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

A

Permit Number
HS001648

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* 18500 MIDWAY RD (no rural route) City WALTON, NE Zip 68461

Legal Description ____ 24 9 8 24 NE

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

PID 22-24-200-006-000 *Approx. Address (If to be determined)____

B. Owner

Name SUZANNE BORDER Signature____

Address 18500 MIDWAY RD City/State/Zip WALTON, NE 68461

Home Phone 402-450-0396 Work Phone____

C. Certified Installer

Name: JASON KUBIK Signature Jason Kubik

Address 105 LOCUST ST P.O. BOX 191 City/State/Zip HICKMAN, NE 68372

Work Phone 402-475-2462

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 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 1.84
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____ Date rec'd____ ACTION ☐ Approved ☐ Disapproved
Date frwd____ Signature____
Comments____

2. Supt. Bldg. Insp. or Village Clerk
Comments____ Date rec'd____ ACTION ☐ Approved ☐ Disapproved
Date frwd____ Signature____

3. City or County Engineer
Comments____ Date rec'd____ ACTION ☐ Approved ☐ Disapproved
Date frwd____ Signature____

Installation Final Written Approval
By____
Date____

Business Office Use Only
Date Received 4-23-19 Amount Paid $405
Received By JAD Cash/Check No CC 0274

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

Form A Updated: 4/15

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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 18500 MIDWAY RD (no rural route) City WALTON NE, Zip 68461

Owner SUZANNE BORDER Address SAME

Date of Tests 4/20/18 to 4/21/18 Weather: Precipitation TRACE Temperature 50

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		Initial	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 Interval	Water Level Drop(in)	Percolation Rates (Min/in = mpi)
1	30	4/20	3:00	4/21	9:25	4/21	12:55	6	4/21	1:25	30	0.625	48
2	30	4/20	3:00	4/21	9:25	4/21	12:55	6	4/21	1:25	30	0.625	48
3	30	4/20	3:00	4/21	9:25	4/21	12:55	6	4/21	1:25	30	0.625	48
4	30	4/20	3:00	4/21	9:25	4/21	12:55	6	4/21	1:25	30	0.75	40
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: JASON KUBIK
Phone: 402-475-2462
Address 105 LOCUST ST P.O. BOX 191
HICKMAN, NE 68372

