REC'D JUN 10 2021

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

A

Permit Number AS0022233

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* 11633 Pioneers Blvd. (no rural route) City Walton, NE Zip 68461

Legal Description S7 T9 R8 24

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

PID 22-07-200-017-000 *Approx. Address (If to be determined)

B. Owner

Name Matt Murray Signature

Address 1631 Cushman Drive Suite 2 City/State/Zip Lincoln, NE 68512

Home Phone Work Phone 402-802-7021

C. Certified Installer

Name: Brandon Sedlacek Signature

Address 11185 E St Hwy 41 City/State/Zip Adams, NE 68301

Work Phone 402-988-8425

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 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
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

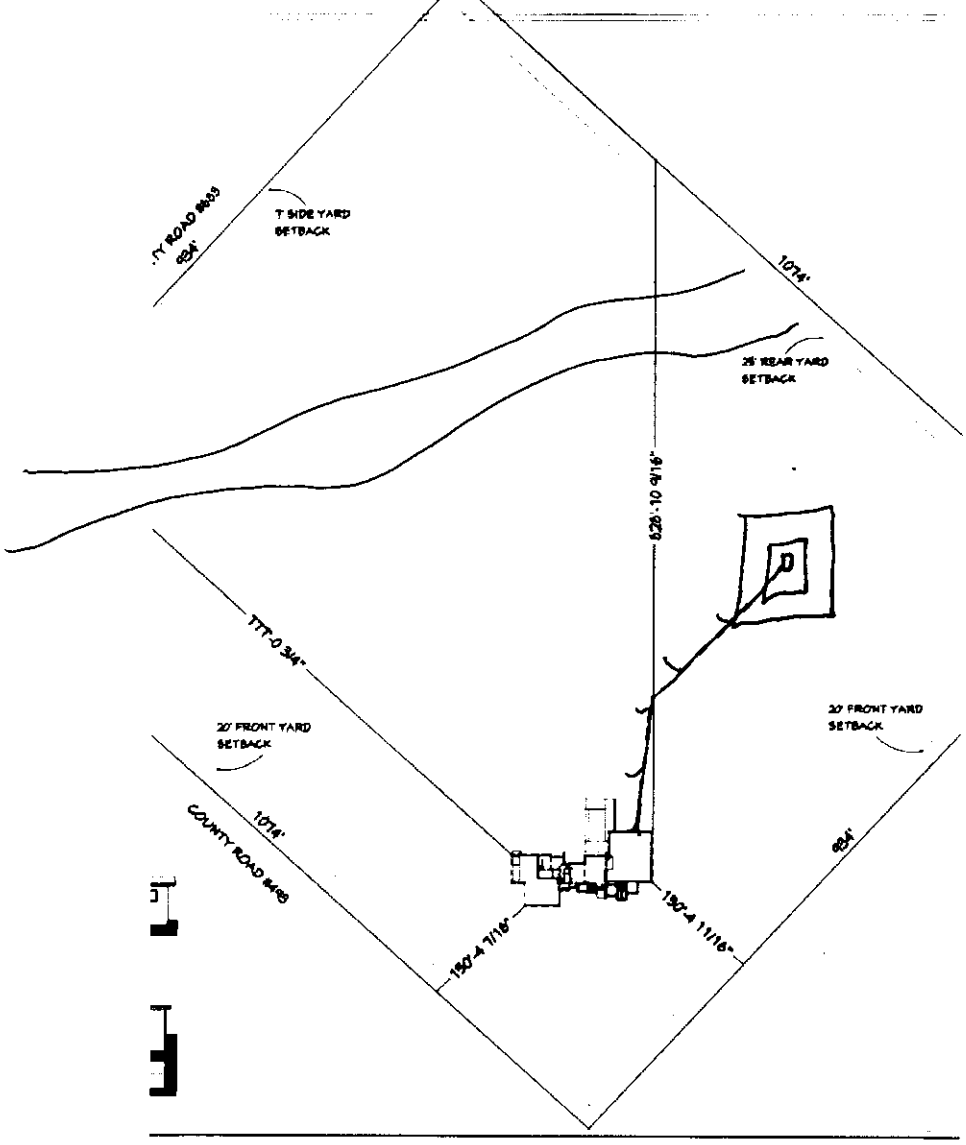
3. City or County Engineer
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 6-10-21 Amount Paid $1440.00
Received By JMD Cash/Check No. 2251

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

Form A Updated 4/15


TY ROAD #603
654'
7' SIDE YARD
SETBACK
1014'
25' REAR YARD
SETBACK
526' - 10 9/16"
777' - 0 3/4"
20' FRONT YARD
SETBACK
20' FRONT YARD
SETBACK
1014'
COUNTY ROAD #468
654'
190' - 4 7/16"
190' - 4 11/16"

