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

A

Permit Number HS001882

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* 6240 S. 148th City Walton NE Zip 68461
(no rural route)

Legal Description 15 9 8 6th Principal Meridian 6 NW
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 22 15 100 009 000 *Approx. Address (If to be determined)

B. Owner

Name Signature
Address City/State/Zip
Home Phone Work Phone

C. Certified Installer

Name: Justyn Peterson Signature
Address P.O. Box H City/State/Zip Milford, NE 68405
Work Phone 402-761-2281

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 4 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 5.46
Garbage Grinder? ☐ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 375
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 9/4/19 Amount Paid $430
Received By Cash/Check No. 6057

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

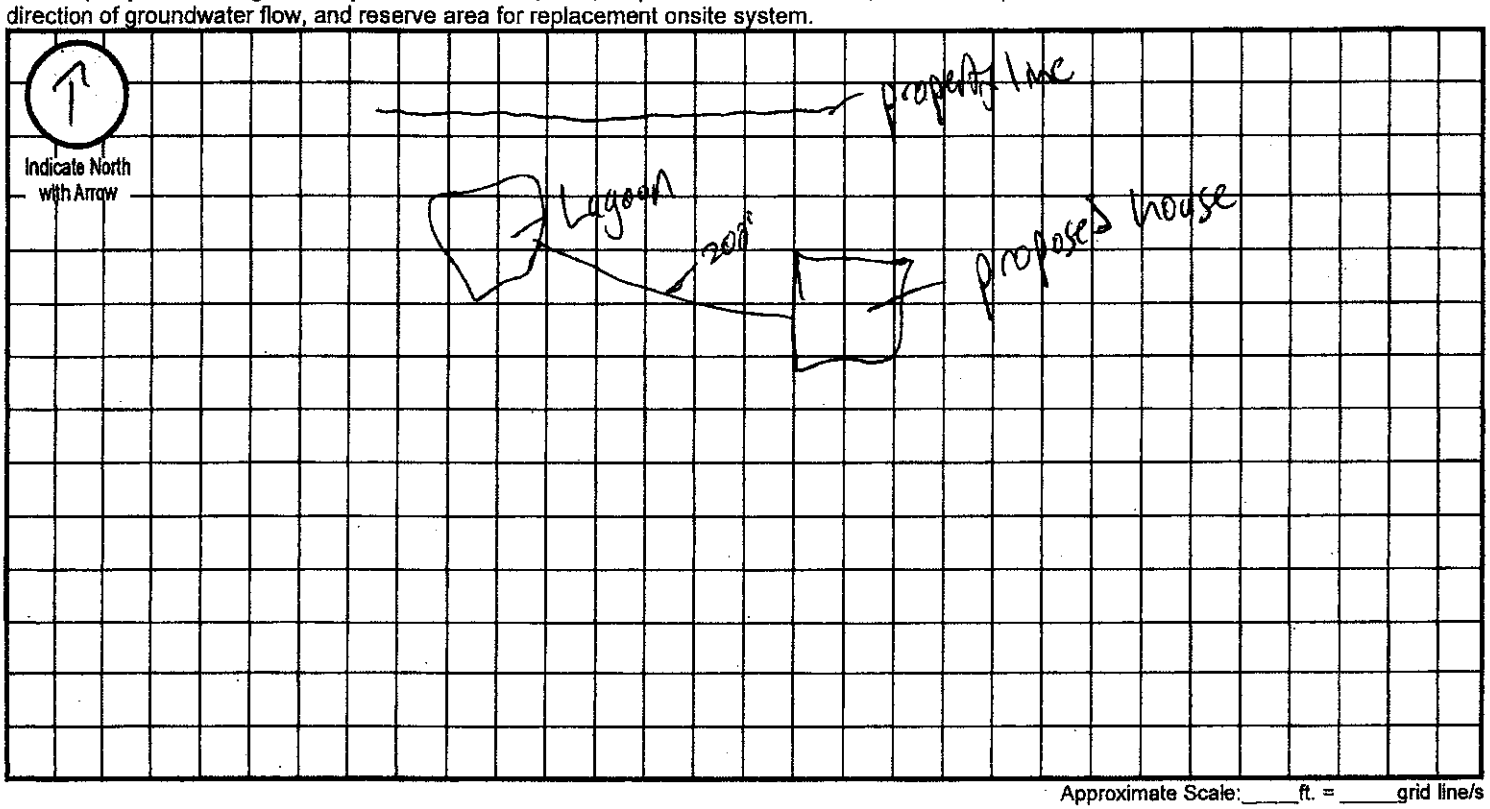
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3131 O Street • Lincoln NE 68510-1514
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C

Permit Number

Onsite Wastewater Treatment System
Preliminary Plan Specification

Draw a plot plan showing onsite system sewer lines, tank, drop or distribution boxes, drainfields, percolation test holes, well, residence, direction of groundwater flow, and reserve area for replacement onsite system.