Sum of Percolation Rates: 184
Average of Rates: 46
Rate Used for Calculation: 46

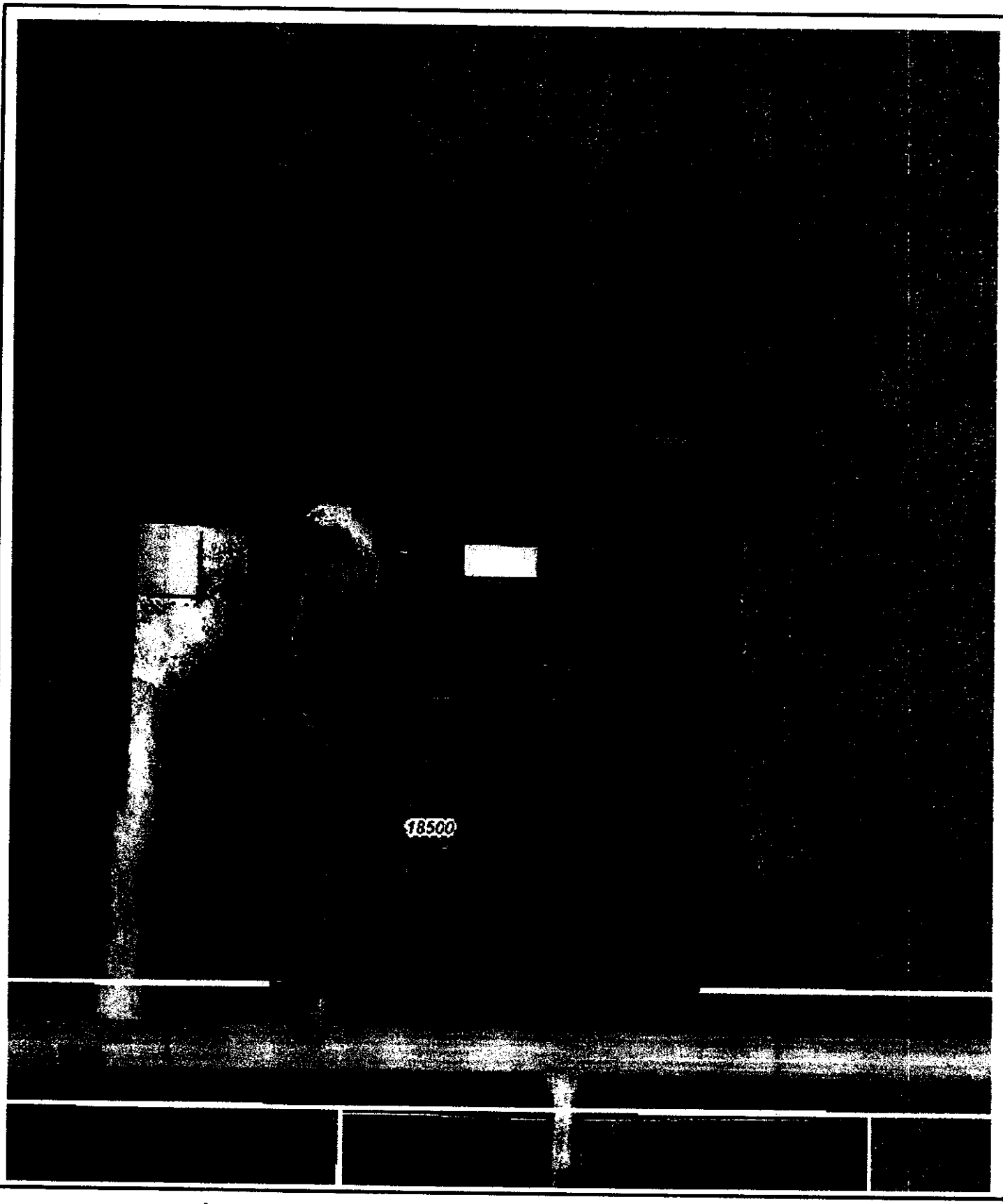
Soil type (NRCS Maps/Other) 7695 WYMORE SILTY CLAY LOAM
Groundwater Depth + 12'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date



Lancaster County/City of Lincoln GIS Map

N
W E
S

Printed: Mar 08, 2018

DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email ags@lincoln.ne.gov and you will be directed to the appropriate department.

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001648

System Type: Standard

Situs: 18500 MIDWAY RD, BENNET, NE 68461

Issued: 4/23/2018

Expires: 4/23/2019

Description: S24, T9, R8, 6th Principal Meridian, LOT 20 NE

Owner: BORDER, SUZANNE
18500 MIDWAY RD
WALTON, NE 68461

Shavonna M. Lausterer, MPH, CPH, 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.

Shavonna M. Lausterer, MPH, CPH
Health Director

JASON KUBIK
105 LOCUST ST PO BOX 191
HICKMAN, NE 68372

SCANNED

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

A

Permit Number
HS001648

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* 18500 MIDWAY RD (no rural route) City WALTON, NE Zip 68461 20022

Legal Description 24 9 8 24 NE

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

PID 22-24-200-006-000 *Approx. Address (If to be determined)

B. Owner

Name SUZANNE BORDER Signature

Address 18500 MIDWAY RD City/State/Zip WALTON, NE 68461

Home Phone 402-450-0396 Work Phone

C. Certified Installer

Name: JASON KUBIK Signature

Address 105 LOCUST ST P.O. BOX 191 City/State/Zip HICKMAN, NE 68372

Work Phone 402-475-2462

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 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 1.84

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 4/22/18 DC
Comments
Date rec'd 4/23/18
Date frwd 4/23/18
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 5/22/18

Business Office Use Only
Date Received 4-23-18 Amount Paid $405
Received By JAO Cash/Check No. CC0214

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

Form A Updated: 4/15

System Replacement

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

D

Permit Number:
HS001648

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) 22-24-200-006-000

Owner: SUZANNE BORDER Address 18500 MIDWAY RD

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 34 ft.