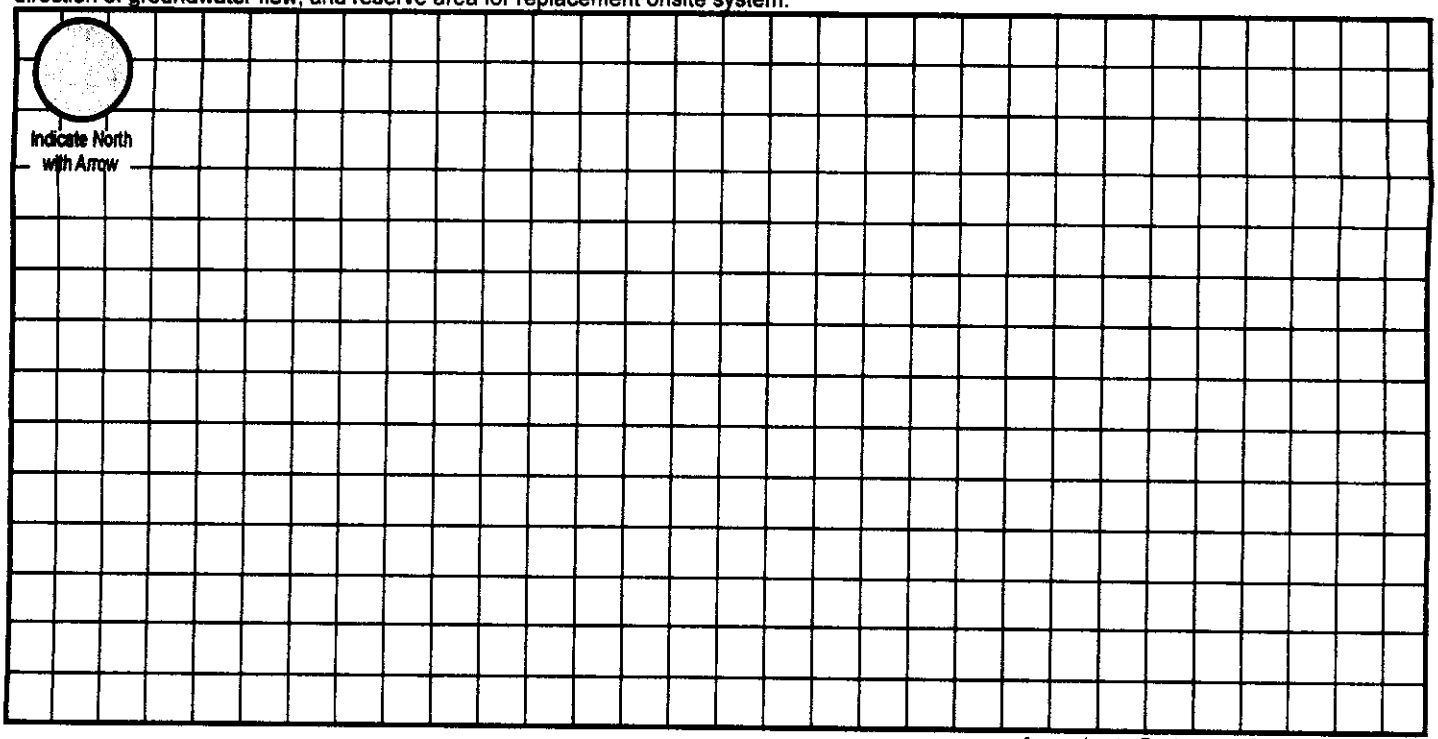
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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) 11633 Pioneers Blvd City Walton NE, Zip 68461

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 5 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 Brandon Zadina Date: 6-8-21

Updated 2/18

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. HS002233

System Type: Lagoon

Situs: No Site Address Specified

Issued: 6/17/2021

Expires: 6/17/2022

Description: S7, T9, R8, 6th Principal Meridian, LOT 24 N1/2

Owner: MURRAY, MATT
6272 WATERS EDGE DR
LINCOLN, NE 68461

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
Health Director

BRANDON SEDLACEK
11185 E STATE HWY 41
ADAMS, NE 68301

REC'D DEC 13 2021

D

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number: US002233

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) 11633 Pioneers Blvd Walton, NE 68461

Owner: Matt Murray Address 11633 Pioneers Blvd Walton, NE 68461

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 70 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well 300 ft.
   Pressure line 200 ft
   Property Line 400 ft.
   Foundation 70 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 5 ft. N

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other E2-Flow
   Material brand and inside width of Chamberless: E2-Flow 36"
2. Number of Laterals: 3
3. Length of each lataral (linear): ft. 130 ft. 130 ft. 130 ft.
4. Drainfield size: 1755 sq. ft.
5. Distance to:
   Well 300 ft.
   Pressure line 200 ft.
   Property line 300 ft.
   Depth of Groundwater 10+

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

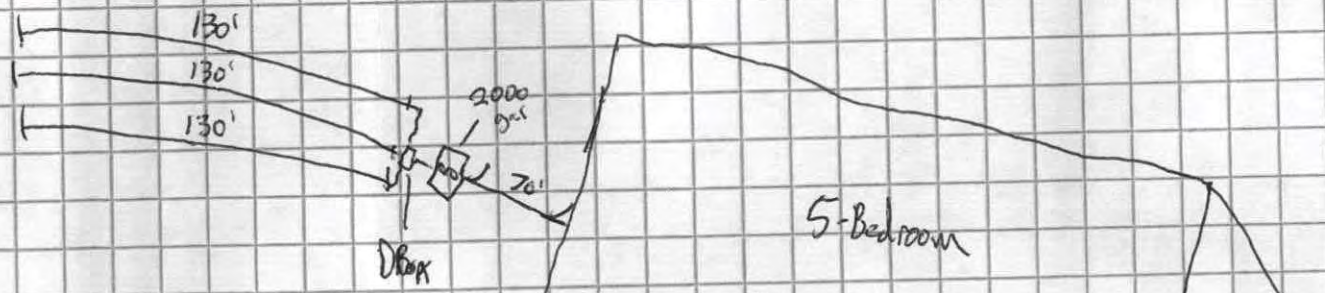
If Yes, the Certified Professional must sign below for final approval:

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: Brandon Seidler Date: 12-10-21

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

Matt Murray
11633 Pioneers Blvd
Walton, NE 68



5-Bedroom

well

Property Line

REC'D JUN 10 2021

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

SCANNED

A

Permit Number A50022 33

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* 11633 Pioneers Blvd. (no rural route) City Walton, NE Zip 68461

Legal Description S7 T9 R8 24

PID 22-07-200-017-000 *Approx. Address (If to be determined)

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

B. Owner

Name Matt Murray Signature

Address 1631 Cushman Drive Suite 2 City/State/Zip Lincoln, NE 68512

Home Phone Work Phone 402-802-7021

C. Certified Installer

Name: Brandon Sedlacek Signature

Address 11185 E St Hwy 41 City/State/Zip Adams, NE 68301

Work Phone 402-988-8425

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 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 11/19/21
Comments
Date rec'd 6/10/21
Date frwd 6/17/21
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 Doug Ahrl
Date 12/10/21

Business Office Use Only
Date Received 6-10-21 Amount Paid $440.00
Received By JHO Cash/Check No. 2251

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

Form A Updated: 4/15

RECD JUN 10 2021

A

Permit Number

Onsite Wastewater Treatment System
Permit Application

Include Form B and C
Submit completed
with this Application

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 11623 Frontier Blvd. City Walton NE Zip 68461

Legal Description 27 T4 R8

(no rural route)

Lot Block Addition Subdivision Section Township Range

PID Approx. Address (if to be determined)

B. Owner

Name Matt Murray Signature

Address 1621 Cushman Drive Suite 2 City/State/Zip Lincoln NE 68512

Home Phone Work Phone 402-802-7021

C. Certified Installer

Name Brandon Sedlacek Signature Brandon Sedlacek

Address 11825 E 57 Hwy #1 City/State/Zip Adams NE 68301

Work Phone 402-858-8425

D. Engineer ☐ Check and complete if engineer designed system

Designer Name Firm PE License Number

Work Phone

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 5 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 21

☐ Commercial Establishment/Other Facility Specify Garbage Grinder? ☒ Yes ☐ No

Type of Wastewater ☐ Domestic ☐ Non-Domestic Design flow in gallons per day

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department

Site Visit Date rec'd Date Insp'd

Comments

2. Supt. Bldg. Insp. or Village Clerk

Comments

3. City or County Engineer

Comments

Installation Final Written Approval

By

Date

ACTION ☐ Approved ☐ Disapproved

Signature Date rec'd Date Insp'd

ACTION ☐ Approved ☐ Disapproved

Signature Date rec'd Date Insp'd

ACTION ☐ Approved ☐ Disapproved

Signature Date rec'd Date Insp'd

Business Office Use Only

Date Received Amount Paid

Received by Check/Cash No.

DEPARTMENT 3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

EXHIBIT 5

Permit Number: HS00 2233

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/10/21 Legal Description ____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 11633. Pioneer Blvd. 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 1,755 Sq. Ft. Tank Size 2,000 gals

Total length of laterals 390' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E2 Flow

No. of Absorption Laterals 3 Width 4.5 Factor No. of Drop Boxes ____ Distribution Box ____

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 ☐	4 ☐	25 ☐	5 ☐

Geographical Coordinates to 6 Decimals: NA

Tank ____

Lateral #1 ____ Lateral #3 ____

Lateral #2 ____ Lateral #4 ____

Comments:

Field Note Drawing (See Reverse Side):

Inspections prior to Final Approval

Initial ____ Date 11/19/21

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval

By ____

Date 12/10/21

Updated 4/15

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3131 "O" Street • Lincoln, NE 68510-1514
Phone: 402-441-8643

B

Permit Number: HS002233

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 11633 Pioneers Blvd (no rural route) City Walton NE, Zip 68461

Owner Matt Murray Address 6272 Waters Edge Dr Lincoln, NE 68461
1631 Cushman Drive Lincoln, NE 68512

Date of Tests 10-18-21 to 10-19-21 Weather: Precipitation 0" Temperature 65°

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	32"	10-18	8am	10-19	9am	10-19	9:00	6	10-19	9:30	30	5/8"	48 mpi
2	"	"	"	"	"	"	9:02	6	"	9:32	30	1/2"	60 mpi
3	"	"	"	"	"	"	9:04	6	"	9:34	30	1/2"	60 mpi
4	"	"	"	"	"	"	9:06	6	"	9:36	30	5/8"	48 mpi
5	"	"	"	"	"	"	9:08	6	"	9:38	30	5/8"	48 mpi
6	"	"	"	"	"	"	9:10	6	"	9:40	30	1/2"	60 mpi
								6					
								6					

