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

A

Permit Number HS001951

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* 11200 Secretariat Drive City WALTON, NE Zip 68461
(no rural route)

Legal Description S31 T10 R8 Windhoek 11th Addition 1-2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 23-31-415-003-000 *Approx. Address (If to be determined)

B. Owner

Name FULTON CONSTRUCTION Signature

Address 3639 N 39th Street City/State/Zip Lincoln, NE 68504

Home Phone 402-430-9879 Work Phone

C. Certified Installer

Name: Jaime Kubik Signature Jaime Kubik

Address 105 Locust Street P.O. Box 191 City/State/Zip HICKMAN, NE68372

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 6 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 6.21
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 1-30-20 Amount Paid $430.00
Received By JMO Cash/Check No. 2145

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

Form A Updated: 4/15

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. HS001951

System Type: Lagoon

Situs: No Site Address Specified

Issued: 1/31/2020

Expires: 1/31/2021

Description: WINDHOEK 11TH ADDITION, Lot 1 - 2

Owner: MAKLYNN FAMILY TRUST
1531 S 77 ST
LINCOLN, NE 68506

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Interim 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.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Interim Health Director

FULTON CONSTRUCTION INC
3639 N 39TH ST
LINCOLN, NE 68504

SCANNED

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

A

Permit Number HS001951

Onsite Wastewater Treatment System Permit Application

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(no rural route)

Legal Description S31 T10 R8 Windhoek 11th Addition 1-2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 23-31-415-003-000 *Approx. Address (If to be determined)

B. Owner

Name FULTON CONSTRUCTION Signature
Address 3639 N 39th Street City/State/Zip Lincoln, NE 68504
Home Phone 402-430-9979 Work Phone

C. Certified Installer

Name: Jaime Kubik Signature Jaime Kubik
Address 105 Locust Street P.O. Box 191 City/State/Zip HICKMAN, NE68372
Work Phone 402-475-2462

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number:

Designer Name Firm Work Phone

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☐ 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 1/31/20
Date frwd 1/31/20
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 11/3/20

Business Office Use Only
Date Received 1-30-20 Amount Paid $430.00
Received By [illegible] Cash/Check No. 21454

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 11200 Secretariat Drive (no rural route) City Walton NE, Zip 68461

Owner _____ Address _____

Date of Tests 5/13/2020 to 5/14/2020 Weather: Precipitation none Temperature 60 degrees

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 in	5/13	5:30 pm	5/14	7:30 am	5/14	11:00 am	6	5/14	11:30 am	30 min	5/8	48
2	30 in	5/13	5:30 pm	5/14	7:30 am	5/14	11:00 am	6	5/14	11:30 am	30 min	1	30
3	30 in	5/13	5:30 pm	5/14	7:30 am	5/14	11:00 am	6	5/14	11:30 am	30 min	5/8	48
4	30 in	5/13	5:30 pm	5/14	7:30 am	5/14	11:00 am	6	5/14	11:30 am	30 min	1	30
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-475-2462
Address 105 Locust Street P.O. Box 191
Hickman, NE 68372

Sum of Percolation Rates: 156
Average of Rates: 39
Rate Used for Calculation: 39

Soil type (NRCS Maps/Other) 7231
Groundwater Depth +12

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: 402-441-8643

D

Permit Number:

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) 23-31-415-003-000

Owner: MAKLYNN FAMILY TRUST Address 11200 SECRETARIAT DRIVE WALTON, NE 68461

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: ~~200~~ 94 ft.

B. Septic Tank

1. Material ~~IM 1060~~ INFILTRATOR (2)
2. Capacity: 2000 GALLONS
3. Depth to ~~top of tank~~, below unfinished grade: 12 in.
4. Distance to:
   Well +120 ft.
   Pressure line +50 ft
   Property Line +60 ft.
   Foundation ~~200~~ 94 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 6 ft. SW

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: EZ Flow
2. Number of Laterals: 4
3. Length of each lateral (linear): ft. 110 ft. 110 ft. 110 ft. 110 N/A
4. Drainfield size: 1980 sq. ft. (1650 per 12)
5. Distance to:
   Well +120 ft.
   Pressure line +50 ft.
   Property line +50 ft.
   Depth of Groundwater +12

