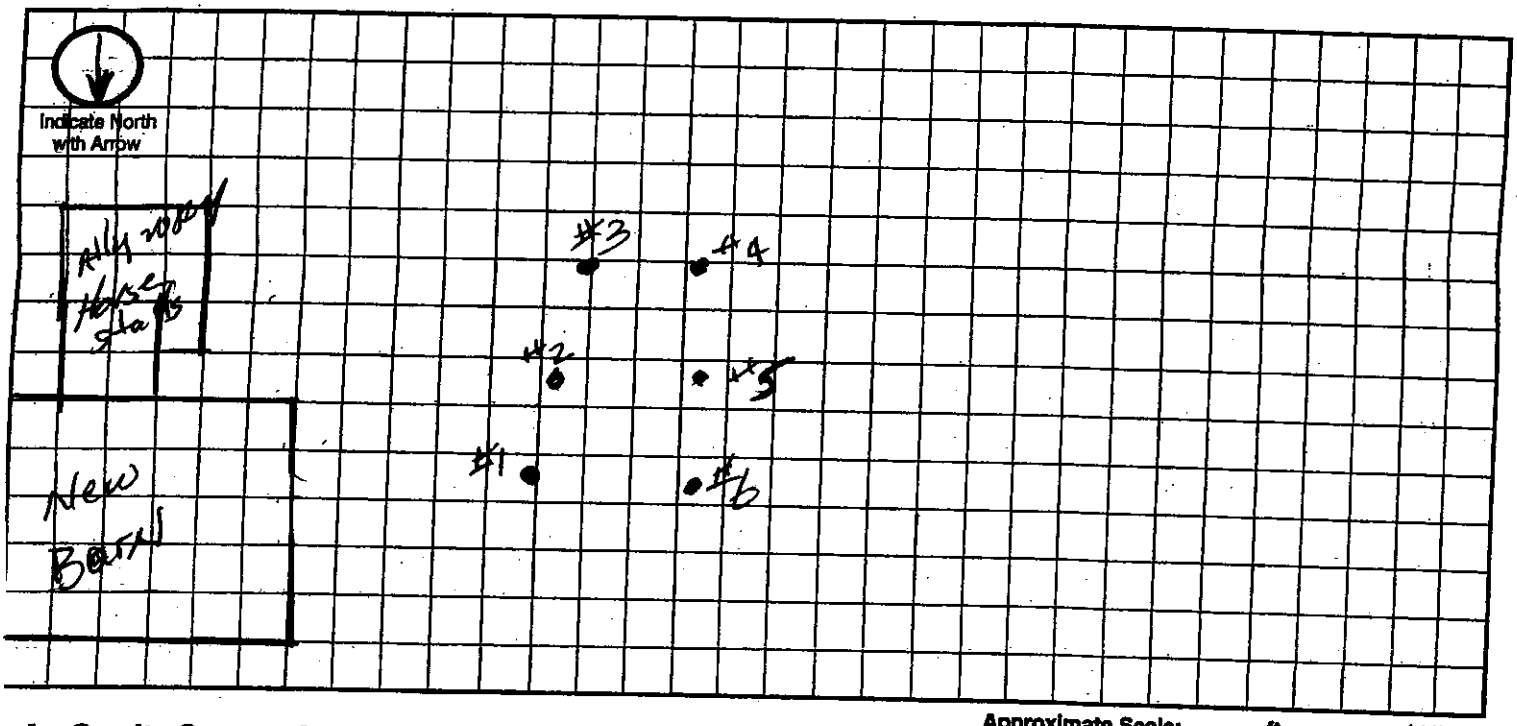
C

Permit Number: #S001067

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) 2001 S. 134th St. City Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap. 1000 gals Tank Material: ☐ Concrete ☒ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☒ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 20 (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 100 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_____ 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. HS001067

System Type: Standard

Situs: 2001 S 134 ST, RURAL, NE

Issued: 5/20/2015

Expires: 5/20/2016

Description: S32, T10, R8, 6th Principal Meridian, LOTS 9 & 10 NE

Owner: WHITNEY, DANIEL D
2001 S 134 ST
WALTON, NE 68461

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

BOUWENS PLUMBING CO
5901 FLETCHER AVE
LINCOLN, NE

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

SCANNED

A

Permit Number
HS001067

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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Date frwd 5/20/15
ACTION ☒ Approved ☐ Disapproved
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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 5/27/15

Business Office Use Only
Date Received 5-19-15 Amount Paid $375.00
Received By SB Cash/Check No. 10092

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

Form A Updated: 5/10

10-8-22

D

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

Permit Number: HS001067

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date MAY 28 2015 Legal Description ID 23322000700
1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route) 2001 S 134th City Walton NE, Zip 68461

Owner Dan Whitney Address 2001 S 134th

A. Sewer Pipe

1. Material: 4" PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 36 in.
3. Distance between dwelling and septic tank: 30 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100 ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