B. Septic Tank

1. Material INFILTRATOR IM 1530
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well + 100 ft.
   Pressure line 25 ft
   Property Line 25 ft.
   Foundation 30 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 20 ft. E

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless:
   INFLILTRATOR QUICK 4 PLUS 29
2. Number of Laterals: 5
3. Length of each lateral (linear): ft. @ 52 ft. 52 ft. 52 ft. 52 ft. 52 68
4. Drainfield size: 1000.50 sq. ft.
5. Distance to:
   Well 125 ft.
   Pressure line 50 ft.
   Property line 10 ft.
   Depth of Groundwater +12

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.

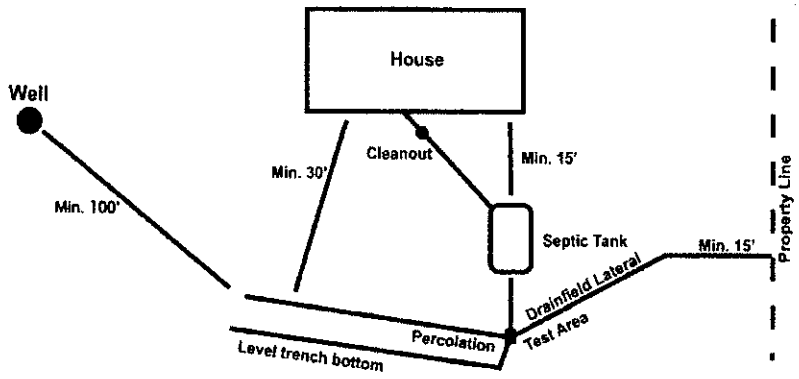
Certified Professional Signature: [signature] Date: 4/27/18