Person Conducting Percolation Test

Name: Brandon Sedlacek
Phone: 402-988-8425
Address 11185 E State Hwy 41
Adams, NE 68301

Soil type (NRCS Maps/Other)
Groundwater Depth +10'

Sum of Percolation Rates: 324
Average of Rates: 54 mpi
Rate Used for Calculation: 51-60 mpi

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date



Nate C. Hartman

4500233

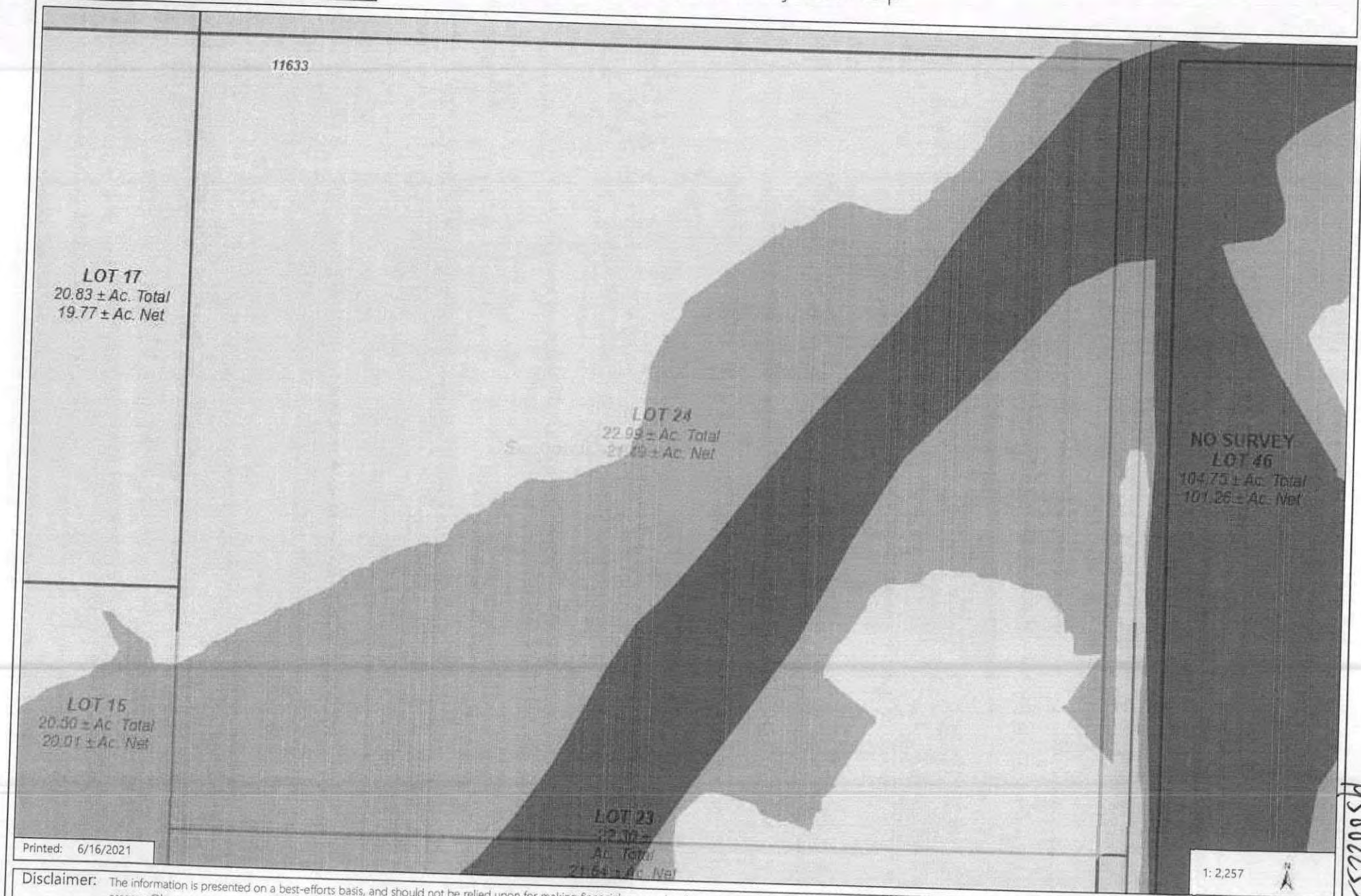
From: John V. Berry
Sent: Wednesday, June 16, 2021 2:09 PM
To: Nate C. Hartman
Subject: Sewage Disposal System PID # 22 07 200 017 000
Attachments: Lot 24 Flood.pdf; Lot 24 map.pdf; Lot 24 fieldnote.pdf

Lancaster County Engineering Department indicates approval for a Sewage Disposal System for the Lot 24, Irregular Tracts, located in the N1/2 of Section 7, Township 9 North, Range 8 East, Lancaster County, Nebraska, Property Address; 11633 Pioneers Blvd, Walton, Nebraska, 68461.
As always, subject to confirmation of and compliance with any floodplain elevation requirements prior to construction. There are floodplain issues for this lot, see attachment.