☐ Label with manufacturer, address and gallon capacity

1. Material: Plastic
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 18 in.
   Over outlet, diameter 18 in.
   Riser: ☒ above ☐ below grade 4 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: 8 in.
8. Distances to: Well or suction line 130 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ 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

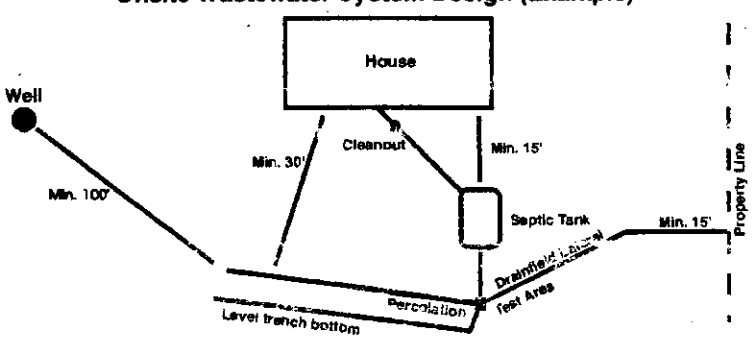
☒ Trench ☐ Bed ☐ Level Bottom

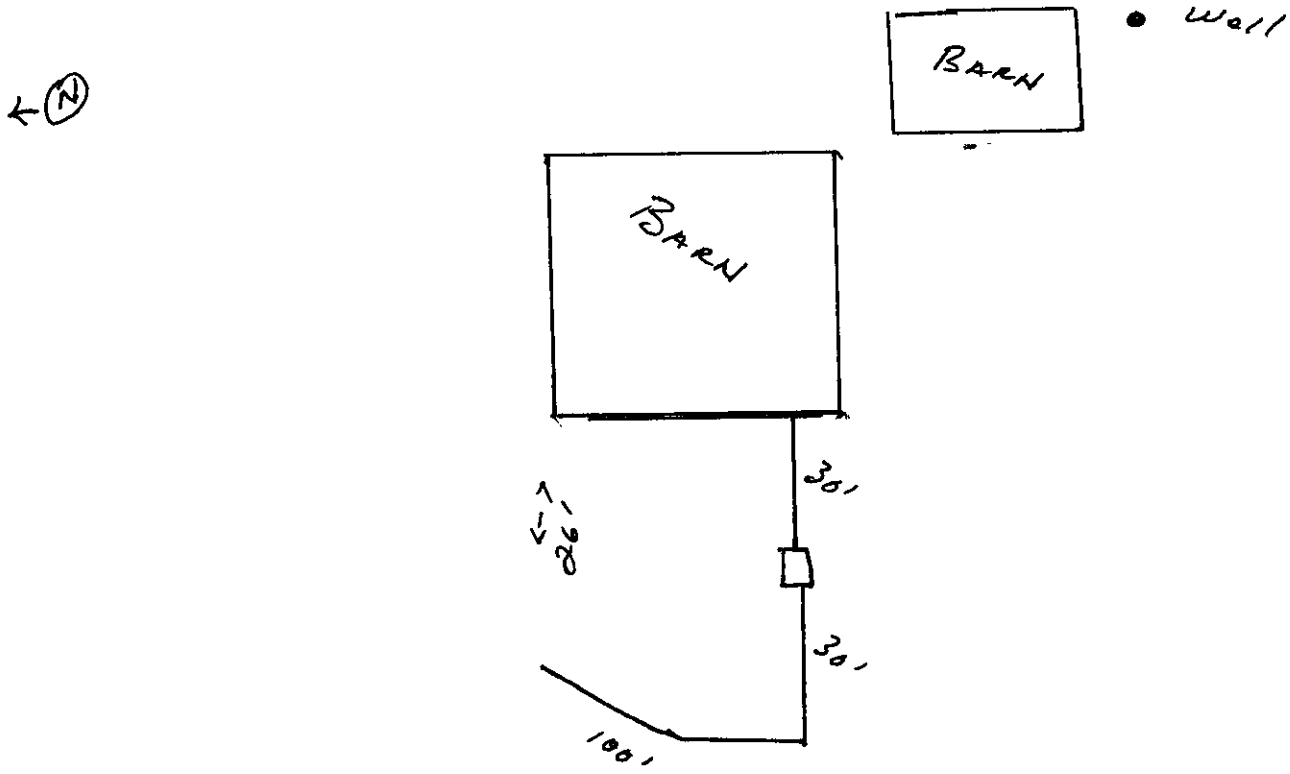
1. Type: ☐ Half rounds ☐ Perforated pipe ☒ Chambers
   Diameter or width: 36"
   Number of distribution lines in bed 1
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number 1
   Length of each line: 100 ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width _____ ft.
   Distribution Pipe Slope _____ in/100 ft.
   Average depth 30 in
4. Filter material: dirt
   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




N
BARN
Well
BARN
30'
26'
30'
100'