System not yet up for arrival N/A

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

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

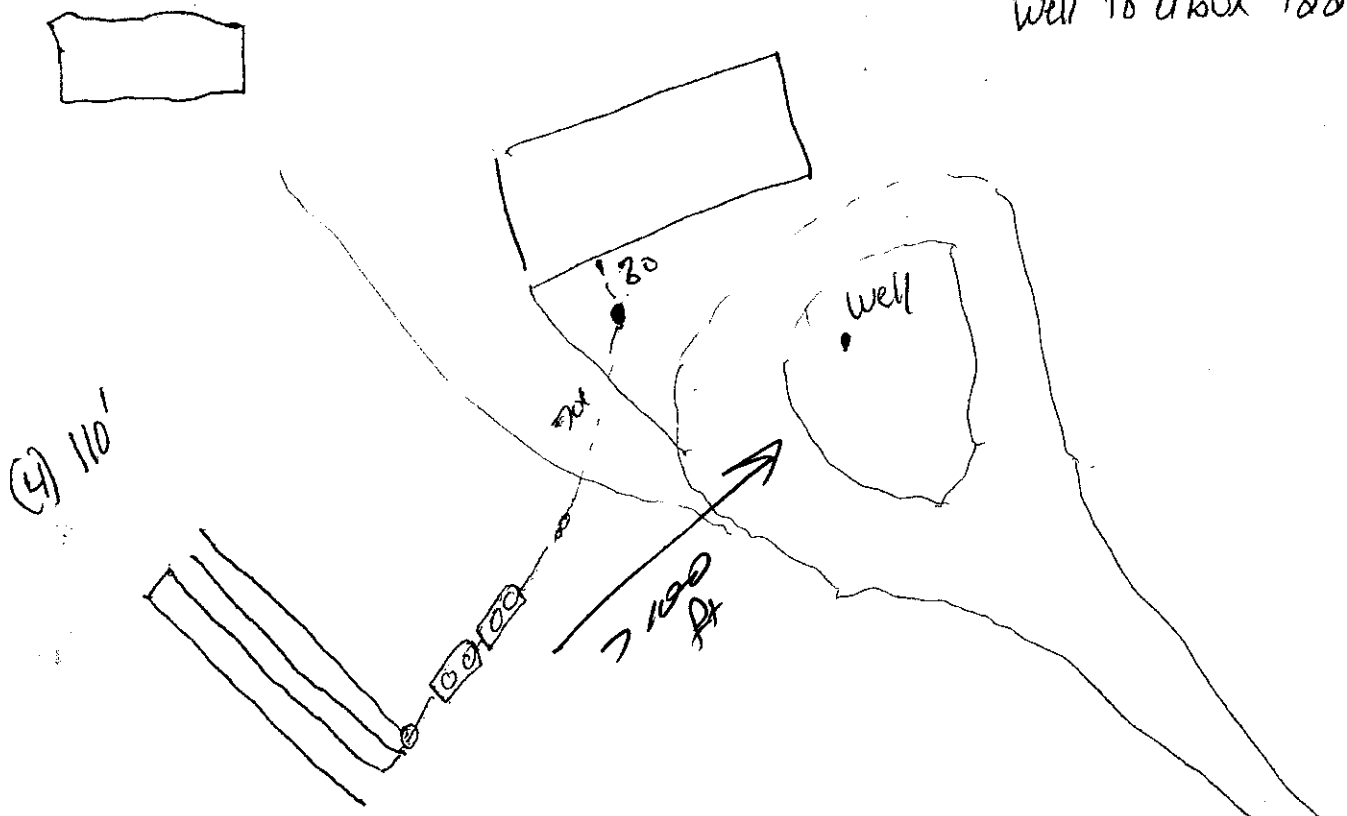
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Eric Kuri Date: 10/26/2020

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

N

well to dbox 122'



foundation to tank 94'

50' + from all property lines

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 92380086201

Issued 06/15/92
Expires 12/16/92

ESTABLISHMENT

DARRYL BAHM
T10N R8E SEC 31
WINDHOEK ADDITION LOT 1

FEES: Permit 018754 $150.00

Total $150.00

Issued By COUNTY HEALTH

PERMITTEE

DARRYL BAHM
2900 CEDAR AV
LINCOLN NE 68502

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
6/19/92	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: 6-11-92

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 10N ; Range 8E ; Section 31 ;
   Block _____ : Lot 888 : Addition Windhoek Addition
   Street Address 11200 Secretariat Dr. Walton, Ne. 68461
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐
4. Distance to public sewer: _____ ft.

Daryl Bahnen (builder)
Signature of Applicant (Owner or Lessee)

2900 Cedar Ave.
Address
Lincoln, Ne. 68502

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/15/92. Date Frwd. 6/15/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nord
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6/15/92. Date Frwd. 6/15/92. ACTION: Approved ☐ Disapproved ☐ Signature: _____
3. City or County Engineer: Date Rec'd. 6/15/92. Date Frwd. 6/15/92. ACTION: Approved ☒ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL HAS WELL PERMIT

Site Visits:
Date: 9-14-92 by: P.D.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-14-92 By: _____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 23-43

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 5-5-92 to 5-6-92. Weather: Precip. _____ Temp. _____.