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

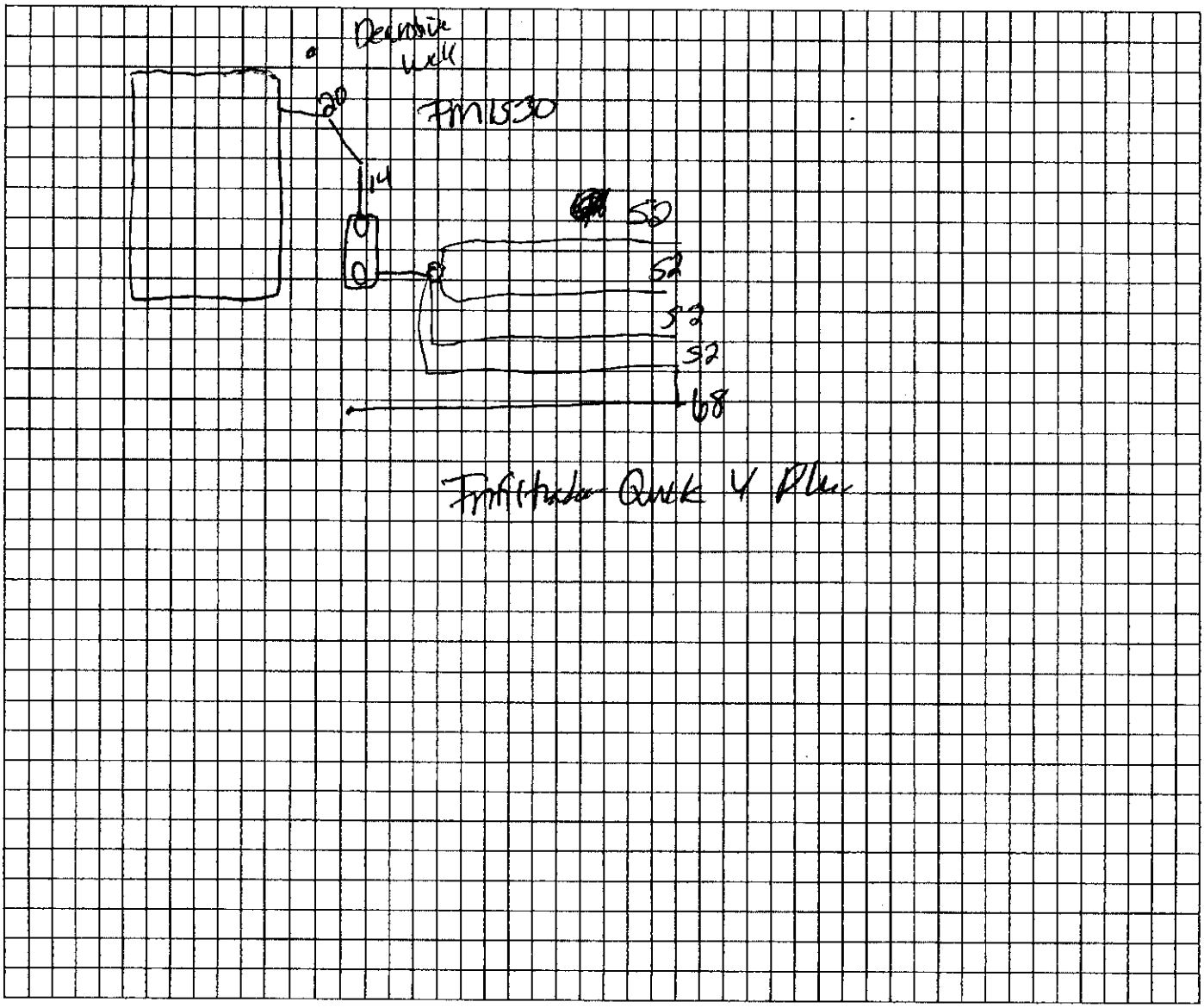
Indicate North
w/ Arrow Here:

N

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions



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

Exhibit 5

Permit Number: HS00164B

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/22/18 Legal Description _____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 18500 Mill Way City _____

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 1,000.5 Sq. Ft. Tank Size 1,500 gals

Total length of laterals 276' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 5 Width 3.625 factor No. of Drop Boxes _____ Distribution Box 1

Leveling Method Used Laser

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

decommissioned well extra just North of house

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 N/A Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial _____ Date 4/27/18

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Miller

Date 5/22/18

Field Note Drawing (See Reverse Side):

SCANNED

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

A

Permit Number
#S001648

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* 18500 MIDWAY RD (no rural route) City WALTON, NE Zip 68461 20052

Legal Description 24 9 8 24 NE
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 22-24-200-006-000 *Approx. Address (If to be determined)

B. Owner

Name SUZANNE BORDER Signature

Address 18500 MIDWAY RD City/State/Zip WALTON, NE 68461

Home Phone 402-450-0396 Work Phone

C. Certified Installer

Name: JASON KUBIK Signature Jason Kubik

Address 105 LOCUST ST P.O. BOX 191 City/State/Zip HICKMAN, NE 68372

Work Phone 402-475-2462

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 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 1.84
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 4/22/18 DC
Comments
Date rec'd 4/23/18
Date frwd 4/23/18
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 Tony Thue
Date 5/22/18

Business Office Use Only
Date Received 4-23-18 Amount Paid $405
Received By JAO Cash/Check No. CC0214