Approximate Scale: ____ft. = ____grid line/s

A. Onsite System Location

Address (no rural route) S. 148th City _____ NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap. _____gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____ ☐ Lagoon (Max. Seepage 1/8"/day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation 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 _____ Sq. Ft.

Total length of laterals _____ Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☐ Other _____

No. of Absorption Trenches _____ Width _____ No. of Drop Boxes _____ Distribution Box _____

No. of Absorption Beds _____ Width _____ No. of Distribution Lines per Bed _____

Installer _____ Date: 9/4/19

Updated 2/18

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____
Township _____ Range _____
1/4 Section _____

Owner: Goings Homes
Address: North of 6250 S. 148th

Property Dimensions: _____ acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

Dates of Tests: 8/10/19 to 8/11/19. **Weather:** Precip. 1" Temp. 80s

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo.	(Hr.	Level	(Hr.	Level	Time	Drop
No.	(in.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	(Min.)	(in.)
1	36	8/10	2:30pm	8/10	6:30pm	8/11	11:10am	6	11:40am	6	30	0
2	36	8/10	2:30pm	8/10	6:30pm	8/11	11:10am	6	11:40am	5 3/4	30	1/4
3	36	8/10	2:30pm	8/10	6:30pm	8/11	11:10am	6	11:40am	6	30	0

Sum of Water Level Drops (in.) [Column m]: 1/4

Average of Water Level Drops (in.) [Column m]: _____

~~Inches per Minute~~: _____

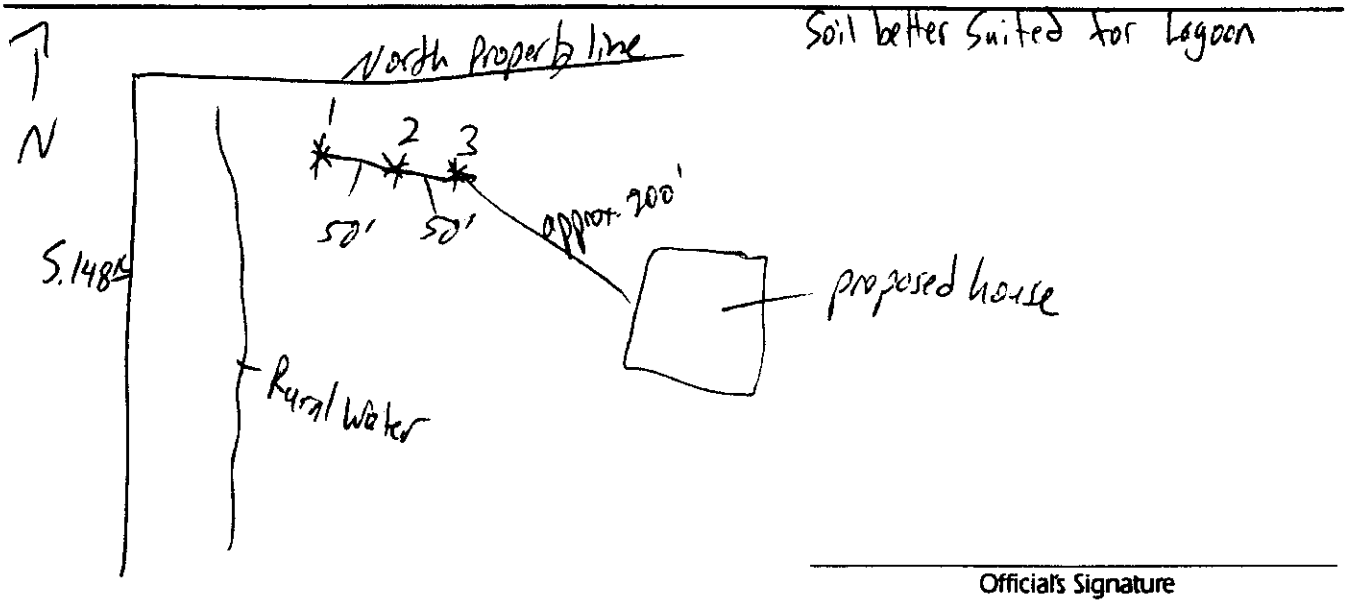
FAILED

~~Square Feet of Lateral~~ per Bedroom: _____

PERSON CONDUCTING TEST:

Name: Justyn Peterson
Address: 323 238th
Milford, NE 68405
Phone: 402-641-6174
Signature: [signature]

SKETCH SHOWING HOLE LOCATION:



Official's Signature