OWNER: _____

Address: _____

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36	5-5	9.00	5.5	1030	5-6-92	1.00 Pm	26	4.00 Pm	36	½ Hour	½	
2	36	5-5	900	5.5-92	10:30	5-6-92	1.00 Pm	26	4.00 Pm	36	½ Hour	1	
3	36	5-5	9.00	5.5-92	10.30	5-6-92	1.00 Pm	12	4.00 Pm	17	½ Hour	3	
4	36	5-5	900	5.5.92	10.30	5-6-92	1.00 Pm	31½	4.00 Pm	36	½ Hour	3	
5	36	5-5	900	5.5-92	1030	5-6-92	1.00 Pm	16	4.00 Pm	22	½ Hour	1	
6	36	5-5	900	5-5	1030	5-6-92	1.00 Pm	17	4.00 Pm	27	½ Hour	4	
7	36	5-5	900	5-5	10.30	5-6-92	1.00 Pm	18	4.00 Pm	23	½ Hour	1	
8	36	5-5	9.00	5.5.92	10.30	5-6-92	1.00 Pm	12	4.00 Pm	17	½ Hour	1	

Clyde P. Saltmarsh
Signature of Person Conducting Test

Address Box 483 Walton, Nebr Phone 485-4664

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

(Do not write below this line)

1320 3ft
99 ust

REVIEWING ACTION

Remarks: 2 Bdrm 3964 ft²
Soil Type (SCS): Judson Silt Loam
Date: June 15, 1992

Approved Percolation Rate (a)
A. 1.7 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.

REVIEWING ACTION

Remarks:_____

_____

Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 99 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed____sq.ft.

_____
Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

D

DATE: 9-14-92

FILE NO. _____

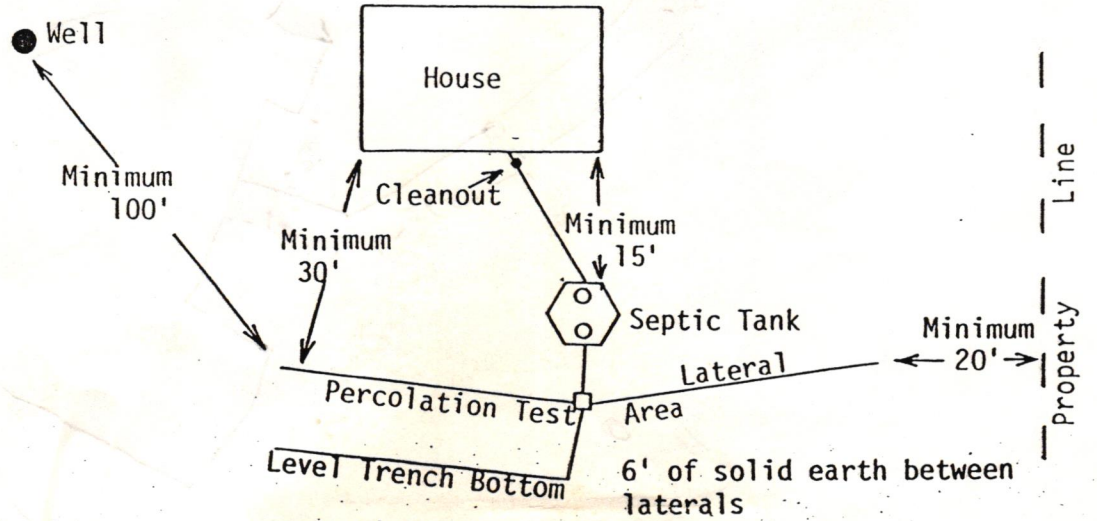
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor 48 in., or below basement floor — in.
3. Distance between dwelling and septic tank 114 ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line ~~40~~ 40+ ft.;
Stream — ft.; Pressure Line — ft.; Property Line — ft.