John V. Berry RLS #535
Lancaster County Surveyor
444 Cherrycreek Road, Bldg "C"
JBERRY@Lancaster.ne.gov
Phone (402) 441-7681

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



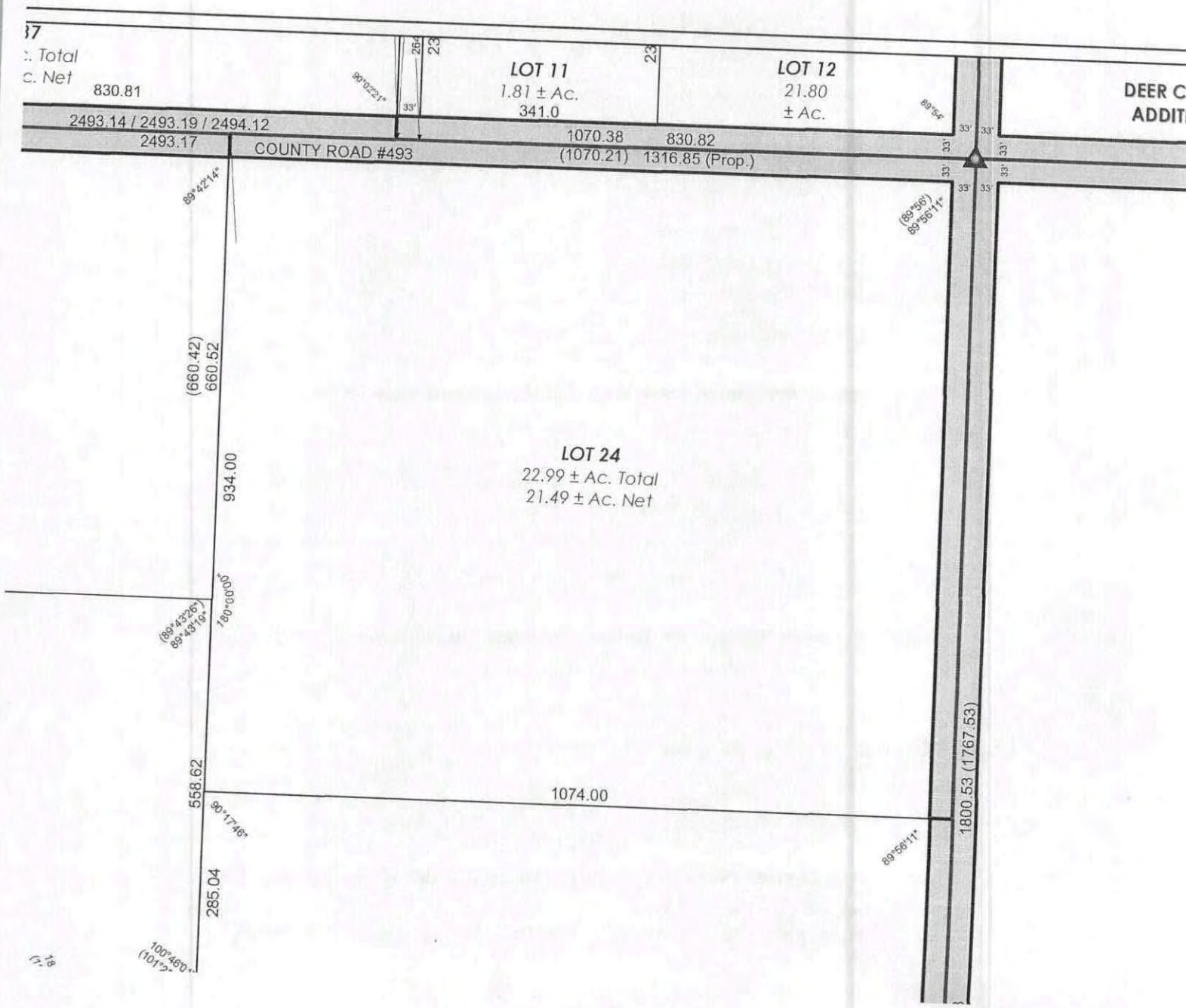
Printed: 6/16/2021

1: 2,257

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 assessor@lancaster.ne.gov and you will be directed to the appropriate department.

HS02233

HS002233


37
:. Total
c. Net
830.81
90°02'21"
264
23
33'
LOT 11
1.81 ± Ac.
341.0
23
LOT 12
21.80
± Ac.
89°54'
DEER C
ADDIT
2493.14 / 2493.19 / 2494.12
2493.17
COUNTY ROAD #493
1070.38
(1070.21)
830.82
1316.85 (Prop.)
33'
89°42'14"
(89°56')
89°56'11"
(660.42)
660.52
934.00
LOT 24
22.99 ± Ac. Total
21.49 ± Ac. Net
(89°43'26")
89°43'19"
180°00'00"
558.62
1074.00
90°17'48"
89°56'11"
1800.53 (1767.53)
285.04
100°46'0"
(101°2"

Nate C. Hartman

1150233

From: Todd A. Stutzman
Sent: Wednesday, June 16, 2021 9:23 AM
To: Nate C. Hartman
Subject: Buildable lots.

