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

A

AUG 29 2016

Permit Number HS001330

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* 6511 S. 148th City Walton, NE Zip 68461
(no rural route)

Legal Description 16 9 8 SB 59
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 22-16-400-019-000 SB *Approx. Address (If to be determined)

B. Owner

Name Gary Jurgens Signature

Address 8171 Stockwell St City/State/Zip Lincoln, NE 68506

Home Phone 407-540-1687 Work Phone 407-540-1687

C. Certified Installer

Name: Don Anderson Signature Don Anderson

Address 1597 Co. Rd 10 City/State/Zip Mead Ne. 68041

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 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 30+
Garbage Grinder? ☐ Yes ☒ No

☐ Commercial Establishment/Other Facility Specify Metal Building/one bathroom Design flow in gallons per day 200

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 8-29-16 Amount Paid $385
Received By SB Cash/Check No. 8159

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

From Greg Joyce

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

B

Permit Number: HS001330

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6555 S 148th (no rural route) City Walton NE, Zip 68461

Owner Richard Schott/Greg Joyce Addresss same

Soil Type (SCS): 7684 Percolation Rate: 33 min./inch

Date of Tests 4/9/14 to 4/10/14 Weather: Precipitation dry Temperature 50

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	32	4/9	3:30p	4/10	7:40a	4/10	11:45	7	4/10	12:45	60	3/4	40
2	32	4/9	3:30	4/10	7:40	4/10	11:45	10 3/4	4/10	12:15	30	1 1/4	24
3	32	4/9	3:30	4/10	7:40	4/10	11:45	11 1/2	4/10	12:15	30	1 3/8	22
4	32	4/9	3:30	4/10	7:40	4/10	11:45	15	4/10	12:15	30	3/4	40
5	32	4/9	3:30	4/10	7:40	4/10	11:45	7 1/8	4/10	12:15	30	7/8	34
6	32	4/9	3:30	4/10	7:40	4/10	11:45	9 3/8	4/10	12:15	30	7/8	34

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 402-430-7000
Address 105 Locust St
Hickman NE 68372