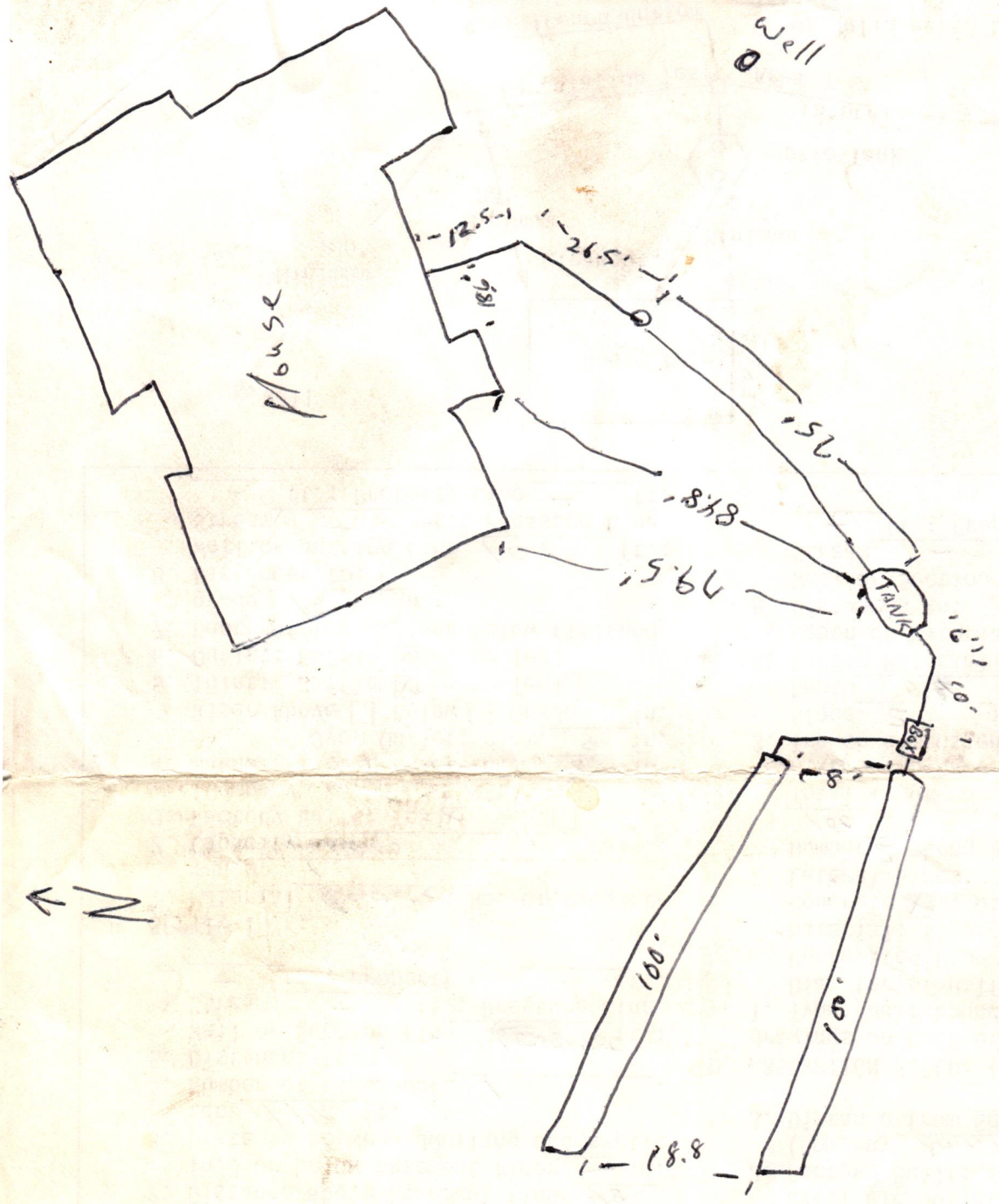
B. SEPTIC TANK:
1. Material Concrete ; No. of compartments 1 .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company American Concrete)
4. Manholes: Over Inlet; diam. 16 in.
Over Outlet; diam. 8 in.
Riser Above ☐ Below ☐ Grade — in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 15 in.
8. Distances to:
Well or Suction Line 108 ft.;
Stream — ft.; Pressure Line — ft.; Property Line — ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets 5 .
2. Factory Built: Yes ☒ No ☐
(Company American Concrete)
3. Distance from Septic Tank 16 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 22" or
Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ;
concrete ☒ ; other _____.
2. Lateral Lines:
Number 2 ; Length of each line 100 , 100 , — , — , — ft.;
Total length of laterals 200 ft.;
Distance between lateral lines 8 ft.
3. Trench dimensions: Width 4 ft.;
Slope 2 in/100 ft.; Average Depth 24 in.
4. Filter Material: Gravel
Depth of Material 24 in.
5. Distances to:
Well or Suction Line 100 + ft.;
Stream — ft.; Pressure Line — ft.; Property Line — ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN



9-14-92
P.D.

11200 Secretariat

Installed By Vogt T&T Excavating