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

A

Permit Number HS001254

Onsite Wastewater Treatment System Permit Application

Include Form B and C. Submit correct fee with this Application

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 11700 Forgo Pl City Walton, NE Zip 68461
(no rural route)

Legal Description 31 10 8 SB Windhoek 9 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 23-31-413-002-000 *Approx. Address (If to be determined)

B. Owner

Name Matthew Behrens Signature

Address 9515 Koi Rock Dr City/State/Zip Lincoln NE 68526

Home Phone Work Phone

C. Certified Installer

Name: Jason Kubik Signature

Address 105 Louis St City/State/Zip Hickman NE 68372

Work Phone 402-440-7600

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 5 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.02
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

1. Health Department
Site visits
Comments
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 5-11-16 Amount Paid $385.00
Received By SB Cash/Check No. 2564

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: HS001254

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 11700 Fargo (no rural route) City Walton NE, Zip 68461

Owner Matthew Behrens Address 9515 Koi Rock Dr Lincoln NE 68526

Date of Tests 4/13/16 to 4/14/16 Weather: Precipitation 0 Temperature 60

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop: Last 30 mins of 4 hr or last 10 mins of 1 hr					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	30	4/13	3:40	4/14	1:30	4/14	5:00	6	4/14	5:30	30	1	30
2	30	4/13	3:40	4/14	1:30	4/14	5:00	6	4/14	5:30	30	1 1/8	27
3	30	4/13	3:40	4/14	1:30	4/14	5:00	6	4/14	5:30	30	1	30
4	30	4/13	3:40	4/14	1:30	4/14	5:00	6	4/14	5:30	30	7/8	35
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-440-7606
Address 105 Locust St
Hickman NE 68373
Soil type (NRCS Maps/Other) 7050 Kennebec
Groundwater Depth None +12'

Sum of Percolation Rates: 122
Average of Rates: 31
Rate Used for Calculation: 31

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. HS001254

System Type: Standard

Situs: No Site Address Specified

Issued: 5/13/2016

Expires: 5/13/2017

Description: WINDHOEK 9TH ADDITION, Lot 2

Owner: BEHRENS, MATTHEW P & ANGELA A
9515 KOI ROCK DR
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 STREET
HICKMAN, NE 68372

Nate C. Hartman

From: Todd A. Stutzman
Sent: Friday, May 13, 2016 8:27 AM
To: Nate C. Hartman
Subject: Windhoek 8th & 9th additions

Nate,

The lot located in Windhoek 8th addition lot 2 11800 Forgo Pl is a buildable lot.

The lot located in Windhoek 9th addition lot 2 is a buildable lot

Todd Stutzman
Plan Examiner II
402-441-7097
555 S 10th Street, Room 203
Lincoln, NE 69508

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page) ☒ Subsurface Septic ☐ Mound

Onsite Wastewater System Location

Address or Legal Description or Parcel Identification Number (PID) 11700 Fago Pl

Owner: Matt Behrens Address

A. Wastewater Piping

1. Material: SCH40 PVC Diameter: 4" in.
2. Distance between dwelling and septic tank: _____ ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well ±100 ft.
   Pressure line ±50 ft.
   Property Line ±50 ft.
   Foundation 35 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 6 ft. N

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: InfiMaster Quick 4 plus 29
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 120 ft. 128 ft. 132 ft. _____
4. Drainfield size: 1375 sq. ft.
5. Distance to:
   Well ±100 ft.
   Pressure line N/A ft.
   Property line ±5 ft.
   Depth of Groundwater ±12

NH

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

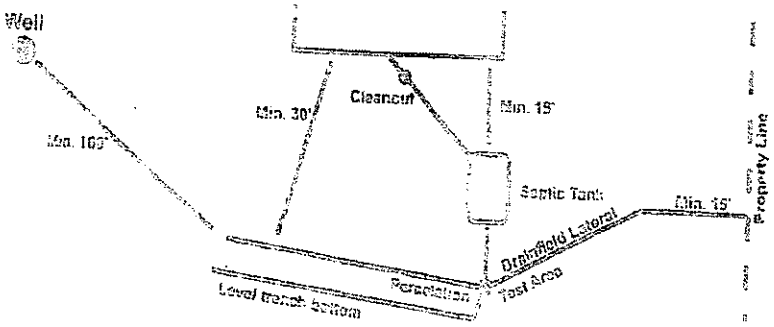
If Yes, the Certified Professional must sign below for final approval:

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Jon Kuta Date: 4/10/17

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

* System covered due to weather & unavailability of inspectors on short notice. -NH
* meets footage requirements



*Note-If Lagoon, show all applicable dimensions