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

Form A Updated: 4/15

+ System Replacement

SCANNED

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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 18500 MIDWAY RD (no rural route) City WALTON NE, Zip 68461

Owner SUZANNE BORDER Address SAME

Date of Tests 4/20/18 to 4/21/18 Weather: Precipitation TRACE Temperature 50

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	4/20	3:00	4/21	9:25	4/21	12:55	6	4/21	1:25	30	0.625	48
2	30	4/20	3:00	4/21	9:25	4/21	12:55	6	4/21	1:25	30	0.625	48
3	30	4/20	3:00	4/21	9:25	4/21	12:55	6	4/21	1:25	30	0.625	48
4	30	4/20	3:00	4/21	9:25	4/21	12:55	6	4/21	1:25	30	0.75	40
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: JASON KUBIK
Phone: 402-475-2462
Address 105 LOCUST ST P.O. BOX 191
HICKMAN, NE 68372

Sum of Percolation Rates: 184
Average of Rates: 46
Rate Used for Calculation: 46

Soil type (NRCS Maps/Other) 7695 WYMORE SILTY CLAY LOAM
Groundwater Depth + 12'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

SCANNED



Lancaster County/City of Lincoln GIS Map

N
W E
S

Printed: Mar 08, 2018

DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email ags@lincoln.ne.gov and you will be directed to the appropriate department.

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

D

Permit Number:
HS001648

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) 22-24-200-006-000

Owner: SUZANNE BORDER Address 18500 MIDWAY RD

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 34 ft.

B. Septic Tank

1. Material INFILTRATOR IM 1530
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well + 100 ft.
   Pressure line 25 ft
   Property Line 25 ft.
   Foundation 30 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 20 ft. E

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless:
   INFLILTRATOR QUICK 4 PLUS 29
2. Number of Laterals: 5
3. Length of each lataral (linear): ft. ~~68~~ 52 ft. 52 ft. 52 ft. 52 ft. 52 68
4. Drainfield size: ~~1000~~ 1000.50 sq. ft.
5. Distance to:
   Well 125 ft.
   Pressure line 50 ft.
   Property line 10 ft.
   Depth of Groundwater +12

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.

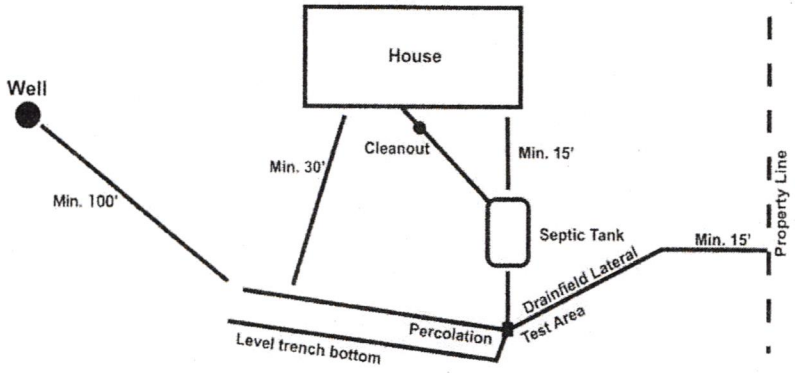
Certified Professional Signature: [signature] Date: 4/27/18

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

Indicate North
w/ Arrow Here:

N

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions

Decorative well

FM 1530

20

14

50

52

52

52

68

Infiltrator Quick 4 Plus

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

SCANNED

Exhibit 5

Permit Number: HS00164B

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/22/18 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 18500 MEdway City _____

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 1,000.5 Sq. Ft. Tank Size 1,500 gals

Total length of laterals 276' Type of Distribution: ☑ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 5 Width 3.625 Factur No. of Drop Boxes _____ Distribution Box 1

Leveling Method Used Laser

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

decommissioned well exists just North of house

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 N/A Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DC Date 4/27/18

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Miller

Date 5/22/18

Field Note Drawing (See Reverse Side):