Sum of Percolation Rates: 194
Average of Rates: 33
Rate Used for Calculation: 39

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

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

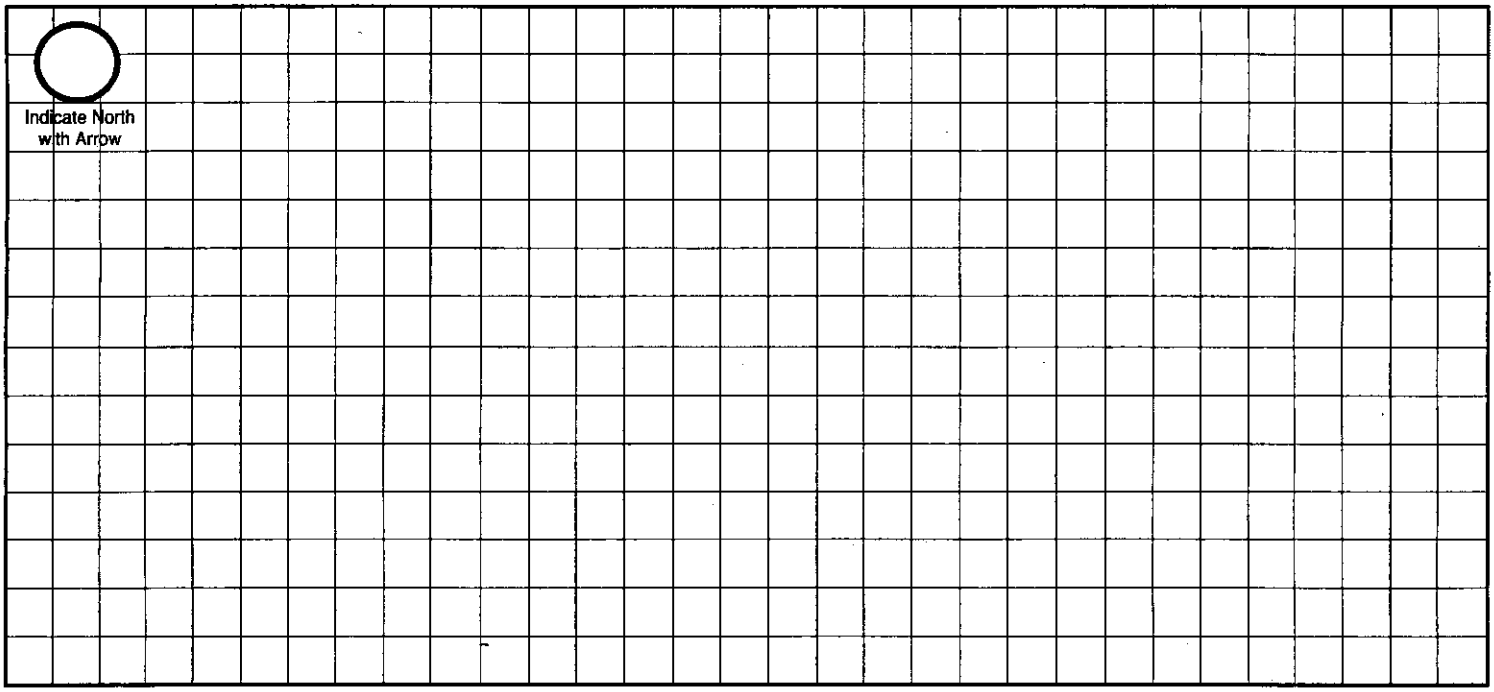
C

Permit Number: HS001330

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) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap. 1,000 gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☒ Drainfield Absorption Area (percoloation 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 500 sq.ft.

Total length of laterals 100ft+ Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 2 Width 5ft No. of drop boxes 1 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 Lee Anderson Date 8/26/16

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

D Exhibit 4

Permit Number: H S001330

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) _____

Owner: _____ Address _____

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 43 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1,000
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well N/A North
   Pressure line 95 ft
   Property Line 100+ ft.
   Foundation 43 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: _____ ft. _____

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: _____
2. Number of Laterals: 2
3. Length of each lataral (linear): ft. 50 ft. 50 ft. _____ ft. _____
4. Drainfield size: _____ sq. ft.
5. Distance to:
   Well _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   Depth of Groundwater _____

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

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

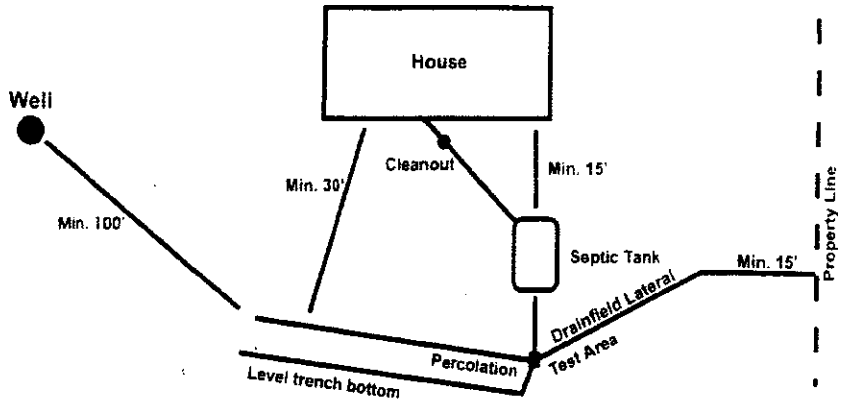
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: _____

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

Onsite Wastewater System Design (Example)

Indicate North
w/ Arrow Here:



*Note-If Lagoon, show all applicable dimensions

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. HS001330

System Type: Standard

Situs: No Site Address Specified

Issued: 9/7/2016

Expires: 9/7/2017

Description: S16, T9, R8, 6th Principal Meridian, LOT 59 SE

Owner: JOYCE, GREGORY C & CAYENNE
8121 STOCKWELL ST
LINCOLN, NE 68506

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

AWS WELL CO INC
P O BOX 246
MEAD, NE 68041

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

9/15/16 & OK

Exhibit 5

Permit Number: H5001330

Onsite Wastewater Treatment System

Inspection Sheet

Date 9/15/16 Legal Description 16 / 9 / 8 Lot 59
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 6511 S. 148th City

Owner Address

Mark One: ☐ Dwelling ☒ Non-dwelling Shop/Garage

☒ 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 362 Sq. Ft. Tank Size 1,000 gals

Total length of laterals 100' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe)

No. of Absorption Laterals 2 Width ____ No. of Drop Boxes ____ Distribution Box 1

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 ☒	☐	25 ☒	5 ☒

Geographical Coordinates to 6 Decimals:

Tank

Lateral #1 NA Lateral #3

Lateral #2 Lateral #4

Comments:

Inspections prior to Final Approval
Initial 8/26/16 Date

Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By
Date 9/15/16

Field Note Drawing (See Reverse Side):

Updated 4/15