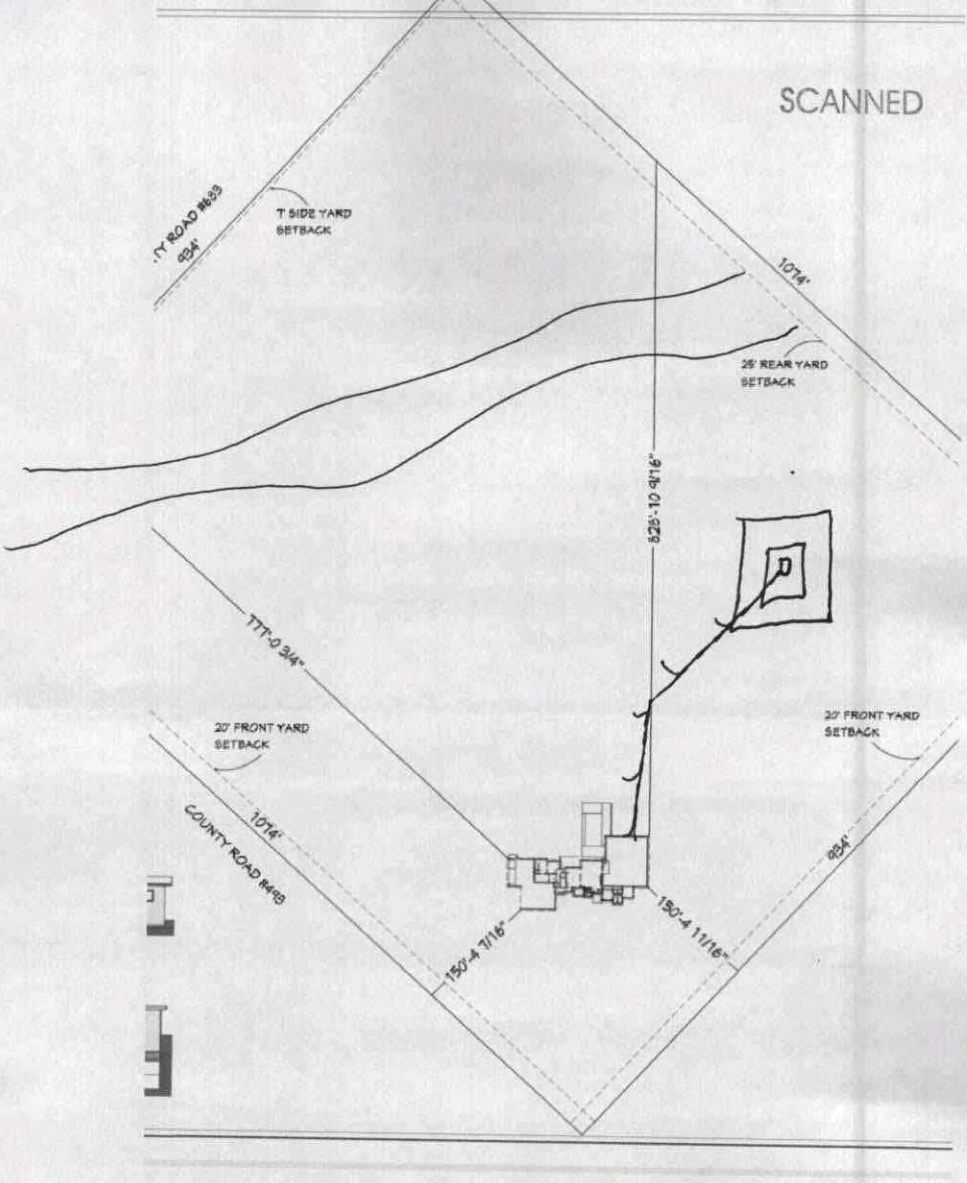
Nate,

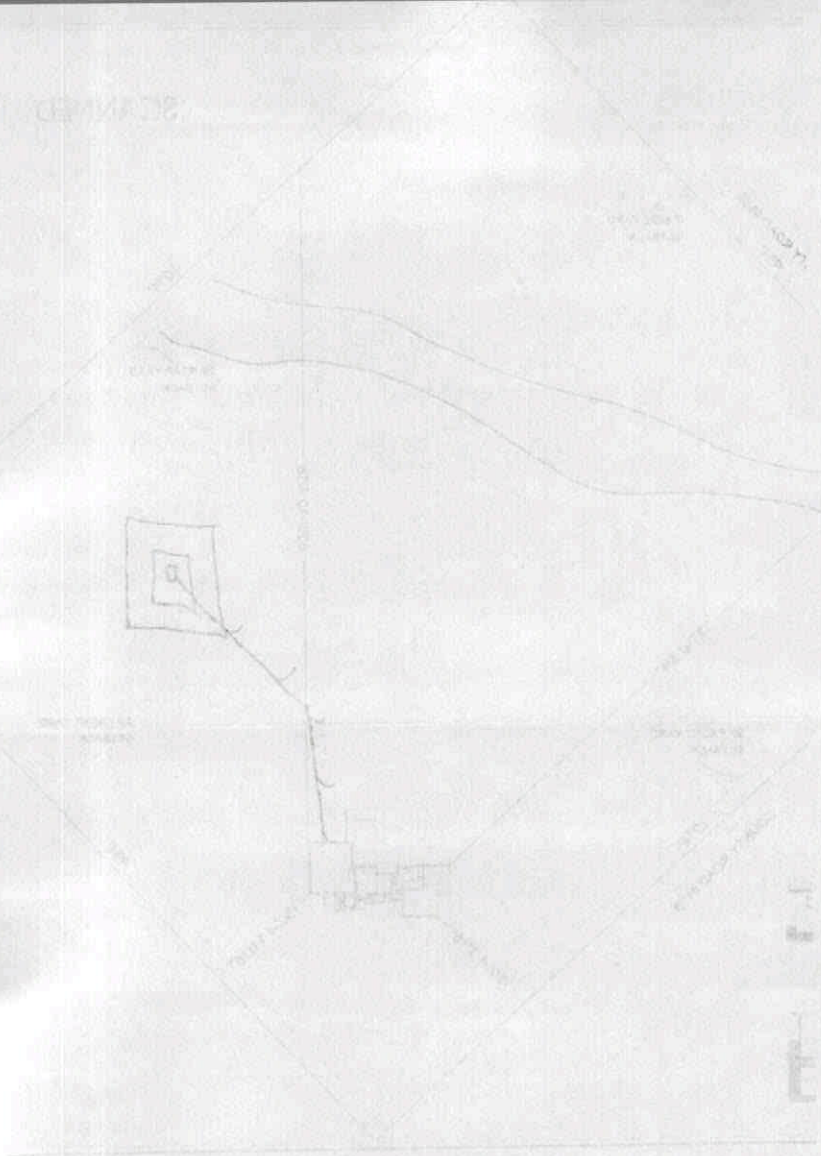
23-8-7 Lot 16 SW is a buildable lot.

11633 Pioneers Blvd. located in 7-9-8Lot 24 N1/2 is buildable, but there is 100 year flood plain on this lot. Note that waste water system will not be located in the flood plain.

Todd Stutzman
Plans Examiner II
402-441-7097
tstutzman@lincoln.ne.gov

SCANNED


.TY ROAD #63
434'
T SIDE YARD
SETBACK
1014'
25' REAR YARD
SETBACK
525'-10 9/16"
777'-0 3/4"
20' FRONT YARD
SETBACK
20' FRONT YARD
SETBACK
1014'
COUNTY ROAD #49
434'
150'-4 7/16"
150'-4 11/16"



SCANNED

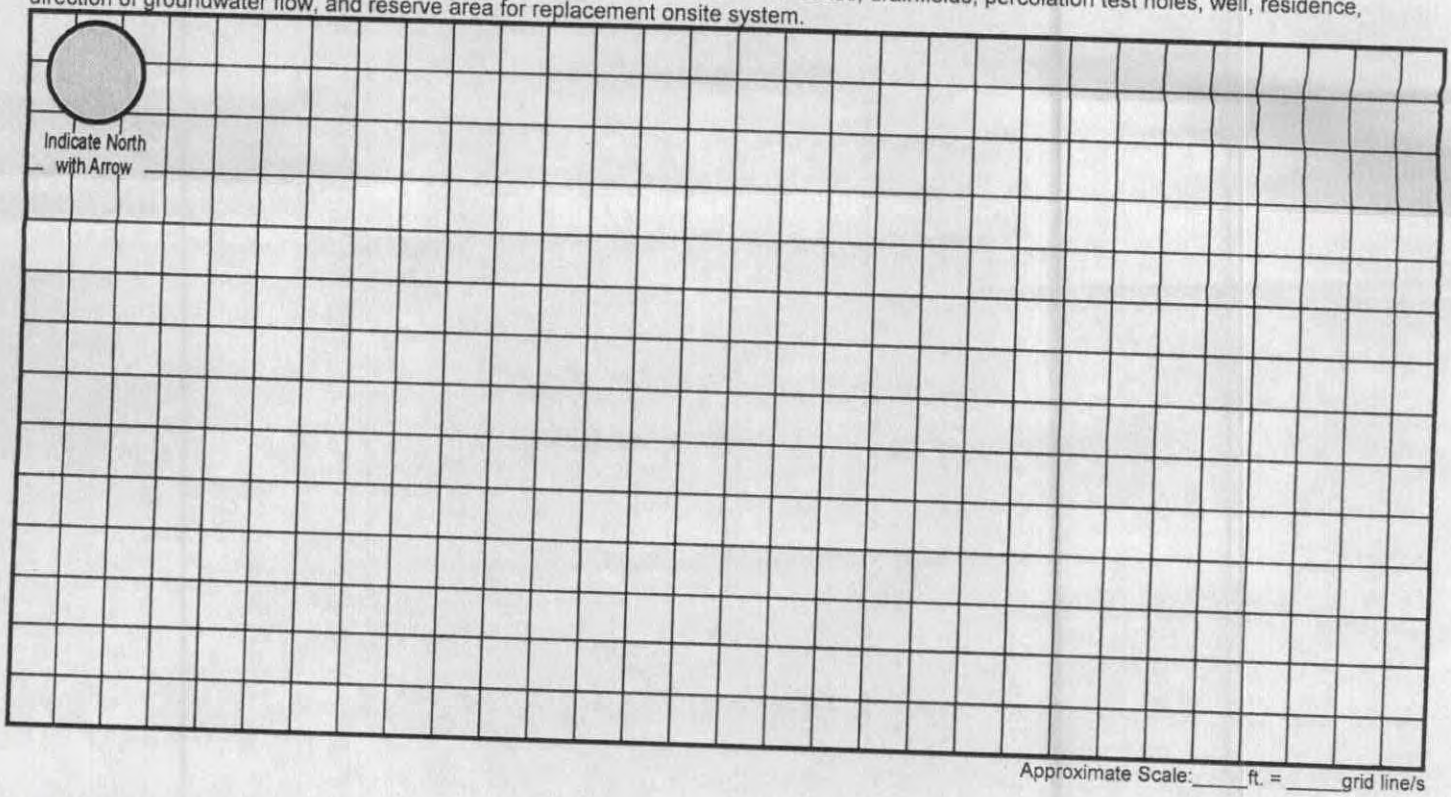
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

C

Permit Number
HS002233

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) 11633 Pioneers Blvd City Walton NE, Zip 68461

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 5 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: 6-8-21

Updated 2/18

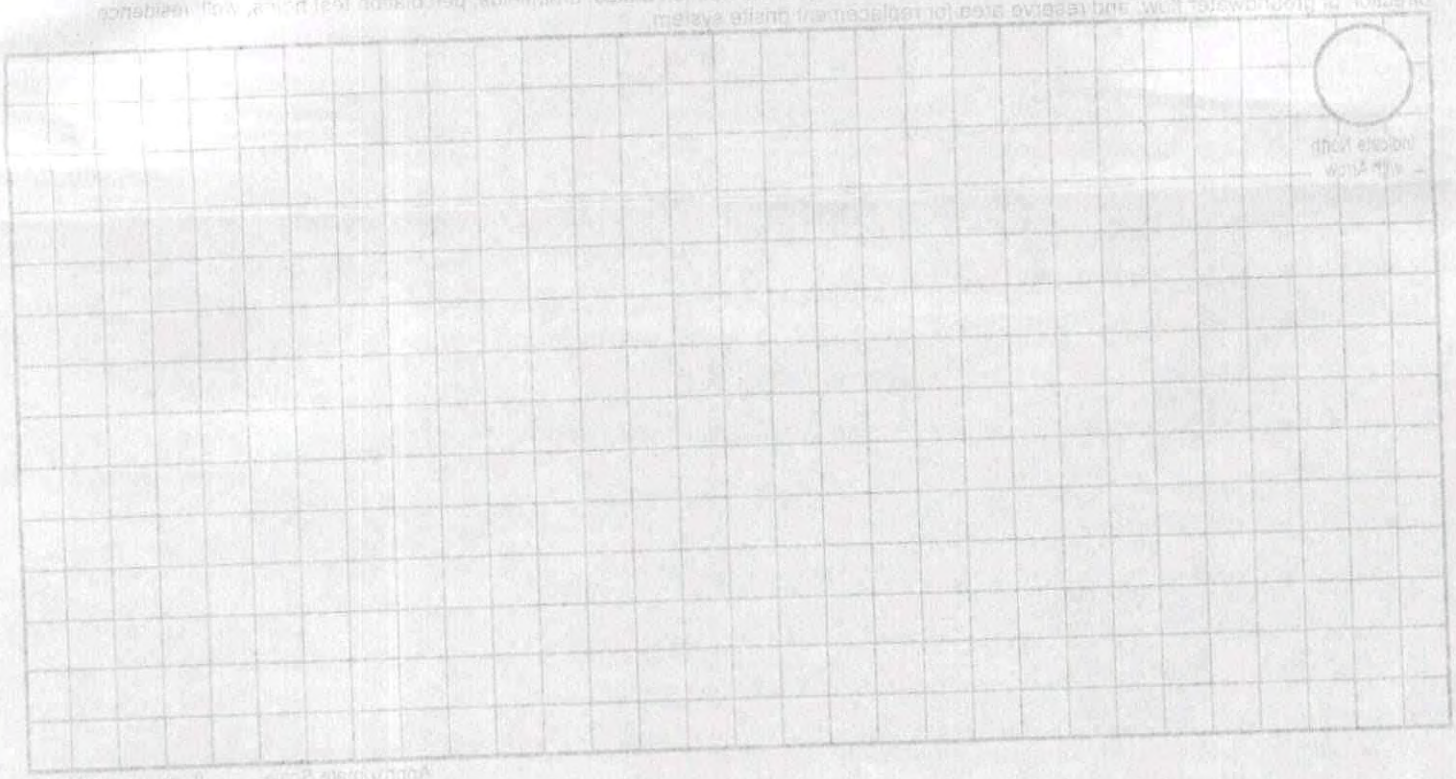
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3241 O Street • Lincoln NE 68510-1514
Phone: 402-441-8043

C

Permit Number
N2002455

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, and residence. Indicate direction of groundwater flow, and reserve area for replacement onsite system.



Approximate Scale: ____ 1" = ____ grid lines

A. Onsite System Location

Address (or rural route): 1833 Forestry Blvd City: Walton NE Zip: 68461

B. Proposed Septic Tank/s

Septic Tank Cap: ____ gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other: ____ ☒ Lagoon (size depends on cap)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☒ Lagoon

D. Drainfield Absorption System

Percolation Rate: ____ (minimum = mpi) No. of Bedrooms: 5 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: Randy Bohlke Date: 6-8-21